MINUTES

North Carolina Medical Board

November 19-20, 2014

1203 Front Street
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board Meeting Held November 19-20, 2014.

The North Carolina Medical Board met November 19-20, 2014, at the Board's Office, 1203 Front Street, Raleigh, NC 27609. Cheryl L. Walker-McGill, MD, President, called the meeting to order. Board members in attendance were: Pascal O. Udekwu, MD, President-Elect; Eleanor E. Greene, MD, Secretary/Treasurer; Subhash C. Gumber, MD; Mr. Michael Arnold; H. Diane Meelheim, FNP-BC; Debra A. Bolick, MD; Timothy E. Lietz, MD; Barbara E. Walker, DO; Mr. A. Wayne Holloman; Bryant A. Murphy, MD and Judge Ralph A. Walker, LLB.

Presidential Remarks

Dr. Walker-McGill commenced the meeting by reminding the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the board as required by the State Government Ethics Act. No conflicts were reported.

Minute Approval

Motion: A motion passed to approve the September 17, 2014 Board Minutes and the October 16, 2014 Hearing Minutes.

Instillation Ceremony and New Officers Oath

Dr. Paul Camnitz administered the Oath of Office for President of the NC Medical Board to Dr. Cheryl L. Walker-McGill.

Dr. Walker-McGill administered the Oath of Office for President-Elect to Dr. Pascal O. Udekwu and Secretary/Treasurer to Dr. Eleanor E. Greene. She also administered the Oath of Office to Dr. Bryant A. Murphy and Judge Ralph A. Walker as new members of the Board.

Announcements

1. Ms. Jean Fisher-Brinkley, Director Public Affairs, introduced Ms. Sydney Little as the new Public Affairs Coordinator.
2. Mr. Michael Arnold gave an update on the Citizen's Advocacy Center (CAC) meeting he attended.
3. Mr. Wayne Holloman gave an update on the Public member's Internship he attended.
4. Dr. Pascal Udekwu and Ms. Diane Meelheim gave an update on the CPEP Learning Summit they attended.
5. Dr. James Winslow gave a presentation regarding a request to expand the EMS formulary.
6. Ms. Laura Bingham gave an update on the Board's Strategic Plan.
7. Dr. Warren Pendergast, Medical Director, NC Physicians Health Program, gave the PHP Compliance Committee report.
8. Dr. Eleanor Greene gave an update on the NCPHP Board of Director's meeting.

EXECUTIVE COMMITTEE REPORT

Members present were: Cheryl L. Walker-McGill, MD, Chairperson; Pascal O. Udekwu, MD; Eleanor E. Greene, MD; Timothy E. Lietz, MD; and Mr. Michael J. Arnold.

Open Session

1) Financial Statements

   a) Monthly Accounting

      The Committee reviewed the compiled financial statements for August 2014 and September 2014. September is the eleventh month of fiscal year 2014.

      Committee Recommendation: Accept the financial statements as reported.

      Board Action: The Board accepted the Committee's recommendation.

   b) Investment Account Statements

      The Committee reviewed the investment statements for September and October 2014.

      Committee Recommendation: Accept the investment account report as information.

      Board Action: The Board accepted the Committee's recommendation.

2) Old Business

   a) Task Tracker

      The Committee reviewed outstanding items on the Task Tracker report.

      Committee Recommendation:

      i. Regarding the Key Performance Indicator (KPI) Program: Each department to continue reporting quantitative and qualitative KPIs information to the appropriate committees. Also, the Executive Director to periodically report how the KPI program has impacted the Medical Board's licensing and regulatory efforts and whether specific KPIs should be added or removed.
      ii. Regarding the Board's legislative efforts, pursue passage of the same legislative package as reflected in the draft proposed committee substitute for House Bill 677 from the 2014 session.
      iii. Regarding the concerns expressed by the Cumberland County Medical Society in its October 6, 2014, letter:
         - Decline the request to publish another Maintenance of Licensure (MOL) article in the Forum explaining why the Board has decided not to pursue MOL
         - Extract the September 2011 retreat notes from the November 2011 meeting minutes (pages 37 – 47), create separate retreat minutes, and redact retreat survey responses from January 2012 minutes (pages 20 –

24)

- Decline the request to review the Federation of State Medical Boards (FSMB) evidence library in support of MOL and formally opine on whether it represents valid science or academic misconduct/fraud since the Board has decided not to pursue the MOL program recommended by FSMB

Board Action: The Board accepted the Committee's recommendations.

b) Property Update

Mr. John Kerr of York Properties provided the Committee with an update regarding his efforts to sell the Board's property at 1203 Front Street.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee's recommendation.

3) New Business

a) Periodic Review of Administrative Rules (HB74) (See Appendix M)

House Bill 74, passed in the 2013 Session of the North Carolina Legislature, requires all state agencies, including occupational licensing boards, to review their rules every ten years to determine whether any are no longer relevant or necessary.

Staff has reviewed the NCMB rules and designated each one as either: (1) Necessary with substantive public interest, (2) Necessary without substantive public interest, or (3) Unnecessary. (See attached.)

Committee Recommendation: Approve the proposed designation for each rule - subject to the full Board's review of the rationale for designating certain rules as unnecessary - and submit the attached report to the Office of Administrative Hearings.

Board Action: The Board accepted the Committee's recommendation.

b) Reappointment of Wayne VonSeggen, PA-C, to the North Carolina Physician's Health Program (NC PHP) Board of Directors

The North Carolina Medical Board appointed Mr. Wayne VonSeggen, PA-C, to the NC PHP Compliance Committee in July 2014 and his initial term expires December 31, 2014. Mr. VonSeggen is eligible for reappointment and is willing to continue serving on this committee. If reappointed, Mr. VonSeggen's will run from January 1, 2015 through December 31, 2017.

Committee Recommendation: Reappoint Mr. Wayne VonSeggen, PA-C, to the NC PHP Board of Directors.

Board Action: The Board accepted the Committee's recommendation.

c) Proposed Controlled Substance Reporting System (CSRS) Rules

Due to heightened concerns regarding accidental overdoses due to opioid poisonings, the General Assembly amended N.C.G.S. 90-113.74 in 2013 to require licensing boards

which regulate prescribers to promulgate rules allowing the CSRS to report practitioners who may be prescribing in a potentially unsafe manner. After consulting with outside experts and interested parties, staff recommends the following rule:

> The Department of Health and Human Services ("Department") may report to the North Carolina Medical Board ("Board") information regarding the prescribing practices of those physicians and physician assistants ("prescribers") whose prescribing meets the following criteria:
>
> (a) The number of prescriptions for opioids equalling or exceeding 100 MME's per patient per day falls within the top one percent of prescribers, or
>
> (b) The number of prescriptions equalling or exceeding 100 MME's per patient per day plus a benzodiazepine falls within the top one percent of prescribers and the total number of prescriptions written for Schedule II – IV controlled substances falls within the top one percent of prescribers.
>
> In addition, the Department may report to the Board information regarding Prescribers whom have had two or more patient deaths in the preceding twelve months due to opioid poisoning.
>
> The Department may submit these reports to the Board upon request and may include the information described in N.C. Gen. Stat. Section 90-113.73(b).
>
> The reports and communications between the Department and the Board shall remain confidential pursuant to N.C. Gen. Stat. Sections 90-16 and 90-113.74.

Committee Recommendation: Approve the proposed rule subject to final edits by Dr. Udekwu; file with the Rules Review Commission.

Board Action: The Board accepted the Committee's recommendation.

d) Proposed Consultant Agreement

Newport Board Group, through Laura Bingham, has submitted a proposal to help the Board implement its strategic plan by providing various services during the first year including facilitating a half-day Board retreat at the end of the first year (September 2015).

Committee Recommendation: Defer to the full Board.

Board Action: Staff is authorized to expend up to $10,000 for additional consulting services.

e) Strategic Plan Proposal (See Appendices N and O)

The Board held a Strategic Planning Retreat September 19 - 20, 2014. The Committee reviewed proposed retreat minutes and a proposed Strategic Plan.

Committee Recommendation: Defer to the full Board.

Board Actions:

1) Approve the retreat minutes (attached);
2) Recognize and thank members of the Strategic Planning Workgroup for their

efforts planning and executing a very successful retreat;
3) Approve the draft Strategic Plan (see attached); and
4) Executive Committee to assume responsibility for overseeing execution of the Strategic Plan.

POLICY COMMITTEE REPORT

Committee Members: Mr. Arnold, Chairperson; Dr. Udekwu; Dr. B. Walker; Dr. Lietz and Ms. Meelheim

1. Old Business
    a. Position Statement Review
        i. Telemedicine (APPENDIX A)
        Contact with Patients before Prescribing (APPENDIX B)

11/2014 Committee Discussion: The Committee reviewed the proposed changes from the Telemedicine workgroup as a result of comments received from various stakeholders. The Committee also discussed the implications of the Ryan Haight Act on telemedicine and the prescribing of controlled substances.

11/2014 Committee Recommendation: Accept the proposed changes to the *Telemedicine* and the *Contact with Patients before Prescribing* Position Statements and recommend approval by the full Board.

11/2014 Board Action: Accept the Committee's recommendation.

2. New Business:
    a. Hospice Request – Exception for Prescribing (APPENDIX B & C)

11/2014 Committee Discussion: Dr. Kirby reviewed the request by Annette Kiser, MSN, RN, NE-BC, Director of Quality & Compliance, The Carolinas Center for Hospice & End of Life Care as indicated in his memo to the Committee dated November 3, 2014.

11/2014 Committee Recommendation: Accept the changes to the *Contact with Patients before Prescribing* and the *End-of-life Responsibilities and Palliative Care* Position Statements and recommend for full Board approval. Staff should incorporate changes from the Telemedicine discussion and this request to the *Contact with Patients before Prescribing* Position Statement.

11/2014 Board Action: Accept the Committee's recommendation.

    b. Position Statement Review
        i. Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care (APPENDIX D)

11/2014 Committee Discussion: The Committee reviewed the Position Statement and determined that no changes were necessary.

11/2014 Committee Recommendation: No changes are necessary at this time.

11/2014 Board Action: Accept the Committee's recommendation.

3. Position Statement Review tracking chart: (APPENDIX E)

1/2010 Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input. Additionally all reviews will be documented and will be reported to the full Board, even if no changes are made.

1/2010 Board Action: Adopt the recommendation of the Policy Committee.

LICENSE COMMITTEE REPORT

The License Committee of the North Carolina Medical Board was called to order at 1:05 p.m. on November 19, 2014 at the office of the Medical Board. Board Members present were: Pascal Udekwu, MD, Chairperson, Subhash Gumber, MD, Debra A. Bolick, MD, and Mr. A. Wayne Holloman.

Open Session

Old Business

1. Key Performance Indicators (KPIs)

Issue: Quarterly update

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation.

New Business

1. Interstate Medical Licensure Compact – Patrick Balestrieri – Please see Appendix H

Issue: The Federation of State Medical Boards (FSMB) has been working on developing an Interstate Medical Licensure Compact. Mr. Balestrieri was tasked to prepare a memo for the Committee giving a summary of the model legislation, identify the pros and cons and make a recommendation.

Committee Recommendation: Staff to continue to monitor but the committee recommends not acting on participating in the Interstate Compact at this time.

Board Action: Staff to continue to monitor; do not elect to participate in the Interstate Compact at this time.

2. FSMB Uniform Application (UA) – Hari Gupta

Issue: Exploring the use of the FSMB Uniform Application was an action item from the AIMAP report and it is on David Henderson's task tracker list. The Uniform Application is an online license application developed by FSMB. Once a physician has completed the Uniform Application, it can be sent to another board accepting or requiring the Uniform Application without reentering the same data.

The initial plan was to see if it would be possible to run the UA in parallel to our existing license applications. This would give the applicant a choice: they could either complete our application or complete the UA. We had thought that there were other States that were doing this. After further investigation, we found that that was not the case – there are no States that have the UA and their own State application available side by side. This plan was dropped.

The second plan was to see if we could pull data from the UA into our application. There are two ways that this could be done. The first way would be to add an addendum to the NC specific UA. The addendum would consist of all the questions that are in our application but not in the UA. The steps would be: A) the applicant would complete the NC specific UA including the addendum. B) The applicant would receive a 'Submit ID' from FSMB that they would enter into one of our applications and then the data from their UA would be pulled over into our application. C) The applicant would review the application and pay.

Pros:

1. The cost of doing most of the work could be covered by Grant Money that is available.
2. If the applicant had already done a UA, then that information would already be available.

Cons:

1. We would have two software vendors to work with: FSMB and GLS.
2. The addendum would be almost all of the same questions as we have in our application. So we would be maintaining an additional application. If changes had to be made in the future to our application, then those same changes would need to be made to the addendum section of the UA.
3. Only about 5% of US physicians have used the UA. So about 5% of the applicants that would be applying for an application with NCMB would have done a UA.

The second way would be to pull the data from the UA (no addendum) into our Application. The steps would be: A) the applicant would go to the FSMB and complete the NC specific UA. B) The applicant would receive a 'Submit ID' from FSMB that they would enter into one of our applications and then the data from their UA would be pulled over into our application. C) The applicant would then complete the rest of our application and pay.

Pros:

1. The cost of doing most of the work could be covered by Grant Money that is available.
2. If the applicant had already done a UA, then that information would already be available.

Cons:
1. We would have two software vendors to work with: FSMB and GLS.
2. Only about 5% of US physicians have used the UA. So about 5% of the applicants that would be applying for an application with NCMB would have done a UA.
3. There is very little overlap between the UA and the NC application. Only about 10% of the data in the UA could be pulled over into our application.

Committee Recommendation: Do not use the UA or pull data from existing UA applications.

There was a discussion regarding requiring FCVS for all full license applications (excluding expedited applications).

Pros:
1 - Core credentials are received in one packet and requiring less handling and review time.
2 – Requiring all US/Canadian graduates to use FCVS would be consistent with how IMG's are handled.
3 – One of our 5 applications would be eliminated. This would result in one less application to keep updated and maintain.

Cons:
1 – US/Canadian graduates would be required to pay the FCVS fee in addition to the NCMB application fee that they are already paying. (FCVS is currently required for IMG's).

Board Action: Do not use the UA or pull data from existing applications, at this time; do not require all applicants for a full license to use FCVS, at this time.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Three licensure cases were discussed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

LICENSE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Seven licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ALLIED HEALTH COMMITTEE REPORT

Committee Members present were: H. Diane Meelheim, FNP-BC, Chairperson, Bryant A. Murphy, MD and Ralph A. Walker.

OPEN SESSION

PHYSICIAN ASSISTANTS

1. Physician Assistant Random Compliance Reviews for 2014. Don Pittman discussed.

Issue:

Thirty (30) Physician Assistants were randomly selected for a Compliance Review in 2014. Three (3) of the thirty (30) compliance review were not conducted after it was determined one had retired, one was unemployed, and one had moved out of state.

Nineteen (19) of the twenty seven (27) remaining compliance reviews resulted in finding the physician assistants to be in full compliance with all rules and regulations. The remaining eight (8) had minor discrepancies. All referenced discrepancies were corrected in a timely fashion and no further actions were deemed necessary.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

2. Physician Assistant CME Rule Change. This item was previously discussed at the September 2014 PAAC meeting. Marcus Jimison, the Committee and guests discussed. See Appendix L

Issue:

Physician Assistant CME Requirements. The National Commission on Certification of Physician Assistants (NCCPA) changed the required amount of Category 1 CME from 40 to 50 hours every two years. Change the North Carolina Medical Board's (NCMB) PA Rules/requirements (specifically, 21 NCAC 32S.0216 (a) and 21 NCAC 32S.0202 (14)) from 40 hours of American Academy of Physician Assistants Category 1 CME hours every two years to 50 hours of Category 1 CME hours every two years to mirror the NCCPA's requirements.
The North Carolina Academy of Physician Assistants (NCAPA) Board of Directors unanimously supported the proposed requirement of increasing PA Category 1 CME hours from 40 to 50 hours in a two year cycle for PAs.

Committee Recommendation: Adopt proposed rule change to Physician Assistant Rules 21 NCAC 32S.0216 (a) and 21 NCAC 32S.0202 (14) to require 50 hours of accredited Category 1 CME hours every two years. CME must be recognized by the NCCPA.

Board Action: Adopt proposed rule change to Physician Assistant Rules 21 NCAC 32S.0216 (a) and 21 NCAC 32S.0202 (14) to require 50 hours of accredited Category 1 CME hours every two years. CME must be recognized by the NCCPA.

3. Physician Assistant Advisory Council (PAAC) 2015 - 2016 Committee Members.

Issue: Physician Assistant Advisory Council (PAAC) 2015 - 2016 Committee Members. The North Carolina Medical Board's Physician Assistant Advisory Council (PAAC) advises and communicates with the Board on issues affecting PA practice and regulation in the state. The PAAC does not have authority to license or discipline PAs, but it provides valuable insights to the Board's Allied Health Committee and to the full Board. The PAAC meets twice a year in September and March. The members of the PAAC are nominated by the Allied Health Committee and appointed by vote of the full Board for terms of two years. They may be reappointed by Board action. The PAAC's members represent the leadership of the North Carolina Academy of Physician Assistants, the PA Section of the North Carolina Medical Society and each PA training program in North Carolina. They also include other PA and physician members chosen for their particular expertise on issues facing the Board.

Committee Recommendation: Approve the following 2015 - 2016 PAAC Committee Members: H. Diane Meelheim, FNP-BC, Chairperson, Ralph A. Walker, Bryant A. Murphy, MD, Douglas Hammer, MD, Julie Daniel-Yount, PA, Carolyn Pugh, PA, Ron Foster, PA , Robin Hunter-Buskey, PA, Cathie Field, Rosalind Becker, PA – Wingate, Karen Hills, PA - Duke, Thomas Colletti, PA – Campbell, Marc Katz, PA, Christina Beard, PA – Methodist, Tracy Tonsor, PA – Elon, Terry Mulligan, PA – Gardner-Webb, Lisa Shock, PA, Dr. Stephen Myers – High Point, Peggy Robinson, PA, Marcus Jimison - NCMB Staff, Lori Ann King, CPCS - NCMB Staff, Katharine Kovacs, PA - NCMB Staff, Jane Paige - NCMB Staff.

Board Action: Approve the following 2015 - 2016 PAAC Committee Members: H. Diane Meelheim, FNP-BC, Chairperson, Ralph A. Walker, Bryant A. Murphy, MD, Douglas Hammer, MD, Julie Daniel-Yount, PA, Carolyn Pugh, PA, Ron Foster, PA , Robin Hunter-Buskey, PA, Cathie Field, Rosalind Becker, PA – Wingate, Karen Hills, PA - Duke, Thomas Colletti, PA – Campbell, Marc Katz, PA, Christina Beard, PA – Methodist, Tracy Tonsor, PA – Elon, Terry Mulligan, PA – Gardner-Webb, Lisa Shock, PA, Dr. Stephen Myers – High Point, Peggy Robinson, PA, Marcus Jimison - NCMB Staff, Lori Ann King, CPCS - NCMB Staff, Katharine Kovacs, PA - NCMB Staff, Jane Paige - NCMB Staff.

NC Emergency Medical Services (EMS)

1. Dr. Winslow's Presentation to the full Board Thursday, 11/20/14.

Issue: Dr. Winslow did a presentation to the full Board on Thursday (after the AHC meeting) to discuss the NC EMS' request for the addition of the drugs Droperidol, Tranexamic acid (TXA) and CroFab to the formulary for EMS providers in NC.

Committee Recommendation: Accept as information.

Board Action: Approve the NC EMS' request for the addition of the drugs Droperidol, Tranexamic acid (TXA) and CroFab to the formulary for EMS providers in NC.

ANESTHESIOLOGIST ASSISTANTS

No items for discussion

NURSE PRACTITIONERS

No items for discussion

CLINICAL PHARMACIST PRACTITIONERS

No items for discussion

PERFUSIONISTS

1. Minutes of the September 2014 PAC meeting

Committee Recommendation: Accept the report of the September 2014 PAC meeting.

Board Action: Accept the report of the September 2014 PAC meeting.

POLYSOMNOGRAPHIC TECHNOLOGISTS

No items for discussion

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Two licensee applications were reviewed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

NURSE PRACTITIONER JOINT SUBCOMMITTEE REPORT

The Nurse Practitioner Joint Subcommittee (NPJS) was called to order at 6:30 pm November 18, 2014 at the office of the NC Board of Nursing. Members present were: Bobby Lowery, PhD, NP - Chairperson (NCBON); H. Diane Meelheim, FNP-BC (NCMB); Peggy Walters, EdD, RN

(NCBON); and Ralph A. Walker (NCMB). Bryant A. Murphy, MD (NCMB) and Cheryl Duke, PhD, NP (NCBON) were absent.

1. Approval of minutes of May 13, 2014 meeting

Motion: To approve the amended minutes of the May meeting as presented. Passed.

1. Old Business

a. Update: JSC Pilot Project
Today was the final meeting of the pilot project. The Joint Subcommittee is pleased with the work of the pilot and recommends continuing to use the Joint Subcommittee Panel.

Motion: To continue using the Joint Subcommittee Panel for review of NP disciplinary cases. Passed.

2. New Business
a. Compliance Review Summary 2014
Ms. Kugler reported that 76% of NPs audited were in compliance. The Board of Nursing is continuing their efforts to make sure that NPs know what is required for them to be in compliance. Reminders are being included with registration renewals and also at the bottom of all of the Practice Coordinator's emails.

For information only

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Two licensee applications were reviewed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

MIDWIFERY COMMITTEE REPORT

The Midwifery Joint Committee (MJC) was called to order at 5:00 pm November 18, 2014 at the office of the NC Board of Nursing. Members present were: Bobby Lowery, PhD, NP - Chairperson (NCBON); H. Diane Meelheim, FNP-BC (NCMB); Peggy Walters, EdD, RN (NCBON); Beth Korb, CNM and Ralph A. Walker (NCMB). Bryant A. Murphy, MD (NCMB); Cheryl Duke, PhD, NP (NCBON); Frank Harrison Jr, MD and Keith Nelson, MD were absent.

1. Ethics Awareness and Conflict of Interest Reminder

2. Approval of Minutes: November 19, 2013

Motion: To approve the minutes of the November 2013 meeting. Passed.

3. Report of Auditors

Motion: To accept the auditor's report. Passed.

5. Ratification of Mail Referendum

a. CNM Approval List 2013

Due to implementation of a new licensure system, the CNM Application Approval list was unavailable at the time of the November 2013 Midwifery Joint Committee meeting. CNM Application Approvals are completed by committee member pairings annually and presented to the full Committee for ratification at the Midwifery Joint Committee Annual Meeting.

Motion: To accept the CNM Application Approval list for the period of November 1, 2012 – October 31, 2013. Passed.

6. Other Business

a. Election of Officers

Beth Korb was nominated for Chairperson and Diane Meelheim was nominated for the Vice Chairperson position.

Motion: The MJC voted unanimously to name Ms. Korb as the Chairperson and Ms. Meelheim as the Vice Chairperson. Passed.

b. CNM Approval List thru October 2014

Motion: To approve the CNM approval list. Passed.

c. Update: Online Registration System for APRN

Brenda McDougald reported that the online registration system has been implemented. Registration notices will be sent electronically and by regular mail.

For information.

d. Directors/Officers Insurance

The MJC is looking into purchasing insurance for its directors and officers for coverage in the event of a law suit. Staff will provide the Committee with three quotes to review.

For discussion.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Two licensee applications were reviewed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on November 19, 2014 at the office of the Medical Board. Board Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Debra A. Bolick, MD, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Complaints) Committee reported on thirty-nine complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on November 19, 2014 at the office of the Medical Board. Board Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Debra A. Bolick, MD, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Malpractice) Committee reported on forty-five cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public

record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Eleven informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

The Disciplinary Committee (Investigations) of the North Carolina Medical Board commenced at 9:24 am on November 19, 2014 at the office of the Medical Board. Board Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Debra A. Bolick, MD, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Investigative) Committee reported on forty-eight investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

OUTREACH COMMITTEE

The Outreach Committee of the North Carolina Medical Board was called to order at 2:35 p.m. on Wednesday, November 19, 2014 at the offices of the Board. Members present were: Subhash Gumber, MD, Chairperson, Debra Bolick, MD, and Ralph A. Walker.

Old Business:

1. Outreach to Medical Schools and Residency programs

   Public Affairs is continuing to reach out by phone and email to medical schools and residency programs. The personal touch seems to be effective. Dr. Gumber met and talked with the Dean at ECU's Brody School of Medicine. He had not seen/responded to the letter the NCMB mailed but was receptive. At Dr. Gumber's request, Public

Affairs Director followed up and we are now working to ID opportunities for the NCMB to present. Also working to schedule a talk in Fayetteville for Southern Regional AHEC for a noon presentation.

For information only; No action required

Discussion: The Public Affairs Director gave a brief update on outreach efforts to medical schools and residency programs, indicating that telephone contact seems to be an effective means of reaching out.

No Committee action required

New Business:

1. NCMB presentations overhaul

As the NCMB seeks to present more frequently and to more student and resident audiences, there is a need to ensure that the Board has quality content that meets the NCMB's goals and the needs of the groups hosting our talks. To that end, the Public Affairs Department is working on several fronts to shore up the content available to Board Members giving presentations.

a. Prepared PowerPoints on specific topics of interest

The Board typically presents a "Medical Board 101" general information talk to any group it visits. Public Affairs maintains a boilerplate talk, which includes an overview of the Board's mission and duties, discussion of the licensing role, and the regulatory role, which includes an overview of the complaint and investigation process, the case review process and the possible outcomes of cases. The talk also includes select statistics on licensee demographics and metrics such as licenses issued, public actions taken, complaints received, etc. A recent addition to the standard talk uses medicine-related cartoons to convey information about issues likely to bring a licensee to Board attention. This talk is updated at least annually to include the latest available statistics and can be edited and amended to meet the audience's specific needs. For a short talk (30 minutes or less) the basic Board talk can be given on its own. Often, we add on one or more specific topics of interest (current initiatives or topics such as opioid prescribing, alcohol/substance abuse issues, etc.). Public Affairs is preparing slide sets featuring case studies and Board policy on the following subjects:

i. Opioid prescribing
ii. Alcohol/substance abuse
iii. Professional boundary issues
iv. Quality of care – Need Board member suggestions for types of issues to illustrate through case studies

Discussion: What other subject areas should Public Affairs develop slide sets on? What specific types of quality of care cases should be included in the QOC slides?

b. New presentation techniques

The Board typically uses PowerPoint presentations to give talks. This works well for some audiences (large groups, for example) but may not be the most effective or engaging method of presenting to student and resident audiences. Public Affairs recommends that we explore alternative presentation techniques to ensure that we offer a high-value educational experience for our student/resident audiences. Some techniques may also be appropriate for established licensee audiences.

i. What should the Board do? (presentation of case studies) – This method tweaks the PowerPoint presentation of case studies slightly. The Board Member presents the facts of the case. Then, before revealing the Board's resolution to the case (what actually happened) the Board Member leads a brief discussion to identify, with audience participation, the issues in the case (what went wrong, what needs to be addressed) and asks the audience to suggest ways for the Board to resolve the case (What should the Board do?) When the discussion comes to a natural conclusion, the Board Member then clicks the slide to reveal the actual case resolution. Dr. Udekwu recently gave a talk to the WakeMed Department of Surgery using this presentation technique.

ii. Role playing case studies – Like the technique described above, this is means of increasing audience engagement in our subject. Case studies would be scripted and "parts" assigned to volunteers from the audience (e.g., a patient and a licensee). Each participant would speak his or her scripted part. The Board Member would keep the participants on stage and lead a discussion to identify the important issues in the case, asking for suggestions for ways the Board could resolve it. Then the Board Member would reveal the actual case resolution.

iii. Animated case studies – The Public Affairs staff plans to animate collections of case studies in the subject areas noted above (opioid prescribing, alcohol/substance abuse, professional boundary issues, quality of care) using the same software used to create the NCMB Complaint Tutorial. Once complete, these case study modules can be made available through the learning management system (LMS) portal built for the Board by Greensboro AHEC. Before a talk (e.g. general Board presentation with opioid prescribing), staff would email the organization hosting the talk a link to the opioid prescribing case studies collection module, with instructions for students or residents to watch the module prior to the talk. After giving the general Board presentation, the Board Member would lead a discussion of the case study content viewed in advance of the talk. We would probably include slides from the module as visual aids to help students/residents remember and aid the Board Member in leading the discussion.

Discussion: Which of the presentation techniques should Board Members begin integrating into talks? What audiences would most benefit from the approaches described?

Committee discussion: The Committee members liked the use of medical cartoons to introduce topics of discussion Re: issues that bring licensees to the attention of the Board. The Committee liked the idea of developing more case studies for use in presentations and liked the subject specific approach; It was suggested that it may be useful to develop sets of case studies that are specific to specialty. Committee members were intrigued with the idea of using different presentation techniques to encourage more engagement with audiences. Overall, the Committee was pleased with the progress and encouraged Public Affairs to continue on all fronts

No committee action

Board action: None required

2. NCMB logo

The NCMB does not have a logo. Instead, the Board uses the official seal of the Board. This is old fashioned and somewhat limiting in terms of options for graphics on the website, stationary, business cards, PowerPoint templates and all other visuals produced for Board use. Sydney Little, the Board's new Public Affairs Coordinator will present some logo concepts for consideration.

Staff recommendation: Board Members should select a first choice from among the logos provided. Staff need Board approval to move ahead with logo use for redesigned website and other materials.

Committee discussion: The Committee Members were pleased that the Board is moving forward with plans for a logo. They were happy with the four choices presented but would like to involve the full Board in selecting the logo to be used.

Committee recommendation: Defer to full Board

Board action: Board Members voted for a first choice and a second choice logo. With all votes tallied, the "plain text" logo won a simple majority of votes. However, the Board was not satisfied with that result.

The Board directed the Public Affairs staff to prepare additional choices for consideration by the Board, understanding that a decision should be made by January 2015 in order for the logo to be incorporated into the new NCMB website design. New logo choices will be distributed via email to the Board Members ASAP.

3. Board use of Twitter

Members of the Cumberland County Medical Society (CCMS) have raised questions about the Board's practice of using Twitter to distribute information about public adverse actions executed by the NCMB, asking that the Board discontinue these tweets. The Board began tweeting actions in February 2013. This is consistent with the Board's goal to provide multiple choices for individuals interested in receiving the NCMB's public information and with the Public Affairs Departments efforts in recent years to offer options that streamline and automate this aspect (public information requests) of its work. The Public Affairs Director will be prepared to discuss the evolution of the NCMB's use of Twitter, including plans for future use.

Discussion: Questions/thoughts about the NCMB's use of Twitter? How should NCMB respond to CCMS letter?

The Public Affairs Director gave a history of the Board's use of Twitter and explained the basics of how Twitter is used, as well as some statistics about the current number of Twitter followers and engagement with followers. It was noted that the NCMB has significantly more content that could be tweeted and that Public Affairs always intended to expand tweets to include matters other than discipline. This content would include announcements, notices, calls for comment on position statements, public hearings, awards received by the Board, etc.

The Committee did not see anything untoward with tweeting information about public actions, but indicated that it did not feel the Board's use of Twitter should be limited to actions. The Committee agreed that the Board should consider the question of distributing public actions via Twitter and other social media channels more deeply before making a decision to change how it uses Twitter in this regard.

Committee recommendation: The Board should immediately begin tweeting general interest information in addition to tweets about public actions. Public Affairs should report on progress at the next Board Meeting.

Meanwhile, the Board should continue to study Twitter and other social media platforms as viable channels for distributing information about public actions. Staff should provide the Board with multiple options including but not limited to: continuing to tweet individual public actions just as the Board does currently, tweeting periodic "roundups" indicating that actions have been taken, tweeting more types or fewer types of public actions, and, finally, ceasing to use Twitter to distribute information about public actions entirely.

Board action: Accept committee recommendation

ADJOURNMENT
This meeting was adjourned at 5:35 p.m.November 20, 2014.

Eleanor E. Greene, MD
Secretary/Treasurer

APPENDIX A

Telemedicine

"Telemedicine" is the practice of medicine using electronic communication, information technology or other means between a licensee in one location and a patient in another location with or without an intervening health care provider.

The Board recognizes that technological advances have made it possible for licensees to provide medical care to patients who are separated by some geographical distance. As a result, telemedicine is a potentially useful tool that, if employed appropriately, can provide important benefits to patients, including: increased access to health care, expanded utilization of specialty expertise, rapid availability of patient records, and the reduced cost of patient care.

The Board cautions, however, that licensees practicing via telemedicine will be held to the same standard of care as licensees employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in-person or via telemedicine, may subject the licensee to potential discipline by this Board. It is the Board's position that there is not a separate standard of care applicable to telemedicine. Telemedicine providers will be evaluated according to the standard of care applicable to their area of specialty. Additionally, telemedicine providers are expected to adhere to current standards for practice improvement and monitoring of outcomes

The Board provides the following considerations to its licensees as guidance in providing medical services via telemedicine:

Training of Staff — Staff involved in the telemedicine visit should be trained in the use of the telemedicine equipment and competent in its operation.

Evaluations and Examinations — Licensees using telemedicine technologies to provide care to patients located in North Carolina must provide an appropriate evaluation prior to diagnosing and/or treating the patient. This evaluation need not be in-person if the licensee employs technology sufficient to accurately diagnose and treat the patient in conformity with the applicable standard of care.

Other evaluations may also be considered appropriate if the licensee is at a distance from the patient, but a licensed health care professional is able to provide various physical findings that the licensee needs to complete an adequate assessment. On the other hand, a simple questionnaire without an appropriate evaluation may be a violation of law and/or subject the licensee to discipline by the Board.[1]

Licensee-Patient Relationship —The Board stresses the importance of proper patient identification in the context of the telemedicine encounter. Failure to verify the patient's identity may lead to fraudulent activity or the improper disclosure of confidential patient information. The licensee using telemedicine should verify the identity and location of the patient and should be prepared to inform the patient of the licensee's name, location and professional credentials. A diagnosis should be established through the use of accepted medical practices, i.e., a patient history, mental status evaluation, physical examination and appropriate diagnostic and laboratory testing. Licensees using telemedicine should also ensure the availability for appropriate follow-up care and maintain a complete medical record that is available to the patient and other treating health care providers.

Prescribing — Licensees are expected to practice in accordance with the Board's Position Statement "Contact with patients before prescribing." It is the position of the Board that

[1] See also the Board's Position Statement entitled "Contact with Patients before Prescribing."

prescribing controlled substances for the treatment of pain by means of telemedicine is not consistent with the stand of care. Licensees prescribing controlled substances by means of telemedicine for other conditions should obey all relevant federal and state laws and are expected to participate in the Controlled Substances Reporting System.[2]

Medical Records — The licensee treating a patient via telemedicine must maintain a complete record of the telemedicine patient's care according to prevailing medical record standards. The medical record serves to document the analysis and plan of an episode of care for future reference. It must reflect an appropriate evaluation of the patient's presenting symptoms, and relevant components of the electronic professional interaction must be documented as with any other encounter.

The licensee must maintain the record's confidentiality and disclose the records to the patient consistent with state and federal law. If the patient has a primary care provider and a telemedicine provider for the same ailment, then the primary care provider's medical record and the telemedicine provider's record constitute one complete patient record. Licensees practicing via telemedicine will be held to the same standards of professionalism concerning medical records transfer and communication with the primary care provider and medical home as those licensees practicing via traditional means.

Licensure — The practice of medicine is deemed to occur in the state in which the patient is located. Therefore, any licensee using telemedicine to regularly provide medical services to patients located in North Carolina should be licensed to practice medicine in North Carolina.[3] Licensees need not reside in North Carolina, as long as they have a valid, current North Carolina license.

North Carolina licensees intending to practice medicine via telemedicine technology to treat or diagnose patients outside of North Carolina should check with other state licensing boards. Most states require physicians to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration. A directory of all U.S. medical boards may be accessed at the Federation of State Medical Boards Web site: http://www.fsmb.org/directory_smb.html.

(Adopted July 2010)
(Revised November 2014)

---

[2] See Ryan Haight Act

[3] N.C. Gen. Stat. § 90-18(c)(11) exempts from the requirement for licensure: "The practice of medicine or surgery by any nonregistered reputable physician or surgeon who comes into this State, either in person or by use of any electronic or other mediums, on an irregular basis, to consult with a resident registered physician or to consult with personnel at a medical school about educational or medical training. This proviso shall not apply to physicians resident in a neighboring state and regularly practicing in this State."

The Board also notes that the North Carolina General Statutes define the practice of medicine as including, "The performance of any act, within or without this State, described in this subdivision by use of any electronic or other means, including the Internet or telephone." N.C. Gen. Stat. § 90-1.1(5)

APPENDIX B

Contact with patients before prescribing

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not examined to the extent necessary for an accurate diagnosis is inappropriate except as noted in the paragraphs below. Before prescribing a drug, a licensee should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience. Ordinarily, this will require that the licensee perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

Prescribing for a patient whom the licensee has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, medication orders or prescriptions, including pain management, from a hospice physician for a patient admitted to a certified hospice program, prescribing for a patient of another licensee for whom the prescriber is taking call, continuing medication on a short-term basis for a new patient prior to the patient's first appointment, an appropriate prescription in a telemedicine encounter where the threshold information to make an accurate diagnosis has been obtained, or prescribing an opiate antagonist to someone in a position to assist a person at risk of an opiate-related overdose. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

Prescribing for an individual whom the licensee has not met or personally examined may also be suitable when that individual is the partner of a patient whom the licensee is treating for gonorrhea or chlamydia. Partner management of patients with gonorrhea or chlamydia should include the following items:

- Signed prescriptions of oral antibiotics of the appropriate quantity and strength sufficient to provide curative treatment for each partner named by the infected patient. Notation on the prescription should include the statement: "Expedited partner therapy."
- Signed prescriptions to named partners should be accompanied by written material that states that clinical evaluation is desirable; that prescriptions for medication or related compounds to which the partner is allergic should not be accepted; and that lists common medication side effects and the appropriate response to them.
- Prescriptions and accompanying written material should be given to the licensee's patient for distribution to named partners.
- The licensee should keep appropriate documentation of partner management. Documentation should include the names of partners and a copy of the prescriptions issued or an equivalent statement.

It is the position of the Board that prescribing drugs to individuals the licensee has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

Created: Nov 1, 1999

Modified: February 2001; November 2009, May 2013, November 2014 (Reviewed July 2010)

APPENDIX C

End-of-life responsibilities and palliative care

Assuring Patients

When appropriate processes have determined that the use of life prolonging measures or invasive interventions will only prolong the dying process, it is incumbent on licensees to accept death "not as a failure, but the natural culmination of our lives."*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, timely, comprehensive palliative care at the end of their lives. Licensees should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided. The Board recognizes there are times when a hospice patient needs medications to manage pain or other symptoms in an urgent situation. Under these circumstances a hospice physician who is an employee of, under contract with, or a volunteer with a Medicare-certified hospice may prescribe medications to a patient admitted to the hospice program who he has not seen when the needs of the patient dictate.

Palliative Care

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by healthcare providers who work together with a patient's other caregivers to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.**

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.***

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible licensee is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of licensees in the management of pain.) Because the Board is aware of the inherent risks

associated with effective symptom relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

** Taken from the Center to Advance Palliative Care (2012) http://www.capc.org/building-a-hospital-based-palliative-care-program/case/definingpc

*** Taken from the World Health Organization definition of Palliative Care (2002) http://www.who.int/cancer/palliative/definition/en

(Adopted October 1999) (Amended May 2007; March 2008; January 2013; November 2014)

APPENDIX D

Joint Statement on Pain Management in End-of-Life Care
(Adopted by the North Carolina Medical, Nursing, and Pharmacy Boards)

Through dialogue with members of the healthcare community and consumers, a number of perceived regulatory barriers to adequate pain management in end-of-life care have been expressed to the Boards of Medicine, Nursing, and Pharmacy. The following statement attempts to address these misperceptions by outlining practice expectations for physicians and other health care professionals authorized to prescribe medications, as well as nurses and pharmacists involved in this aspect of end-of-life care. The statement is based on:

- the legal scope of practice for each of these licensed health professionals;
- professional collaboration and communication among health professionals providing palliative care; and
- a standard of care that assures on-going pain assessment, a therapeutic plan for pain management interventions; and evidence of adequate symptom management for the dying patient.

It is the position of all three Boards that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians, nurses and pharmacists should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Because of the overwhelming concern of patients about pain relief, the physician needs to give special attention to the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some end of life care situations, there are inherent risks associated with effective pain relief. *The Medical Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan.* Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

With regard to pharmacy practice, North Carolina has no quantity restrictions on dispensing controlled substances including those in Schedule II. This is significant when utilizing the federal rule that allows the partial filling of Schedule II prescriptions for up to 60 days. In these situations it would minimize expenses and unnecessary waste of drugs if the prescriber would note on the prescription that the patient is terminally ill and specify the largest anticipated quantity that could be needed for the next two months. The pharmacist could then dispense smaller quantities of the prescription to meet the patient's needs up to the total quantity authorized. Government-approved labeling for dosage level and frequency can be useful as guidance for patient care. Health professionals may, on occasion, determine that higher levels are justified in specific cases. However, these occasions would be exceptions to general practice and would need to be properly documented to establish informed consent of the patient and family.

Federal and state rules also allow the fax transmittal of an original prescription for Schedule II drugs for hospice patients. If the prescriber notes the hospice status of the patient on the faxed document, it serves as the original. Pharmacy rules also allow the emergency refilling of prescriptions in Schedules III, IV, and V. While this does not apply to Schedule II drugs, it can

be useful in situations where the patient is using drugs such as Vicodin for pain or Xanax for anxiety.

The nurse is often the health professional most involved in on-going pain assessment, implementing the prescribed pain management plan, evaluating the patient's response to such interventions and adjusting medication levels based on patient status. In order to achieve adequate pain management, the prescription must provide dosage ranges and frequency parameters within which the nurse may adjust (titrate) medication in order to achieve adequate pain control. Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the patient's needs. *The nurse has the authority to adjust medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the agency's established protocols.* However, the nurse does not have the authority to change the medical pain management plan. When adequate pain management is not achieved under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication. Only the physician or other health professional with authority to prescribe may change the medical pain management plan.

Communication and collaboration between members of the healthcare team, and the patient and family are essential in achieving adequate pain management in end-of-life care. Within this interdisciplinary framework for end of life care, effective pain management should include:

- thorough documentation of all aspects of the patient's assessment and care;
- a working diagnosis and therapeutic treatment plan including pharmacologic and non-pharmacologic interventions;
- regular and documented evaluation of response to the interventions and, as appropriate, revisions to the treatment plan;
- evidence of communication among care providers;
- education of the patient and family; and
- a clear understanding by the patient, the family and healthcare team of the treatment goals.

It is important to remind health professionals that licensing boards hold each licensee accountable for providing safe, effective care. Exercising this standard of care requires the application of knowledge, skills, as well as ethical principles focused on optimum patient care while taking all appropriate measures to relieve suffering. The healthcare team should give primary importance to the expressed desires of the patient tempered by the judgment and legal responsibilities of each licensed health professional as to what is in the patient's best interest.

(Adopted October 1999) (Amended January 2011; November 2014)

APPENDIX E

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Telemedicine	May-10	Nov-13	May-10				
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99	Nov-14	Jan-11	Oct-99			
HIV/HBV Infected Health Care Workers	Nov-92		Jan-11	Jan-05	May-96		
Writing of Prescriptions	May-91		Mar-11	Mar-05	Jul-02	Mar-02	May-96
Laser Surgery	Jul-99		Mar-11	Jul-05	Aug-02	Mar-02	Jan-00
Office-Based Procedures	Sep-00		May-11	Jan-03			
Sale of Goods From Physician Offices	Mar-01		May-11	Mar-06			
Competence and Reentry to the Active Practice of Medicine	Jul-06		Jul-11	Jul-06			
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	May-98		Sept-11	Nov-05	Jan-01	Jul-98	
Referral Fees and Fee Splitting	Nov-93		Jan-12	Jul-06	May-96		
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91		Mar-12	Sep-05	Mar-02	May-00	May 96
Availability of Physicians to Their Patients	Jul-93		May-12	Nov-11	Jul-06	Oct-03	Jan-01
Sexual Exploitation of Patients	May-91		May-12	Sep-06	Jan-01	Apr-96	
Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91		Jul-12	Sep-06	Mar-01		
The Physician-Patient Relationship	Jul-95		Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
The Retired Physician	Jan-97		Jul-12	Sep-06			
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Sep-12	Jul-07			
Medical Testimony	Mar-08		Sep-12	Mar-08			
Advance Directives and Patient Autonomy	Jul-93		Nov-12	Mar-08	May-96		
End-of-Life Responsibilities and Palliative Care	Oct-99		Jan-13	Mar-08	May-07		
Drug Overdose Prevention	Sep-08		Mar-13	Sep-08			
Professional Use of Social Media	Mar-13		Mar-13				
The Treatment of Obesity	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Contact With Patients Before Prescribing	Nov-99		May-13	Jul-10	Feb-01		
Medical Record Documentation	May-94		May-13	May-09	May-96		
Retention of Medical Records	May-98		Jul-13	May-09			
Capital Punishment	Jan-07		Jul-13	Jul-09			

Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98		Sept-13	Mar-10	Nov-98		
Unethical Agreements in Complaint Settlements	Nov-93		Sept-13	Mar-10	May-96		
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91		Jan-14	Jul-10	Oct-02	Feb-01	Jan-01
Departures from or Closings of Medical	Jan-00		May-13	Jul-09	Aug-03		
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96		May-14	Jan-13	Sep-08	Jul-05	
Access to Physician Records	Nov-93		May-14	Sep-10	Aug-03	Mar-02	Sep-97
Medical Supervisor-Trainee Relationship	Apr-04		Jul-14	Nov-10	Apr-04		
Advertising and Publicity	Nov-99		Aug-14	Nov-10	Sep-05	Mar-01	

APPENDIX F

PHYSICIANS PRESENTED AT THE
NOVEMBER 2014 BOARD MEETING

Abdel Nour, Souheil Mounir	MD
Adavadkar, Pranshu Anant	MD
Adepoju, Linda Jumoke	MD
Akbar, Faisal	MD
Akinpelu, Bukie Olubukunola	MD
Alabi, Oluwaseye Sheye	DO
Ali, Shabnam Asgher	MD
Anikwue, Rene Chike	MD
Arif, Sana	MD
Arora, Shifali	MD
Arredondo, Mark Anthony	MD
Ashir, Zainab Ajoke	MD
Ashman, Carol Jane	MD
Aviles, Sandra Regina	MD
Bacon, Bryan	DO
Baigorri, Brian Faustino	MD
Bakhru, Arvind Nanik	MD
Barbas, Andrew Serghios	MD
Barnes, Tinka Ann	MD
Barnhorst, Amanda Beth	MD
Barr, Daniel Coke	MD
Bartelt, Luther August	MD
Bayles, Bruce Callahan	DO
Bean, Stacey Buebel	MD
Beaver, Bryan Paul	MD
Bennett, Matthew Thomas	MD
Berry, Laurel Katherine	MD
Bharti, Gaurav	MD
Bhattacharya, Runa	MD
Bonner, Earic Ramon	MD
Boole, Lindsay Carol	MD
Brown, Katherine Lynn	MD
Butcher, Christian Hays	MD
Byrne, Michelle Bridget	DO
Cadier, Thomas Roche	MD
Canver, Charles Cihangir	MD
Carbone, Karen Barbara	MD
Carrero, Gilberto	MD
Carter, William Randall	MD

Cercega, Mircea	MD
Check, Nicole Renae	MD
Chetty, Vanessa Novella	MD
Chillura, Anthony Buddy	MD
Chun, Lisa Robbin	DO
Civiletti, Krista	DO
Clough, Jeffrey David	MD
Coley, Taren Jarmce B.	MD
Connell, Don Ray	MD
Coonrad, Ralph Woodward	MD
Cooper, Emily Haynes	MD
Corbit, Christopher Kinsman	MD
Courtemanche, Chad David	MD
Cruz, Christina Melissa	MD
Cuthbertson, Rand James	MD
Dabbas, Bashar	MD
Damask, Cecelia Constance	MD
Dean, Kristin Michelle	MD
Diegidio, Paul	MD
DiLeo, Steven Joseph	MD
Dillon, Richard Lansing	MD
Dominguez, David	MD
El Manafi, Aimen	MD
El-Alayli, Hani G	MD
Eubanks, Taj Kenyatta	MD
Euler, Dillon Carmickle	MD
Falk, Steven Murray	MD
Fawcett, Samantha Marie	MD
Filla, Rebecca Dawn	MD
Fisher, Beth Ann	MD
Fleury Guzman, Andres R	MD
Flynn, Harry Weisiger	MD
Flynn, Kortni Serene	MD
Franklin, Phillip Jeffrey	MD
Gaitanis, Alexander	DO
Gallagher, Joseph Patrick	MD
Gao, Ling	MD
Gardner, Faith Lockett	MD
Gebremichael, Amine F.	MD
Gentry, Matthew Nicholas	MD
George, Ravindra Kurien	MD
Ghaznawi, Farhat	MD
Gibbs, James Elliotte	MD
Gillham, Joseph Eisele	MD

Golshayan, Ali-Reza	MD
Gonzalez-Vizoso, Rafael A.	MD
Gordon, Carolyn Vance	MD
Goyal, Priti	MD
Graber, Jason Paul	DO
Grant, Stefan Charles	MD
Green, Bonnie Graham	MD
Greenidge, Enzro Glenford	MD
Grewal, Harkiran	MD
Gulla, Supraja Rao	MD
Gupta, Bikash	MD
Hapangama, Neil	MD
Harper, Helene Frances	MD
Hart, Michael	MD
Hartman, Laura Kinard	MD
Helfer, Donald Lee	MD
Hershfield, Barton Kent	MD
Hoffman, Christopher Donald	MD
Hofmann, Mark Charles	MD
Holles-Sobota, Staci Marie	DO
Hollosi, Steven David	DO
Hood, Kyon Amiel	MD
Horgan, James Gerard	MD
Howard, Christopher W.	MD
Howley, Daniel Joseph	MD
Hundley, Charles Caleb	DO
Isner, Jennifer Rose	MD
Johnson, Benjamin Wilbur	MD
Johnson, Julie Markworth	MD
Johnson, Kimberly Zaneta	MD
Joseph, George Emil	MD
Joseph, Preeti Mary	MD
Joshi, Aditi Utpal	MD
Julich, Brian Nicholas	MD
Kabchi Jitani, Badih Antonio	MD
Kafle, Puskar	MD
Kansagra, Susan M.	MD
Khosrowpour, Saied	MD
Kim, Kyung Rae	MD
Kimani, Samuel Wamathai	MD
Knott, Daniel Alexander	MD
Knox, Rachel Melissa	MD
Koya, Brinda	MD
LeFebvre, Eric Mitchell	MD

Leighton, William Samuel	DO
Lennard, William Trevor	MD
Lesser, Steven Harry	MD
Levy Miranda, Salomon	MD
Levy, Mark Ivan	MD
Lewis, Donald Robert	MD
Lichtenfeld, Philip Michael	MD
Linderman, Dennis Joseph	DO
Lindquist, Lisa Katharyn	MD
Lingamgunta, Ram Sankar	MD
Lunde, Mary Elizabeth	DO
Maenza, Richard Louis	MD
Mak, Wang Yip	MD
Marcus, Jonathan Evan	MD
Marino, Morgan Rebecca	MD
Marks, Steven Edward	MD
Martin, Jonathan Gilbert	MD
Maslan, Jonathan Tsion	MD
McCord, Carl William	MD
McCutchen, William	DO
McDonald, Colin Timothy	MD
McKnight, Thomas A.	MD
McLendon, Robert Brian	MD
Meadows, Michael	MD
Mehta, Shobha Harshadrai	MD
Mendez, Evelyn	MD
Mendible, Mariana	MD
Mendible-Porras, Mariana	MD
Mesner, Jason David	MD
Messana, Stephen Anthony	DO
Mikel, Allison Rose	MD
Militana, Mark David	MD
Mincey, Betty Anne	MD
Mitchell, Myrosia Tomiak	MD
Mohammed Ali, El-Waleed	MD
Moncur, Latonia Jovita	MD
Moore, Patricia M. Ellen	MD
Morantes Gomez, Leonardo	MD
Morris, Lee Elizabeth V.	MD
Morris, Sandra Beth	MD
Morrow, Dustin Stephen	MD
Moses, Christopher Karella	MD
Mullaney, Joseph Martin	MD
Mulshine, Pamela Moles	MD

Neelakanta, Anupama	MD
Nkembe, Kwamba Ekwa	MD
Nomides, Jennifer Marie	MD
Norwood, James Barron	MD
O'Day, David George	MD
Odeyemi, Emmanuel O.	MD
O'Hara, Nancy Hofreuter	MD
Ohiagbaji, Franklin C.	MD
Parker, David Wesley	MD
Patel, Nilay Chuni	DO
Patel, Nirlep Ashok	MD
Patel, Nisarg Babulal	MD
Patel, Shiddhi Pankaj	MD
Patel, Vishal Praful	DO
Peedin, Alexis Rachel	MD
Pendse, Avani Anil	MD
Perez-Soto, Yaritza	MD
Pfeiffer, John Alvin	MD
Phillips, Christopher R.	MD
Pilagin, Loretta J	MD
Pinn-Bingham, Melva Evette	MD
Poffenroth, Matthew Glen	MD
Polite, Robert Cole	DO
Post, Christopher Robert	MD
Poudel, Pushpa Raj	MD
Price, John Naylor	DO
Puttagunta, Hari Krishna	MD
Qadri, Muhammad Yawar J.	MD
Rana, Hajira Izhar	MD
Rankin, Rufus Pinkney	MD
Rasche, Katharine Currie	MD
Reavill, Christopher Scott	MD
Reilly, Sharon Anne	MD
Relph, Natalie Gail	MD
Reyes, Gerardo	MD
Richards, Tess Georgette	MD
Ringenberg, Roy Allen	MD
Rizzo, Kathryn Ann	DO
Roberts, Lawrence Henry	MD
Robertson, Vida Barnwell	MD
Robotham, Tamera Lynn	MD
Robson, Craig Hampton	MD
Rodgers-Morales, Patrice D.	MD
Rody, Richard Brent	MD

Roth, Adam Paul	MD
Roy, Kausik	MD
Russell, Kirk Shane	MD
Sachs, Jeffrey Russell	MD
Saini, Virender Singh	MD
Sattarian, Mehdi	MD
Schaffner, Liza Gail	MD
Schmidt, James Harvey	MD
Schnur, Gary Arnold	MD
Schreffler, Susan Maria	MD
Schuster, Grae Lee	MD
Sharma, Amit	MD
Sharpe, Emily Elizabeth	MD
Shepherd-Banigan, Daniel B.	MD
Sheridan, Valerie Lynn	DO
Sherrill, Julia Kristina C.	MD
Sheth, Anuja Mukesh	MD
Skeete, Kshamata	MD
Smith, Vincent Nicholas	MD
Snowden, Ivan Thomas	MD
Sochat, Natacha Villamia	MD
Spicer, Maxine Lahm	MD
Spotts, Philip Hunter	MD
Sprouse, Ryan Anderson	MD
Stanberry, Carl William	MD
Steiner, Drew John	MD
Stoloff, Randy Scott	MD
Stone, Kenneth Leland	MD
Suen, Winnie	MD
Summers, Christopher Jaffa	MD
Sutherland, Amanda Kay	MD
Sutton, Jeremy Hunter	MD
Sylvester, Francisco Augusto	MD
Szoka, Nova Lee	MD
Szurkus, Dennis Clements	MD
Tanner, Philip Edwin	MD
Tao, Jiangchuan	MD
Temple, Richard Wilson	MD
Tester, Patrick William	MD
Ting, Sherwin Charng-Shiow	MD
Tinkham, Nicholas Hayden	MD
Tong, Jenny	MD
Tran, Khoa Dang	MD
Tyo, John Marshall	DO

Tyutyulkova, Sonia N.	MD
Vallabhaneni, Geetha Devi	MD
Velez-Maymi, Sharon Marie	MD
Vieta, Sarah Elizabeth	MD
Vinroot, Richard Allen	MD
Violette, David Bruce	MD
Vorhis, Elizabeth Bray	MD
Warner, Frederick Todd	MD
Wasielewski, Paul Gerard	MD
Waters, Michael George	MD
Webster, Laurence Seaton	MD
Wells, Jessica Bernadette	MD
Weston, Warren Eugene	MD
Willeford, Wesley Gerald	MD
Wilson, Charles Alan	MD
Wilson, Eugene Kennon	MD
Wilson, Gary Joseph	DO
Wingate, Katherine Hollis	MD
Withrow, Ryan Alec	DO
Wood, Monette Weaver	MD
Xia, Lihong	MD
Xu, Mina LuQing	MD
Yount, Jodelle Lynne	DO
Zaccheo, Matthew Vincent	DO
Zgleszewski, Timothy M.	MD
Zulfiqar, Omer	MD

APPENDIX G

MEMORANDUM

From: Patrick Balestrieri
To: North Carolina Medical Board Licensing Committee
Date: October 20, 2014
Re: The Interstate Medical Licensure Compact

Issue: Should the North Carolina Medical Board ("NCMB") consider participating in the Interstate Medical Licensure Compact ("Compact")?

Answer: Yes. The Board should discuss and strongly consider taking affirmative steps in the near future to participate in the Compact in 2015.

The Compact And The Eight Consensus Principles

Interstate compacts are contracts between two or more states on a particular issue. This Compact would create a new pathway to expedite the licensing of physicians seeking to practice medicine in multiple states. Beginning in 2015, state legislatures will introduce the Compact for enactment and it is anticipated to be introduced in over 15 states next year. In 2010, 77% of physicians had only one active license to practice medicine granted by a state medical or osteopathic board, 17% had active licenses in two jurisdictions and 6% had active licenses in three or more jurisdictions. Given the rise in telemedicine and the Affordable Care Act, it is anticipated that these numbers will trend up in the multiple license categories. The Federation of State Medical Boards ("FSMB") estimates that 80% of the United States physician population will be eligible for licensure through the Compact.
The Compact has eight consensus principles:

1. Participation will be voluntary for physicians and state medical boards.
2. Participation creates another pathway for licensure and does not change a state's existing medical practice act.
3. Treatment occurs where the patient is located at the time of the physician-patient encounter and the physician will be under the jurisdiction of the state board where the patient is located.

4. A mechanism will be established whereby any physician practicing in the state will be known by, and under the jurisdiction of, the state medical or osteopathic board where the practice occurs.
5. Regulatory authority will remain with the participating state boards and will not be delegated.
6. A physician practicing under the Compact is bound to comply with the statutes, rules and regulations of each Compact state where they choose to practice.
7. Boards are required to share complaint and investigative information with each other.
8. The license to practice medicine can be revoked by any or all of the Compact states.

Pros And Con To Joining The Compact - Next Steps

Pros

1. May avoid national medical licensure regulation, thus retaining state control as opposed to a federal program of medical licensure and regulation.
2. Will create a new pathway for expedited licensure.
3. Will likely be revenue neutral and self-sustaining from fees charged to Compact applicants.
4. Information will be shared between Compact member states.

Con

1. There are no rules or bylaws at present. If NCMB joined the Compact and took part in the rule and bylaw creation process, NCMB would have a non-controlling voice in how the rules and bylaws are created and exactly what they say.

Next Steps

1. Once seven states have enacted Compact laws, an Interstate Commission will be formed and rulemaking and bylaw drafting will begin. The NCMB will benefit from being one of the first members states to join the Compact because they would take part in the creation of these rules and bylaws which will create a foundation for the Compact to operate.
2. If the NCMB decides to go forward with the Compact, the next thing to do is approach the legislature. FSMB Director of Legal Services, Eric Fish, Sr., offered to be a resource and accompany NCMB board members and staff to the North Carolina legislature to explain the Compact and how it would impact North Carolina in the future.

Interstate Medical Licensure – Model Legislation Summary

The attached documents are (1) a "What State Legislators Should Know" FSMB memo and (2) a copy of the final model legislation for the Compact. No substantive changes may be made to the model legislation and this would be the North Carolina law if enacted. However, non-substantive technical changes may be made if required by North Carolina law. I shall list and summarize each section of the Compact below:

SECTION 1. PURPOSE

The stated purpose is to strengthen access to health care by providing a streamlined process that allows physicians to become licensed in multiple states and enhance medical license portability. This creates another pathway for licensure and does not otherwise change a state's existing medical practice act. The Compact also adopts the prevailing standard for licensure and affirms

that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter. I suspect an unstated purpose is that this will stop or substantially curtail lobbying efforts for national licensure and regulation.

SECTION 2. DEFINITIONS

This section is self-explanatory and comprehensive. However, I would like to note the following definitions that have unique meanings in relation to the Compact and will be used as we go forward:

1. The definition of "Physician" specifies the criteria for who is eligible for licensure via the Compact. "Physician" means any person who:
   (1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation or a medical school listed in the International Medical Education Directory or its equivalent;
   (2) Passed each component of the United States Medical Licensing Examination ("USMLE") or the Comprehensive Osteopathic Medical Licensing Examination ("COMLEX-USA") within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
   (3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
   (4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;
   (5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;
   (6) Has never been convicted, received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;
   (7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;
   (8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and
   (10) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction.
2. "Offense" means a felony, gross misdemeanor or crime of moral turpitude.
3. "State" means any state, commonwealth, district or territory of the United States.
4. "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

SECTION 3. ELIGIBILITY

A physician must meet the eligibility requirements and all criteria of the definition of "Physician" above to receive an expedited license via the Compact. A physician who does not qualify may still apply for licensure under a state's separate medical practice act.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

1. The state of primary residence for the physician, or
2. The state where at least 25% of the practice of medicine occurs, or
3. The location of the physician's employer, or
4. If 1, 2 and 3 are not met, then the state of residence for federal income tax purposes.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

A physician shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license, who shall evaluate eligibility and issue a letter of qualification, verifying or denying the physician's eligibility. Static qualifications (i.e. verification of medical education, graduate medical education, results of any medical or licensing examination, etc.) will not require additional primary source verification if already done by the state of principal license. The state of principle license shall also perform a criminal background check. Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

Once verified as eligible by the state of principal licensure, physicians shall complete a registration process established by the Interstate Commission to receive a license in the state of principal licensure, including the payment of any fees. A medical license will then be issued (or verification of Compact eligibility will be sent to the Interstate Commission if already licensed in the state of principal licensure) that shall authorize the physician to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and regulations of the issuing member board and state.

A license obtained through the Compact shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state. A license obtained though the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without re-designation of a new state of principal licensure. The Interstate Commission will develop rules regarding the application process, payment of fees and the issuance of a license through the Compact.

SECTION 6. FEES FOR EXPEDITED LICENSURE

A member state issuing an expedited license may impose a fee for a license issued or renewed through the Compact. The Interstate Commission will develop rules regarding these fees.

SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

1. Maintains a full and unrestricted license in a state of principal license;
2. Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense;

3. Has not had a medical license disciplined by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and
4. Has not had a controlled substance license suspended or revoked.

Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state. The Interstate Commission shall collect renewal fees and distribute them to the applicable member board, at which time the member board shall renew the medical license. Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards. The Interstate Commission will develop rules to address renewals obtained through the Compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

The Interstate Commission shall establish a database of all physicians licensed and who have applied for licensure under the Compact. Member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact. Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission. Member boards shall share complaint or disciplinary information about a physician upon request of another member board. All information provided to the Interstate Commission or distributed by member boards shall be confidential and used only for investigatory or disciplinary matters. The Interstate Commission will develop rules for mandated and discretionary sharing of information by member boards (i.e. there may be some information that member boards have to supply and some information that they may supply in the member board's discretion).

SECTION 9. JOINT INVESTIGATIONS

Licensure and disciplinary records of physicians are deemed investigative. A member board may participate with other member boards in joint investigations of physicians licensed by the member boards. A subpoena issued by a member state shall be enforceable in other member states.

SECTION 10. DISCIPLINARY ACTIONS

Any disciplinary action taken by any member board against a Compact physician shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the medical practice act or regulations in that state. If a license in the state of principal licensure is revoked, suspended, surrendered or relinquished in lieu of discipline, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the state of principal licensure subsequently reinstates the license, a licensed issued by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

If disciplinary action is taken against a physician by a member board not in the state of principal licensure, any other member board may deem the action conclusive as a matter of law and fact decided, and impose the same or lesser sanction(s) consistent with the medical practice act of that state or pursue separate disciplinary action under its medical practice act, regardless of the action taken in other member states.

If a license granted to a physician by a non-principal state of licensure member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under their medical practice act. A member board may also terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day period.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

The member states will create an "Interstate Medical Licensure Compact Commission" ("Interstate Commission") to conduct the administration of the Compact. Each member state will have two commissioners who can be board members or staff executives. The Interstate Commission shall meet at least once a year and minutes will be kept and made available to the public except for matters which are closed. The Interstate Commission will also establish an executive committee and other committees as necessary. The executive committee will have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

The essential Interstate Commission powers and duties are as follows:

1. Oversee and maintain the administration of the Compact;
2. Make rules and adopt bylaws;
3. Issue advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;
4. Enforce compliance with Compact provisions, the rules and bylaws;
5. Establish and appoint committees;
6. Pay the expenses related to the establishment, organization and ongoing activities of the Interstate Commission;
7. Establish offices and hire personnel including an executive director;
9. Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year; and
10. Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

SECTION 13. FINANCE POWERS

The Interstate Commission will collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The annual assessment amount shall be allocated based on a formula to be determined by the Interstate Commission, which will eventually be a rule. The Interstate Commission will be subject to a yearly financial audit and the audit report will be included in the annual Interstate Commission report.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

The Interstate Commission will create bylaws to govern its conduct within twelve months of the first Interstate Commission meeting. The Interstate Commission shall elect or appoint annually

from among its commissioners a chairperson, a vice-chairperson and a treasurer. The officers and employees of the Interstate Commission shall be immune from suit and liability in their personal and professional capacity for a claim for civil liability caused by an error in their duties within the scope of Interstate Commission employment. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. However, there shall be no immunity for intentional, willful or wanton acts.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Rules deemed appropriate shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, as amended.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

The executive, legislative and judicial branches of state government in each member state shall enforce the Compact. The Compact law and rules shall not override existing state authority to regulate the practice of medicine. All courts shall take judicial notice of the Compact and its rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

The Interstate Commission shall enforce the provisions and rules of the Compact. The Interstate Commission may, by majority vote of the Commissioners, initiate legal action to enforce compliance with the provisions of the Compact against a member state in default.

SECTION 18. DEFAULT PROCEDURES

The grounds for default include failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact. If a defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact with a majority vote of the Interstate Commissioner and all rights, privileges and benefits conferred by the Compact shall terminate. The Interstate Commission will make rules and procedures to address licenses and physicians that are materially impacted by the termination or withdrawal of a member state.

SECTION 19. DISPUTE RESOLUTION

The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or boards. Rules will also be made for mediation and binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

Any state is eligible to become a Compact member. The Compact shall become effective and binding upon legislative enactment of the Compact in seven states. Thereafter, it shall become effective and binding on subsequent states once enacted into law by each subsequent state.

SECTION 21. WITHDRAWAL

A member state may withdraw from the Compact by repealing the statute that enacted the Compact into law. However, withdrawal shall not take effect until one (1) year after the effective

date of the repealing statute and written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

SECTION 22. DISSOLUTION

The Compact will dissolve when there is only one member state left in the Compact.

SECTION 23. SEVERABILITY AND CONSTRUCTION

The provisions of the Compact shall be severable and, if any provision is deemed unenforceable, the remaining provisions shall be enforceable.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

Nothing prevents the enforcement of any other law of a member state that is not inconsistent with the Compact. If there is a conflict of laws, the Compact law supersedes and trumps state law. This will be beneficial for things like information sharing of non-public information with some boards.

INTERSTATE MEDICAL LICENSURE COMPACT

The ideas and conclusions set forth in this document, including the proposed statutory language and any comments or notes, have not been formally endorsed by the Federation of State Medical Boards or its Board of Directors. This document has been prepared as part of a study of the feasibility of an interstate compact, and it does not necessarily reflect the views of the Federation of State Medical Boards, the Board of Directors of the Federation of State Medical Boards, or any state medical board or its members.

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

SECTION 2. DEFINITIONS

In this compact:

(a) “Bylaws” means those bylaws established by the Interstate Commission pursuant to Section 11 for its governance, or for directing and controlling its actions and conduct.

(b) “Commissioner” means the voting representative appointed by each member board pursuant to Section 11.

(c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the

offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(d) "Expedited License" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(e) “Interstate Commission" means the interstate commission created pursuant to Section 11.

(f) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.

(g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(h) “Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) "Member State" means a state that has enacted the Compact.

(j) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.

(k) "Physician" means any person who:

(1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;

(2) Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)

within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;

(8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

(10) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

(m) “Rule” means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or

prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) “State” means any state, commonwealth, district, or territory of the United States.

(o) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

SECTION 3. ELIGIBILITY

(a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of Section 2(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) the state of primary residence for the physician, or

(2) the state where at least 25% of the practice of medicine occurs, or

(3) the location of the physician's employer, or

(4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the

state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (a).

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(i) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(ii) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. §731.202.

(iii) Appeal on the determination of eligibility shall be made to the member state

where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained though the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited

licenses.

SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of

licenses obtained through the Compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any non-public complaint, disciplinary, or investigatory information not required by subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9. JOINT INVESTIGATIONS

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member

boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

SECTION 10. DISCIPLINARY ACTIONS

(a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a licensed issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law

and fact decided, and:

(i) impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state;

(ii) or pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) The member states hereby create the "Interstate Medical Licensure Compact Commission".

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the

respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be a(n):

(1) Allopathic or osteopathic physician appointed to a member board;

(2) Executive director, executive secretary, or similar executive of a member board; or

(3) Member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).

(h) The Interstate Commission shall provide public notice of all meetings and all

meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

(1) Relate solely to the internal personnel practices and procedures of the Interstate Commission;

(2) Discuss matters specifically exempted from disclosure by federal statute;

(3) Discuss trade secrets, commercial, or financial information that is privileged or confidential;

(4) Involve accusing a person of a crime, or formally censuring a person;

(5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(6) Discuss investigative records compiled for law enforcement purposes; or

(7) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of

rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission may establish other committees for governance and administration of the Compact.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

The Interstate Commission shall have the duty and power to:

(a) Oversee and maintain the administration of the Compact;

(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including but not limited to the use of judicial process;

(e) Establish and appoint committees including, but not limited to, an executive committee as required by Section 11, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;

(g) Establish and maintain one or more offices;

(h) Borrow, accept, hire, or contract for services of personnel;

(i) Purchase and maintain insurance and bonds;

(j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation;

(k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;

(l) Accept donations and grants of money, equipment, supplies, materials and services, and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;

(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;

(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

(o) Establish a budget and make expenditures;

(p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;

(q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;

(r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;

(s) Maintain records in accordance with the bylaws;

(t) Seek and obtain trademarks, copyrights, and patents; and

(u) Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

SECTION 13. FINANCE POWERS

(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the Interstate Commission.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes

of the Compact within twelve (12) months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) shall serve without remuneration from the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(1) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person’s state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability

caused by the intentional or willful and wanton misconduct of such person.

(2) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(3) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event

the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or the regulation of a profession.

SECTION 18. DEFAULT PROCEDURES

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the

performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 19. DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(a) Any state is eligible to become a member state of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of non-member states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a non-voting basis prior to adoption of the

Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

SECTION 21. WITHDRAWAL

(a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c).

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

SECTION 22. DISSOLUTION

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

What State Legislators Should Know About the Interstate Medical Licensure Compact

What is the Interstate Medical Licensure Compact ?

The Interstate Medical Licensure Compact would create a new pathway to expedite the licensing of physicians seeking to practice medicine in multiple states. The proposal could increase access to healthcare for individuals in underserved or rural areas and allow patients to more easily consult medical experts through the use of telemedicine technologies. The Compact would make it easier for physicians to obtain a license to practice in multiple states and would strengthen public protection because it would help states share investigative and disciplinary information that they cannot otherwise share now.

Who drafted the Interstate Medical Licensure Compact?

The model Interstate Medical Licensure Compact was drafted by state medical board representatives, with assistance from the Federation of State Medical Boards (FSMB) and the Council of State Governments (CSG). The Compact's foundational blocks and principles were proposed by medical regulators from a diverse collection of states, in terms of population, size, and geographic region. Over the course of the past year, feedback on each draft of the Compact was solicited from state medical boards, provider groups, telehealth organizations, and other interested stakeholders.

How does my state become a member to the Interstate Medical Licensure Compact?

Interstate compacts are formal agreements between states that have the characteristics of both statutory law and contractual agreement. In order for a state to join the Interstate Medical Licensure Compact, state legislators must enact the Compact into state law. Compact terms cannot be modified unilaterally by state legislation and take precedence over conflicting state law. However, some variation is permissible in order to make the Compact comport to local statutory style or terminology.

Does the Interstate Medical Licensure Compact usurp state authority to regulate medicine?
Facilitating expedited medical licensure through the Interstate Medical Licensure Compact serves to protect state sovereignty. Unlike preemption from Federal law or regulation, the Compact would allow the states and the state medical boards to continue to exercise their authority to protect patient welfare and regulate physicians. The Compact represents the efforts of the states to develop a dynamic, self-regulatory system of expedited licensure over which the member states can maintain control through a coordinated legislative and administrative process.

Is the Interstate Compact a national license?
No. Each license to practice medicine will be issued by a state medical board and physicians must be licensed in the state where the patient is located.

Who is eligible to seek licensure through the Compact process?
To be eligible, a physician must possess a license in a member state, be certified in a medical specialty, and have no history of being disciplined, penalized or punished by a court, a medical licensing agency or the Drug Enforcement Administration (DEA). Initial surveys estimate that nearly 80% of the physician population licensed in the United States will be eligible for expedited licensure via the Compact.
To be eligible, the physician must:

- Pass the USMLE or COMLEX within 3 attempts
- Possess a full and unrestricted license to practice medicine in a compact state
- Successfully complete a graduate medical education (GME) program
- Achieve specialty certification recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) or be in possession of a time unlimited certificate
- Have no discipline on any state medical license
- Have no discipline related to controlled substances
- Not be under investigation by any licensing agency or law enforcement

Physicians who are ineligible for the expedited licensure process facilitated by the Compact may still seek additional licenses in those states where they desire to practice through the traditional licensure processes.
What is the Interstate Commission and why is it necessary?

The Interstate Commission will provide oversight and administration of the Compact, create and enforce rules governing the processes outlined in the Compact, and promote interstate cooperation, ultimately ensuring that the Compact continues to facilitate safe and expedient access to care and physician licensure. Each state will have two representatives to the Commission.
To be appointed by the Member State appointing authority, an individual must be:
1. Allopathic or osteopathic physician appointed to a Member Board,
2. Public member of a State Medical or Osteopathic Board, or
3. Executive Director or other similarly situated executive of the state medical board

If the licensing and disciplinary authority is split between multiple Member Boards within a Member State, the Member State shall appoint one representative from each Member Board.

How would the Commission be funded? How much will it cost?
Many compact commissions currently in existence rely solely on contributions from Member States. Throughout the discussion of the Interstate Medical Licensure Compact, it has been clear that in order to succeed, the Compact must be as close to budget neutral as possible, and thus, self-sustaining.

Under the terms of the Compact, the Commission may assess processing fees for expedited licensure, ultimately off-setting any burden on the Member States. Additionally, the Compact Commission is enabled to seek grants and secure outside funding, through private grants, or federal appropriations in support of license portability.

When will the Compact be completed?
Following meetings of state medical boards and interested stakeholders over the past year, considerable progress has been made in developing the legislative structure for the Compact that incorporates these guiding principles. It is anticipated that a final draft of the Compact model legislation will be available by the Fall 2014.
Beginning in 2015, state legislatures will introduce the model Compact legislation (essentially identical legislative language), which will require passage of both state houses, and the signature of the Governor for enactment.

What will be the minimum number of states required to activate the Compact?
Seven (7) states must enact the Interstate Medical Licensure Compact for it to become effective.

Where can I learn more about the Interstate Medical Licensure Compact?
http://www.fsmb.org/state-medical-boards/interstate-model-compact/

APPENDIX H

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued
As of November 2014

NURSE PRACTITIONERS

NAME	PRIMARY SUPERVISOR	PRACTICE CITY
Patricia Ann Kight	Ashokkumar Chatarmalji Jain	Franklin
Susan Davenport Freeman	Richard Sidney Vaughn	Greenville
Juanita Frazier Perkins	Ricky Allan Thomas	Fort Bragg
Gina Lee Enevold	Glenn Jay Lesser	Winston-Salem
Sheila N. Cannon	Barry Allen Moore	Jacksonville
Pacharo Nyirongo Ndupu	Tandeka Nix Burks	Fayetteville
Yaminah Matthews	Jonna Lynn Bernstein	Kernersville
Jane Kilpatrick Pressler	Paul Squire Cabiran	Highlands
Melissa Smith Rose	Tanvir Anwar Chodri	Asheboro
Emily Suzanne Fox	Abhik Kumar Biswas	Fayetteville
Judith Kraus Gais	Peter Jay Enyeart	Huntersville
Melissa Jo Receveur	Joel Robert Kann	Morrisville
April Vinson Lenker	Henry LeRoy Cromartie	Raleigh
Brenda Jane Strand	Rudy Tom Medina	Morganton
Melissa Campbell Sikes	Stephen Ward Hildebrand	Lincolnton
Karen Schramm Saylor	Jade Porciuncula Rayala	Durham
Maggie Ford Wilkins	Catherine Ann Matthews	Chapel Hill
Molly Beal Toda	Leticia Myers Kribbs	Winston-Salem
Kathryn Mavredes Smith	Joseph Raymond Elbeery	Greenville
Colleen M. Shaughnessy	Robert William Patterson	Sanford
Laurie Lynne Arena	Michael Charles Arena	Charlotte
Stephanie Hart	John Louis Silvernail	Greenville
Todd Douglas Pennell	Jon Allen Giometti	Hickory
Meredith Lynn Harris	Joseph Andrew Franklin	Durham
Kelly Boyd St George	Jason Paul Hillman	Charlotte
Kelly Boyd St George	Jason Paul Hillman	Charlotte
Tiffany Giaccone Revels	Betsy Jones Walker	Siler City
Janice Parker Rogers	Joseph Lawrence Perry	Fort Bragg
Natasha Greene	Karyn Weston Rahn	Durham
Crystal Jenita Montague	Mojeed A Akintayo	Greensboro
Jeffery Lynn Walker	Hector Estepan	Patterson
Erin Nicole De Guzman	James Horst	Raleigh
Katherine A. Zbodula	Peter Brent King	Charlotte
Veronica Laplante Rankin	Jay Grayson Fernando	Charlotte
Joanne Puleo	Joel Robert Kann	Morrisville
Abigail Ogle	Michael Scott Camp	Monroe
Lindsay Anne Morris	John Allen Wilson	Winston-Salem
Michelle Leigh McLeod	Elisabeth Jean Babb	St. Louis
Cornelia Loudin Lane	Matthew Stevens Edwards	Winston-Salem
Angela Trombley	Paul Elliot Trombley	Spindale

Angela Trombley	Paul Elliot Trombley	Spindale
Dwight Tyler Holt	Ashvin Tadakamalla	Dallas
Deanna Lynn Mills	Luis Alejandro	Greensboro
Lauren Stone Lindner	Patrick Phelps Craft	Butner
Shelby Lynn Jones	Kris Eugene Gaston	Charlotte
Tiffany Lynae Purdie	Khalil Taha Abulatifa	Washington
Perry Samuel Jenkins	Victor Russell Barnes	Camp Lejeune
Mahmoud Ali Kaddoura	Shohreh Taavoni	Durham
Cheryl Wheeler	Joshua Harrison Short	Clyde
Alison Denise Harrison	Elizabeth Roe Bradley	Winston Salem
Margaret Meyer Harding	Samuel Secord Wellman	Durham
Adrian Jay McCoy	John Edward O'Malley	Charlotte
Nicole Cagle Clamp	Godwin Obinna Uzomba	Charlotte
Heather Hamstra	Charles Edward Jahrsdorfer	Greenville
Sonya Nanette Belin	David Anthony Henderson	Charlotte
Melissa Anne Cousins	Stephen Douglas Campbell	Asheboro
Candice Pike Clark	Laura Ann Hester	Siler City
Jamesia Hicks Harris	James Laval Bland	Aiken
Valorie Stewart Byrd	Wendy Gayle Talley	Cornelius
Kristi Barrett Giemza	Ronald Paul Olson	Durham
Nadia Andrade	Charles Edmond Murphy	Durham
Jenna Whitehurst Aldridge	Donald Lowell Price	Greenville
Amy C Dunning Snow	Jan Kriska	Mount Airy
Dawn Marie Mason	John Edward O'Malley	Charlotte
Kim Wanda Smith	Jo Ellen Hirsch	Fayetteville
Deborah Underwood Brown	Lisa Coates Muasher	Durham
David Robb Holton	Adam Clark Wenzlik	Durham
Cecilia Nkasiobi Nwauche	Ndofunsu Badika	Charlotte
Bryan Keith Monroe	Sandra Michele Carr	Fayetteville
Betty Mitchell Mays	Kenneth Todd Ashkin	Charlotte
Naomi Beth Griffin	Patricia Marie Kaldy	Concord
Kimberly Dane Graham	Laura Elizabeth Neumann Patel	Raleigh
Nicole Nash Koesel	Henry Lawrence Burke	Charlotte
Laura Dunnery Turkel	Carlos Manuel De Castro	Durham
Meagan Anne M. Holcomb	Karl Sy-Cherng Chiang	Greenville
Carol Hall Armer	Daniel Jason Martinie	Charlotte
Shawana Avre Faulk	Muhammad Akram Paracha	Fayetteville
Alexis Dawn Wilson	Suzanne Davis Dixon	Asheville
Karen Annette Highfill	Lori Oakley Coe	Rural Hall
Sheila Harvey Smith	Caroline Lillian Hebert Rao	Durham
Sheila Jane Pynes	Edgardo Diez	Asheville
Kristin Jean Nomides	Gloria Ruth Somers Vreeland	Leland
Monique Angela Sutton	John Edward O'Malley	Charlotte
Vivian Jill Lowery	Karen Lynn Melendez	Lincolnton
Shasta Leann Ebert	Charles Anthony Bregier	Charlotte
Robert David Lane	Edward Stanley Benfield	Charlotte

Melissa Elaine Strickland	Chawki Assaad Lahoud	Raleigh
Anne Marie Mukamana	Leticia Estela Helleby	Winston-Salem
Tenesa Yashica Shevon McCaskill-Gainey	Daniel Joseph Bernstein	Denver
Angela Holt Blackburn	Henry Louis Danis	Gastonia
Helene Miller O'Neal	Steven Earl Skahill	Williamston
Amy Lynn Larreur	Robert Jeffrey Ward	Statesville
Brian Edward Duncan	Nihan Gurcanlar	Charlotte
Barbara Dust Keith	LaToya Nicole Woods	St. Pauls
Richelle Nugent Hooper	Gregory Lloyd Candell	Flat Rock
Carrie Duncan Smith	Kelly Sue Rothe	Burnsville
Rebecca Smoak Parrish	Ariel David Arus	High Point
Melissa Stevens Jolly	Michael Ray Miller	Statesville
Lashanda Brown Sell	Walter Azubuike Ezeigbo	Winston-Salem
Renea Swain Price	Steven Mark Manning	Williamston
Karen Griffin McBryde	Jerome Englebert Williams	Charlotte
John Conrad Withrow	Archana Kumar	Greensboro
Carla Diffenderfer	Parminder Gill Khara	Cary
Ellen Margaret Snyder	Leonard David Saltzman	Albemarle
Cheryl Robinson Smith	Christopher Morgan Lakin	Charlotte
Kathryn Potesta	James Witten Altizer	Charlotte
Kimberly Pollis	Rodger Alan Liddle	Durham
Amanda Marie Piotrowski	Richard Orlowski	Hickory
Delayne B Godwin	Theodore Robison Winneberger	Wilmington
Melissa Pacello	Kevin Wallace Lobdell	Charlotte
Alemu Tafesse Mengistu	Robert James McHale	Albemarle
Susan Herena	Thomas Heller Kalb	St. Louis
Lydia Elliott	James Kilcoin Hartye	Asheville
Sandra L. Krantz	Cecile Mauge Miller Murray	Charlotte
Pacharo Nyirongo Ndupu	Ndofunsu Badika	Charlotte
Tracy Lynn Hutson Moore	Michele Moran Clancy	Wilmington
Cindy Cheng-Ja Southerland	Gordana Vlahovic	Durham
Cindy Cheng-Ja Southerland	Dina Marie Randazzo	Durham
Lisa R. Lafata	Brian Keith Harris	Clayton
Jeanne Frances Sweeney	Michael Skow Hoben	Charlotte
Cynthia A Kinser	Hector Estepan	Patterson
Amanda May Honeychuck	Susan Cornelia Franz	Orlando
Jamesia Hicks Harris	Robert Dale Clark	Newland
Olivia Hallingquest	Andrea Margreta Diane Williams	Charlotte
Jane Ferrari	Jennifer Marie Rucci	Charlotte
Melissa Loftin Adams	Joseph Todd Perry	Winston-Salem
Beth Perry Stanfield	Marshall Scott Nickel	Fort Bragg
Geovanna Otilia Deese	Paul Alexander Brezicki	Concord
Pamela Lowry Burr	William Anthony Calabria	Shelby
Melissa Cecil Watson	Alexis Nicole McRae	Kernersville
Eric Noevere	Marisol Cara Clark	Jacksonville
Sheila Cruz Lombos-Agustin	Joel Robert Kann	Morrisville

Elizabeth Claire Compton	Scott Alan Kendrick	Greenville
Takia Shawnta Starkes	Archana Kumar	Greensboro
Sadou Ibrahim	Walter Azubuike Ezeigbo	Winston-Salem
Karen Deanna Garmon	Brent Williams Seifert	Salisbury
Karen Deanna Garmon	Sean Ian Malone	Salisbury
Lutricia Freeman Bennett	Richard Alan Fricker	Charlotte
Julie Trust Smith	Sachin Surendra Mody	Charlotte
Adrienne Yolanda Small	Brent Jason Theiling	Durham
Jennifer Purser Deese	Joseph Lawrence Brady	Charlotte
Trina Williams Owens	James David Shumate	Jacksonville
Tina Marie Reagan	Christi Renee Ray	Rocky Point
Barbara Ann Sharp	Godwin Obinna Uzomba	Charlotte
Susan Davies Bostic	Christopher Morgan Lakin	Charlotte
Elizabeth Powers Goll	Brian Lee Donner	Wilmington
Kamala Lakeshia Goode	Stephen Douglas Campbell	Asheboro
Michele Nicole Bell	Alexis Nicole McRae	Kernersville
Misty Barrier Eller	David A Iannitti	Charlotte
Deandra L. Hoover	Christopher Morgan Lakin	Charlotte
Melanie Blankenship White	Robert Eric Clayton	Wendell
Sinclair Lena Casiano	Harrison Gabriel Frank	Carolina Beach
Elizabeth Scott Todd	Robert William Gardner	Raleigh
Lisa Bailey Wilbanks	Roy E. Gilbreath	Gastonia
Sarah Frances Calvert	Remy Rene Coeytaux	Chapel Hill
Deborah Jackson James	Alvin Joseph Lue	Winston Salem
Whitney Allison Sprinkle	John Charles Lucke	Asheville
Susan Troutman	Aimee Lee Cavendish	Hickory
Deval Bhadrashil Shah	Erik Christian Summers	Winston-Salem
Cheryl Anne Stacy	Michael Alan Cotton	Newton
Cheryl Anne Stacy	Michael Alan Cotton	Newton
Jan Winsome West	Robert Anthony Millet	Hillsborough
Terri Lynn Sanchez	Shelley Husband Rinker	Mooresville
George Scott Mackel	Orlando Nieves Gonzalez	Cherokee
Tammy Strickland Burke	Okechukwu Dimkpa	Kannapolis
Kelly Rae Moran	Beth Elisa Susi	Charlotte
Ashley Cate Blalock	Hassan Alhosaini	Greenville
Casey Ellen Ball	Gina Marie Morrill	Monroe
Rachel Snyder Hepp	Henry Lawrence Burke	Charlotte
Kelly Christine Acevedo	John Eldridge Barkley	Charlotte
Terri Shetrone Long	Amy Jeanette Robbins	Charlotte
Cherry D'angelo	Richard Joseph Carlson	Oak Island
Shelley Yvonne Brown	Susan Elizabeth Aycock	Bladenboro
Jessica Ellis Hill	Connie Ann Edelen	Charlotte
Theresa Marie Vickey	Henry Lawrence Burke	Charlotte
Paula Joan Sumner	Yvonne Lee Monroe	Durham
Susan Heskett Folk	Beth Elisa Susi	Charlotte
Tracy Bennett Mcleod	David Nathaniel Smith	Charlotte

Cortney Griffin Danner	Sameena Hassan Evers	Charlotte
Anna Sutton Hamrick	Michele Lynn Mercer	Forest City
Kamishia Latasha Thomas	David Anthony Henderson	Charlotte
Megan Hodge Wilkinson, MRS.	Karim Nazer	Huntersville
Clay Derek Ditty	Thomson Cable Pancoast	Greenville
Ashley Harwell Lauer	Jonathan Orton	Greensboro
Ronald Lee King	Dennis Michael Mahan	Oxford
Teresa Chadwick Diggs	Fernanda Isabel Moreira	Jamestown
Sharon M Knotts	John Steven Corder	Hickory
Jo Raye Gordon	Robert Stanley Wells	Asheville
Tanicia Blondia Washington	Peter Stinnett Justis	Charlotte
Kathleen Sanchez Tiu	Venus Idette Pitts	Durham
Cathy Marie Sellers	Brad Lee Hilaman	Southport
Tneshia Janeen Sweat	Marie Emmanuela Ambroise Thigpen	Raleigh
Latoshia Danielle Williams	Kingsley Chuks Ugochukwu	Fuquay-Varina
Kaitlin Aynsley Stock	Douglas Brian Ellis Short	Raleigh
Rebecca Joyce Hunt Hawley	Lawrence David Krabill	Wilson
Diana Michelle Harris	Brett David Atwater	Durham
Diana Michelle Harris	Brett David Atwater	Durham
Diana Michelle Harris	Brett David Atwater	Durham
Diana Michelle Harris	Brett David Atwater	Durham
Diana Michelle Harris	Brett David Atwater	Durham
Shannon Hiatt Leach	Beth Gillen Hodges	Asheboro
Jill Elizabeth Tucker	Timothy Kuo	Mooresville
Bridgette Elaine Williams	Mitchell Douglas Lee	Wilmington
Rachel Pritchard	Trevor Robert Allison	China Grove
Grace Kathryn Wilkins	Myriam Marie-Jude Daniel	Greenville
Tracy Rubash Land	Thomson Cable Pancoast	Greenville
Deborah Anita Thompson	Christopher Morgan Lakin	Charlotte
Sarah Anne Stucke	Karyn Weston Rahn	Durham
Kelly Thoman Jamison	Kenneth Strachan	Dallas
Ann Bija Mathew	Lloyd Emery Nickerson	Spencer
Julius Njure Kibe	Eric Stephen Moore	Durham
Leslie Ann Donnelly	Mathew Cameron Raynor	Chapel Hill
Misty Setzer Cline	Christopher Eric Madison	Cherryville
Maureen Moore Scott	Dino Peter Kanelos	Charlotte
Maureen Moore Scott	Dino Peter Kanelos	Charlotte
Brittany Marie Alexander	Dawn Valaire Quashie	Raleigh
Ming Chi Hsiao	Melvin Ray Echols	Lumberton
Brittani Medina	Shazia Akhtar Arain	Monroe
Merari Sanchez-Vega	Shohreh Taavoni	Durham
Alicia Coston Parker	Melissa Lynn Taylor	Greensboro
Elizabeth Skalsky	Jack Warren Simmons	Charleston
Juna Thao	Mark Anthony Vincent	Charlotte
Lauren Rae Luchuk	John Robert Nordin	Jacksonville
Misty Walker Wright	Christopher Marshal Denning	Shelby

Sherry Morgan Close	Stuart Clark Jennings	New Bern
Rosemary Anna Timmons	Christopher Morgan Lakin	Charlotte
Christopher Keith Parris	Adam Thomas Crilly	Mooresville
Rachel Elizabeth Benzschawel	Sumedha Sanjiv Dalvi	Fayetteville
Carol Ann Dodson	John Alberto Sanchez	Nags Head
Candace Haymore Johnson	Glenn David Golaszewski	Mount Airy
Gina Beaton Prather	Douglas Scott Prechtel	Concord
Lori Marvin Dixon	Gerald Martin Aronoff	Charlotte
Laura Allison House	Daniel Jason Martinie	Charlotte
Anne Maria Green	Charles Ronald Hoidal	Elizabeth City
Nicole Marie Logie	Candice Joy McNeil	Winston-Salem
Jeremy Lane Waddell	Benjamin Granger Atkeson	Clayton
Gregory Thomas Anderson	Siddhartha Annamraju Rao	Raleigh
Leanne Rutledge King	Michael Stephen Case	Gastonia
Helen B Hayes	Jonathan Keith Stoudmire	Concord
Jessica L. McElheny	Alexander Ong Sy	Raleigh
Scott Lee Anderson	Lydia Heyel Adams	Concord
Teresa W Blanc	Eric David Weiner	Asheville
Tiffany Humphreys Rose	James Jason Hoth	Winston-Salem
Olga Shalaurova	Abhay Krishnakumar Agarwal	Raleigh
Tanasha Rayne White	Endia Cherese Johnson-Pitts	Hickory
Stephanie Lomax Johnson	Roy E. Gilbreath	Gastonia
Karen Renee Treasure	Anoop Kumar Kalia	Salisbury
Lindsay Fagan Schalles	Charles Anthony Bregier	Charlotte
Megan Nicole Rhyne-Cousar	Ramesh Gihwala	Gastonia
Jacqueline D. Sharp	Christina Taylor McShea	Charlotte
Cynthia R. Brantley	Robert Stanley Wells	Asheville
Melissa Johnson Hurley	Albert Denning Hudson	Charlotte
Amy Durr Heine	Claire Elise Farel	Chapel Hill
Elizaphan Kanyoro Mwangi	Krishan Kumar Mohindroo	Charlotte
Kellie Harney O'hara	Joseph Barrocas	Huntersville
Pamela Cole Njai	Sara Olson Beyer	Butner
Kirk Wahtera	Sondra Kaye Wolf	Franklin
Keller Dunaway Earnst	Paul Jacob Fronapfel	Charlotte
Melanie McNeely Boatwright	Catherine Anne Christianson	
Ericka Sherrell Martin	Moshe Mark E. Usadi	Wadesboro
Audrey Deloris Rice	Maged Hanna Saad	Garner
Amma Ankrah Tyler	Jonathan Mark Collins	Charlotte
Charlynne Freeman Price	Gregory Lloyd Candell	Flat Rock
Joanne Roughton Liles	Barbara Lori Pohlman	Cedar Point
De Anne Smith Edwards	Camille May Henry	Butner
Charlynne Freeman Price	James Kilcoin Hartye	Asheville
Julianne Miles Ward	Neil Scott Reece	Hickory
Karen Norris Whitehead	Richard Martin Young	Washington
Johnny Robert Tice	Lara Junine Pons	Mount Pleasant
Katherine Elizabeth Shulman	Alexander Taro Schneider	Asheville

Robin Phelps Sikes	Steven Lee Gilchrist	Charlotte
Chandra L Speight	Anthony Crozat Smith	Greenville
Ivy Lea Settlemires	Jonathan Eaton Leinbach	Durham
Sharon M Knotts	Lisa Elaine Bracey	Wadesboro
Benjamin Allison Hocutt	Ramesh Babu Daggubati	Greenville
Benjamin Allison Hocutt	Thomson Cable Pancoast	Greenville
Richard Patrick Worth	Michael Skow Hoben	Charlotte
Leigh Nicole Montejo	Adrienne Christine Tounsel	Raleigh
Victoria Runyon Snyder	Stephen Bryan Pociask	Charlotte
Mary L Hansen	Todd Richard Hansen	Mooresville
Heather Nichole Gonzalez	Yvette-Marie Pellegrino	Mooresville
Robyn Gonzales	Timothy Patrick Kennard	Indian Trail
Kelly Anne Fagan	Michael Edward Murray	Asheville
Kellie Ann Douglas	Hemant Prakash	Concord
Jacqueline Setford Brown	Frank David Wright	Hickory
Christine Susanne Anderson	Melvin Ray Echols	Lumberton
Casey Nicole Vera	Christina Taylor McShea	Charlotte
Deborah Nance Smothers	David Edward Bouska	Greensboro
Michael David Skrzynski	Hiren Rohit Patel	Asheville
Geovanna Otilia Deese	David Cowden Tignor	Concord
Kaye Bunch Rose	Laura Elizabeth Neumann Patel	Raleigh
Tania Mattioli Carter	George Kirk Walker	Kernersville
Betty Mitchell Mays	Kurt Richard Washburn	Charlotte
Betty Mitchell Mays	Kurt Richard Washburn	Charlotte
Eddie Antwon Manley	Thomas Carl Larson	Butner
Angelica Formo Etheridge	Hans Peter Roethling	Goldsboro
Dina Elaine McNeil	John Bush Rogers	Canton
Brenda Kay Melvin	Kateryna Kotlyarevska	Wilmington
Craig Hanson Jerome	Eugene Harold Maynard	Benson
Karen Alden Carson	James William McNabb	Mooresville
Sarah Elizabeth Mannle	Joshua Harrison Short	Clyde
Mary-Arthur Johnson	Daniel John Mackey	Sylva
Kia Xiong	Robert James Updaw	Charlotte
Kia Xiong	Erika Beth Gromelski Myers	Charlotte
Margaret Kelly Hayward	Constant Shubert Masere	Lillington
Margaret Kelly Hayward	Constant Shubert Masere	Lillington
Jancie Leigh Webb	Adam Gregory Wolk	Raleigh
Claire Elizabeth Gilbert	Connell Covington	Raleigh
Melissa Malinowski	Kenneth Earl Moore	Roanoke Rapids
Justine Koerner Tye	Joseph Lawrence Brady	Charlotte
Charley Cowan Tyre	Tae Joon Lee	Greenville
Joanne Beecher Van Horn	Khye Sheng Leong	Jacksonville
Joanne Beecher Van Horn	Alex Yu-Chow Tse	Jacksonville
Deborah Beard Phillips	Hughes Montgomery Helm	Morehead City
Sheila Marie Orem	Fernando Enrique Ariza	High Point
Laura June Oates	Selam Bullock	Raleigh

Lalisa Greene Carpenter	Sandra Michele Carr	Fayetteville
Veronica Memuna Uloko	Benjamin Nnadozie Anyanwu	Winston-Salem
Rhonda Michelle Wright	Gary Glenn Gammon	Pinehurst
Johnny Burton Moody	Michael Skow Hoben	Charlotte
Mary E Roberts	Charles Edmond Murphy	Durham
Michelle Madonia Darling	Donald Edward Jablonski	Etowah
Sherma Phillip McLucas	Jumoke Mary Ladapo	Lillington
Mitchell Parker	Thad Aaron Clements	Charlotte
Nicole Elizabeth Mickelson	Paul Jerome Weiland	Williamston
Rachel B Smith Langley	Daniel Lind Crocker	Rocky Mount
Emily Sudweeks	Gary Norman Greenberg	Raleigh
Karen Reece Puckett	Bradley Jackson Goad	Woodlawn
Randy Mahon	Monique Danielle May	Charlotte
Denise Melinda Lally-Goss	Peter Edward Fecci	Durham
Theresa Claire Corbin	David George Fisher	Charlotte
Kim-Marie Hall Huck	Henry LeRoy Cromartie	Raleigh
Cassandra Foy	Cristin Marie Trecroce	Lewisville
Reba Jeannette Giles	Sanziana Alina Roman	Durham
Victory Lucile Murphy	Stephen Robert Keener	Charlotte
Jessica Blair Bell	William Charles Sherrill	Huntersville
Brad Vance Gardner	Roy E. Gilbreath	Gastonia
Courtney Price Fletcher	Adrienne Christine Tounsel	Raleigh
Anna Collins Norman	David Ethan Lee	Lewisville
Julia Blackburn Little	Ronald Paul Olson	Durham
Lauren Long Brookshire	Andrea Cuomo Scholer	High Point
Alexandra Titus Wilder	Luis Alejandro	Greensboro
John Conrad Withrow	Sami Abdus Hassan	Archdale
Amanda Claire Bandy	Thomson Cable Pancoast	Greenville
Amanda Claire Bandy	Ramesh Babu Daggubati	Greenville
Kelly Nicole Pflaum	John Kachler Campbell	Durham
John Emmett Fesperman	Tamas Soos	Elkin
Debra Morris Towery	Harrill Gene Washburn	Spindale
Gladys Bochere Matongo	Scott Geoffrey Mann	Goldsboro
Laura Harris Wells	Edward Alan Copelan	Charlotte
Leslie Aaron Chapman	George Liell Adams	Raleigh
Tiffany Lynn Shreve	Melinda Donelle Wonsick	Jefferson
Terri Lynne Burleson	Laura Hinkle Bachmann	Winston-Salem
Mary Nicole John	Muhammad Akram Paracha	Fayetteville
Jamie Lee Jones	Karen Linnear Smith	Raeford
Elizabeth Ashley Hefner	Scott Matthew Woodburn	Rocky Mount
Elizabeth Ashley Hefner	William Boyd Harden	Rocky Mount
Ugonma Igwe Chukwuma	Walter Azubuike Ezeigbo	Winston-Salem
Tawanda Nitchelle Bostic	Rajeshree Tulloo Dimkpa	Salisbury
Thomas Page High	Rachid Idrissi	Benson
Erica Hope Randolph	Melissa Ann Schutt	Charlotte
Kellie Metcalf Kendall	Diana Renee Curran	Hendersonville

Sandra Gayle Pierce Wilusz	Teresa Mary Romzick	Statesville
Anh Ngoc Thi Lee	Jaspal Singh	Charlotte
Pamela Bunn Phillips	Solomon Shapiro	Kinston
Pamela Stevens Whitley	Greg Anthony Robicheaux	Gastonia
Sara Elizabeth Harbison	Sanziana Alina Roman	Durham
Michael Wayne Joyner	Thomson Cable Pancoast	Greenville
Lucy Hall McDaniel	Erik Lawrence Schuls	Shelby
Melissa Elaine Strickland	Robert Dean Rosen	Winston-Salem
Melissa Elaine Strickland	Robert Dean Rosen	Winston-Salem
Jonathan Edward Wiener	John McCall Hicks	Hendersonville
Amber Cox Rafferty	Shohreh Taavoni	Durham
Kendra Rawls Dennison	Shyamal Kishore Mitra	Jacksonville
Christopher Arlie Upchurch	Mary Catherine Notaro	China Grove
Alyssa Grace Budrys	Maitreya Bhalchandra Thakkar	Rocky Mount
Sarah Pollitt McDonald	Julia Elizabeth Norem	Fayetteville
Leslie Ann Walsh	Susan Layne Albert	Millers Creek
Debra Ann Scott	Catherine Jeanne Pointon	Charlotte
Ann P Conrad	Paul Edward Viser	Clinton
Crystal Prince Ostheim	Shohreh Taavoni	Durham
Laurence S. Holman	Aaron Michael Carter	Wilson
Julia Ann Boss	Anthony Jon Frank	Greenville
Alexandria Nicole Montgomery	Ehab Mohamed Sharawy	Huntersville
Joann Lachapelle	Robert Keller Thacker	Greensboro
Christy Cornelison Hearne	Saad Amin	Asheboro
Linda Bauer Faust	Brian Richard Webster	Wilmington
Lorraine Taylor Withers	Jonathan Michael Bishop	Winston Salem
Teresa Fernandez	Renan Pierre-Louis	Pinehurst
Elizabeth Aramide Korede	Jaspal Singh	Charlotte
Linda Fay Arrington	Jonathan David Rowson	Maxton
Shuvon Blackwell Rankin	Rajeshree Tulloo Dimkpa	Salisbury
Dina Elaine McNeil	Tandeka Nix Burks	Fayetteville
Jeanne B Rose	Linda Irene Greenspan	Burgaw
Jaclyn Maryanna Mieczkowski	Chris Michael Teigland	Charlotte
Christina Rae Leonard	Jeffrey Richard Daw	Cary
Tracey Lee-Jones	John Duncan McEwen	Durham
April Phipps Scruggs	Linda Howes Graham	Wilmington
Amanda Renee Cannon	Hal Breen Woodall	Kenly
Heather Sanders Glover	Mackenzie Marie Smith	Snow Hill
Tuesday Baum Sauer	Karl Brandspigel	Elizabeth City
Tuesday Baum Sauer	Greg A. Warren	Elizabeth City
Julia Lynne Kerr	Martin Tyler Deal	Henderson
Monta Felice Hunter	Gregory Michael Bugaj	Winston-Salem
Karen Anne Amirehsani	Meryl Jones Snow	Lexington
Shauna Coleman	Stela Susac-Pavic	Charleston
Melodie Di Ramio Biblis	Susan Foster Massengill	Charlotte
Randy Mahon	Jonathan Orton	Greensboro

Kelli Ranae Honeycutt	Teresa Mary Romzick	Statesville
Ricardo Souza Leao	Kristin Shannon Black	Lancaster
Cynthia Jane Boardman	Matthew Stedman White	Raleigh
Lindsey Austin Reddersen	Patrick Manning Hranitzky	Raleigh
Lauren Elizabeth Russell	Stephen Joseph O'Brien	Concord
Burton Otis Shelton	Baljinder Kumar	High Point
Deirdre Brett Fraller	Gregory Philip Helton	Chapel Hill
Shannon Leigh Culler	Adrienne Charles Classen	Elkin
Linda Malmberg Laws	Danielle J. Darter	Jefferson
Tonya Ureda	Peter Meade Anderson	Charlotte
Kimberly A. Howell	Ricardo Alberto De Leon	Statesville
Aimee Kendall	Justin Fletcher Haynie	Charlotte
Robin Jean Rye	Daniel Nelson Pistone	Wilmington
Robin Jean Rye	Claude Roofian	Las Vegas
Patricia Hall Crossen	Donald Bernard Schmit	Concord
Jennifer Noel Ramos	Luredean Gale Hamilton-Brandon	Claremont
Ashley Kristen Zanter	Paul Michael Armistead	Chapel Hill
Rand Riley Pennington	Justin Gregory Miller	Wilmington
Thomas Newton Santa Jr	Craig Ian Schranz	Elizabeth City
Leah Carol Greer	Deborah Louise Albert	Wilmington
Jo Raye Gordon	Christopher John Patterson	Asheville
Torica Todai Fuller	Sanjeev Kumar Sushil Kumar Slehria	Fayetteville
Martha Jane Mills	Luis Alejandro	Greensboro
Charles Edward Jackson	Jeffrey Alan Moore	Laurinburg
Billie Jo Breen	Francis David Ntimba	St. Louis
Ashley Covert King	Steven Paul Kubicki	Knightdale
Penny James Matlock	Dennice Hickman Herman	Lenoir
Anh Ngoc Thi Lee	Sherry J Saxonhouse	Charlotte
Anh Ngoc Thi Lee	Sherry J Saxonhouse	Charlotte
Anh Ngoc Thi Lee	Sherry J Saxonhouse	Charlotte
Wendi Lynne Harper-Lonabaugh	Lisa Nell Chitour	Asheville
Darla Marie Carballo	Ashesh Hemant Patel	Concord
Tiare Rena Scates	Karen Lynn Cross	Winston-Salem
Tasha Osborne Hutcherson	Cherrie Dawn Welch	Winston-Salem
Lisa Rose Hendon	Steven Michael Isserman	Hickory
Lisa Rose Hendon	Dennice Hickman Herman	Lenoir
Tara Kahanek Kanady	Eugene Henry Peter Wade	Kernersville
Tara Kahanek Kanady	Eugene Henry Peter Wade	Kernersville
Rachael Elizabeth Pinsker-Sconfienza	Claudia Tolentino Cadet	Raleigh
Bejal Jayesh Kikani	Samuel Wayne Jones	Chapel Hill
Jordan Blair Huffman Coggin	Karen Denise Jones	Charlotte
Kimberly Ann Schnurbusch	Robert Kevin Talton	Mount Olive
Heather Davis Fox	Lois Gail Clary	Hendersonville
Heather Davis Fox	Robert William Ward	Hendersonville
Jenni Clark Floyd	William Cleaton Rawls	Morehead City
Machelle Burgess	Kevin Eugene Potts	Wilmington

Christen M Seguin	John Allen Wilson	Winston-Salem
Lindsey Michelle Mace	James Harrison Shepherd	Kannapolis
Jetal Shukla	Ronald Samuel Intini	Wendell
Emily Caroline Jaynes	Jonathan Michael Bishop	Winston Salem
Melissa Marie Fike	Joel Robert Kann	Morrisville
Allison Lorenzi	Robert James Updaw	Charlotte
Mallory Gail Salter	Angela Mi Woo Park	New Bern
Marisa Mcgill Montgomery	Robert David Kemp	Goldsboro
Sarah Serrano	Michael John Lalor	Winston-Salem
Brenda Joyce Macarages	Sandra Michele Carr	Fayetteville
Carol Ann Drescher	Viren Dinkerrai Desai	Fayetteville
John Emmett Fesperman	Tomas Vybiral	Elkin
Erica Banks	Chitrabharathi Chandrasekaran	Fayetteville
Beata Jermakowicz-Chuba	Joel Robert Kann	Morrisville
Mary Katherine Ryan	Joshua Ward Sawyer	Wilmington
Gail Lenora Robinson	Jeffrey David Seder	Supply
Tiffany Maryl Young	Kenneth Earl Moore	Roanoke Rapids
Karen Benton Vernon	Dimitrios Paraskevas Lintzeris	Goldsboro
Heather Norene Thornburg	Kenny Dewayne Hefner	North Wilkesboro
Allison Lorenzi	Gaurav Sachdev	Charlotte
Juanita Meads Melko	Paul Richard Moncla	Elizabeth City
Juanita Meads Melko	Jennifer Maze Brown	Elizabeth City
Miranda Ammons Hilburn	Albert Alexander Verrilli	Clinton
Miranda Ammons Hilburn	Albert Alexander Verrilli	Clinton
Jennifer Leake	Jaspal Singh	Charlotte
Patina Renette Gillespie	Luis Alejandro	Greensboro
Teresa Wells Smith	Corina Pogodina	Chisinau
Teresa Wells Smith	Corina Pogodina	Chisinau
Adrian Jay McCoy	Warren Jay Steinmuller	Charlotte
Adrian Jay McCoy	Warren Jay Steinmuller	Charlotte
Lisa Marie Gray	Christopher Snyder	Charlotte
Donna Edge Gibson	Stephen Louis Lanuti	Laurinburg
Katherine Parsons Schorr	James Douglas Kindl	Greensboro
Sunny Bakalli Severance	Karim Nazer	Huntersville
Victoria M Ramsey	Jessica Wright Burgert	Sanford
Chinyere Bassey Chima	Vipul Sharadbhai Shah	Burlington
Mctisa Michelle Lane	John David Irvin	Wilmington
Shanna Garris Steelman	Marissa Howard-McNatt	Winston-Salem
Karen Edith Williams	Paul Sami Dagher	Boone
Jamie Elizabeth Castle	Steven Greer Isaacs	Elkin
Elma Fotheringh Callis	Steven C. Motarjeme	Hendersonville
Wanda Todd Bradshaw	John Easter Wimmer	Greensboro
Jennifer Lynn Gatten	Joseph Mishkin	Charlotte
Julia Ann Boss	Steven Mark Manning	Williamston
Julia Ann Boss	Steven Mark Manning	Williamston
Julia Ann Boss	Steven Mark Manning	Williamston

Megan Ann Marie Myers	Edwin Houng	Fayetteville
Pamela A. Rogers	James Patrick Michalets	Asheville
Jennifer Brooks Carrick	Michael Scott McLeod	Troy
Brie Elizabeth Alford	James Norman Kimball	Winston-Salem
Brooke Honeycutt Yorke	Rama Goli Garimella	Cary
Dawn Maureen Barringer	Elizabeth Estill Campbell	Raleigh
Miranda Meyer	Joseph Todd Perry	Winston-Salem
Fran E. Hobson	Archana Kumar	Greensboro
Cheryl Raper Duke	Richard Sidney Vaughn	Greenville
Traci R. Bramlett	Christi Renee Ray	Rocky Point
Elizabeth Ann Bartis	Michael Skow Hoben	Charlotte
Kimberly M Shearin	Mario Grazia Fiorilli	Roanoke Rapids
Stephanie Jaune Harris	Laura Hinkle Bachmann	Winston-Salem
Rita Denise Riddick	Lisa Elaine Bracey	Wadesboro
Alicia Renee Pinto	James Marvin Coghill	Chapel Hill
Tereon Nachon Adams	Brian Vernon Robbins	Raleigh
Joy Nkechi Mozie	Jeffrey David Seder	Supply
Crystal Parker McKenzie	Van Slaughter	Pinehurst
Crystal Parker McKenzie	Daniel Ray Barnes	Pinehurst
Paula Leshae Dixon	Eric Charles Troyer	Kannapolis
Kerri Jill Smith	Sharon Buckwald	Greenville
Karen Kay Lorne	Leila Mureebe	Durham
Samantha Delores Schweitzer	Gary Springer Winzelberg	Chapel Hill
Tonica Nacole Johnson	William Palmer	Winston-Salem
Constance Clark Carlton	Stephen Maurice Miller	Greensboro
Tonica Nacole Johnson	Carl Spencer Phipps	Winston Salem
Nicole Joan Ferrell	Jedediah David Alexander Robinson	Salisbury
Tiffany Hamilton Adcock	Michael Scott McLeod	Troy
Julia Katherine Dunham-Thornton	Sandra Michele Carr	Fayetteville
Jenna Autumn Shemwell	Justin Gregory Miller	Wilmington
Kellie Metcalf Kendall	Jeffrey Allen Walker	Asheville
Elizabeth Burney White	Mario Ernesto Olmedo	Mebane
Victoria Grace Morrison	Vipul Sharadbhai Shah	Burlington
Virginia Therese Czimber	James Anthony Moreci	Calabash
Reginald Scott Nichols	Andy Michael Halberg	Sylva
Natalie Wiley Amason	Joel Robert Kann	Morrisville
Natalie Wiley Amason	Joel Robert Kann	Morrisville
Lovika McRae Horton	Benedict Onwukwe Okwara	Monroe
Kimberly Ann Stout	Susan Cornelia Franz	Orlando
Lauren Nicole Browne	Luis Alejandro	Greensboro
April L Thomas	LaToya Nicole Woods	St. Pauls
Karen Lee Watson	Endia Cherese Johnson-Pitts	Hickory
Deval Bhadrashil Shah	Radhakrishnan Ramaraj	Fayetteville
Deval Bhadrashil Shah	Hari Parshad Saini	Fayetteville
Andrea Dawn Stokes Underwood	David Rodolph Dixon	Mount Airy
Andrea Dawn Stokes Underwood	Joseph Francis Zastrow	Elkin

Emily Sudweeks	Robert John Resnik	Cary
Christopher Barrett Foster	Joseph Todd Perry	Winston-Salem
Christopher Barrett Foster	Kip Alan Corrington	Oak Ridge
Christopher Barrett Foster	James Craig Spencer	Winston-Salem
Angela Terrell Edmonds	James Gary Guerrini	Clemmons
Sheila Harvey Smith	Michael Freedman	Greenville
Dianne Hodges Whitesell	Laura Hinkle Bachmann	Winston-Salem
Heidi Marie Mcneill	Michael Hale Thomason	Charlotte
Vicky Killen Anderson	Kenneth Frank Curl	North Wilkesboro
Laura Howell Cole	Franklin Shields Watkins	Winston-Salem
Deborah Shaw Heath	Joel Robert Kann	Morrisville
Alex Scott Farrell	Venus Idette Pitts	Durham
Claudia Moulden	Robert Joel Kipnis	Charlotte
Claudia Moulden	Gary Bruce Maniloff	Charlotte
Claudia Moulden	Charles Lee Seehorn	Charlotte
Claudia Moulden	Ahmad A. Kashif Al Ghita	Charlotte
Claudia Moulden	Andrew Jay Laster	Charlotte
Michael Wayne Joyner	Hassan Alhosaini	Greenville
Ella T Markland	Sharon Kane Stafford	Boone
Ella T Markland	Sharon Kane Stafford	Boone
Krista Lynn Lebron	J George Thomas	Charlotte
Elisabeth Scott Murphy	Endia Cherese Johnson-Pitts	Hickory
Tuesday Baum Sauer	Ravi Ramsamooj	Elizabeth City
Tuesday Baum Sauer	Ravi Ramsamooj	Elizabeth City
Whitney M. Ewing	Margaret Stokes Alden	Winston-Salem
Thanh Jennifer Walker	Anil Kishin Gehi	Chapel Hill
Amy Marie Pike	George Maurice Charron	Wake Forest
Amy Marie Pike	Clifford Roberts Wheeless	Wake Forest
Jaclyn Heslop	Scott Shannon Lindblom	Charlotte
Julie Marie Jordan	Alison Townsend Snider	Kernersville
Angela Jean Good	Shannon Mullis Sawin	Raleigh
Angela Jean Good	Shannon Mullis Sawin	Raleigh
John Geayue Rancy Jr	David Anthony Henderson	Charlotte
John Geayue Rancy Jr	David Anthony Henderson	Charlotte
Samantha Delores Schweitzer	John Joseph Hart	Knightdale
Samantha Delores Schweitzer	John Joseph Hart	Knightdale
Wendy Brown Moose	John Steven Corder	Hickory
Maryann Catherine Richardson	Robert James McHale	Albemarle
Janet Louise Mcnamara Houck	Michael Daniel Parmer	Asheville
Tina Frances Kujawski	Vipul Sharadbhai Shah	Burlington
Brooke Honeycutt Yorke	Jillian Roxanna Foley	Chapel Hill
Charlotte Whitehurst Goodwyn	Elizabeth McNeill Byrd	Greenville
Joan M. Lacey	Jillian Roxanna Foley	Chapel Hill
Joan M. Lacey	Jillian Roxanna Foley	Chapel Hill
Karol Patel	Christopher Ritchie Mantyh	Durham
Angela Whitney	Michael Daniel Parmer	Asheville

Angela Whitney	Michael Daniel Parmer	Asheville
Elizabeth Brooks Scism	William Joseph Long	Charlotte
Sara Elizabeth Yeager	Alfred Eugene Kendrick	Indian Trail
Lori W. Vaught	James Walker Hathorn	Durham
Karen Wilkolaski Nolder	Mary Elizabeth Pylipow	Asheville
Ellen Ashley Dickens	Eugene Harold Maynard	Benson
Tiffany Meares Horne	Keith James Gallaher	Fayetteville
Elizabeth Aramide Korede	Pierce Butler Irby	Charlotte
Dawn Maureen Barringer	Henry LeRoy Cromartie	Raleigh
Dawn Maureen Barringer	Henry LeRoy Cromartie	Raleigh
Megan Honor Caine	Mary Scott Hayes	Asheville
Mary Ann Spake	Michael Paul Girouard	Huntersville
Rita Denise Riddick	Michael Skow Hoben	Charlotte
Benjamin Jeffrey	James Almer Smith	Raleigh
Sunita G Tryambake	Jennifer Marie Rucci	Charlotte
Judith Evangelus	Julia Snow Knerr	Chapel Hill
Caddie Peele Cowin	Angelique Renae Polidoro	Nags Head
Jan Elisa Rogers	James Patrick Holland	Winston Salem
Elena Kay Bedingfield	Xaje Adem Hasanaj	Eden
Brenda Marie Carney	Anthony Crozat Smith	Greenville
Weiwei Wang	Luis Alejandro	Greensboro
Marketa Keishia Taylor	David Nathaniel Smith	Charlotte
Tracy Lowie Hildebran	Jedediah David Alexander Robinson	San Antonio
Solace Elikplim Ninyeh Assimeh	Murthy Venkata Madduri	Hickory
Christopher Mark Kohan	Thomson Cable Pancoast	Greenville
Sommer Michelle Shutek	Thaddeus Clifton West	Goldsboro
Emily Edwards Goodrich	Teresa Skidmore Flippo	Charlotte
Kelly Rae Moran	Randall Eugene Schisler	Concord
Katherine Thrush Blackmon	Jonathan David Rowson	Maxton
Joshua Ryan Borders	Ginette Anne Archinal	Elon
Roxanne Rush Bryant	Douglas Allen Wadeson	Cary
Amanda Jean Watkins	Douglas Allen Wadeson	Cary
Sarah Ann Derrick	Eugene Bowa Sangmuah	Matthews
Amy Pettitt Townsend	Jonathan Michael Bishop	Winston Salem
Heather Christine Pickett	Grady Glenn Barnwell	Pine Mountain
Sherri Wilson Osborne	Dwight Howard Lysne	Wilmington
Elizabeth Powers Goll	Sushma Surrinder Kapoor	Fayetteville
Elizabeth Powers Goll	Sushma Surrinder Kapoor	Fayetteville
Pamela Kim Graham	Janine Lisa Keever	Sylva
Melissa Hope Locklear	Donovan Dave Dixon	Pembroke
Jane Elizabeth Hoonhout	Mary E. Froelich	Mount Airy
Ashley Cowart Carson	Laura Hinkle Bachmann	Winston-Salem
Kelly Allen Evans	Gilbert Gomer Whitmer	Fayetteville
Lauri Bausch Black	Cresencio Duran	Gastonia
Teresa Davis Parham	Brian Hugh Halstater	Durham
Brenda Faye Goodman	Temitayo Adenike Adetunji	Charlotte

Cassandra Foy	Danielle Lee Mahaffey	High Point
Lisa Michelle Williams-Corbin	Catherine Anne Christianson	Asheville
Andrew S Barrett	Christopher Micheal Barsanti	Greenville
Andrew S Barrett	Deanna Marie Boyette	Greenville
Andrew S Barrett	Scot Eric Reeg	Greenville
Carla Edwards Savinon	Sarah Patton Towne	Wilmington
Karen Anne House	Laura Hinkle Bachmann	Winston-Salem
Jonathan Lynwood White	Scott Shannon Lindblom	Charlotte

CLINICAL PHARMACIST PRACTITIONERS

Giang, Jane Hyojeong
Grandy, Rebecca Handy
Howard, Molly Elizabeth
Kaminski, Katie Scarlett
Saylor, Matthew Scott
Volger, Emily Joyce

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses Issued
As of November 2014

Perfusionists:
Mason, Michael
Rugg, Barbara

Anesthesiologist Assistants:

None

North Carolina Medical Board
PA Licenses Approved
November 2014

Initial PA Applicants Licensed 09/01/14 – 10/31/14

PA-Cs

Name	
Amilcka, Shelda	09/05/2014
Anton, Mary Lindsey	09/23/2014
Beauchaine, Michael Kline	10/23/2014
Bell, Britne Lynn	09/15/2014
Bilancia, Justin Charles	09/10/2014
Blake, Christi Amber	09/11/2014
Bolender, Kirsten	10/13/2014
Brannen, Jacob Daniel	09/19/2014
Buchanan, Rachel Elizabeth	09/09/2014
Buendia, Juliana	10/10/2014
Cartmell, Amanda Leigh	09/10/2014
Chapman, Dana Robin	10/08/2014
Chen, Candy Hsin-Chieh	09/15/2014
Cheney, Brittany	09/05/2014
Childress, Lauryn Ashley	10/30/2014
Cho, Andrew	10/08/2014
Clayton, Teresa Marie	10/21/2014
Conklin, Chelsie	09/02/2014
Davis, Brittany Marie	09/23/2014
De Castro, Richard Domingo	10/29/2014
DeYoung, Derek A.	09/19/2014
Dixon, Russcina	09/30/2014
Edwards, Kina Evonne	09/19/2014
Eilbacher, Kristina Marie	09/12/2014
Ejigiri, Ogechi Grace	09/16/2014
Ellement, Patricia Ann	10/08/2014
Erickson, Jennifer Leigh	10/28/2014
Fisher, Susan Greer	10/23/2014
Fortin, Nichole Susanna	09/08/2014
Fowler, Jessica Leigh	09/05/2014
Fry, Julie M	10/15/2014
Gambill, Christy Lianne	09/16/2014
Geer, Scott Alan	10/22/2014
Gonzalez, Kailen	09/02/2014
Goodale, Karen Lynn	10/29/2014
Goodreau, Janelle	09/16/2014
Gourdet, Helene Danielle	10/07/2014
Grigg, Magan Reedy	09/26/2014

Guadagno, Michelle Maria	09/15/2014
Hadley, Rachael Lynn	09/12/2014
Hale, Matthew Stephen	10/10/2014
Hamelin, Sona	09/23/2014
Harold, Christian	10/30/2014
Hodges, Karie Marie	10/23/2014
Hoffman, Theresa	09/05/2014
Hoidal, Natalie Alice	09/05/2014
Hoyle, Jason Dean	10/31/2014
Idada, Odinaka Gabriella	09/24/2014
Jewett, Robin Michelle	09/10/2014
Ji, Jinzhao	09/10/2014
Johnson, Travis Allen	09/24/2014
Jones, Dustin Charles	10/17/2014
Jordan, Amanda Michelle	09/05/2014
Jordan, Karina	09/10/2014
Kershner, John William	10/23/2014
Kiefer, Cynthie Michelle	10/23/2014
Kosich, Amy	09/24/2014
Lackey, Jacob Gray	09/24/2014
LaFave, Sallee Fern	10/22/2014
Lau, Daniel	09/19/2014
Lee, Alexander Timothy	09/10/2014
Lee, Phillip Bernhard	09/12/2014
Levy-Lebeau, Renee	10/23/2014
Lindaman, Kristin Jennifer	10/08/2014
Lipphardt, Todd David	10/15/2014
List, Melissa B	10/20/2014
Lonergan, Malia	09/05/2014
Lunde, Tristan Ann	09/11/2014
Lynch, Ann Harmon	09/10/2014
Major, Kimberly Anne	09/25/2014
Martinez, Stephanie Melba	10/31/2014
McClanahan, Todd Edward	10/21/2014
McClendon, Jennifer	09/08/2014
McGiveron, Amanda Eileen	09/09/2014
Mitchell, Jonathan	09/10/2014
Morrison, Kevin Gatewood	10/30/2014
Moyer, Caitlin	09/09/2014
Murray, Emily Grace	09/17/2014
Myskowski, Jennifer Marie	09/24/2014
Nicolini, Michael Angelo	09/16/2014
Paladino, Kathryn	09/12/2014
Payne, Megan Koonts	09/30/2014
Pearman, Jamie Lynn	09/05/2014
Petri, Lindsay Michele	10/10/2014
Phillips, Sara Elaine	10/20/2014
Pritsky, Jeff Scott	10/23/2014
Pusey, Kyle Jacob	10/01/2014

Qualey, Angela Dawn	10/21/2014
Ramirez, Oscar Antonio	10/03/2014
Rinaudo, Caroline Canfield	10/15/2014
Ruiz, Antonio Mariano	09/03/2014
Sanza, Daniel John	09/16/2014
Serrano, Rachel Ortiz	09/12/2014
Simeone, Albert Terry	09/09/2014
Smith, Bethany	09/12/2014
Staples, Jenna Lynn	09/05/2014
Stiglets, Christopher	09/08/2014
Stone, Taylor Rae	09/12/2014
Stover, Cynthia Diane	09/11/2014
Strandberg, Anna Blair	09/09/2014
Sweatt, Nancy	09/12/2014
Tilghman, Elizabeth McCormick	09/11/2014
Tucker, Wendy Erin	10/27/2014
Veliz, Armando Erich	10/30/2014
Wagner, Colleen	10/21/2014
Walch, Kelsey Marie	09/09/2014
Walker, Bryan Daniel	10/23/2014
Walker, Charles Lynn	10/28/2014
Wallenborn, Jacqueline Grace	09/30/2014
Wert, Nicholas Royal	10/02/2014
Wheeler, Robert Louis	09/12/2014
Wiegand, Rebecca	10/23/2014
Wiegert, Michael	10/10/2014
Wilson, Lauren Hahn	10/02/2014
Wright, Collin Davis	09/30/2014
Yankes, Jonathan Scott	09/11/2014
Young, Brenda Judith	09/23/2014

PA-Cs Reactivations/Reinstatements/Re-Entries

Name

Crompton, Jessica Lynn	10/13/2014
Davis, Mars Franklin	09/30/2014
Hastings, Jennifer Katherine	10/22/2014
Ives, Billy Eden	10/10/2014
Reece, Deborah Roberts	09/09/2014
Schulz, Heidi	10/14/2014

Additional Supervisor List 09 /01/14 – 10/31/14

PA-Cs

Name	Primary Supervisor	Practice City
Adams, Deborah	Pofahl, Walter	Greenville
Adams, Jason	Messner, Keith	Fayetteville
Allan, Hassan	Araghi, Sasan	Fayetteville
Alston, Veronica	Moser, Robert	Raleigh
Amilcka, Shelda	Kendrick, Alfred	Charlotte
Anderson, Alyssa	Minior, Daniel	Kinston
Anderson, Steven	Means, Gary	Fort Bragg
Anderson, Tyler	Collins, Jonathan	Charlotte
Anglin, Lorraine	Hull, Sharon	Durham
Anglin, Lorraine	Fischer, Jonathan	Durham
Anton, Mary	Murphy, Daniel	Greensboro
Ardelean, Rhonda	Buchanan, Cynthia	Gastonia
Aros, Carolyn	Schranz, Craig	Elizabeth City
Bailey, David	Bachmann, Laura	Greensboro
Baker, Courtney	Bachmann, Laura	Greensboro
Baker, Zachary	Harrell, Russell	Burlington
Barber, Kathryn	Powell, Bayard	Winston Salem
Barrett, Nathaniel	San Miguel, Eduardo	Kenansville
Basham, Brian	Nwamara-Aka, Emmanuel	Fayetteville
Bauguess, Meredith	Belden, Leona	Concord
Beaman, Carlton	Hussey, Felicia	Roanoke Rapids
Beauchaine, Michael	Hansen, Hunter	Charlotte
Bell, Britne	Almasri, Ghiath	Greenville
Belvin, Karen	Gouzenne, Stacey	Clayton
Benge, Timothy	Williamson, Charles	Wilson
Berry, Gerard	Auffinger, Susan	Winston Salem
Bertrams, Daniel	Martin, Robert	Winston Salem
Bethauser, Andrea	Serano, Richard	Fayetteville
Bishop, Candace	Rucci, Jennifer	Charlotte
Black, Ashley	Nwamara-Aka, Emmanuel	Fayetteville
Blackwell, Tracelynn	Sindhwani, Navreet	Raleigh
Blake, Christi	Hayes, Mary	Asheville
Bliek, Jacobus	Clary, Greg	Charlotte
Boccaccio, Kenneth	Sudan, Ranjan	Durham
Bolender, Kirsten	Taavoni, Shohreh	Durham
Boles, Benjamin	Perry, Joseph	Winston Salem
Boles, Michelle	Badreddine, Rami	Highpoint
Bonanni, Crystal	Ferguson, Robert	Fayetteville
Bost, Derek	Ray, Thomas	Lenoir
Boucherle, Amy	Stallings, Sheila	Summerfield
Boyd, William	Sasser, Paul	Eden
Brainerd, Sarah	Roberts, Joseph	Shallotte
Brannen, Jacob	Lane, Robert	Hertford

Branyon, Lauren	Craven, Brandon	Winston Salem
Breiner, Erin	Deoss-Maksoud, Deborah	Morganton
Brown, LaDonna	Hopson, Patricia	Gastonia
Buckingham, Brandie	Fisher, Edward	Charlotte
Buendia, Juliana	Millet, Robert	Durham
Bullaboy, Marilyn	Belford, Peter	Winston Salem
Bullock, Brady	Hansel, Kevan	Hendersonville
Bumgarner, Mary Kathryn	Sachar, Ravish	Raleigh
Buscema, Michael	Beaver, Walter	Charlotte
Caban, Ami	Fishburne, Cary	Huntersville
Callea, Renee	Cook, Charles	Apex
Campbell, Megan	Mair, Eric	Charlotte
Carey, Antoine	Childs, Thomas	Indian Trail
Carr, Jude	Weber, Thomas	Raleigh
Cartmell, Amanda	Huber, Kenneth	Charlotte
Cartmell, Amanda	Updaw, Robert	Charlotte
Castellano, Ernest	Robinson, John	Charlotte
Cheadle, Stacia	Melendez, Karen	Gastonia
Cheek, Tamra	Overton, Dolphin	Wilson
Cheek, Tamra	Battle, Jamila	Raleigh
Chen, Candy	Warren-Ulanch, Julia	Raleigh
Chen, Yuegang	Anderson, Curtis	Raleigh
Cheney, Brittany	Asher, Anthony	Charlotte
Chernoff, Denise	Chaudhry, Abdul	Raleigh
Chervil, Sheila	DePietro, Perry	Charlotte
Chervil, Sheila	Harrelson, Anna	Charlotte
Childers, Zesta	Williamson, Charles	Wilson
Cho, Andrew	Harrell, Russell	Garner
Cho, Andrew	Leung, Eugene	Garner
Choe, Charles	Jessie, Timothy	New Bern
Choe, Charles	Phillips, Michael	New Bern
Choe, Charles	Ballard, Harry	New Bern
Ciaravino, Andrea	Shields, Thomas	Winston Salem
Clare, Anthony	Desai, Nitinchandra	Fayetteville
Clare, Anthony	Graham, Linda	Wilmington
Clawson, Elton	Kim, Paul	Charlotte
Clayton, Jon	Idrissi, Rachid	Benson
Clayton, Teresa	Karikari, Isaac	Durham
Cline, Evan	Gaston, Raymond	Charlotte
Cole, Vanessa	Ashar, Tom	Gastonia
Colley, Harvey	Bray, Kirsten	Charlotte
Colligan, Marlee	Johnson, Ronald	Arden
Conklin, Chelsie	Beam, Robert	Kernersville
Connor, Julienne	Hamrick, Maura	Archdale
Cook, Jared	Nwamara-Aka, Emmanuel	Fayetteville
Cooper, Lana	Patel, Chaitany	Holly Springs
Coppley, Arthur	Cross, Karen	Lexington
Coppley, Arthur	Snow, Meryl	Lexington
Corbin, Heather	Hoffman, Stanley	Denver

Courtemanche, David	Hix, Mark	Clemmons
Cox, Andrew	Manning, Steven	Washington
Crain, Whitney	Buglisi, Lucille	Richlands
Crenshaw, David	Maughan, Robert	Fayetteville
Cummings, Amanda	Brooks, Kelli	Durham
Curl, David	Sindhwani, Navreet	Raleigh
Curtis, Tami	Ashar, Tom	Gastonia
Czuchra, Dennis	Minior, Daniel	Kinston
Dapo, Evan	Neel, Elizabeth	Cary
Darby, Lisa	Pancoast, Thomson	Greenville
D'Avilar, Philip	Childs, Thomas	Indian Trail
Day, Lauren	Villaret, Douglas	Charlotte
Deese, Vanessa	Manly, Julie	Raleigh
Dendy, Kevin	Roman, Sanziana	Durham
Desai, Sejal	Martinie, Daniel	Charlotte
Desai, Sejal	Miller, Stephen	Charlotte
DeYoung, Derek	Patel, Nilay	Raleigh
Diky, Rebekah	Cowan, Lisa	Raeford
Diky, Rebekah	Hall, Daniel	Rockingham
Diky, Rebekah	Barnes, Daniel	Raeford
Dixon, Russcina	Morgann, Robert	Kannapolis
Duncan, Jacqueline	Herbert, Lindsay	Old Fort
Edgerton, Ann	Barnes, Daniel	Pinehurst
Edwards, Kina	Coxe, James	Raleigh
Eilbacher, Kristina	Sampson, John	Durham
Ellis, Justin	Trivedi, Vivek	Statesville
Erickson, Brittain	Pignone, Michael	Chapel Hill
Esser, Thomas	McVeigh, Elizabeth	Winton
Etheridge, William	Manning, Steven	Washington
Everhart, Franklin	Snow, Meryl	Lexington
Fagan, Ericka	Jones, Karen	Charlotte
Filzer, Sofia	Slaughter, Van	Pinehurst
Fleishman, Margaret	Bennett, Robert	Wilmington
Flores, Tobey	Burpee, Elizabeth	Marion
Forbes, Charles	Singleton, Amy	Winston Salem
Fowler, Kristin	Gunadasa, Koshilie	Lincolnton
Fowler, Kristin	Biondi, Daniel	Lincolnton
Fox, Heather	Desai, Pratik	Cary
Foxworth, Scott	Atassi, Inad	Fayetteville
Fralix, Jennifer	Hall, Timothy	Charlotte
Franklin, Amy	Shearer, Heather	Winston Salem
Frazao, Brandy	Rivelli, Sarah	Durham
Friedel, Airely	Akers, Lisette	Charlotte
Futh, Stephen	Orton, Jonathan	Yadkinville
Futh, Stephen	Ziglar, Jerry	Yadkinville
Gaines, Jeremy	O'Neal, Scott	Charlotte
Galas, Fiorella	Harrell, Russell	Burlington
Galavotti, Marisa	Pistone, Daniel	Garner
Gama, Oma	McHale, Robert	Cary

Gambill, Christy	Taavoni, Shohreh	Durham
Gambini, Justin	Peterson, Drew	Raleigh
Gandhi, Safal	Rahn, Karyn	Raleigh
Garbia, Waseem	Perez-Montes, Marcelo	Apex
Gardner, Katie	Narendran, Mahendra	Statesville
Gardner, Katie	Davis, Sanford	Winston Salem
Gardner, Katie	Jahrsdorfer, Charles	Rocky Mount
Garren, Whitney	Griggs, James	Charlotte
Garrett, Jonathan	Dunaway, Howard	Charlotte
Gartman, Jennifer	Okons, Toby	Hope Mills
Gay, Steven	Leung, Eugene	Clayton
Geer, Scott	Johnson, Alan	Asheville
Gerstner, Laura	Aldridge, Julian	Durham
Gill, Burgo	Short, Joshua	Clyde
Gocke, Thomas	Foster, James	Charlotte
Goldstein, Melissa	Roberson, Lewis	Shelby
Goodreau, Janelle	Sampson, John	Durham
Grady Brown, Averi	Nwamara-Aka, Emmanuel	Fayetteville
Graham, Jennifer	Stuart, Dennis	Red Springs
Grant, Jill	Forest, Daniel	Winston Salem
Greene, Richard	Minior, Daniel	Morrisville
Greenwell, Tricia	Minior, Daniel	Kinston
Grilla, Laura	Robinson, John	Charlotte
Grippon, Nathalie	Chen, Hsiupei	Raleigh
Grochowski, Darci	Teplick, Alexis	Charlotte
Grove, Robert	Bishop, Andrew	Wilmington
Guadagno, Michelle	Doohan, Thomas	Monroe
Guadagno, Michelle	Mullins, James	Monroe
Hadley, Rachael	Parsons, Alden	Raleigh
Hale, Jessica	Williams, Jonathan	Morehead City
Hamelin, Sona	Dean, Louis	Thomasville
Handlery, Ashley	Short, Joshua	Clyde
Hanopole, Jennifer	Walsh, Thomas	Kernersville
Harding, Jamie	Cathcart, Cornelius	Henderson
Haresnape, Sage	Nagaraj, Raghava	Lexington
Harris, Brittany	Greer, Chad	Raleigh
Harris, Nicole	Myles, Sidney	Hickory
Harris, Victoria	Overton, Dolphin	Smithfield
Hauser, Debbie	McMichael, Amy	Winston Salem
Hawks, Lindsey	Bregier, Charles	Matthews
Hawks, Lindsey	Healy, Patrick	Winston Salem
Hawthorne, Susanne	Stoudmire, Jonathan	Matthews
Heckman, Eric	Rhyne, Alfred	Charlotte
Heckman, Eric	Milam, Robert	Charlotte
Helfrich, Elizabeth	Hammer, Douglas	Raleigh
Hellinger, Jennifer	Sindhwani, Navreet	Raleigh
Helm, Tracy	Cromer, John	Wilmington
Henderson, David	Biswas, Abhik	Fayetteville
Henderson, David	Hafzalah, Mina	Fayetteville

Heninger, Ronald	Cammarata, Angelo	Asheville
Hensler, Rachel	Moore, Barry	Wilmington
Herlihy, Michelle	Peace, Robin	Lumberton
Heron, Joann	Lawrence, Robert	Rutherfordton
Herrmann, Becky	Biswas, Abhik	Fayetteville
Herrmann, Becky	Mergy, James	Fayetteville
Herron, Alyssa	Cowan, Lisa	Whispering Pines
Herron, Alyssa	Reinhardt, Clare	Carthage
Herron, Mark	Rubin, Aaron	Fort Bragg
Hickman, William	Manning, Steven	Washington
Hinnenkamp, Angela	Jones, Wesley	Brevard
Hoffman, Theresa	Rosen, Robert	Winston Salem
Hoffman, Theresa	Durham, Stephen	Wilmington
Holbrook, Jaime	Pancoast, Thomson	Greenville
Holly, Aaron	Bitner, Matthew	Henderson
Hooper, David	McAllister, John	Fayetteville
Hout, Brittany	Hamrick, Maura	Liberty
Howard, Brittany	Hoover, Hunter	Charlotte
Howard, Erin	Bland, James	Boone
Howell, Ashley	Lesher, John	Charlotte
Hoyt, Kate	Karvelas, Kristopher	Winston Salem
Huang, Cheryl	Ng, Peter	Raleigh
Huang, Cheryl	Sharp, Lindsey	Raleigh
Huang, Cheryl	Minior, Daniel	Dunn
Huang, Cheryl	Bermudez, Dustin	Raleigh
Hurt, Leigh Anne	Roush, Timothy	Charlotte
Hvozdovic, Lori	Orr, Richard	Highpoint
Irving, Richard	Nwamara-Aka, Emmanuel	Fayetteville
Ives, Billy	Kader, Ronald	Pinehurst
Jewett, Robin	Taavoni, Shohreh	Durham
Johns, Phil	Horowitz, Alexander	Charlotte
Johnson, Kevrin	Winters, Steven	Oxford
Jones, David	Rowson, Jonathan	Laurinburg
Jones, Dustin	Murphy, Charles	Durham
Jones, Katherine	Taavoni, Shohreh	Durham
Jordan, Amanda	Marino, Baptiste	Matthews
Jordan, Karina	Parnell, Jerome	Raleigh
Kalevas, Karen	Desai, Viren	Fayetteville
Karr, Christina	Killinger, William	Raleigh
Kearns, James	Zeri, Richard	Greenville
Kent, Mary	Wilkinson, Michelle	Charlotte
Kilroy, Rita	Elmahdy, Wagdy	Highpoint
Kilroy, Rita	Bradley, Candace	Jamestown
King, Donna	Bradley, Candace	Jamestown
Kirby, Sean	Brooks, Kelli	Durham
Kirk, John	Todd, Timothy	Fayetteville
Kivette, Susanna	Carroll, James	Bakersville
Kobaissi, Zena	Dambeck, Allyn	Faison
Kosich, Amy	Harrelson, Anna	Asheville

Kouba, Jessica	Nwamara-Aka, Emmanuel	Fayetteville
Kowaleski, Jennie	Perez-Montes, Marcelo	Apex
Kubacki, Valerie	Gurley, Susan	Durham
LaBerge, Meagan	Sanders, Kirk	Walnut Cove
Lachowicz, Michael	Hinson, Thomas	Winston Salem
Lackey, Jacob	Miller, Brian	Greensboro
Lambert, Korie	Baker, Brian	Huntersville
Lang, David	Baker, David	Hookerton
Lang, David	Anderson, Kent	Wilson
Lau, Daniel	Adams, Lydia	Concord
Laughlin, David	Pacos, Andrew	Eden
Ledlow, Christopher	Guevara, Jason	Pinehurst
Lee, Phillip	Brooks, Kelli	Durham
Lefford, Keren	Koewler, Thomas	Huntersville
Lilly, Michelle	Burkett, Jessica	Wilmington
Lindaman, Kristin	Nagaraj, Raghava	Lexington
Lockett, Amy	Krull, Ronald	Clinton
Lockridge, Emily	Gallagher, Scott	Winston Salem
Lockridge, Emily	Monteleone, Andrew	Winston Salem
Lonergan, Malia	Williams, Dwight	Greensboro
Long, Caline	Nwamara-Aka, Emmanuel	Fayetteville
Longoria, Nicole	Visco, Anthony	Durham
Lopez, Joel	Manos, Heather	Charlotte
Lordeus, Tajuana	Bennett, Bernard	Dunn
Ludwick, Tiffany	Mandeville, John	Raeford
Lunde, Tristan	Adams, Lydia	Concord
Luscher, Lenny	Bennett, Robert	Leland
Luscher, Lenny	Penn, Robert	Wilmington
Luthra, Raina	Nwamara-Aka, Emmanuel	Fayetteville
Lyerly, Lauren	Maramraj, Kishan	Salisbury
Lyons, Kenneth	Wegmann, Candice	Winston Salem
Mabout, Sonia	Kelley, Michael	Charlotte
MacKillop, Todd	Tinsley, Ellis	Wilmington
Maddux, Joseph	Garimella, Rama	Cary
Madrin, Amber	Evers, Michael	Asheville
Mahiquez, Jose	Overton, Dolphin	Smithfield
Major, Kimberly	Rowson, Jonathan	Laurinburg
Martin, Shannon	Krishna Kumar, Gayathri	Fuquay-Varina
Martinez, Maria	Almasri, Ghiath	Greenville
Martinez, Orlinda	Johnson, David	Raleigh
Masotti, Valerie	Njapa, Anthony	Wilmington
Massey, Todd	Renaud, Stefan	Gastonia
Mattera, Paul	Kelley, Steven	Clinton
Mattera, Paul	Williamson, Charles	Wilson
Mattera, Paul	Yenni, Lawrence	Wake Forest
McBryde, Brandy	Pathan, Ayaz	Sanford
McBryde, James	Rowson, Jonathan	Laurinburg
McClanahan, Todd	Selley, Victoria	Morehead City
McCoy, Abraham	Silver, William	Durham

McDunnah, Heidi	Hnilica, Mark	Winston Salem
McFee, Belinda	Rosen, Robert	Winston Salem
McGiveron, Amanda	Okwara, Benedict	Monroe
McGowan, Micah	Brooks, Kelli	Durham
McGuire, David	Orton, Jonathan	Yadkinville
McGuire, David	Oak, Chang	Plymouth
McGuire, David	Venable, Robert	Plymouth
Melton, Kathryn	Rentz, Lisa	Charlotte
Melvin, Jacquetta	Batts-Murray, Doris	Raleigh
Melvin, Jacquetta	Krishna Kumar, Gayathri	Fuquay-Varina
Mencel, Johanna	Hage, William	Apex
Merrow, Heather	Hilaman, Brad	Supply
Meyers, Samuel	Boswell, Robert	Wilmington
Michaelsen, Cara	Parker, David	Fayetteville
Michaelsen, Cara	Fernandez, Gabriel	Fayetteville
Michel, Chad	Gaskin, Steve	Concord
Miller, Jennifer	Horowitz, Alexander	Mooresville
Minor, David	Tripp, Henry	Winston Salem
Moor, Rachel	Menscer, Darlyne	Charlotte
Moorhouse, Ryan	Vaden, Tracela	Charlotte
Moraitis, Laura	Stratta, Robert	Winston Salem
Moraitis, Laura	Taavoni, Shohreh	Durham
Moyer, Caitlin	Hossain, Mohammed	Wilson
Murphy, Joanne	Minior, Daniel	Kinston
Murphy, Laura	Gouzenne, Stacey	Kernersville
Murray, Emily	Beam, Robert	Kernersville
Myers, Brittany	Barakat, Ahmad	Greensboro
Myskowski, Jennifer	Mullins, James	Monroe
Nardin, Ana Lisa	Sampson, John	Durham
Nelson, Sharon	Oak, Chang	Plymouty
Nelson, Sharon	Venable, Robert	Plymouty
O'Bric, Kerry	Lubash, Glenn	Salisbury
Offner, Maria	Patel, Chaitany	Holly Springs
O'Kane, Richard	Selley, Victoria	Morehead City
Osalvo, Nicomedes	White, Matthew	Cary
Osbourn, Kaitlin	Kelley, Michael	Charlotte
Osterer, Raymond	London, Deborah	Newton
Pace, S.	Bennett, Bernard	Dunn
Pace, S.	Davis, Rhonda	Clayton
Pace, S.	Watson, Stanley	Clayton
Pagel, Frank	Singer, Ronald	Charlotte
Paitsel, Lisa	Tripp, Joseph	Ahoskie
Paladino, Kathryn	Smith, Larry	Shelby
Palma, Elizabeth	McManus, Mark	Morganton
Parsons, Dean	Hoidal, Charles	Elizabeth City
Patel, Nisha	Nwamara-Aka, Emmanuel	Fayetteville
Pearman, Jamie	Smith, Michael	Mount Holly
Perkins, Brent	Hilaman, Brad	Calabash
Perkins, Danielle	Usadi, Moshe	Wadesboro

Perkins, Danielle	Mullins, James	Monroe
Person, Jennifer	Clark, Marisol	Jacksonville
Peschong, Donald	Nederostek, Douglas	Laurenberg
Peschong, Donald	Rowson, Jonathan	Laurenberg
Petri, Lindsay	Bizuneh, Amsalu	Charlotte
Pinkerton, Andrew	Zastrow, Joseph	Elkin
Port, Christopher	Stover, Lani	Robbinsville
Poulard, Robert	Biswas, Abhik	Fayetteville
Poulard, Robert	Sanchez-Rivera, Efrain	Fayetteville
Poulard, Robert	Hafzalah, Mina	Fayetteville
Powell, Marshelle	Agbafe-Mosley, Dorothy	Wilmington
Powers, Courtney	Perez-Montes, Marcelo	Apex
Powers, Courtney	Pleasant, Henry	Raleigh
Powers, Courtney	Carr, James	Holly Springs
Presson, J.	Kindl, James	Greensboro
Presson, J.	Madsen, Christian	Durham
Pretter, Leslie	Silver, William	Durham
Printy, Anna	Lowery, James	Asheville
Pusey, Kyle	Atkeson, Benjamin	Clayton
Qualey, Angela	Mullins, James	Monroe
Ramirez, Oscar	Petrozza, Joseph	Statesville
Reece, Deborah	Phipps, Carl	Winston Salem
Rejowski, Christopher	Wever, Marcus	Lincolnton
Retson, Gregory	Laney, Ronald	Chapel Hill
Rhodes, Alison	Harland, Robert	Greenville
Richard, Monica	Sindhwani, Navreet	Raleigh
Ricker, Linda	Usadi, Moshe	Wadesboro
Ritchie, Mark	Moore, Kenneth	Rocky Mount
Rivard, Therese	Anderson, Curtis	Raleigh
Roberts, Jane	Lucey, Stephen	Greensboro
Roberts, Mark	Orton, Jonathan	Yadkinville
Robinson, Brian	Voglewede, Andrew	Boone
Robinson, Brian	Lehr, Andrew	Boone
Robinzine, Meyassar	Wadeson, Douglas	Apex
Rodgers, Carolyn	Carr, James	Holly Springs
Rogers, Christina	Williams, Paul	Trenton
Rogers, Christina	Ros, Jose	Jacksonville
Rogers, Christina	Warren, Holly	Trenton
Rossiter, Megan	Schaffer, Richard	Fort Mill
Roy, Michelle	Brooks, Kelli	Durham
Saint, Faith	Fishburne, Cary	Huntersville
Sanza, Daniel	Melendez, Karen	Gastonia
Sawka, Sara	Livingston, James	Roxboro
Sawrey-Kubicek, Danielle	Babaoff, Marcus	Elon
Scheib, Aaron	Margolis, Jeffrey	Goldsboro
Scheib, Aaron	Patel, Chaitany	Hollysprings
Scherer, Christine	Lucas, Nina	Elizabeth City
Schiro, Shelley	Elder, Christopher	Asheville
Schmid, Kaitlyn	Behrens, Nancy	Charlotte

Schuman, Amanda	Bregier, Charles	Matthews
Scott, Tracy	Joslyn, Emerson	Highpoint
Serpe, Eugene	Parsons, James	Eden
Serrano, Rachel	Fox, Kimberly	Smithfield
Shaffer, James	De Blasio, David	Fort Bragg
Sheehan, James	McBryde, John	Charlotte
Shepherd, Mark	Usadi, Moshe	Wadesboro
Sherman, Robert	Wolf, Harvey	Southern Pines
Shipman, Jerry	DeVaul, Chanson	Goldsboro
Shirley, Lavette	Roberson, Lewis	Belmont
Sierra-Donovan, Mariaeugenia	Tran-Phu, Lan	Fayetteville
Simeone, Albert	Vargas Abello, Lina	Lumberton
Simeone, Albert	Lowry, Terry	Lumberton
Simon, Spencer	Sindhwani, Navreet	Raleigh
Sims, Ginger	Bregier, Charles	Matthews, NC
Slate, Scottie	McMichael, Amy	Winston Salem
Smith, Ainslee	Chappell, Jonathan	Raleigh
Smith, Joy	Kuhn, Michael	Kinston
Smith, Joy	Stegbauer, Scott	Kinston
Smith, Joy	Woodcock, Jessica	Kinston
Smith, Laura	Overton, Dolphin	Wilson
Smith, Sharon	Edel, Kenneth	Gastonia
Smith, Shelly	Dagher, Paul	Boone
Southerland, Luvae	Watson, Michael	Raleigh
Spainhour-Reese, Sarah	DePaolo, Charles	Asheville
Sparks, Shannon	Venable, Robert	Plymouth
Sparks, Shannon	Tirupattur, Prakash	Plymouth
Spinicchia, Matthew	Nwamara-Aka, Emmanuel	Fayetteville
Stafford, Kelly	Burbank, Scott	Charlotte
Staples, Jenna	Eisenson, Howard	Durham
Starr, Eric	Alexanian, Aram	Huntersville
Staton, Forrest	Lauve, Lucie	Winston Salem
Steck, Cassie	Callaway, Jennifer	Charlotte
Stell, Ashley	Brant, Thomas	Winston Salem
Sterling, David	Orton, Jonathan	Yadkinville
Stern, Andrew	Rickabaugh, John	Cape Carteret
Stern, Kathryn	Nahser, Philip	Greensboro
Stiglets, Christopher	Huber, Kenneth	Charlotte
Stiglets, Christopher	Updaw, Robert	Charlotte
Stoia, Deborah	Frank, Anthony	Jacksonville
Stone, Kara	Pistone, Daniel	Garner
Strand De Oliveira, Justine	Ragsdale, John	Durham
Suarez, Joseph	Fields, Robert	Arden
Sullivan, Ursula	Pancoast, Thomson	Greenville
Sullivan, Ursula	Barsanti, Christopher	Greenville
Sullivan, Ursula	Boyette, Deanna	Greenville
Swint, John	Usadi, Moshe	Wadesboro
Talbert, Karen	Lysne, Dwight	Wilmington
Teague Clark, Karen	Bachmann, Laura	Greensboro

Thompson, Amy	White, Matthew	Raleigh
Tignor, Gayle	Hillman, Jason	Charlotte
Triplett, John	Bachmann, Laura	Greensboro
Tucker, Wendy	Mullins, James	Monroe
Tumey, Robert	Malinda, Paul	Burlington
Ulstad, Melissa	Laughlin, Walter	Wilmington
Ulstad, Melissa	Hanlon, Charin	Wilmington
Van Meter, Patrick	Joines, Justin	Hickory
Varlack, Cyril	Griggs, James	Monroe
Veeder, Bruce	Brooks-Fernandez, Connie	Fayetteville
Veeder, Bruce	Fernandez, Gabriel	Fayetteville
Velaz-Faircloth, Maria	Perkins, Gwendolyn	Monroe
Veliz, Armando	Stegemoller, Ralph	Aventura
Veliz, Armando	Magilen, Steven	Aventura
Vuong, Jenny	Kapoor, Sushma	Fayetteville
Wagner, Colleen	Suh, Paul	Raleigh
Wagner, Colleen	Charron, George	Raleigh
Walch, Kelsey	Patel, Sarah	Burlington
Wallenborn, Jacqueline	Jablonski, Donald	Etowah
Walton, Charles	Reed, Tammy	Whiteville
Walton, Charles	Burkett, Jessica	Wilmington
Walton, Charles	Miller, Justin	Wilmington
Ward, Andrea	Anderson, Curtis	Raleigh
Ward, Ian	Harrell, Russell	Clayton
Weiss, Daniel	Pancoast, Thomson	Greenville
Werner, Devorah	Ciapponi, Nelsa	Charlotte
Wert, Nicholas	Ely, Stephen	Asheville
Wharton, Lisa	Manning, Steven	Washington
Wheeler, Emily	Usadi, Moshe	Wadesboro
Wheeler, Emily	Enslow, William	Albemarle
Wheeler, Robert	Nunley, James	Durham
White, Nancy	Lacey, David	Winston Salem
Wilcox, Joanne	Kolb, Terence	Sylva
Wilcox, Joanne	McCarty, Gregory	Hendersonville
Williams, Ricky	Bachmann, Laura	Greensboro
Wilson, Lauren	Nixon, Deborah	Charlotte
Wise, Susanne	Rosenberg, Brian	Columbus
Woodstock, Jennifer	Somani, Jagdish	Morganton
Woody, Anja	Dowling, Michael	Asheville
Wright, Collin	Connelly, Jason	Salisbury
Wright, James	Phillips, Danny	Wake Forest
Yankes, Jonathan	Minior, Daniel	Moorisville
Yankes, Jonathan	Biggers, William	Morrisville
Yerkes, Carrie	Perez-Montes, Marcelo	Apex
Yu, I-Ling	Wein, Scott	Raleigh
Zebedeo, Cecilia	Girouard, Jonie	Clemmons
Zebedeo, Cecilia	Girouard, Michael	Clemmons
Zink, William	Jones, Wesley	Brevard

CURRENT RULE:

21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION
(a) A physician assistant must complete at least 100 hours of continuing medical education (CME) every two years, at least 40 hours of which must be American Academy of Physician Assistants Category I CME. CME documentation must be available for inspection by the board or its agent upon request. The two year period shall run from the physician assistant's birthday, beginning in the year 1999, or the first birthday following initial licensure, whichever occurs later.
(b) A physician assistant who possesses a current certification with the National Commission on Certification of Physician Assistants (NCCPA) will be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant must attest on his or her annual renewal that he or she is currently certified by the NCCPA.

History Note: Authority G.S. 90-5.1(a)(3) and (10); 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. November 1, 2010.

New Proposed Rule:

21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION
(a) A physician assistant must complete at least 100 hours of continuing medical education (CME) every two years, at least 50 hours of which must be recognized by the National Commission on Certification of Physician Assistants (NCCPA) as Category I CME. CME documentation must be available for inspection by the board or its agent upon request. The two year period shall run from the physician assistant's birthday, beginning in the year 1999, or the first birthday following initial licensure, whichever occurs later.
(b) A physician assistant who possesses a current certification with the NCCPA will be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant must attest on his or her annual renewal that he or she is currently certified by the NCCPA.

History Note: Authority G.S. 90-5.1(a)(3) and (10); 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. November 1, 2010; .

CURRENT RULE:

21 NCAC 32S .0202 QUALIFICATIONS AND REQUIREMENTS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual must obtain a license from the Board before practicing as a physician assistant. An applicant for a physician assistant license must:

(1) submit a completed application to the Board;

(2) meet the requirements set forth in G.S. 90-9.3 and has not committed any of the acts listed in G.S. 90-14;

(3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(4) submit to the Board proof that the applicant has completed a Physician Assistant Educational Program; if a physician assistant was licensed in North Carolina after June 1, 1994, he/she must also show successful completion of the Physician Assistant National Certifying Examination;

(5) pay to the Board a non-refundable fee of two hundred dollars ($200.00) plus the cost of a criminal background check. There is no fee to apply for a physician assistant limited volunteer license;

(6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports must be requested by the Applicant and submitted to the Board within 60 days of the request;

(7) submit a Board Action Data Bank Inquiry from the Federation of State Medical Boards (FSMB). This report must be requested by the Applicant and submitted to the Board within 60 days of the request;

(8) submit to the Board two complete original fingerprint record cards, on fingerprint record cards supplied by the Board;

(9) submit to the Board a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

(10) disclose whether he/she has ever been suspended from, placed on academic probation, expelled or required to resign from any school, including a PA educational program;

(11) attest that he/she has no license, certificate, or registration as a physician assistant currently under discipline, revocation, suspension or probation or any other adverse action resulting from a health care licensing board;

(12) certify that he or she is mentally and physically able to safely practice as a physician assistant and is of good moral character;

(13) provide the Board with three original recommendation forms dated within six months of the application. These recommendations shall come from persons under whom the applicant has worked or trained who are familiar with the applicant's academic competence or clinical skills. At least one reference form must be from a physician and two reference forms must be from peers under whom the applicant has worked or trained. References must be able to evaluate the applicant's academic competence, clinical skills and character as a physician assistant. References shall not be from any family member or in the case of new graduate applicants, references shall not be from fellow students of the applicant's Educational Program;

(14) if two years or more have passed since graduation from a Physician Assistant Educational Program, document that he/she has successfully completed at least 100 hours of continuing medical education (CME) during the preceding two

years, at least 40 hours of which must be American Academy of Physician Assistants Category I CME; and

(15) supply any other information the Board deems necessary to evaluate the applicant's qualifications.

(b) An applicant may be required to appear in person for an interview with the Board.

History Note: *Authority G.S. 90-3; 90-9.3; 90-11; 90-18(c)(13); 90-18.1;*
Eff. September 1, 2009;
Amended Eff. March 1, 2011.

New Proposed Rule:

21 NCAC 32S .0202 QUALIFICATIONS AND REQUIREMENTS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual must obtain a license from the Board before practicing as a physician assistant. An applicant for a physician assistant license must:

(1) submit a completed application to the Board;

(2) meet the requirements set forth in G.S. 90-9.3 and has not committed any of the acts listed in G.S. 90-14;

(3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(4) submit to the Board proof that the applicant has completed a Physician Assistant Educational Program; if a physician assistant was licensed in North Carolina after June 1, 1994, he/she must also show successful completion of the Physician Assistant National Certifying Examination;

(5) pay to the Board a non-refundable fee of two hundred dollars ($200.00) plus the cost of a criminal background check. There is no fee to apply for a physician assistant limited volunteer license;

(6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports must be requested by the Applicant and submitted to the Board within 60 days of the request;

(7) submit a Board Action Data Bank Inquiry from the Federation of State Medical Boards (FSMB). This report must be requested by the Applicant and submitted to the Board within 60 days of the request;

(8) submit to the Board two complete original fingerprint record cards, on fingerprint record cards supplied by the Board;

(9) submit to the Board a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

(10) disclose whether he/she has ever been suspended from, placed on academic probation, expelled or required to resign from any school, including a PA educational program;

(11) attest that he/she has no license, certificate, or registration as a physician assistant currently under discipline, revocation, suspension or probation or any other adverse action resulting from a health care licensing board;

(12) certify that he or she is mentally and physically able to safely practice as a physician assistant and is of good moral character;

(13) provide the Board with three original recommendation forms dated within six months of the application. These recommendations shall come from persons under whom the applicant has worked or trained who are familiar with the applicant's academic competence or clinical skills. At least one reference form

must be from a physician and two reference forms must be from peers under whom the applicant has worked or trained. References must be able to evaluate the applicant's academic competence, clinical skills and character as a physician assistant. References shall not be from any family member or in the case of new graduate applicants, references shall not be from fellow students of the applicant's Educational Program;

(14) if two years or more have passed since graduation from a Physician Assistant Educational Program, document that he/she has successfully completed at least 100 hours of continuing medical education (CME) during the preceding two years, at least 50 hours of which must be recognized by the National Commission on Certification of Physician Assistants as Category I CME; and

(15) supply any other information the Board deems necessary to evaluate the applicant's qualifications.

(b) An applicant may be required to appear in person for an interview with the Board.

History Note: *Authority G.S. 90-3; 90-9.3; 90-11; 90-18(c)(13); 90-18.1;*
Eff. September 1, 2009;
Amended Eff. March 1, 2011;.

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]
SUBCHAPTER 32A - ORGANIZATION		21 NCAC 32A .0101	LOCATION	Amended Eff. July 1, 2004	Necessary without substantive public interest
		21 NCAC 32A .0104	MEETINGS	Amended Eff. May 1, 1990	Necessary without substantive public interest
		21 NCAC 32A .0111	REQUEST FOR DECLARATORY RULING	Eff. February 1, 2007	Necessary without substantive public interest
		21 NCAC 32A .0112	DISPOSiTION OF REQUEST	Eff. February 1, 2007	Necessary without substantive public interest
		21 NCAC 32A .0113	PROCEDURE FOR DECLARATORY RULING	Eff. February 1, 2007	Necessary without substantive public interest
		21 NCAC 32A .0114	SUSPENSION OF AUTHORITY TO EXPEND FUNDS	Eff. March 1, 2011	Necessary without substantive public interest
SUBCHAPTER 32B – LICENSE TO PRACTICE MEDICINE	**SECTION .1000 - PRESCRIBING**	21 NCAC 32B .1001	AUTHORITY TO PRESCRIBE	Amended Eff. August 1, 2012	Necessary without substantive public interest
	SECTION .1300 - GENERAL	21 NCAC 32B .1301	DEFINITIONS	Amended Eff. March 1, 2011	Necessary without substantive public interest
		21 NCAC 32B .1302	SCOPE OF PRACTICE UNDER PHYSICIAN LICENSE	Eff. August 1, 2010	Necessary without substantive public interest
		21 NCAC 32B .1303	APPLICATION FOR PHYSICIAN LICENSE	Amended Eff. December 1, 2013	Necessary without substantive public interest
		21 NCAC 32B .1350	REINSTATEMENT OF PHYSICIAN LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32B .1360	REACTIVATION OF PHYSICIAN LICENSE	Eff. August 1, 2010	Necessary without substantive public interest
		21 NCAC 32B .1370	REENTRY TO ACTIVE PRACTICE	Eff. March 1, 2011	Necessary without substantive public interest
	SECTION .1400 – RESIDENT'S TRAINING LICENSE	21 NCAC 32B .1401	SCOPE OF PRACTICE UNDER RESIDENT'S TRAINING LICENSE	Eff. August 1, 2010	Necessary without substantive public interest
		21 NCAC 32B .1402	APPLICATION FOR RESIDENT'S TRAINING LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
	SECTION .1500 – FACULTY LICENSE	21 NCAC 32B .1501	SCOPE OF PRACTICE UNDER MEDICAL SCHOOL FACULTY LICENSE	Eff. March 1, 2011	Necessary without substantive public interest
		21 NCAC 32B .1502	APPLICATION FOR MEDICAL SCHOOL FACULTY LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
	SECTION .1600 – SPECIAL PURPOSE LICENSE	21 NCAC 32B .1601	SCOPE OF PRACTICE UNDER SPECIAL PURPOSE LICENSE	Eff. August 1, 2010	Necessary without substantive public interest
		21 NCAC 32B .1602	SPECIAL PURPOSE LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
	SECTION .1700 – OTHER LICENSES	21 NCAC 32B .1701	SCOPE OF PRACTICE UNDER LIMITED VOLUNTEER LICENSE AND RETIRED LIMITED VOLUNTEER LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32B .1702	APPLICATION FOR LIMITED VOLUNTEER LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32B .1703	SCOPE OF PRACTICE UNDER RETIRED LIMITED VOLUNTEER LICENSE	Eff. August 1, 2010	Necessary without substantive public interest

		21 NCAC 32B .1704	APPLICATION FOR RETIRED LIMITED VOLUNTEER LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32B .1705	LIMITED PHYSICIAN LICENSE FOR DISASTERS AND EMERGENCIES	Eff. August 1, 2010	Necessary without substantive public interest
	SECTION .2000 – EXPEDITED APPLICATION FOR PHYSICIAN LICENSE	21 NCAC 32B .2001	EXPEDITED APPLICATION FOR PHYSICIAN LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
SUBCHAPTER 32C - PROFESSIONAL CORPORATIONS		21 NCAC 32C .0102	NAME OF PROFESSIONAL CORPORATION	Amended Eff. May 1, 2012	Necessary without substantive public interest
		21 NCAC 32C .0103	PREREQUISITES FOR INCORPORATION	Amended Eff. January 1, 2012	Necessary without substantive public interest
		21 NCAC 32C .0104	CERTIFICATE OF REGISTRATION	Amended Eff. January 1, 2012	Necessary without substantive public interest
		21 NCAC 32C .0105	STOCK AND FINANCIAL MATTERS	Amended Eff. May 1, 2012	Necessary without substantive public interest
		21 NCAC 32C .0106	CHARTER AMENDMENTS AND STOCK TRANSFERS	Amended Eff. May 1, 2012	Necessary without substantive public interest
		21 NCAC 32C .0108	FEES	Amended Eff. January 1, 2012	Necessary without substantive public interest
		21 NCAC 32C .0109	REGISTRATION OF FOREIGN PROFESSIONAL CORPORATION	Eff. May 1, 2012	Necessary without substantive public interest
SUBCHAPTER 32F - ANNUAL REGISTRATION		21 NCAC 32F .0105	FORMS	Amended Eff. May 1, 1989	Unnecessary
		21 NCAC 32F .0106	WAIVER FOR LICENSEES SERVING ON ACTIVE DUTY IN THE ARMED SERVICES OF THE US	Eff. August 1, 2010	Necessary without substantive public interest
SUBCHAPTER 32K - NORTH CAROLINA PHYSICIANS HEALTH PROGRAM	**SECTION .0100 - GENERAL INFORMATION**	21 NCAC 32K .0101	DEFINITIONS	Amended Eff. April 1, 2009	Necessary with substantive public interest
	SECTION .0200 - GUIDELINES FOR PROGRAM ELEMENTS	21 NCAC 32K .0201	RECEIPT AND USE OF INFORMATION OF POTENTIAL IMPAIRMENT	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0202	ASSESSMENT AND REFERRAL	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0203	MONITORING TREATMENT SOURCES	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0204	MONITORING REHABILITATION AND PERFORMANCE	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0205	MONITORING POST-TREATMENT SUPPORT	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0206	REPORTS OF INDIVIDUAL CASES TO THE BOARD	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0207	PERIODIC REPORTING OF STATISTICAL INFORMATION	Amended Eff. April 1, 2009	Necessary with substantive public interest
		21 NCAC 32K .0208	CONFIDENTIALITY	Amended Eff. May 1, 1989	Necessary with substantive public interest

SUBCHAPTER 32M - APPROVAL OF NURSE PRACTITIONERS		21 NCAC 32M .0101	DEFINITIONS	Amended Eff. September 1, 2012	Necessary without substantive public interest
		21 NCAC 32M .0102	SCOPE OF PRACTICE	Amended Eff. August 1, 2004	Necessary without substantive public interest
		21 NCAC 32M .0103	NURSE PRACTITIONER REGISTRATION	Amended Eff. September 1, 2012	Necessary without substantive public interest
		21 NCAC 32M .0104	PROCESS FOR APPROVAL TO PRACTICE	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32M .0105	EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AS A NURSE PRACTITIONER	Amended Eff. December 1, 2009	Necessary without substantive public interest
		21 NCAC 32M .0106	ANNUAL RENEWAL	Amended Eff. December 1, 2009	Necessary without substantive public interest
		21 NCAC 32M .0107	CONTINUING EDUCATION (CE)	Amended Eff. December 1, 2009	Necessary without substantive public interest
		21 NCAC 32M .0108	INACTIVE STATUS	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32M .0109	PRESCRIBING AUTHORITY	Amended Eff. December 1, 2012	Necessary without substantive public interest
		21 NCAC 32M .0110	QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT	Amended Eff. December 1, 2009	Necessary without substantive public interest
		21 NCAC 32M .0111	METHOD OF IDENTIFICATION	Amended Eff. August 1, 2004	Necessary without substantive public interest
		21 NCAC 32M .0112	DISCIPLINARY ACTION	Amended Eff. April 1, 2007	Necessary without substantive public interest
		21 NCAC 32M .0115	FEES	Amended Eff. November 1, 2008	Necessary without substantive public interest
		21 NCAC 32M .0116	PRACTICE DURING A DISASTER	Amended Eff. December 1, 2009	Necessary without substantive public interest
SUBCHAPTER 32N - FORMAL AND INFORMAL PROCEEDINGS		21 NCAC 32N .0106	DEFINITIONS	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0107	INVESTIGATIONS AND COMPLAINTS	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0108	INVESTIGATIVE INTERVIEWS BY BOARD MEMBERS	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0109	PRE-CHARGE CONFERENCE	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0110	INITIATION OF DISCIPLINARY HEARINGS	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0111	CONDUCTING DISCIPLINARY HEARINGS	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0112	POST HEARING MOTIONS	Eff. February 1, 2012	Necessary without substantive public interest
		21 NCAC 32N .0113	CORRECTION OF CLERICAL MISTAKES	Eff. February 1, 2012	Necessary without substantive public interest
SUBCHAPTER 32P - LIMITED LIABILITY COMPANIES		21 NCAC 32P .0101	NAME OF LIMITED LIABILITY COMPANY	Eff. June 1, 1994	Necessary without substantive public interest
		21 NCAC 32P .0102	PREREQUISITES FOR ORGANIZATION	Eff. June 1, 1994	Necessary without substantive public interest

		21 NCAC 32P .0103	CERTIFICATE OF REGISTRATION	Eff. June 1, 1994	Necessary without substantive public interest
		21 NCAC 32P .0104	CHARTER AMENDMENTS AND MEMBERSHIP TRANSFERS	Eff. June 1, 1994	Necessary without substantive public interest
		21 NCAC 32P .0105	DOCUMENTS	Eff. June 1, 1994	Necessary without substantive public interest
		21 NCAC 32P .0106	FEES	Eff. June 1, 1994	Necessary without substantive public interest
SUBCHAPTER 32R – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS	**SECTION .0100 – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS**	21 NCAC 32R .0101	CONTINUING MEDICAL EDUCATION (CME) REQUIRED	Amended Eff. August 1, 2012	Necessary without substantive public interest
		21 NCAC 32R .0102	APPROVED CATEGORIES OF CME	Amended Eff. August 1, 2012	Necessary without substantive public interest
		21 NCAC 32R .0103	EXCEPTIONS	Amended Eff. August 1, 2012	Necessary without substantive public interest
		21 NCAC 32R .0104	REPORTING	Amended Eff. August 1, 2012	Necessary without substantive public interest
SUBCHAPTER 32S - PHYSICIAN ASSISTANTS	**SECTION .0200 – PHYSICIAN ASSISTANT REGISTRATION**	21 NCAC 32S .0201	DEFINITIONS	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0202	QUALIFICATIONS AND REQUIREMENTS FOR LICENSE	Amended Eff. March 1, 2011	Necessary without substantive public interest
		21 NCAC 32S .0203	MANDATORY NOTIFICATION OF INTENT TO PRACTICE	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0204	ANNUAL RENEWAL	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0205	INACTIVE LICENSE STATUS	Eff. September 1, 2009	Unnecessary
		21 NCAC 32S .0206	LICENSE REACTIVATION	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0207	LICENSE REINSTATEMENT	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0209	EXEMPTION FROM LICENSE	Amended Eff. November 1, 2013	Necessary without substantive public interest
		21 NCAC 32S .0210	IDENTIFICATION REQUIREMENTS	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0211	AGENCY	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0212	PRESCRIPTIVE AUTHORITY	Amended Eff. August 1, 2012	Necessary without substantive public interest
		21 NCAC 32S .0213	SUPERVISION OF PHYSICIAN ASSISTANTS	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0214	SUPERVISING PHYSICIAN	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0215	RESPONSIBILITIES OF PRIMARY SUPERVISING PHYSICIANS IN REGARD TO BACK-UP SUPERVISING PHYSICIANS	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0216	CONTINUING MEDICAL EDUCATION	Amended Eff. November 1, 2010	Necessary without substantive public interest
		21 NCAC 32S .0217	VIOLATIONS	Eff. September 1, 2009	Necessary without substantive public interest

		21 NCAC 32S .0218	TITLE AND PRACTICE PROTECTION	Eff. September 1, 2009	Necessary without substantive public interest
		21 NCAC 32S .0219	LIMITED PHYSICIAN ASSISTANT LICENSE FOR DISASTERS AND EMERGENCIES	Amended Eff. November 1, 2010	Necessary without substantive public interest
		21 NCAC 32S .0220	EXPEDITED APPLICATION FOR PHYSICIAN ASSISTANT LICENSURE	Eff. November 1, 2010	Necessary without substantive public interest
		21 NCAC 32S .0221	LIMITED VOLUNTEER LICENSE	Eff. December 1, 2012	Necessary without substantive public interest
		21 NCAC 32S .0222	RETIRED LIMITED VOLUNTEER LICENSE	Eff. December 1, 2012	Necessary without substantive public interest
		21 NCAC 32S .0223	SCOPE OF PRACTICE	Eff. December 1, 2012	Unnecessary
SUBCHAPTER 32T – CLINICAL PHARMACIST PRACTITIONER	**SECTION .0100 – CLINICAL PHARMACIST PRACTITIONER**	21 NCAC 32T .0101	CLINICAL PHARMACIST PRACTITIONER	Amended Eff. March 1, 2007	Necessary without substantive public interest
SUBCHAPTER 32U - PHARMACISTS VACCINATIONS	**SECTION .0100 - PHARMACISTS VACCINATIONS**	21 NCAC 32U .0101	ADMINISTRATION OF VACCINES BY PHARMACISTS	Amended Eff. March 1, 2012	Necessary without substantive public interest
SUBCHAPTER 32V – PERFUSIONIST REGULATIONS		21 NCAC 32V .0101	SCOPE	Eff. September 1, 2007	Unnecessary
		21 NCAC 32V .0102	DEFINITIONS	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0103	QUALIFICATIONS FOR LICENSE	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0104	REGISTRATION	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0105	CONTINUING EDUCATION	Amended Eff. November 1, 2011	Necessary without substantive public interest
		21 NCAC 32V .0106	SUPERVISION OF PROVISIONAL LICENSED PERFUSIONISTS	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0107	SUPERVISING PERFUSIONIST	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0108	DESIGNATION OF PRIMARY SUPERVISING PERFUSIONIST FOR PROVISIONAL LICENSEE	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0109	CIVIL PENALTIES	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0110	IDENTIFICATION REQUIREMENTS	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0111	PRACTICE DURING A DISASTER	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0112	TEMPORARY LICENSURE	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0113	ORDERS FOR ASSESSMENTS AND EVALUATIONS	Eff. September 1, 2007	Necessary without substantive public interest
		21 NCAC 32V .0114	PROVISIONAL LICENSE TO FULL LICENSE	Eff. December 12, 2007	Necessary without substantive public interest
		21 NCAC 32V .0115	FEES	Amended Eff. November 1, 2011	Necessary without substantive public interest

SUBCHAPTER 32W - ANESTHESIOLOGIST ASSISTANT REGULATIONS		21 NCAC 32W .0101	DEFINITIONS	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0102	QUALIFICATIONS FOR LICENSE	Amended Eff. March 1, 2011	Necessary without substantive public interest
		21 NCAC 32W .0103	INACTIVE LICENSE STATUS	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0104	ANNUAL RENEWAL	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0105	CONTINUING MEDICAL EDUCATION	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0106	STUDENT ANESTHESIOLOGIST ASSISTANTS	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0107	EXEMPTION FROM LICENSE	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0108	SCOPE OF PRACTICE	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0109	SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS	Amended Eff. April 1, 2010	Necessary without substantive public interest
		21 NCAC 32W .0110	LIMITATIONS ON PRACTICE	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0111	TITLE AND PRACTICE PROTECTION	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0112	IDENTIFICATION REQUIREMENTS	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0113	FEES	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0114	VIOLATIONS	Eff. April 1, 2008	Necessary without substantive public interest
		21 NCAC 32W .0115	PRACTICE DURING A DISASTER	Eff. April 1, 2008	Necessary without substantive public interest
SUBCHAPTER 32X – PRACTITIONER INFORMATION		21 NCAC 32X .0101	REQUIRED INFORMATION	Eff. August 11, 2009	Necessary without substantive public interest
		21 NCAC 32X .0102	VOLUNTARY INFORMATION	Eff. August 11, 2009	Necessary without substantive public interest
		21 NCAC 32X .0103	CONTENTS OF THE REPORT	Eff. August 11, 2009	Necessary without substantive public interest
		21 NCAC 32X .0104	PUBLISHING CERTAIN MISDEMEANOR CONVICTIONS	Amended Eff. April 1, 2011	Necessary without substantive public interest
		21 NCAC 32X .0105	NONCOMPLIANCE OR FALSIFICATION OF INFORMATION	Eff. August 11, 2009	Necessary without substantive public interest

MINUTES

North Carolina Medical Board Retreat

September 19-20, 2014

Renaissance Hotel
4100 Main at North Hills Street
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board Retreat held September 19-20, 2014.

The September 19-20 Retreat of the North Carolina Medical Board was held at the Renaissance Hotel, 4100 Main at North Hills Street, Raleigh, NC 27609. Paul S. Camnitz, MD, President, called the meeting to order at 1:30 pm. Board members in attendance were: Cheryl L. Walker-McGill, MD, President-Elect; Pascal O. Udekwu, MD, Secretary/Treasurer; Ms. Thelma Lennon; Eleanor E. Greene, MD; Subhash C. Gumber, MD; Mr. Michael Arnold; Ms. H. Diane Meelheim, FNP; Debra A. Bolick, MD (Retreat Workgroup Chair); Timothy E. Lietz, MD; Barbara E. Walker, DO and Mr. A. Wayne Holloman.

Staff in attendance included: Mr. David Henderson, Executive Director; Mr. Thomas Mansfield; Dr. Scott Kirby; Ms. Judie Clark; Ms. Jean Brinkley; Ms. Joy Cooke; Mr. Jerry Weaver; Mr. Hari Gupta; Ms. Nancy Hemphill; Ms. Christina Apperson.

Guests/ Retreat Facilitators present: Laura Bingham and Frederick Fink of the Newport Board Group. The entire meeting was in open session.

Friday, September 19, 2014

Opening Remarks
Dr. Debra Bolick, Chair of Strategic Planning Workgroup, welcomed everyone.
Dr. Paul Camnitz, NCMB President and member of the Strategic Planning Workgroup, thanked everyone for their willingness to take additional time after a busy Board meeting to participate in a Retreat.

Current State Strategic Topics
Laura Bingham and Fred Fink made a presentation on consensus topics from their interviews with Board members, stakeholders, peers and staff. They also presented a draft Strategic Priorities chart.

Need to Know Context: Regulatory Review and Reform:

Changes occurring in the NC legislature, Governor's office and Office of the State Auditor which may affect the structure and governance of the NCMB, Mike Arnold and Thomas Mansfield
Alliance for Connected Care Campaign, Dr. Scott Kirby

Challenges and Opportunities: Breakout Session 1
One group was assigned to discuss Strategic issues facing the Board. This was led by Strategic Planning Workgroup member Dr. Timothy Lietz.

The second group discussed Operational and Financial Frameworks. This was led by Strategic Planning Workgroup Chair Dr. Debra Bolick.

Reports from groups:
Dr. Barbara Walker, Strategic Planning Workgroup member, facilitated the reports from the two groups.

Closing thoughts:
Dr. Debra Bolick thanked those in attendance, reminded everyone to be back by 8 am on Saturday, and adjourned the meeting at 5:15 pm.

Saturday, September 20, 2014

Welcome:
Dr. Debra Bolick called the meeting into session at 8 am.

More Need to Know Frameworks:
Laura Bingham moderated presentations given by staff members:

Staff Organizational Design(s) 1996-2014, David Henderson
Status on Key Performance Indicator project, Nancy Hemphill
Insights from Licensee Surveys, Hari Gupta

Challenges and Opportunities: Breakout Session 2:
Led by Dr. Lietz and Dr. Bolick, the entire group reviewed the notes taken the previous day and discussed the issues *en banc.*

Closing thoughts and adjournment:
The Retreat adjourned at 11 am.

NCMB Strategic Plan: 2015- 2018

At its September 2014 Retreat, the Board reached consensus around being more proactive in its mission of protecting the public and more relevant to the constantly changing marketplace, health care practice models, and licensee, stakeholder, and public expectations. The Board also recognizes the uncertainties and complexities inherent in its Current State (2014) and seeks to clarify for those it serves and to lead in its policies - as much as practicable - toward a shared vision of its Future State, by 2018.

BOARD GOVERNANCE

- ✓ Vigorous oversight of the NC Physicians Health Program ensures that PHP affords due process; complies with state laws, operating agreements and best practices; and regularly monitors and evaluates treatment centers (2015)
- ✓ Ongoing education on Board roles to accrue organizational knowledge and consistency in decision-making (2016)
- ✓ NC Medical Practice Act is modernized (2017)
- ✓ Board Members view NCMB's effectiveness by Strategic Goals achieved while also continuing to act decisively in licensing and disciplinary duties (2018)

POLICY

- ✓ Telemedicine and retail medicine policies balance changes to the delivery of medical care with patient protection (2016)
- ✓ Innovative licensure initiatives, including multi-state compacts, as feasible, gain legislative approval and are implemented (2018)

FINANCIAL STRENGTH

- ✓ Legislative approval for a fee increase is enacted and investment policy is recalibrated (2015)
- ✓ New revenues, ongoing cost controls and optimal use of technology bolster finances (2017)
- ✓ NCMB operates with appropriate office and public hearing space (2018)
- ✓ Balanced budgets, reserves at 50%, and investments earn three-year rolling average of > 5% ROI, using financial modeling (2018)

OUTREACH AND TRANSPARENCY

- ✓ Policies, protocols and outcomes are widely communicated to all constituencies (2015+)
- ✓ Licensee education initiatives for medical schools/students, training programs/residents, and health care systems receive priority (2015+)
- ✓ Convenor role engages constituents and informs policy development (2015+)
- ✓ NCMB is a trusted resource for policy makers and the public, providing data and analytics to enhance mission (2017)
- ✓ NCMB is known for active constituency engagement and collaboration as judged by a stakeholder survey (2018)

ORGANIZATIONAL CAPACITY & OUTCOMES

- ✓ Staff reorganization facilitates role of Executive Director in Outreach and Policy, and strengthens internal capacities (2015)
- ✓ Data and uses of analytics focus regulatory attention and improve outcomes (2016)
- ✓ Cross-training, succession planning and professional development plans exist throughout NCMB organization (2016)
- ✓ Performance measures ensure mission efficiencies and regulatory quality (2016)
- ✓ Synchronous leadership of Board and senior staff drives organizational effectiveness (2018)