

# **MINUTES**

**North Carolina Medical Board**

**May 15-17, 2013**

**1203 Front Street  
Raleigh, North Carolina**

# General Session Minutes of the North Carolina Medical Board Meeting held May 15-17, 2013.

The North Carolina Medical Board met May 15-17, 2013, at its office located at 1203 Front Street, Raleigh, NC. William A. Walker, MD, President, called the meeting to order. Board members in attendance were: Cheryl L. Walker-McGill, MD, Secretary/Treasurer; Janice E. Huff, MD; Thomas R. Hill, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; Eleanor E. Greene, MD; Subhash C. Gumber, MD; Ms. H. Diane Meelheim, FNP; Pascal O. Udekwu, MD and Michael J. Arnold. Absent was Paul S. Camnitz, MD, President-Elect.

## **Presidential Remarks**

Dr. Walker 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.

## **Minutes Approval**

**Motion:** A motion passed to approve the March 20, 2013 Board Minutes.

## **Announcements**

1. Mr. Curt Ellis, Director, Investigations Department, introduced Mr. James Bowman as a new Investigator at the NCMB. Mr. Bowman will be assigned to the Triad area.
2. Mr. Hari Gupta, Director, Operations Department, introduced Ms. April Pearce as the new Comptroller at the NCMB.
3. Mr. David Henderson, Executive Director, recognized: Ms. Christina Apperson on her five-year anniversary at the NCMB, Ms. Jean Fisher-Brinkley on her five-year anniversary at the NCMB, Mr. Hari Gupta on his ten-year anniversary at the NCMB, and Mr. Curt Ellis on his ten-year anniversary at the NCMB.
4. Dr. Walker-McGill gave a report on her presentation at the Regional Osteopathic Medical Education (ROME) meeting in Myrtle Beach. Mr. Arnold gave a report on Citizens Advocacy Meeting he attended in Washington, D.C. Dr. Gumber gave a report on his presentation to the NC/SC Governance Body of the American Association of Physicians of Indian Origin in Charlotte. Dr. Walker gave a report on his presentation to the NC Academy of Family Physicians Mid-Year meeting in Greensboro.
5. Ms. Jean Fisher-Brinkley gave a report on the Board's 2012 actions.
6. Dr. Walker led a debriefing of the Federation of State Medical Boards Annual Meeting.
7. Mr. Thom Mansfield, NCMB Legislative Liaison, gave a Legislative update to the Board.
8. Mr. Todd Brosius presented a Reporting Guide to the Board which details when the Board will submit reports to the FSMB and/or the NPDB.
9. Mr. Brian Blankenship gave the Board an update on the Office of State Auditor's Performance Audit.
10. Dr. Warren Pendergast, Medical Director, NC Physicians Health Program (PHP), gave a presentation regarding PHP's request for additional funds from the Medical Board.
11. Mr. William Bronson, Program Manager for the Drug Control Unit with the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, gave a presentation regarding the NC Controlled Substance Reporting System.

## **EXECUTIVE COMMITTEE REPORT**

The Executive Committee of the North Carolina Medical Board was called to order at 1:30 p.m., Thursday May 16, 2013, at the offices of the Board. Members present were: William A. Walker, MD, Chair; Cheryl Walker-McGill, MD; Eleanor E. Greene, MD; and Ms. Thelma C. Lennon.

### 1) Financial Statements

#### a) Monthly Accounting February 2013

The Committee reviewed the February 2012 compiled financial statements. February is the fourth month of fiscal year 2013. (The March 2012 compiled financial statements will be reviewed in July.)

Committee Recommendation: Accept the financial statements as reported.

Board Action: The Board accepted the Committee recommendation.

#### b) Investment Account Statements

The Committee reviewed the April and March 2013 investment account statements from Fifth Third Bank.

Committee Recommendation: Accept the investment account statements as reported.

Board Action: The Board accepted the Committee recommendation.

#### c) Income/Expenses/Reserve Discussion

The Committee postponed discussion of this agenda item until the July meeting.

### 2) Old Business

#### a) Property Update

The Committee continued its discussion regarding selling the Board's property located at 1203 Front Street and moving to a larger office building.

Committee Recommendation: At the July meeting, staff to: (1) provide information regarding office buildings on the market that fit the Board's criteria, and (2) generally discuss space allocation plans.

Board Action: The Board accepted the Committee recommendation.

#### b) AIMAP Update

The Committee reviewed outstanding items from the Administrators in Medicine Assessment Program ("AIMAP") report.

Committee Recommendation: Accept as Information

Board Action: The Board accepted the Committee recommendation.

c) Task Tracker

The Committee reviewed outstanding items on the Task Tracker report.

Committee Recommendation: Add the following to the Task Tracker:

- Investigate feasibility of adding a QR Code and photo to each licensee's wallet card to permit law enforcement at the scene of an emergency to quickly confirm the person is licensed and in good standing
- The seven tasks listed on the "Medical Board Directives to Executive Director" document (below)

Board Action: The Board accepted the Committee recommendation.

3) New Business

a) Medical Board Directives to Executive Director

The Committee discussed the following tasks listed on the "Medical Board Directives to Executive Director" document:

1. Perform annual employee survey. The Board believes an annual survey will identify issues in a timely fashion and may provide another avenue for employee input into process improvement.
2. Revise NC Medical Board By-laws. The Board believes that our current by-laws are dated and need revision. Given his expertise and experience, the Board would like, with Mr. Henderson's concurrence, Mr. Jimison to suggest changes to the current by-laws. The Board will then create a By-laws work group for further refinement.
3. Employee Manual. The Board directs the ED to update the employee manual with the assistance of staff to include standard content common to any business with particular attention to a grievance process which will include confidential access to the Board President when all other channels are exhausted or if the employee feels there is no other recourse.
4. Board Member Governance Manual. The Board directs the ED to develop a comprehensive manual for Board members to:
  - A. Consolidate current content of the new Board member orientation, including a detailed description of Board organization.
  - B. Provide a description of Board member duties when serving on Board committees, including duties of the Chair.
  - C. Define Board member-staff interactions including appropriate use of chain of command and appropriate boundaries between staff and Board members.
  - D. Update the Code of Conduct statement.
  - E. Provide a chapter specific to legal matters including hearing protocol.
5. Obtain policy manuals, organizational charts, Board member manuals, and employee manuals from other Boards similar to NC.
6. Investigate committee restructuring. The Board believes an examination of our current committee structure may allow improved efficiency and would recommend considering expanding appropriate delegation of duties to the staff and possible consolidation of committees.
7. Key Performance Indicators. The Board directs the ED and staff to develop key performance indicators for each department to evaluate performance of the departments, allow tracking over time of performance, and to justify expenditures.

Committee Recommendation: Approve the above tasks and add those to the Executive Director's Task Tracker.

Board Action: The Board accepted the Committee recommendation.

b) Code of Conduct

The Committee reviewed proposed changes to the Code of Conduct.

Committee Recommendations:

- Adopt proposed changes
- Board members to re-sign the Code of Conduct each year in November

Board Action: The Board accepted the Committee recommendation.

c) Key Performance Indicators

The Committee discussed the process for identifying and implementing key performance indicators for each department (one of the tasks listed on the "Medical Board Directives to Executive Director" document).

Committee Recommendation: Continue to monitor this task via the Task Tracker.

Board Action: The Board accepted the Committee recommendation.

d) Professional Corporations

N.C. Gen. Stat. §55B-4 permits a licensed professional to form a corporation to render professional services. All shares of the stock of the corporation must be owned by a licensee. N.C. Gen. Stat. §55B-14(a) states that, "[a] professional corporation shall render only one specific type professional service . . . and shall not engage in any other business or profession . . ." N.C. Gen. Stat. §55B-14(c) provides exceptions to the general requirement that professional corporations render only one type of professional service and describes nine corporations that physicians may form with non-physicians to provide medical and related care.

The Committee discussed a request to interpret N.C. Gen. Stat. Section 55B-14(c)(9) to permit a podiatrist to become a shareholder in a multi-specialty medical practice professional corporation. Specifically, the question before the Committee was whether a podiatrist could become a shareholder in a professional corporation in which the existing shareholders included at least one orthopedic surgeon but also physicians practicing in areas other than orthopedics.

Committee Recommendation: Defer to the full Board.

Board Action: Interpret N.C. Gen. Stat. Section 55B-14(c)(6, 8 and 9) to permit certified nurse anesthetists, optometrists and podiatrists to become shareholders in multi-specialty medical practice professional corporations so long as the corporation has at least one shareholder physician who practices in anesthesiology, ophthalmology or orthopedics, respectively.

e) NCPHP Financial Needs Projection

The Committee discussed a proposal to increase the per capita fees paid by the Medical Board to NCPHP beginning in 2015.

Committee Recommendation: Defer to the full Board.

Board Action: Staff to carefully review the financial information underlying the proposed fee increase and report back to the Executive Committee in July

## **POLICY COMMITTEE REPORT**

Committee Members: Dr. Greene, Chairman; Judge Lewis; Dr. Hill and Dr. Udekwu  
Staff: Todd Brosius and Wanda Long

### 1. Old Business

#### a. Position Statement Review

##### i. Policy for the Use of Controlled Substances for the Treatment of Pain (APPENDIX A)

01/2013 Committee Discussion: The Committee discussed directives from Dr. Walker regarding this Position Statement. It was reported that Dr. Hill and Dr. Camnitz were researching this issue.

01/2013 Committee Recommendation: Table issue to obtain a directive from Dr. Walker.

01/2013 Board Action: Accept the Committee Recommendation.

03/2013 Committee Discussion: Dr. Hill and Judge Lewis provided brief updates regarding plans to review and overhaul the Policy for the Use of Controlled Substances for the Treatment of Pain Position Statement. It is anticipated that the Board will take this matter up again after the annual meeting of the FSMB in April 2013 where it is anticipated that this issue will be addressed.

03/2013 Committee Recommendation: Table issue until after the Federation of State Medical Board's annual meeting.

03/2013 Board Action: Accept the Committee Recommendation.

05/2013 Committee Discussion: The Committee briefly discussed that a planning meeting was scheduled to organize a task force meeting in August. The Committee anticipates the task force findings to be presented at the September 2013 Committee meeting.

05/2013 Committee Recommendation: Table issue until the September 2013 meeting.

05/2013 Board Action: Accept the Committee Recommendation.

### 1. Old Business

#### a. Position Statement Review

##### ii. The Treatment of Obesity (APPENDIX B)

03/2013 Committee Discussion: Dr. Kirby and Mr. Henderson explained the rationale for including a cautionary note regarding the use of hCG. A discussion ensued about whether the

Board should focus so specifically on one treatment modality. It was suggested that the Position Statement broadly address the use of non-beneficial modalities with a specific reference to hCG to follow,

03/2013 Committee Recommendation: Accept proposed changes to Position Statement.

03/2013 Board Action: Refer back to the Policy Committee for further consideration.

05/2013 Committee Discussion: Janis Ramquist, Executive Director of the NC Integrative Medical Society (NCIMS) appeared before the Committee to request that hCG not be included in the revision of the position statement. According to Ms. Ramquist, the NCIMS believes that the Medical Board has not found by competent evidence that the use of hCG has a greater risk than the prevailing treatment or that the treatment is generally not effective. Additionally the NCIMS believes that the exclusion of hCG is contrary to state law and would discourage physician supervision of weight loss. The Committee discussed the differences between homeopathic and prescription medications. Dr. Udekwu indicated that he did not accept the studies provided by the NCIMS. Dr. Greene agreed stating they were not clinical studies. Dr. Kirby commented that it may be more prudent to simply rescind the position statement altogether.

05/2013 Committee Recommendation: Defer to the full Board.

05/2013 Board Action: Accept the proposed changes to the current position statement as presented by the Committee with the addition of a footnote referencing the FDA website.

1. Old Business:

a. Position Statement Review

iii. Contact with Patients before Prescribing (APPENDIX C)

03/2013 Committee Discussion: The Committee reviewed and discussed the insertion of language that included as an exception the prescribing of an opioid antagonist. The discussion proceeded and focused on the last paragraph of the Position Statement as perhaps being inconsistent with the Board's telemedicine Position Statement.

03/2013 Committee Recommendation: Table discussion until May in order to ensure that this Position Statement and that on telemedicine are in harmony.

03/2013 Board Action: Accept the Committee Recommendation. Dr. Walker will create an Ad Hoc Committee chaired by Dr. Huff to study telemedicine.

05/2013 Committee Discussion: Mr. Brosius provided the Committee with the Board's Telemedicine Position Statement to confirm that the two position statements were not contradictory and in fact the Telemedicine Position Statement cross-references this position statement.

05/2013 Committee Recommendation: Approve edited Position Statement.

05/2013 Board Action: Accept the proposed changes to the current position statement as presented by the Committee with the addition that there be a consistent reference to opiate vs. opioid in the new language.

2. New Business:
  - a. Position Statement Review (APPENDIX D)

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.

2. New Business:
  - a. Position Statement Review
    - i. Medical Record Documentation (APPENDIX E)

05/2013 Committee Discussion: The Committee reviewed the position statement which was last reviewed in May 2009. The Committee agreed that no changes were necessary.

05/2013 Committee Recommendation: Approved. No changes necessary.

05/2013 Board Action: Approve the Committee Recommendation.

2. New Business:
  - a. Position Statement Review
    - ii. Retention of Medical Records (APPENDIX F)

05/2013 Committee Discussion: The Committee discussed the need to provide guidance for electronic health records regarding security and length of retention. The Committee also wished to investigate whether the Affordable Healthcare Act has any legal requirements pertaining to maintenance of medical records.

05/2013 Committee Recommendation: Table until July 2013 meeting. Mr. Brosius to research issues and provide proposed changes at the July meeting.

05/2013 Board Action: Approve the Committee Recommendation.

### **CONTINUED COMPETENCE COMMITTEE REPORT**

The Continued Competence Committee of the North Carolina Medical Board was called to order at 11:00am May 15, 2013, at the office of the Medical Board. Members present were: Thomas R. Hill, MD, Chair; Mr. Michael Arnold and Subhash Gumber, MD. Also present were: Michael Sheppa, MD and Maureen Bedell (staff).

1. Old Business
  - None
2. New Business
  - a. Dr Hill reviewed various meeting held during the Federation of State Medical Boards Annual meeting and discussions followed.



- *“The Art of Harm-Reduction: Lessons from the World of Regulatory Practice”*  
Keynote Speaker: Malcolm K. Sparrow, PhD
  - License Portability: New Strategies for Facilitating Multi-State Practice
- b. Dr. Sheppa gave an update to the committee regarding the Medical Board Staff Roundtable he moderates; the FSMB Workgroup’s report on use of opiates for chronic pain, and Special Committee’s report on Reentry of the Ill Physician.

## **LICENSE COMMITTEE REPORT**

The License Committee of the North Carolina Medical Board was called to order at 10:30 a.m., May 15, 2013, at the office of the Medical Board. Members present were: Janice Huff, MD, Acting Chair, Thelma Lennon, Pascal Udekwu, MD and William Walker, MD. Absent: Paul Camnitz, MD. Also present were: Scott Kirby, MD, Katharine Kovacs, PA, Patrick Balestrieri, Carren Mackiewicz, Nancy Hemphill, Joy Cooke, Michelle Allen, Mary Rogers, Kim Chapin, Lisa Hackney, Dena Konkell, Syed Shah, MD

Open Session

Old Business

### 1. Proposed Change to Pre-Approved PLOC (Private Letters of Concern) Protocol

Issue: A discussion regarding PLOCs was held during the January and March 2013, Board meetings resulting in the following actions:

1/2013 Board Action: Send a “postgraduate training letter” pre-approved PLOC only to those applicants who have not completed at least 2 years of postgraduate training. This would anticipate the Board’s already approved recommendation to change the PGT licensure prerequisite to require completion of a least 2 years postgraduate training. OMD and Board Member to have the discretion whether to send a “PGT” letter to physicians who have completed less than 2 years of training. Committee to review preapproved PLOC list at the March meeting. Send sample letters of the PLOC’s to the committee members.

3/2013 Board Action: Amend January 2013 board action by removing the statement “OMD and Board Member to have the discretion whether to send a PGT letter to physicians who have completed less than 2 years of training. Refer PLOC issue back to the legal department to draft language that will give more transparency of the Board’s definition of reporting PLOC’s.

5/2013 Issue: Discuss including the following language developed by the Legal Department with regard to reporting these PLOCs on future applications:

“The Board does not consider this to have been an investigation. However, under certain circumstances, you may be required to report this action to other credentialing, regulatory or licensing boards. If so, a copy of this letter may be used for that purpose.”

Committee Recommendation: Approve proposed language for PLOC’s. Table discussion for July whether the following PLOC’s should remain PLOC’s; Administrative Medicine, Scope of Practice, Telemedicine and PA/MD.

5/2013 Board Action: Approve proposed language for PLOC's. Table discussion for July whether the following PLOC's should remain PLOC's; Administrative Medicine, Scope of Practice, Telemedicine and PA/MD. See Tab 60 b

## New Business

### 1. Incomplete PGT PLOC

Issue: Concerns have been communicated to the Board's Legal Department regarding issuance of PLOCs to licensees that completed less than 2 years of postgraduate training.

Committee Recommendation: Recommend the less than 2 year PGT PLOC be eliminated.

Board Action: Eliminate the "less than 2 years pgt" PLOC.

### 2. Special Limited Permit vs MSFL License – See Tab 60c

Issue: In August 2010, the Board implemented an application for a Special Purpose License/Permit that allows physicians to come into the state, for a limited time, scope and purpose. We have recently received several applications for the Medical School Faculty Limited (MSFL) license from applicants who were not eligible for the MSFL because they did not have the level of expertise the Board required. The majority were seeking licensure to enter a fellowship at a teaching hospital.

Committee Recommendation: Amend rule, 21 NCAC 32B .1602 allowing physicians who do not qualify for full unrestricted license or a resident training license an avenue for licensure. Dr. Kirby to present a written proposal on the qualifications at the July committee meeting.

Board Action: Amend rule, 21 NCAC 32B .1602 allowing physicians who do not qualify for full unrestricted license or a resident training license an avenue for licensure. Dr. Kirby to present a written proposal on the qualifications at the July 2013 committee meeting.

### 3. Proposed Changes to Privileges Section on Renewals

Issue: There appears to be confusion from licensees who felt they had to answer regarding a suspension or revocation, when their "action taken" may have been something additional. It has been recommended that the wording in the Privileges section of the annual renewal be changed from "Was Action a Final suspension or Revocation?" to "Was this a Final Action?"

Committee Recommendation: Change current wording to "Was this a final action?"

Board Action: Change current wording to "Was this a final action?"

### 4. Proposed Changes to Misdemeanor and Felony Sections – See Tab 60d

Issue: In an effort to prevent the reporting of truly expunged criminal records and cut down on the need to sanitize as many applications it has been recommended that expungements be better define on the Misdemeanor and Felony sections of the license application.

Committee Recommendation: Approve proposed changes. Remove the word "however" under the expungements paragraph.

Board Action: Approve proposed changes. Remove the word "however" under the expungements paragraph.

## 5. Physician Reference Forms – See Tab 60f

Issue: The Committee has been requested to discuss doing away with the requirement for “physician reference forms” as part of the application process. This would require a rule change for the following applications: full license, reinstatement and medical school faculty limited license.

Committee Recommendation: OMD, Legal and License staff to gather data regarding how many physician references lead to further inquiry. Report results at the July meeting. License staff is requested to find out how many State Licensing Board's still have the reference form requirement.

Board Action: OMD, Legal and License staff to keep gather data regarding how many physician references lead to further inquiry. Report results at the July meeting. License staff is requested to find out how many State Licensing Board's still have the reference form requirement.

## 6. Amend Full License, Reinstatement and Expedited Rules to include Maintenance of Certification (MOC)

Issue: Because ABMS and AOA specialty Boards are now issuing “maintenance of certification” and “osteopathic continuous certification”, does the Board feel it should be offered as an option to satisfy the 10 year rule for the full license and reinstatement application process.

Committee Recommendation: Amend .1303(b) (2), .1350(c) (2) and .2001(b)(7) by adding the following language: met requirements for ABMS MOC (maintenance of certification) or AOA OCC (osteopathic continuous certification);

Board Action: Amend 21 NCAC 32B .1303(b) (2), .1350(c) (2) and .2001 (b)(7) by adding the following language: met requirements for ABMS MOC (maintenance of certification) or AOA OCC (osteopathic continuous certification);

## 7. Amend the Medical Education Certification rule for the Full License, Medical School Faculty License and Resident Training License.

Issue: There has been discussion about deleting the language requiring the medical school dean or registrar to sign the applicant's verification of medical education form and affix the school seal. This is a result of staff exploring ways to move more of the application process away from pen and paper into the electronic world.

Committee Recommendation: Delete the language requiring the signature of the dean or registrar and the school seal from 32B .1303(a)(5) and .1502 (b)(5). For consistency, it is recommended that this change be implemented for physician assistant applicants. A rule change would not be required.

Board Action: Delete the language requiring the signature of the dean or registrar and the school seal from 32B .1303(a)(5) and .1502 (b)(5). For consistency, it is recommended that this change be implemented for physician assistant applicants. A rule change would not be required.

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 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.

Four 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: Cheryl Walker-McGill, MD, Chairperson and H. Diane Meelheim, FNP. Also present were Marcus Jimison, Lori King, CPCS, Quanta Williams, Jane Paige, Nancy Hemphill, Katharine Kovacs, David Henderson, Thom Mansfield, Carren Mackiewicz, Ryan Vann, and Cathie Feild.

Committee Members Absent: Paul Camnitz, MD

#### **OPEN SESSION**

#### **PHYSICIAN ASSISTANTS**

1. PAs practicing clinically before obtaining a PA license in NC. Marcus Jimison discussed.

Issue: PA graduates beginning clinical practice prior to becoming licensed as a PA by the NC Medical Board.

Committee Recommendation: The AHC Committee and guests discussed this issue and all were in agreement that additional outreach is needed. The NCMB staff will add another article to the Forum and the NCAPA will add an article to the Pulse. The NCMB staff will look into adding information that PAs cannot practice without a license to the online PA applications. Information to be relayed when NCMB and NCAPA visit PA Program graduating classes.

Board Action: The AHC Committee and guests discussed this issue and all were in agreement that additional outreach is needed. The NCMB staff will add another article to the Forum and the NCAPA will add an article to the Pulse. The NCMB staff will look into adding information that PAs cannot practice without a license to the online PA applications. Information to be relayed when NCMB and NCAPA visit PA Program graduating classes.

2. Physicians practicing as PAs. David Henderson discussed.

Issue: Dr. Eric Skinner's e-mail dated 03/22/13 requesting that the PA Program certification requirement be waived for physicians that want to practice as PAs.

Committee Recommendation: The AHC Committee and guests discussed this topic and all were in agreement to decline changing the NCMB PA Rules/Statute/process and all were in agreement with the AAPA's position. The AAPA does not support waiving the program certification requirement. AAPA states: "Even those with a medical degree, who wish to practice as a PA must graduate from a PA program accredited by ARC-PA or one of its predecessors. Even if that individual has earned a medical degree from another country, he/she must still graduate from an accredited PA program to take the PANCE." The NCMB PA Rule 21 NCAC 32S.0218 states that an unlicensed physician may not use the title of "physician assistant" or practice as a physician assistant unless he/she fulfills the requirements of this Subchapter. D. Henderson to send letter to Dr. Skinner.

Board Action: The AHC Committee and guests discussed this topic and all were in agreement to decline changing the NCMB PA Rules/Statute/process and all were in agreement with the AAPA's position. The AAPA does not support waiving the program certification requirement. AAPA states: "Even those with a medical degree, who wish to practice as a PA must graduate from a PA program accredited by ARC-PA or one of its predecessors. Even if that individual has earned a medical degree from another country, he/she must still graduate from an accredited PA program to take the PANCE." The NCMB PA Rule 21 NCAC 32S.0218 states that an unlicensed physician may not use the title of "physician assistant" or practice as a physician assistant unless he/she fulfills the requirements of this Subchapter. D. Henderson to send letter to Dr. Skinner.

PA Add On:

3. Letters of Recommendation for Applicants. Nancy Hemphill discussed.

Issue: Dr. Walker suggested looking into doing away with letters of recommendation for applicants. Licensing Committee will discuss the physician reference letters at the May 2013 Board Meeting and provide feedback to the Allied Health Committee. Rules will need to be amended if this requirement is removed.

Committee Recommendation: The AHC Committee and guests discussed this topic and the majority was in favor of keeping the letters of recommendation in the process. The Licensing Committee also discussed this topic at their meeting earlier today. The NCMB OMD, Legal and Licensing staff will gather data and report back to the Committee at the July 2013 Board Meeting. No Rule changes at this time.

Board Action: The AHC Committee and guests discussed this topic and the majority was in favor of keeping the letters of recommendation in the process. The Licensing Committee also discussed this topic at their meeting earlier today. The NCMB OMD, Legal and Licensing staff

will gather data and report back to the Committee at the July 2013 Board Meeting. No Rule changes at this time.

#### NC EMERGENCY MEDICAL SERVICES

1. Per Dr. Kanof's e-mail (04/29/13), due to budget cuts the Disciplinary Committee will meet less often.

Issue: For information only.

Committee Recommendation: For information only.

Board Action: For information only.

#### ANESTHESIOLOGIST ASSISTANTS

1. No items for discussion

#### NURSE PRACTITIONERS

1. No items for discussion

#### CLINICAL PHARMACIST PRACTITIONERS

1. Pharmacist Vaccinations (See Tab 80A)

Issue: At the March meeting, the Committee discussed possible changes to the pharmacist's vaccine rule (21 NCAC 32U). After an in depth discussion regarding the proposed changes, Mr. Jimison was tasked with reporting back on the issue about possible additional changes that the committee wanted to see made to the rule.

Committee Recommendation: Adopt revised rule as presented.

Board Action: Adopt revised rule as presented.

#### PERFUSIONISTS

1. Open session portion of the minutes of the March PAC meeting

Issue: The open session minutes of the March PAC meeting have been sent to the Committee members for review.

Committee Recommendation: Accept the report of the March PAC minutes.

Board Action: Accept the report of the March PAC minutes.

#### POLYSOMNOGRAPHIC TECHNOLOGISTS

1. 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.

Four 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**

The Nurse Practitioner Joint Subcommittee (NPJS) was called to order at 6:00 pm on May 15, 2013 at the office of the NC Board of Nursing. Members present were: Bobby Lowery, NP, Chair (NCMB); Cheryl Walker-McGill, MD (NCMB); Cheryl Duke, RN (NCBON); Diane Meelheim, NP (NCMB); and Peggy Walters, RN (NCBON). Paul Camnitz, MD (NCMB) was absent. Staff present was: Donna Mooney (NCBON); Eileen Kugler (NCBON); Marcus Jimison (NCMB); Katharine Kovacs (NCMB); Julie George (NCBON); David Kalbacker (NCBON); Paulette Hampton (NCBON); and Quanta Williams (NCMB).

1. Approval of minutes of January 10, 2013
  - a. Motion: Approve the minutes of the January 2013 meeting as presented.
2. Additions to agenda
  - a. Other Business – Proposal to develop a model to increase the efficiency of the Joint Subcommittee.
3. Old Business
  - a. There was no old business to discuss.
4. New Business
  - a. Report of any disciplinary actions, including Consent Agreements, taken by either Board since January 10, 2013

The Board of Nursing reported disciplinary actions against 18 NPs.  
The Medical Board did not report any disciplinary actions involving NPs.
  - b. Proposed Rule Changes (See Tabs 82A and B): Amendment of 21NCAC 36 .0808 (d) and 21NCAC 36 .0804 (b) to allow issuance of an approval to practice to a NP in the refresher course. The approval to practice will be limited to clinical activities required by the refresher course.

Motion: Adopt the rules as amended with the following change: 21NCAC 36. 0804 (b) wording will be changed from “may be granted” to “shall be granted”.

5. Other Business

- a. Proposal to develop a model to increase the efficiency of the Joint Subcommittee.

NPJS Action: Bobby Lowery, Julie George, and David Henderson will work together to develop a proposal for a streamlined process and will report back at the September meeting.

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.

Five approval 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

### **REVIEW (MALPRACTICE) COMMITTEE REPORT**

The Review Committee (Complaints/Malpractice) of the North Carolina Medical Board was called to order at 1:05 p.m. on May 15, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chair), Eleanor Greene, MD, John Lewis and Diane Meelheim, NP. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, and Brian Blankenship.

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 Review (Malpractice) Committee reported on thirty-four malpractice 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.

### **REVIEW (COMPLAINT) COMMITTEE REPORT**

The Review Committee (Complaints/Malpractice) of the North Carolina Medical Board was called to order at 1:05 p.m. on May 15, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chair), Eleanor Greene, MD, John Lewis and Diane Meelheim, NP. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, and Brian Blankenship.

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 Review (Complaint) Committee reported on thirty 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 (COMPLAINTS) COMMITTEE REPORT**

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:05 a.m. on May 15, 2013 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chair), Subhash Gumber, MD, Pascal Udekwo, MD, Cheryl Walker-McGill, MD and Michael Arnold. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Thom Mansfield, Patrick Balestrieri and Marcus Jimison.

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 five 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 8:05 a.m. on May 15, 2013 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chair), Subhash Gumber, MD, Pascal Udekwo, MD, Cheryl Walker-McGill, MD and Michael Arnold. Absent: n/a Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Thom Mansfield, Patrick Balestrieri and Marcus Jimison.

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 four 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.

Seventeen 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 Investigative Disciplinary Committee of the North Carolina Medical Board was called to order at 9:30 am, May 15, 2013, at the office of the Medical Board. Members present were: Thomas Hill, MD (Chair), Cheryl Walker-McGill, MD, Pascal Udekwu, MD, Subhash Gumber, MD, Mike Arnold

Also present: Curt Ellis, Dave Allen, Lee Allen, Therese Babcock, Loy Ingold, Don Pittman, Rick Sims, Jerry Weaver, Jenny Olmstead, Barbara Rodrigues, Sharon Denslow, Thom Mansfield, Todd Brosius, Patrick Balestrieri, Brian Blankenship, Marcus Jimison.

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 thirty-one 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.

## **REVIEW (INVESTIGATIVE) COMMITTEE REPORT**

The Investigative Review Committee of the North Carolina Medical Board was called to order at 12:45 Wednesday May 15, at the office of the Medical Board. Members present were: Dr. Janice Huff (Chair), Dr. Eleanor Green, Mr. John Lewis Ms Diane Meelheim. Also present were: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow, Therese Dembroski, David Allen, Lee Allen, David Hedgecock, Don Pittman, Robert Ayala, Loy Ingold, Bruce Jarvis, Rick Sims, Jerry Weaver Curtis Ellis, Todd Brosius, Thom Mansfield, Patrick Balestrieri, Marcus Jimison .

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 Review (Investigative) Committee reported on twenty-two 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.

**NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT**

Present: David Collins MD, Chair, Janice Huff MD, Scott Elston MD, Mike Arnold, Gail Curtis PA-C, Warren Pendergast MD, NCPHP Staff; Kim Lamando, NCPHP Staff, Deborah Hill, NCPHP Staff, Joe Jordan PhD, NCPHP Staff, Keenan Glasgow, NCPHP Staff, Michael Moore, NCPHP Staff, Mary Agnes Rawlings, NCPHP Staff, Carsten Thuesen, NCPHP Staff, Logan Graddy MD, NCPHP Staff.

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 Board reviewed fifty-one cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

**FINES**

The NCMB issues non-disciplinary administrative fines in certain cases.

Name	Reason Code	Amount Paid
Arnold, Richard Evan	Error/omission on license application or annual renewal	\$1000.00

**ADJOURNMENT**

This meeting was adjourned at 1:35 p.m., May 17, 2013.

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Cheryl L. Walker-McGill, MD  
Secretary/Treasurer

## CURRENT POSITION STATEMENT:

## Policy for the use of controlled substances for the treatment of pain

- Appropriate treatment of chronic pain may include both pharmacologic and non-pharmacologic modalities. The Board realizes that controlled substances, including opioid analgesics, may be an essential part of the treatment regimen.
- All prescribing of controlled substances must comply with applicable state and federal law.
- Guidelines for treatment include: (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.
- Deviation from these guidelines will be considered on an individual basis for appropriateness.

## Section I: Preamble

The North Carolina Medical Board recognizes that principles of quality medical practice dictate that the people of the State of North Carolina have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the practice of medicine. The Board encourages physicians to view pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about assessing patients' pain and effective methods of pain treatment, as well as statutory requirements for prescribing controlled substances. Accordingly, this policy have been developed to clarify the Board's position on pain control, particularly as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

Inappropriate pain treatment may result from physicians' lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating physician's responsibility. As such, the Board will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Board recognizes that controlled substances including opioid analgesics may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Board will refer to current clinical practice guidelines and expert review in approaching cases involving management of pain. The medical management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and non-pharmacologic modalities according to the judgment of the physician. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The North Carolina Medical Board is obligated under the laws of the State of North Carolina to protect the public health and safety. The Board recognizes that the use of opioid analgesics for other than legitimate medical purposes pose a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Board expects that physicians incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Physicians should not fear disciplinary action from the Board for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the course of professional practice. The Board will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a physician-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Board will judge the validity of the physician's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors.

Allegations of inappropriate pain management will be evaluated on an individual basis. The Board will not take disciplinary action against a physician for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. The physician's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

## Section II: Guidelines

The Board has adopted the following criteria when evaluating the physician's treatment of pain, including the use of controlled substances:

**Evaluation of the Patient** —A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

**Treatment Plan** —The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

**Informed Consent and Agreement for Treatment** —The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy

whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and

- patient outlining patient responsibilities, including
- urine/serum medication levels screening when requested;
- number and frequency of all prescription refills; and
- reasons for which drug therapy may be discontinued (e.g., violation of agreement); and
- the North Carolina Controlled Substance Reporting Service can be accessed and its results used to make treatment decisions.

**Periodic Review** —The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Reviewing the North Carolina Controlled Substance Reporting Service should be considered if inappropriate medication usage is suspected and intermittently on all patients.

**Consultation** —The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

**Medical Records** —The physician should keep accurate and complete records to include

- the medical history and physical examination,
- diagnostic, therapeutic and laboratory results,
- evaluations and consultations,
- treatment objectives,
- discussion of risks and benefits,
- informed consent,
- treatments,
- medications (including date, type, dosage and quantity prescribed),
- instructions and agreements and
- periodic reviews including potential review of the North Carolina Controlled Substance Reporting Service.

Records should remain current and be maintained in an accessible manner and readily available for review.

**Compliance With Controlled Substances Laws and Regulations** —To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and any relevant documents issued by the state of North Carolina for specific rules governing controlled substances as well as applicable state regulations.

### Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

**Acute Pain** —Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

**Addiction** —Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

**Chronic Pain** —Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

**Pain** —An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

**Physical Dependence** —Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

**Pseudoaddiction** —The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.

**Substance Abuse** —Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

**Tolerance** —Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

(Adopted September 1996 as “Management of Chronic Non-Malignant Pain.”)(Redone July 2005 based on the Federation of State Medical Board's “Model Policy for the Use of Controlled Substances for the Treatment of Pain,” as amended by the FSMB in 2004.) (Amended September 2008)

CURRENT POSITION STATEMENT:

The treatment of obesity

It is the position of the North Carolina Medical Board that the cornerstones of the treatment of obesity are diet (caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987) (Amended March 1996, January 2005 [retitled]) (Reviewed November 2010)

PROPOSED CHANGES:

The treatment of obesity

It is the position of the North Carolina Medical Board that the cornerstones of the treatment of obesity are diet (caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Treatment modalities and prescription medications that have not been proven to have beneficial effects should not be used. For example, it is the Board's position that the use of hCG for the treatment of obesity is not appropriate.

Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987) (Amended March 1996, January 2005 [retitled]) (Reviewed November 2010)



## CURRENT POSITION STATEMENT:

## 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 personally examined 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 personally 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, prescribing for a patient of another licensee for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. 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:

- a) 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."
- b) 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.
- c) Prescriptions and accompanying written material should be given to the licensee's patient for distribution to named partners.
- d) 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.

(Adopted November 1999) (Amended February 2001, November 2009) (Reviewed July 2010)

## PROPOSED CHANGES:

### 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 personally examined 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 personally 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, prescribing for a patient of another licensee for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment, or prescribing an opioid 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.

(Adopted November 1999) (Amended February 2001, November 2009) (Reviewed July 2010)

## TELEMEDICINE POSITION STATEMENT:

### 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.

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.

**Examinations** -- Licensees using telemedicine technologies to provide care to patients located in North Carolina must provide an appropriate examination prior to diagnosing and/or treating the patient. However, this examination need not be in-person if the technology is sufficient to provide the same information to the licensee as if the exam had been performed face-to-face.

Other examinations 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 examination may be a violation of law and/or subject the licensee to discipline by the Board.<sup>1</sup>

**Licensee-Patient Relationship** – The licensee using telemedicine should have some means of verifying that the person seeking treatment is in fact who he or she claims to be. A diagnosis should be established through the use of accepted medical practices, i.e., a patient history, mental status examination, 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.

**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.

**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.<sup>2</sup> 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](http://www.fsmb.org/directory_smb.html).

(Adopted July 2010)

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<sup>1</sup> See also the Board's Position Statement entitled "Contact with Patients before Prescribing."

<sup>2</sup> 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)f

## APPENDIX D

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96	Jan-13	Sep-08	Jul-05			
The Treatment of Obesity	Oct-87	Mar-13	Nov-10	Jan-05	Mar-96		
Contact With Patients Before Prescribing	Nov-99	Mar-13	Jul-10	Feb-01			
Medical Record Documentation	May-94	May-13	May-09	May-96			
Retention of Medical Records	May-98	May-13	May-09				
Capital Punishment	Jan-07		Jul-09				
Departures from or Closings of Medical	Jan-00		Jul-09	Aug-03			
Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98		Mar-10	Nov-98			
Unethical Agreements in Complaint Settlements	Nov-93		Mar-10	May-96			
What Are the Position Statements of the Board and To Whom Do They Apply?	Nov-99		May-10	Nov-99			
Telemedicine	May-10		May-10				
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91		Jul-10	Oct-02	Feb-01	Jan-01	May-96
Access to Physician Records	Nov-93		Sep-10	Aug-03	Mar-02	Sep-97	May-96
Medical Supervisor-Trainee Relationship	Apr-04		Nov-10	Apr-04			
Advertising and Publicity	Nov-99		Nov-10	Sep-05	Mar-01		
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99		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	May-91		Mar-12	Sep-05	Mar-02	May-00	May 96

Exist							
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				

## CURRENT POSITION STATEMENT:

## Medical record documentation

The North Carolina Medical Board takes the position that an accurate, current and complete medical record is an essential component of patient care. Licensees should maintain a medical record for each patient to whom they provide care. The medical record should contain an appropriate history and physical examination, results of ancillary studies, diagnoses, and any plan for treatment. The medical record should be legible. When the care giver does not handwrite legibly, notes should be dictated, transcribed, reviewed, and signed within a reasonable time. The Board recognizes and encourages the trend towards the use of electronic medical records (“EMR”). However, the Board cautions against relying upon software that pre-populates particular fields in the EMR without updating those fields in order to create a medical record that accurately reflects the elements delineated in this Position Statement.

The medical record is a chronological document that:

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

The following required elements should be present in all medical records:

1. The record reflects the purpose of each patient encounter and appropriate information about the patient's history and examination, and the care and treatment provided are described.
2. The patient's past medical history is easily identified and includes serious accidents, operations, significant illnesses and other appropriate information.
3. Medication and other significant allergies, or a statement of their absence, are prominently noted in the record.
4. When appropriate, informed consent obtained from the patient is clearly documented.
5. All entries are dated.

The following additional elements reflect commonly accepted standards for medical record documentation.

1. Each page in the medical record contains the patient's name or ID number.
2. Personal biographical information such as home address, employer, marital status, and all telephone numbers, including home, work, and mobile phone numbers.
3. All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, initials, or a unique electronic identifier.
4. All drug therapies are listed, including dosage instructions and, when appropriate, indication of refill limits. Prescriptions refilled by phone should be recorded.
5. Encounter notes should include appropriate arrangements and specified times for follow-up care.
6. All consultation, laboratory and imaging reports should be entered into the patient's record, reviewed, and the review documented by the practitioner who ordered them.

Abnormal reports should be noted in the record, along with corresponding follow-up plans and actions taken.

7. An appropriate immunization record is evident and kept up to date.
8. Appropriate preventive screening and services are offered in accordance with the accepted practice guidelines.

(Adopted May 1994) (Amended May 1996, May 2009)



## CURRENT POSITION STATEMENT:

## Retention of medical records

Physicians have both a legal and ethical obligation to retain patient records. The Board, therefore, recognizes the necessity and importance of a licensee's proper maintenance, retention, and disposition of medical records. The following guidelines are offered to assist licensees in meeting their ethical and legal obligations:

- State and federal laws require that records be kept for a minimum length of time including but not limited to:
  1. Medicare and Medicaid Investigations (up to 7 years);
  2. HIPAA (up to 6 years);
  3. Medical Malpractice (varies depending on the case but should be measured from the date of the last professional contact with the patient)—physicians should check with their medical malpractice insurer); North Carolina has no statute relating specifically to the retention of medical records;
  4. Immunization records always must be kept.
- In addition to existing state and federal laws, medical considerations may also provide the basis for deciding how long to retain medical records. Patients should be notified regarding how long the physician will retain medical records.
- In deciding whether to keep certain parts of the record, an appropriate criterion is whether a physician would want the information if he or she were seeing the patient for the first time. The Board, therefore, recognizes that the retention policies of physicians giving one-time, brief episodic care may differ from those of physicians providing continuing care for patients.
- In order to preserve confidentiality when discarding old records, all records should be destroyed, including both paper and electronic medical records.
- Those licensees providing episodic care should attempt to provide a copy of the patient's record to the patient, the patient's primary care provider, or, if applicable, the referring physician.
- If it is feasible, patients should be given an opportunity to claim the records or have them sent to another physician before old records are discarded.
- The physician should respond in a timely manner to requests from patients for copies of their medical records or to access to their medical records.
- Physicians should notify patients of the amount, and under what circumstances, the physician will charge for copies of a patient's medical record, keeping in mind that N.C. Gen. Stat. 90-411 provides limits on the fee a physician can charge for copying of medical records.

*1 Physicians should retain medical records as long as needed not only to serve and protect patients, but also to protect themselves against adverse actions. The times stated may fall below the community standard for retention in their communities and practice settings and for the specific needs. Physicians are encouraged (may want to) seek advice from private counsel and/or their malpractice insurance carrier.*

(Adopted May 1998) (Amended May 2009)

PHYSICIANS PRESENTED AT THE  
MAY 2013 BOARD MEETING

Abernethy, Mary Katherine	MD
AchiriMofor, Ngwe Akwenette	MD
Agersborg, Sally Suzanne	MD
Ahmed, Amir Rasheed	MD
Ahmed, Fariha Nasim	MD
Akhtar, Faraz	MD
Ali, Shahzad K	MD
Allingham, Michael John	MD
Amirneni, Jyothsna R.	MD
Anderson, Peter Meade	MD
Aneja, Sonia Surinder	MD
Arceo-Frederick, Liza	MD
Arnold, John Michael	MD
Arnold, Lauren Elizabeth	MD
Arnold, Richard Evan	MD
Asaad, Iyad Hanna	MD
Atlas, Jennifer Lynn	MD
Aubuchon, Ryan Neil	MD
Austin, Natalie Bruce	MD
Avery, Aleksandra	MD
Ayubi, Azra	MD
Bailey, Jodi	MD
Baker, Dana Danielle	MD
Baker, Sarah Nicole	MD
Baratz, Michael Douglas	MD
Barrio, George Antony	MD
Baston, Robert Kirk	MD
Battaglino, Ria Antoinette	MD
Battels, Ralph Clare	MD
Beaty, Laura Michele	MD
Belanger, Adam Richard	MD
Bender, Abby Danielle	MD
Benson, Paul Wesley	MD
Bentley, James David	MD
Berezowski Herrera, Katherine	MD
Berger, Miles	MD
Besur, Siddesh V.	MD
Beute, Trisha Clarke	MD
Bhakta, Mehul Kantilal	MD
Boinapally, Vaidehi	MD
Bolac, Corey Scofield	MD
Borders, Elizabeth Kathleen	MD
Bowman, William Kelly	MD

Bradford, Natalie Steele	MD
Brewster, Joshua Burket	MD
Bridge, Lauren Elizabeth	MD
Brien, James Cooper	MD
Brinkley, Michael Franklin	MD
Brown, Ninita Helen	MD
Bullerdick, Kerry Camden	MD
Bunt, Theodore James	MD
Burnett, Otis Benjamin	MD
Caiafa, Guy Joseph	MD
Camiolo, Mark Augustine	DO
Carter, John Eric	MD
Carty, Brian Matthew	MD
Casciello, Michael Carlyle	MD
Caselnova, Michael Lee	MD
Chandler, Charles Edward	MD
Chao, Steven Kai	MD
Chaparro Rojas, Fredy	MD
Chi, Cynthia Yvonne	MD
Chiemprabha, Arlene Rose	MD
Chiou, Victoria Lauren	MD
Chishom, Patrice Gibson	MD
Choe, Christina Hyun	MD
Chung, Matthew Jinyong	MD
Clark, Bendik Larson	MD
Clark, Kimberly Ann	MD
Colon-Acevedo, Betsy Gisselle	MD
Cooley, Roger Scott	MD
Coore, Hunter Allen	MD
Cordero, Vincent A	MD
Cosma, Ioan Mihai	MD
Cosmello, Samuel Michael	DO
Cotton, Jacquelyn Elizabeth	MD
Coulter, Benjamin Lee	MD
Creta, Michael	DO
Crickard, Colin Victor	MD
Cristiano, Joseph Anthony	MD
Cristiano, Leslie McManus	MD
Crocker, Andrew David	DO
Crosby, Kevin Andrew	MD
Crum, Katherine Grimes	MD
Dalio, Justino Noel	DO
Daughtry, Justin Thomas	DO
De Blasio, David Christopher	DO
De Young, Barry Robert	MD
Deewan, Deewan	MD
Denney, Jeffrey Morgan	MD
Denton, Patrick Kerry	MD

Dhillon, Manjit Singh	MD
Dhingra, Harjot Singh	DO
Dodds, Catherine Elisabeth	MD
Dodds, Douglas Alan	MD
Dorton, Peter John	MD
Drew, Jacob Michael	MD
Duncan, Thomas Lee	MD
Economedes, Demetri Manuel	DO
Edwards, Christopher James	MD
Edwards-Loidl, Susan Michelle	MD
Egwaikhide, Ohigbai Ailende	MD
El-Haddad, Hazim Moussa	MD
Elliott, Taiwona Lameeka	DO
Emran, Muhammad	MD
Esker, Janice Marie	MD
Esrig, Barry Charles	MD
Eucker, Stephanie Ann	MD
Evans, Colin Mark	MD
Everly, Rebecca Blanchard	DO
Eversgerd, Jayson Lee	DO
Farhi, Diane Claudette	MD
Feldman, Lance	MD
Finkelston, Mia Bartuska	MD
Forsey, James Zachary	MD
French, Joshua Blake	MD
Fritzsche, Christopher Fraser	MD
Garofalo, Michael Curtis	MD
Gebler, Laurence William	MD
Gibertini, Donald James	DO
Gilbert, Katherine Cleveland	MD
Gill, Navdeep Singh	MD
Glenney, Robert Jess	MD
Goldsborough, Thomas	DO
Grimes, Jessica Lynn	MD
Guberman, Bruce Allen	MD
Guercio, Jason Ross	MD
Hadzikadic Gusic, Lejla	MD
Haight, Allen Dudgeon	MD
Hanger, Christopher Clay	MD
Hansen, Mark Spencer	MD
Haque, Tanvir	MD
Haskins, Kylene Nicole	DO
Hasty, Robert Thomas	DO
Hatoum, Hilana Hassan	MD
Hausman, Jennifer Diane	MD
Heacock, Michael Neil	MD
Henderson, Joseph Bernard	DO
Higgins, Christopher Todd	DO

Hines, Melissa Ruth	MD
Holmes, Robert Orin	DO
Holwerda, Scott Lewis	MD
Howarth, Charles Basil	MD
Howell, Lucius Alexander	MD
Howes, Jennifer	MD
Hsu, Joseph Robert	MD
Hu, Huankai	MD
Hudson, Frank Parker	MD
Hudson, Michael Jason	MD
Huff, Nidhi Gupta	MD
Hunter, Janel Darcy	MD
Iseli, Claire Ellen	MD
Jackson, Brooke Ashley-Ann	MD
Jang, David Woojin	MD
Jennings, Randall Wayne	MD
Jensen, Sheldon Lamar	DO
Jimenez Encarnacion, Esther	MD
Johnson, Dominic Adrian	MD
Johnson, Jeffery Chad	MD
Jones, Gwendolyn Rose	MD
Jones, Haile Atkins	MD
Jones, James William	MD
Kang, Stephanie Juliet	DO
Kansagor, Adam Troy	DO
Kapadia, Neel Nikul	MD
Kaplan, Stuart Joel	MD
Kaufman, Adam McCall	MD
Kennelly, Christina Crabbe	MD
Kern, Jena Ruth	MD
Keyhan, Sanaz	MD
Khoury, Joseph Michael	MD
Kim, Jung Eung	MD
Kinley, Jennifer Joan	MD
Klemens, Anne Elizabeth	MD
Kline, Laura	MD
Kloepfer, Angela Marie	MD
Knight, O'Rese Joshua	MD
Knight, Thomas Gregory	MD
Kolukula, Swapna	MD
Konoske, Ryan Matthew	MD
Krajewski, Megan Lynn	MD
Kroh, Stephen Frederick	DO
Kuhn, Judit Maria	MD
Lauerman, Nicholas Eason	MD
Lawrence, Thomas Joseph	MD
Leski, Mark James	MD
Lewis, James Wesley Stakesby	MD

Libertin, Claudia Ruth	MD
Lidogoster, Mausumi	MD
Lin, Kaiwen	MD
Lin, Roger Chin	MD
Lintner, Laura Joy Jarvis	DO
Loumeau, Thomas Patrick	MD
Lutner, Lawrence	MD
Machovec, Kelly Ann	MD
Madras Seshadri, Ramanathan	MD
Madsen, Erik Christian	MD
Mangla, Neeraj Kumar	MD
Mani, Ashwin Kumar	MD
Mannava, Kathleen Anne	MD
Mannheimer, Alan	MD
Mantinan, Michael Fernandez	MD
Marshall, Jessica Lynne	DO
Martell, Jillian Erin	MD
Mason, Kelly Ann	MD
Mason, Laura	MD
Masterson, Jessica-Lyn	MD
Matela, Michael Bantilan	MD
Maxwell, Ann Miller Wilson	MD
Maxwell, Cory Daniel	MD
Mayer, Irene	MD
McClester, Mallory Jean	MD
McCune, Todd William	MD
McDonald, Janice Adelaide	MD
McDonough, Ryan Joseph	DO
McEvoy, John Richard	MD
McEvoy, William Curry	MD
McGinigle, Katharine Lillian	MD
McIver, Zachariah Augustus	DO
McKee, Elliot Capers	MD
McKenzie, Jeff Adam	MD
McKim, Stephen Ernest	MD
Meada, Riad	MD
Meade, Robert Lawton	MD
Merritt, Shirley Gay	MD
Meyer, David Stephen	MD
Milks, Michael Wesley	MD
Mills, Janete Marie	MD
Mitchell, Bradford Charles	MD
Mokashi, Anusuya Anant	MD
Monsour, Henry Bernard	DO
Monteleone, Andrew	MD
Moore, Anika Tene	MD
Morel, Benjamin Martin	MD
Morris, Megan Mansell	DO

Morris, Tod Andrew	MD
Morrison, Kevin Scott	MD
Moye, Paige Clark	MD
Mulcrone, Daniel Patrick	MD
Mullen, Emily Bland	MD
Murphy, James Stephen	MD
Nanavati, Ankit Diptanshu	MD
Nassaralla, Claudia Lage	MD
Navar-Boggan, Ann Marie	MD
Nguyen, Anson Pham	MD
Nguyen, Phuong Hoang	MD
Nicholas, Peter Christopher	MD
Niesluchowski, Witold	MD
Nighswander, Rachel Diane	MD
Normann, Sandra	MD
Noste, Erin Elizabeth	MD
Oberhelman, Amy	MD
Obiora, Chukwuemeka	MD
O'Connor, Anne Marie	MD
Oh, Yong Taek	MD
O'Keefe, Dustin Wayne	MD
Oliaro, Jerry Patrick	DO
Oluwabusi, Olumide Oluremi	MD
Osborne, Isaac John Taylor	MD
Osei-Boateng, Kwabena	MD
Owens, Christopher John	MD
Parikh, Kinjal R.	DO
Patel, Dwijesh B.	MD
Patel, Kavita Dali	MD
Patel, Krish	MD
Patel, Mayur Khandu	MD
Patel, Nilesh Vinod	MD
Patel, Varsha Nirav	MD
Paul, Devon Wayne	MD
Paul, Satnam	MD
Pereira, Lorena Rocha	MD
Perez, Krystle	MD
Perry, Joseph Lawrence	MD
Persavich, Kathleen Wunder	MD
Pezzuto, Laura Maureen	MD
Phayal, Aruna	MD
Phelps, James Richard	MD
Philip, Mathews Keecheril	MD
Phillips, Aleksandra Panov	MD
Phillips, Brandon Nickolas	MD
Phillips, Michael Jay	MD
Phoncharoensri, Dittana	MD
Podolsky, Erica Rachel	MD

Portillo, Martin Arquimedes	MD
Potisek, Nicholas Martin	MD
Prabhu, Roshan Sudhir	MD
Prieto, Linda Nied	MD
Prucha, Ronald Joseph	MD
Punjabi, Omar Suresh	MD
Quinn, Kristen Helane	MD
Rana, Omar Riaz	DO
Rawl, Rebecca Elaine	MD
Regan, Conor Matthew	MD
Reis, Gretchen Ann	MD
Rentz, Michael Wayne	MD
Rhodes, Jess Fred	MD
Riggins, Lauren Elizabeth	MD
Rogers, Hobart Ray	MD
Rowe, Marie Stormi	MD
Roy, Puja	MD
Samuels, Barbara Nan	MD
Samuelson, Eric Michael	MD
Sanofsky, Stephen	MD
Sarmina, Ignacio	MD
Sbarbaro, James Andrew	MD
Scott, Blake Kingsley	MD
Sedarat, Franklin	MD
Segueni, Amine	MD
Sempsrott, Justin Ryan	MD
Sentef, Joseph	MD
Serrano Donado, Ricardo	MD
Shafer, Zachary Kyle	MD
Shah, Shaili Niranjana	MD
Sharafsaleh, Golnosh	MD
Sharma, Krishn Chris	MD
Sharma, Sumit	MD
Sharma, Vandana	MD
Simon, Peter Otto	MD
Singla, Sandeep	MD
Smid, Marcela	MD
Smith, Joseph Andrew	MD
Sonni, Smitha	MD
Spandorfer, Philip Robert	MD
Speck, Olga	MD
Spence, Kenrick Anthony	MD
Sprehe, Samuel Edward	MD
Stamilio, David Michael	MD
Stanton, James Earl	MD
Steenland, Peter Richard	MD
Stefane, Allen Benjamin	MD
Strauch, Selly Rae	MD



Street, Linda Marie	MD
Swick, Julie Miller	MD
Tainsh, Cynthia Shearn	MD
Taylor, Erica Dianne	MD
Tedrow, Michael Richard	DO
Test Sharon, Test	MD
Todd, Juelena LaLone	MD
Turner, Geoffrey Paul	MD
Turner, Roberta Virginia	MD
Valentine, Allison Marie	MD
Van Der Westhuizen, Lionel	MD
Van Duin, David	MD
Vann, Lisa	MD
Vasan, Ryan Anthony	MD
Vatca, Mihaela Alina	MD
Vaughn, John Anthony	MD
Vij, Gaurav	MD
Vikingstad, Eric Michael	MD
Villareal, Ernesto Michael	MD
Vora, Gargi Khare	MD
Vorobej, Christina Lynn	MD
Wackel, Philip Larry	MD
Walsh-Kelly, Christine Mary	MD
Watson, James Blake	MD
Waugh, Jennifer Paulsen	MD
Weil, Andrew Campbell	MD
Westreich, Katherine Davis	MD
Weyers, Lyndsay Isil	MD
Whitted, Anthony Douglas	MD
Williams, Scott Graeme	MD
Wilson, Earl Laurence	MD
Winter, Stephen Bradley	MD
Woleslagle, Matthew Ryan	DO
Worni, Mathias	MD
Wu, Willis Michael	MD
Wyckoff, Shamolie	MD
Yao, David Hsien Ta	MD
Yao, Marguerite Martha	MD
Yaraei, Julia Eleanor	MD
Yonis, Mahfuz Oumer	MD
Young, Mary Elizabeth	MD
Zamani Fekri, Behrouz	MD
Zerden, Matthew Louis	MD
Zeylikman, Yuriy	MD
Zhang, Tian	MD
Zhang, Xuefeng	MD
Zimilevich, Alexander	MD
Zimilevich, Min Kyung	MD

January 29, 2013

Personal and Confidential

Via Certified Mail – Return Receipt Requested

\_\_\_\_\_, PA

\_\_\_\_\_  
\_\_\_\_\_

Dear PA \_\_\_\_\_:

As a result of information reviewed by the North Carolina Medical Board (“Board”) while evaluating your application for a physician assistant license, the Board offers you the following comments. The Board notes that you have a Doctor of Medicine degree, however, you should not use your “Dr.”, or any equivalent title in any clinical setting. This will ensure that no one you work with and no one for whom you may provide care, has any misunderstanding of your role as a physician assistant.

The Board does not consider this to have been an investigation. However, under certain circumstances, you may be required to report this action to other credentialing, regulatory or licensing boards. If so, a copy of this letter may be used for that purpose.

Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



Scott G. Kirby, MD  
Medical Director

:jc

Sample – PreApproved PLOC #10 PA-MD

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE –~~VISITING INSTRUCTOR~~

(a) The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate or learn a new technique, procedure or piece of equipment, or to educate physicians or medical students in an emerging disease or public health issue.

(b) In order to obtain a Special Purpose License, an applicant shall:

- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
- (3) submit documentation of a legal name change, if applicable;
- (4) 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 US 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;
- (5) comply with all requirements of G.S. 90-12.2A;
- (6) submit the Board's form, completed by the mentor, showing that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina;
- (7) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit AOA Physician Profile;
- (8) submit an FSMB Board Action Data Bank report;
- (9) submit two completed fingerprint record cards supplied by the Board;
- (10) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (11) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
- (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

*History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.2A; 90-13.1;*

*Eff. August 1, 2010.*

## NCMB – Physician Application – Misdemeanor (Step 9 of 30)

## Question:

Have you ever been charged with, arrested for or convicted of a misdemeanor including, but not limited to, Driving Under the Influence (“DUI”) or Driving While Impaired (“DWI”) and any other violation of the law involving the operation of some means of transportation while under the influence of drugs or alcohol? If so, you must list every misdemeanor charge, arrest and conviction below.

## Definitions:

*You have been charged if you have been arrested, indicted or arraigned for a criminal act, even if the charge was later dismissed.*

*You have been convicted if you pleaded guilty, were found guilty by a court, entered a plea of nolo contendere (no contest) or received a prayer for judgment continued (PJC) for a violation of federal, state or local law.*

## Instructions:

Failure to report may result in denial of licensure, fines or other public disciplinary action. **You must report all charges, arrests and convictions** for driving while intoxicated, driving under the influence, careless and reckless driving and any offenses involving serious injury or death. Minor traffic offenses are not required to be reported.

You must supply all supporting court documents.

## Expungements:

**Do not report** expunged charges or convictions for which you possess written documentary proof of expungement. **Do not assume** any previous charge, arrest or conviction has been expunged unless you have in your possession an official written court order or document, signed by a judge, which explicitly orders the charge, arrest or conviction sealed and/or expunged.

All fields are required.

Please review any pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information.

Some misdemeanor convictions that involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, violations of public health and safety codes, and failure to file state or federal taxes will be publicly visible on the Board’s website for 10 years (from the date of conviction). Please click here ([21 NCAC 32X .0104](#)) for a more expansive list of published misdemeanors. The Board will notify you prior to publishing your misdemeanor conviction on the website. All felony convictions will be visible to the public on the Board’s website.

If you do not have anything to report, click on the ‘Next’ button to go to the next page.

**NORTH CAROLINA MEDICAL BOARD  
PHYSICIAN REFERENCE FORM**

P.O. Box 20007, Raleigh, NC 27619

or

1203 Front Street, Raleigh, NC 27609

**TO APPLICANT:** The North Carolina Medical Board requests completion of **TWO** reference forms. These forms must be sent from the reference sources **directly** to the NC Medical Board.

In addition, the forms must meet the following criteria:

- a) They must be completed and returned to the Board within six months of the date of your application.
- b) They must have an original signature. Signature stamps will not be accepted.
- c) They should be completed by physicians who have interacted with you within the past three years and who are knowledgeable about your competence in your intended area of practice.

Please be sure to indicate your name below for identification purposes.

**Name of Applicant:** \_\_\_\_\_

**First**

**Middle**

**Last**

**\*\* On the application form, the applicant has agreed to release, discharge and exonerate any person furnishing information from any and all liability of every nature and kind arising out of this furnishing or inspection of such documents, records, other information or the investigation made by the North Carolina Board. \*\***

**REFERENCE SOURCE:** Please complete this form and return to the NC Medical Board. Your response is confidential, pursuant to North Carolina law. **Please print or type all information.**

**Important:** The processing time for licensure directly depends on timely receipt of critical forms such as this.

Name	MD/DO
Address	City      State      Zip
Phone Number	Email Address

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity are you acquainted with him/her? \_\_\_\_\_

**If you answer “YES” to questions 3 - 9, you will need to provide an explanation.**

- |   |     |    |     |
|---|-----|----|-----|
| 3. Have you ever received reports of poor medical practice by this physician or have you discussed concerns you had about his/her practice with medical staff officers at a hospital? | Yes | No | N/A |
| 4. Have you ever received reports of poor relationships between this physician and other health care workers?   | Yes | No | N/A |
| 5. Do you know of any derogatory information about this physician with respect to his/her ability to practice medicine?   | Yes | No | N/A |
| 6. Do you know if this physician has had any mental, emotional, or physical illnesses that have interfered with his/her medical practice within the past five (5) years?              | Yes | No | N/A |
| 7. Do you know if this physician has abused alcohol or drugs or shown signs of chemical dependency within the past five (5) years?  | Yes | No | N/A |
| 8. Do you know of any judgments, awards, payments or settlements regarding this physician?  | Yes | No | N/A |
| 9. Do you know of any restrictions, limitations or other disciplinary actions of any nature taken against this physician by a hospital or other health care organization?             | Yes | No | N/A |

**If you answer “NO” to questions 10 - 13, you will need to provide an explanation.**

- |  |     |    |     |
|--|-----|----|-----|
| 10. Does this physician understand medical staff and hospital policies and abide by these policies?  | Yes | No | N/A |
| 11. Does this physician enjoy professional respect among his or her colleagues and in the community where this physician practices?                          | Yes | No | N/A |
| 12. Do you recommend this physician for unrestricted medical licensure in North Carolina?  | Yes | No | N/A |
| 13. Have you interacted with this physician within the past three years and are you knowledgeable about their competence in their intended area of practice. |     |    |     |

**\*\* Additional comments are encouraged and assist the Board in evaluating the applicant.\*\***

**COMMENTS:** \_\_\_\_\_

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**Signature**

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**Title**

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***Name of Hospital (if applicable)***

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***Date***

Revised: 7/2011

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals  
Issued As of May 2013

## List of Initial Applicants

NP	NAME	PRIMARY SUPERVISOR	PRACTICE CITY
	BEFULHEIMER, LISA	MARTIN, ANTHONY	CHARLOTTE
	BELLING, CHERI	LINDBLOM, SCOTT	CHARLOTTE
	BOWERS, STEPHANIE	MOORE, DANIEL	GREENVILLE
	BOYKIN, EMILY	GARRETT, VALERIE	ASHEVILLE
	DAVIS, JENNIFER	ST CLAIR, SHANNON	WINSTON-SALEM
	DECKELBAUM, SUZANNE	ECHT, AUDREY	RALEIGH
	GOLDBERG, ELYSE	LAWAL, ADEYEMI	RALEIGH
	HEDRICK, JENNA	PERRY, LAWRENCE	RAMSEUR
	HENDERSON, KATHERINE	JOHNSON, NELL	WINSTON SALEM
	HERRING, LESLIE	CHOKSI, JANAK	BURLINGTON
	KARAM, JESSICA	GREEN, ARTHUR	GREENSBORO
	MANN, CATHY	TRAYLOR, HENRY	WHITEVILLE
	NAIL, KIMBERLY	PRICE, WAYNE	CHAPEL HILL
	NAVEY, DONA	WILLIAMSON, JEFF	WINSTONS SALEM
	POPLIN, WHITNEY	CARBONI, MICHAEL	DURHAM
	SAMMONS, BONNIE	PATEL, NILESH	SALISBURY
	SMITH, MELISSA	LIN, SHU	DURHAM
	SONI, NIDHI	SUSAC-PAVIC, STELA	BALTIMORE
	TAYLOR, MARKETA	ALEJANDRO, LUIS	GREENSBORO
	WESTON, EILEEN	TALBOT, DAVID	HIGH POINT
	ANANTHAN, PUSPAMALA	ALEJANDRO, LUIS	GREENSBORO
	ANCILLOTTI, ALAN	FINCH, GEORGE	RUTHERFORDTON
	BURKHART, KIMBERLY	ROBSON, MICHAEL	GREENSBORO
	BUTLER, MARI	STEIN, JEANNETTE	DURHAM
	CARRIGAN, CHRISTOPHER	HERNANDEZ, RICARDO	ST. LOUIS
	CROSS, MELISSA	CLARKE-PEARSON, DANIEL	GREENSBORO
	CUZA, WILLIAM	NEFF, MICHAEL	FAYETTEVILLE
	DELOATCH, ASHLEY	EL-KHOURY, SEMAAN	AULANDER
	ELSON-JOSEPH, MARSHA-GAYE	BIRD, SHARK	CONCORD
	FEDERSPIEL, MARY	BUCK, SCOTT	CHAPEL HILL
	GARRINGER, ALYSSA	NEIL, GRANADA	STATESVILLE
	GIBSON, DONNA	PARKES, BRIAN	LAURINBURG
	GLASS, JAMES	PIECH, TARA	SEYMOUR JOHNSON AF
	GROTE, LISA	IGHADE, ANDREW	CHARLOTTE
	GURGANUS, NANCY	RAWLS, WILLIAM	MOREHEAD CITY
	HOLMES, DIANE	FRANK, THEODORE	CHARLOTTE
	HYDE, SHANNON	LINDBLOM, SCOTT	CHARLOTTE
	JEAN-PIERRE, GRACIENNE	FAVARO, JUSTIN	CHARLOTTE



JORDAN, BRANDI  
KENNEDY, MELANIE  
LOCKLEAR, NATALIE  
MAHOWALD, EMILY  
NEWTON-SHY, MARY  
OWENS, VICKY  
PETTIT, CARRIE  
POWERS, JULIA  
SKENA, ANITA  
SUPERVILLE, JEMMA  
WALKER, ASHLEY  
BARTIS, ELIZABETH  
BISHOP, SARAH  
BLANKMANN, MEGHAN  
DE LEON, LAURA  
FRANKLE, HEATHER  
FRANKLIN, TIFFANY  
GUILTEAU-LAURENT, ANGELIQUE  
JENKINS, PERRY  
KIKANI, BEJAL  
LANCE, LINDSEY  
LEE, MARY  
MACKENZIE, KELSIE  
MAHER, JASON  
PARTRIDGE, TANILLYA  
PASZKOWSKI, SUZANNE  
PEREA, RICARDO  
RAINEY, VANESSA  
WELBORN, CHRISTY  
ALEXANDER, SHARON  
ALFORD, BRIE  
BASS, NANCY  
FORD, SHANNON  
FURMAN, ALI  
GIL, MARIA  
HALECKI, AMPARO  
HUBLER, EILEEN  
JEPPESEN, KRISTIN  
JONES, ELIZABETH  
KELDERHOUSE, KELLI  
LEBAR, KIERSTEN  
TEAL, SANDRA  
TIBOLLA, NECOLE  
CARPENTER, TERESA  
CROCKER, LERRYN  
ENGEL, HALEY

SMITH, LESLIE  
HURD, DAVID  
WEST, DANNY  
GILPIN, ALLEN  
NAVAID, MUSHARRAF  
IRVIN, JOHN  
BAJWA, WAHEED  
PATEL, HIREN  
SPEAKS, JALEEMA  
GREENBERG, GARY  
HARGETT, FRANKLIN  
MOHANTY, KATHY  
GARRETT, JAMES  
MCHALE, ROBERT  
RINKER, SHELLEY  
HORNER, BRIAN  
UPDAW, ROBERT  
BARTHOLOMEW, NEVA  
GRAHAM, LINDA  
HUANG, DAVID  
PURCELL, PETER  
PRICE, WAYNE  
NICKENS, LARRY  
SHEPHERD, BILLIE  
HARRELL, SAMPSON  
MORTON, TERRENCE  
STACK, PHILIP  
SHAW, HEATHER  
MORTON, TERRENCE  
ALEXANDER, DANIEL  
REIFLER, BURTON  
ENTMACHER, EDWARD  
CARPENTER, SALLY  
SEITZ, KENT  
MORTON, TERRENCE  
WHITE, LINDSEY  
TOWNE, SARAH  
TRECROCE, CRISTIN  
AROCHA, JOSE  
ISAACS, KAREN  
TANAKA, DAVID  
SUTTON, ELENA  
LIN, SHU  
FRENETTE, GARY  
MCKEAN, THOMAS  
PRICE, WAYNE

KERNERSVILLE  
WINSTON SALEM  
PEMBROKE  
ASHEVILLE  
LAURINBURG  
WILMINGTON  
CARY  
WAYNESVILLE  
WINSTON SALEM  
RALEIGH  
PITTSBORO  
CHARLOTTE  
JACKSONVILLE  
GREENSBORO  
MOORESVILLE  
CHARLOTTE  
CHARLOTTE  
DURHAM  
NEW BERN  
CHAPEL HILL  
LENOIR  
CHAPEL HILL  
GOLDSBORO  
ASHEVILLE  
DURHAM  
HUNTERSVILLE  
SYLVA  
DURHAM  
CARY  
HICKORY  
WINSTON SALME  
ASHEVILLE  
SMITHFIELD  
CHARLOTTE  
CARY  
ELIZABETH CITY  
WILMINGTON  
BALTIMORE  
SPARTA  
WILMINGTON  
DURHAM  
WADESBORO  
DURHAM  
CHARLOTTE  
HICKORY  
CHAPEL HILL

FALK, SARAH  
KARANDIKAR, MARIA  
MANOLE, FRANK  
MCKEMIE, MARTHA  
MCNAIR, EMILIE  
MILLER, MARY  
PAOLUCCI, BARBARA  
PESCARO, DENISE  
TUCKER, TIFFANY

MCGARRITY, MICHAEL  
WILLIAMS, ROBERT  
DAW, JEFFREY  
DALY, MARIANNA  
HILTON, SUZANNE  
HILL, JAMES  
ZUB, DAVID  
CRANE, JEFFREY  
SMITH, MICHAEL

WILMINGTON  
DURHAM  
CARY  
MARSHALL  
WINSTON SALEM  
CHAPEL HILL  
SUPPLY  
RALEIGH  
GREENVILLE

NP ADDITIONAL SUPERVISOR LIST

ABBOTT, VERONICA  
ADRIANCE, ROBIN  
AMOAKO, EMELIA  
BARBARO, PATRICIA  
BLANCHARD, LORI  
BURKS, TOMIKA  
BURNS, DEANNA  
CARPENTER, KELLI  
CHASTAIN, LATRICIA  
CLARK, CHERYL  
CONTRERAS, RAYSA  
COUTS, MARIA  
COUTS, MARIA  
CUDDY, SHERRI  
CURCIO, KRISTIN  
DAVIS, FELICIA  
DAVIS, RACHELL  
DEVOR, LAURA  
DICKINSON, TAWANA  
DIXON, LORI  
DRAPER, KENYON  
ENDICOTT, LINDA  
FARRIS, KAREN  
FULLAR, SUZANNE  
GLENN, LADEANA  
GREEN, LORI  
HARSHBERGER, CHRISTY  
HAYMORE, JENNIFER  
HEAVNER, ANGELA  
HILL, MARIE  
HUFFMAN, DIEDRA  
JORDAN, STEPHANIA  
KING, RONALD  
KNOTTS, SHARON

PHARR, EMILY  
CASTOR, DAVID  
BURGERT, JESSICA  
SUTTON, LESLIE  
CROOK, JANET  
PARACHA, MUHAMMAD  
JONES, KAREN  
DAKAKNI, TAREK  
TORONTOW, CHRISTOPHER  
THACKER, ROBERT  
ESENSOY, TANER  
GRIFFIN, KEITH  
GARMON-BROWN, OPHELIA  
JONES, KAREN  
HA, HUAN  
CLONINGER, KENNETH  
PARKER, SARAH  
COLLICHIO, FRANCES  
SEITZ, KENT  
HANSEN, HANS  
BIAS, DONALD  
ROSE, GREGORY  
PITHWA, SAPNA  
BUCKNER, DONALD  
LANKFORD, SCOTT  
BUCKNER, DONALD  
RUDYK, MARY  
VYBIRAL, TOMAS  
MELSON, STEPHEN  
BREGIER, CHARLES  
YALE, JERRY  
JORGE, CARLOS  
MURRAY, LAURA  
NORTEY, CYNTHIA

WINSTON SALEM  
BALTIMORE  
BALTIMORE  
RALEIGH  
CHARLOTTE  
FAYETTEVILLE  
MONROE  
WINSTON SALEM  
ASHEBORO  
CHARLOTTE  
FAYETTEVILLE  
CONCORD  
HUNTERSVILLE  
MONROE  
GREENSBORO  
CHERRYVILLE  
RALEIGH  
CHAPEL HILL  
TAMPA  
CONOVER  
LINCOLNTON  
RALEIGH  
CHARLOTTE  
WAYNESVILLE  
CONCORD  
CLYDE  
WILMINGTON  
MT. AIRY  
FOREST CITY  
CHARLOTTE  
LINVILLE  
MOORESVILLE  
GRAHAM  
MATTHEWS

KOMAN, DANIELLE  
LANIER, LINDA  
LOWERY, VIVIAN  
MABE, LAYLA  
MACHALICKY, STEPHANIE  
MARION, PHYLLIS  
MARTIN, STEPHANIE  
MCCAMBRIDGE, CHRISTINE  
MCCASKILL, SHERRIE  
MCDOWELL, DAVID  
MCMANUS, LAURA  
MCWHIRTER, CANDACE  
MORNINGSTAR-CULP, NOELLE  
OSSNER, CHRISTINA  
OWENS, ELISABETH  
PRATT, MICHELLE  
ROBINSON, CAROLINE  
ROBINSON, MARY  
RULE, LEE  
RYANS, ABREE  
SAYKO, LINDA  
SHIPMAN, VICKI  
SHORT, BETH  
SHORTRIDGE, AMY  
SNYDER, MARY  
STEELE, ALLISON  
STOKELY, DEBORAH  
SULLIVAN, SARAH  
SUMMACH, ANNE  
TASHAKKORI, ZAHRA  
VALDIVIEZO, AUXILIADORA  
WADE-FOSTER, MARILYN  
WELBORN, BLAIR  
WILKINS, KELLY  
WILLETT, ANNETTE  
ZANTER, ASHLEY  
ANDREWS, MEGAN  
AYCOCK, LACEY  
BALLENTINE, FRANCES  
BELL, REAGAN  
BOOVY, TROY  
BROCK, GAIL  
BROWN, CATHERINE  
BURNELL, JULIE  
BURTT, DAWN  
CARMON, LAURA

BAUMRUCKER, JOHN  
PATEL, ASHWIN  
VILLACORTE, LIZETTE  
DALEY, MICHAEL  
KNERR, JULIA  
THOMAS-TAYLOR, DANIELLE  
FAJARDO, AGAPITO  
FITZGERALD, THOMAS  
CLEMENTS, THAD  
MARTIN, MARK  
LAWRENCE, LINDA  
SLOAN, DOUGLAS  
MCCUTCHEN, JEFFREY  
LOWERY, JAMES  
KELLEY, JOHN  
JONES, KAREN  
SMITH, KAREN  
RUSS, DONALD  
ROBINSON, DAVID  
SPRAGUE, MARIE  
WOLF, ELIZABETH  
JONES, KAREN  
WEISENBERGER, ANTHONY  
AIKEN, JANET  
MCCASKILL, CLEMENT  
VACALIS, STEVE  
ROSTAND, ROBERT  
WECHSLER, DANIEL  
TOHER, RAYMOND  
GOLDBERG, JOEL  
BERNSTEIN, DANIEL  
DOONQUAH, KOFI  
MALCOLM, WILLIAM  
CARR, SANDRA  
HOFFMAN, BYRON  
SHEA, THOMAS  
CHANG, PATRICIA  
ISAACS, KAREN  
WISNIEWSKI, MARY  
GONZALEZ, JOSE  
STOUDMIRE, JONATHAN  
PATEL, MANESH  
PETERS, ROBERT  
MATLACK, ROBERT  
GREENBERG, GARY  
BOWLING, MARK

HIGHLANDS  
BURGAW  
HICKORY  
PINEHURST  
CHAPEL HILL  
FAYETTEVILLE  
CLINTON  
DAVIDSON  
CHARLOTTE  
SHELBY  
ALBEMARLE  
RAEFORD  
HUNTERSVILLE  
ASHEVILLE  
RALEIGH  
CHARLOTTE  
RAEFORD  
MORGANTON  
SPRUCE PINE  
JACKSONVILLE  
JACKSONVILLE  
HICKORY  
ASHEVILLE  
GASTONIA  
GOLDSBORO  
GASTONIA  
HIGH POINT  
DURHAM  
DURHAM  
DURHAM  
CHARLOTTE  
REIDSVILLE  
DURHAM  
BALTIMORE  
SILER CITY  
CHAPEL HILL  
CHAPEL HILL  
WILMINGTON  
CAMP LEJEUNE  
WILMINGTON  
CONCORD  
DURHAM  
TARBORO  
FAYETTEVILLE  
RALEIGH  
GREENVILLE

CASTLE, MARILYN  
CHAIRES, SARAH  
CLARK, SUEANNE  
COONEY, SUSAN  
CRAWFORD, ANNE  
D'ANGELO, CHERRY  
DANIEL, LENI  
DENTON, KATRINA  
DIXON, CHRISTINA  
DONTA, ROBIN  
DONTA, ROBIN  
DONTA, ROBIN  
ELLIS, STEPHANIE  
FARRUG, EUGENE  
FELL, DEBRA  
FORNO, CELIA  
GANSMAN, MICHELLE  
GLAESNER, EDWARD  
GRAHAM, KIMBERLY  
GREGORY, DEBORAH  
GURNEY, INGRID  
HAINES, CAROL  
HALL, BARBARA  
HAYES, MARIANNE  
HOWELL, KIMBERLY  
HUNT, SHEILA  
JACOBS, ALLISON  
JEFFERSON, BRIAN  
JEROME, CRAIG  
JONES, TAMMY  
KARAPANOS, WANDA  
KEATON, LAURA  
KEEL, LISA  
KEELER, JULIE  
KENNEDY, MICHAEL  
KIMBALL, JANICE  
KOVES, ROSEMARIE  
KRESS, MELISSA  
KUJAWSKI, TINA  
KWENCE, SHERRI  
LEONARD, CHRISTINA  
LEWIS, KATHY  
LEWIS, KAREN  
LONG, LISA  
MARKS, MICHAEL  
MARTIN, DORINE

NEIL, GRANADA  
COOK, BRIGGS  
SEAL, ANNA  
ROMAN, SANZIANA  
MILLER, BRIAN  
JAYARAM, NAGESH  
GREENBERG, GARY  
IRION, JAMES  
KHADER, MOHAMMED  
PLEASANT, HENRY  
CARR, JAMES  
HUDAK, DEBORAH  
SKALAK, ANTHONY  
HAMMER, DOUGLAS  
MARANA, ENRIQUE  
SINGH, JASJEET  
JONES, KAREN  
ADAMS, DAVID  
NICHOLS, MARK  
PATEL, MAHENDRABHAI  
FOX, CHRISTOPHER  
GURLEY, SUSAN  
MCHALE, ROBERT  
SHAH, VIPUL  
SHAW, KATHRYN  
PEACE, ROBIN  
PEACE, ROBIN  
LINDBLOM, SCOTT  
GONZALEZ, JOSE  
CROCKER, DANIEL  
JONES, KAREN  
GATLIN, DEIDRA  
BOWLING, MARK  
GUNTER, ARILUS  
STAHL, SIMONNE  
JONES, CHRISTOPHER  
ERLANDSON, STEPHEN  
GIROUARD, MICHAEL  
ARONOFF, GERALD  
O'CONNOR, KEVIN  
BALARAVI, BHAVANI  
BISHOP, ANDREW  
MCMANUS, MARK  
MATTOX, WILLIAM  
BRADSTREET, JENNIFER  
LAWAL, ADEYEMI

WINSTON SALEM  
RALEIGH  
CHARLOTTE  
DURHAM  
GREENSBORO  
SWANSBORO  
RALEIGH  
KING  
ROCKINGHAM  
RALEIGH  
RALEIGH  
RALEIGH  
GREENVILLE  
DURHAM  
FARMVILLE  
FAYETTEVILLE  
MOORESVILLE  
CARY  
RALEIGH  
FRANKLIN  
MARION  
DURHAM  
ALBEMARLE  
CARY  
CHARLOTTE  
LUMBERTON  
LUMBERTON  
CHARLOTTE  
WILMINGTON  
ROCKY MOUNT  
CHARLOTTE  
BALTIMORE  
GREENVILLE  
HOLLY SPRINGS  
JACKSONVILLE  
DURHAM  
ELKIN  
HUNTERSVILLE  
CHARLOTTE  
GASTONIA  
RALEIGH  
WILMINGTON  
MORGANTON  
CASTLE HAYNE  
MOREHEAD CITY  
RALEIGH

MARTINEZ, KELLIE  
MASTRIDGE, BENJAMIN  
MATRONE, ANDREW  
MCLAMB, MELISSA  
MCLANE, JENNIFER  
MCNEIL, PATRICE  
NEWMAN, KRISTIN  
ORDONEZ, BELINDA  
OREM, SHEILA  
OTUBELU, ADAORA  
PARKER, LEAH  
PAYSOUR, NORA  
PELLICORE, KAREN  
PERRY, JUDITH  
RHODES-RYAN, GINGER  
RICHARDS, JASMINE  
RILEY, PATRICIA  
RYE, ROBIN  
SCHULTZ-VILLARREAL, MARY  
SCHULZ, GAIL  
SIDEBOTHAM, STACIE  
SMITH, KIM  
ST JOHN, TODD  
SUGG, BRINKLEY  
TAYLOR, LORI  
TAYLOR, JADA  
TENCH, SARAH  
THOMPSON JR, CLIFTON  
THOMPSON JR, CLIFTON  
TIGNER, JENNIFER  
TURBYFILL, PATRICIA  
TURNER, JESSICA  
WHISNANT ROPER, REGINA  
WILLIAMS-CORBIN, LISA  
YEBOAH, MAVIS  
ANDREWS, MELISSA  
ARIWODO, UDO  
BAILEY, FRANCES  
BAUK, KATHRYN  
BIONDI, ANDREA  
BOGART, MEGAN  
BORNTRAGER, ELIZABETH  
BRADSHAW, MARTHA  
BRANTLEY, MARY  
BRANTLEY, MARY  
BRANTLEY, RACHEL

GATLIN, DEIDRA  
BROWNING, CHARLES  
CIPRIANI, WENDY  
BRIGGS, JOHN  
WALRATH, DAVID  
REKUC, GREGORY  
HARRISON, FRANK  
HART, PATRICIA  
NOUREDDINE, NIZAR  
SPOONER, LINDA  
MELVIN, JEAN  
RUSSO, PATRICK  
WALLACE, ROBERT  
DEVAUL, CHANSON  
DUNN, LAURIE  
LEE, JAMES  
SMITH, SEAN  
TRAYLOR, HENRY  
RIZVI, SYED  
MILLER, BRIAN  
NORRIS, CYNTHIA  
SINGH, JASJEET  
JONES, KAREN  
RAYALA, CHRISTOPHER  
CROCKER, DANIEL  
D'ANDREA, NICOLE  
SMITH, THOMAS  
HOCKER, MICHAEL  
LEINBACH, JONATHAN  
BRANNER, CHRISTOPHER  
BAKER, CHARLES  
RIBEIRO, DONALD  
RUSS, DONALD  
CHAMOVITZ, ALLEN  
CRAFT, PATRICK  
BOALS, JOSEPH  
KAPLAN, DAVID  
BYRD, DAVID  
LICHTMAN, STEVEN  
GREIN, ANDREW  
MCCALL, CATHERINE  
HOCKING, LESLIE  
GRIFFIN, ASHTON  
HOBGOOD, LACY  
OLSSON, JOHN  
BOALS, JOSEPH

BALTIMORE  
HENDERSON  
GOLDSBORO  
LILLINGTON  
HUNTERSVILLE  
CHARLOTTE  
CHARLOTTE  
FLAT ROCK  
MOUNT AIRY  
FAYETTEVILLE  
CHARLOTTE  
GASTONIA  
GASTONIA  
WINTON  
RALEIGH  
SPINDALE  
CHAPEL HILL  
WHITEVILLE  
FAYETTEVILLE  
GREENSBORO  
FAYETTEVILLE  
FAYETTEVILLE  
STATESVILLE  
MORRISVILLE  
NASHVILLE  
MOREHEAD CITY  
LINCOLNTON  
DURHAM  
DURHAM  
CHARLOTTE  
CROSSNORE  
HOOKERTON  
MORGANTON  
WINSTON-SALEM  
BALTIMORE  
SOUTHERN PINES  
BALTIMORE  
NEW BERN  
CHAPEL HILL  
FORT BRAGG  
JACKSONVILLE  
RALEIGH  
GOLDSBORO  
GREENVILLE  
GREENVILLE  
SOUTHERN PINES

BRYAN, PRISCILLA  
BUFORD, UJUANDA  
CHANDLER, SHERI  
CHAPMAN, MARY  
CHARTIER, LUCY  
CHURCH, RENA  
CONCHAR PEPIN, CATHRYN  
CONNOLD, BARBARA  
COOPER, STEPHANIE  
CRAWFORD, DEBORAH  
CUMMINGS, SALLY  
DANNER, CORTNEY  
DEAL, ANNIE  
DOCKERY, JENNIFER  
DUNLAP, DARLENE  
FALK, SARAH  
FLAUGHER, CAROL  
FLEMING, CHRISTINE  
GRIMES, LINDA  
GURGANUS, CHERITY  
HALL, JEANNE  
HAYES, CHRISTY  
HODGIN, ELIZABETH  
HUNT, SHEILA  
HUNT HAWLEY, REBECCA  
IRVING, SHARON  
JOHNSON-LEONARD, CANDICE  
JONES, CHRISTINE  
JORDAN, STEPHANIA  
KAUSCH, THERESA  
KELSEY, DWAN  
KILLGORE, JOHN  
KOMAN, DANIELLE  
LAY III, HARRY  
LOOPS, NADINE  
LYALL, MONICA  
MACON, TERESA  
MARKS, LAURA  
MCBRYDE, KAREN  
MCCAMBRIDGE, CHRISTINE  
MORGAN, EILEEN  
MURPHY, KRISTINA  
MYERS, CHARLES  
NGUYEN, HONG  
PADGETT, MATTHEW  
PALMER, JENS

HOCKING, LESLIE  
FISHER, DAVID  
WIMMER, JOHN  
PATEL, MANESH  
DAVIS, AMELIA  
SANCHEZ-MARTINEZ, MARIO  
WIMMER, JOHN  
SMITH, ANTHONY  
CORDERO, BRUNILDA  
WHITENER, JACOB  
HAGER, ANGELA  
LAMOTHE, TRACI  
FISHER, MICHAEL  
KITCHIN, ALVIN  
MILEHAM, KATHRYN  
MCGARRITY, MICHAEL  
TOWNE, SARAH  
MOULTON, MICHAEL  
HOCKING, LESLIE  
ACOSTA, DANIEL  
VINING, NEIL  
HIESTAND, BRIAN  
BOALS, JOSEPH  
HORST, JAMES  
LOW, WILLIAM  
AKINTAYO, MOJEED  
MCKINNEY, JOHN  
WELLMAN, SAMUEL  
MILLER, STEPHEN  
FISHER, DAVID  
SUTTON, LESLIE  
ELBEERY, JOSEPH  
BULL, JANET  
SCAGNELLI, JOHN  
SHAH, VIPUL  
IRVIN, JOHN  
SHAH, VIPUL  
YAKUBU, RASHEED  
MANGANO, CHARLES  
IQBAL, JAVED  
MACOMBER, JOSHUA  
SEITZ, KENT  
SHAH, VIPUL  
SHAH, VIPUL  
MIKHAIL, ASHRAF  
GOOTMAN, AARON

RALEIGH  
CHARLOTTE  
GREENSBORO  
DURHAM  
DURHAM  
JACKSONVILLE  
GREENSBORO  
GREENVILLE  
FAYETTEVILLE  
SALISBURY  
FT BRAGG  
CHARLOTTE  
LENOIR  
WADESBORO  
CHARLOTTE  
WILMINGTON  
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WILMINGTON  
RALEIGH  
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RALEIGH  
WINSTON-SALEM  
SOUTHERN PINES  
RALEIGH  
SMITHFIELD  
NEW BERN  
THOMASVILLE  
HICKORY  
WINSTON SALEM  
CHARLOTTE  
RALEIGH  
GREENVILLE  
FLAT ROCK  
DURHAM  
CARY  
WILMINGTON  
CARY  
ROCKINGHAM  
RALEIGH  
MARION  
RALEIGH  
GREENSBORO  
CARY  
CARY  
JACKSONVILLE  
FAYETTEVILLE

PARRIS, CHRISTOPHER  
PELLICORE, KAREN  
PETROS BURGER, MARIANNE  
PETROS BURGER, MARIANNE  
PITMAN, MATTHEW  
PLANTAN, TAMMI  
PROPST, DAVID  
RAMSEY, GEORGINA  
RIOS, JANNINE  
ROBINSON, JAMES  
SAVINON, CARLA  
SCHORR, KATHERINE  
SHIPMAN, VICKI  
SIGMON, EVARON  
STEWART, CATHERINE  
STRICKLAND, ANNA  
THOMAS, SUSAN  
WANTUCH, KAREN  
WANTUCH, KAREN  
WILLETTE, KARA  
WILLIAMS, TENEISHA  
WILLIAMSON, ERIN  
WOOD, ELIZABETH  
ANDERSON, MEGAN  
ANDERSON, BEVERLY  
ARMER, CAROL  
BABI, DORY  
BLACK, AMY  
BONNETT, KRISTIE  
BROWN, ESTELLE  
BRYAN, PRISCILLA  
BUTLER, MARI  
CAGAS, GERARDO  
CARLTON, MELISSA  
CHIVERS, VICKIE  
CHRISTY, LARA  
CHURCH, RENA  
COTTER, NANCY  
CREWS, KERI  
D'ANGELO, CHERRY  
DAY, COURTNEY  
DESAMERO, JONATHAN  
DOUGHERTY, NDOME  
DOUGLAS, KIMBERLY  
EDINGER, AMY  
ENDICOTT, LINDA

HEDGEPATH, LARRY  
LUTZ, CHARLES  
ROSE, GREGORY  
WALKER, DAVID  
WARD, NINA  
HOCKING, LESLIE  
FISHER, MICHAEL  
DENNING, CHRISTOPHER  
JONES, KAREN  
JONES, ROBERT  
TOWNE, SARAH  
CROSLEY, DEBBY  
FISHER, MICHAEL  
TWERSKY, JACK  
HART, PATRICIA  
GODLEY, PAUL  
HINES, JONATHAN  
BENNETT, JOHN  
DICKSON, LORETTA  
CHAO, IRENE  
BAROUH, ADAM  
TOWNE, SARAH  
MALONE, SEAN  
HALL, TIMOTHY  
CHAVIS, LA  
LUTZ, CHARLES  
FORSTNER, JAMES  
FARAH, BRIAN  
SMULL, DAVID  
MCWILLIAMS, ANDREW  
DISNEY, JAMES  
ANQUILO, LOUIE  
WIENER, DANA  
PHUNG, ANDY  
PATEL, HIREN  
SHEPHERD, BILLIE  
MIKHAIL, ASHRAF  
LIGUORI, JOHN  
RINALDI, MICHAEL  
AHLBERG, DAVID  
BANERJEE, ANUP  
GRIFFITH, MICHELE  
COLLICHIO, FRANCES  
THOMPSON, THOMAS  
ALEJANDRO, LUIS  
WALKER, DAVID

SPINDALE  
GASTONIA  
RALEIGH  
RALEIGH  
BEAUFORT  
RALEIGH  
LENOIR  
SHELBY  
MONROE  
RALEIGH  
WILMINGTON  
GREENSBORO  
VALDESE  
DURHAM  
FLAT ROCK  
APEX  
WILMINGTON  
FOREST CITY  
FOREST CITY  
CARY  
FAYETTEVILLE  
WILMINGTON  
SALISBURY  
CHARLOTTE  
OXFORD  
GASTONIA  
SOUTHPORT  
HIGH POINT  
WINSTON SALEM  
CHARLOTTE  
RALEIGH  
BALTIMORE  
DURHAM  
LENOIR  
ASHEVILLE  
ASHEVILLE  
JACKSONVILLE  
WILMINGTON  
CHARLOTTE  
NEW BERN  
GASTONIA  
CHARLOTTE  
CHAPEL HILL  
MORRISVILLE  
GREENSBORO  
RALEIGH

EVERHART, DELPHINE  
FOY, CASSANDRA  
GOSNELL, GEORGANN  
GOSNELL, GEORGANN  
GURGANUS, CHERITY  
HALSEMA, ALLISON  
HENDON, LISA  
HICKS, CONNIE  
HILL, DORIS  
HING, KATIA  
HOLT, LORI  
HUNSUCKER, TINA  
IVEY, AMY  
JOHNSON, CYNTHIA  
JONES, CAROLYN  
KESLER, NANCY  
KILLEN, JULIA  
KLINGER, BRIANNE  
LAUREANO, MARY ELLEN  
LIEM, GRACE  
LONG, TERRESA  
MALINOWSKI, MELISSA  
MCDONALD, CAROLYN  
MCDOWELL, DAVID  
MCKENNEY, SUSAN  
MCKENZIE, CRYSTAL  
MELTON, ALLISON  
METHENY, VIKKI  
MEYER, DEBORAH  
MUELLER, CAROLYN  
MURTHA, EMILY  
NOVCHICH, AUDREY  
OZOH, MARY  
PAMPERIN, JOHN  
PICKERING, VRINDA  
PILKINGTON, JACLYN  
PLANTAN, TAMMI  
POPE, SUSAN  
PRINTZ, MARY  
SAUNDERS, THURMAN  
SCALONE, GINGER  
SHANNON, MELISSA  
SIMONS, CHERYL  
SIMPSON, KATHY  
SOLOMON, SONDRRA  
SOLOMON, SONDRRA

DIXON, DAVID  
FERNANDEZ, ELDALIZ  
LOVIN, VICKIE  
GONZALEZ, ANNE  
DISNEY, JAMES  
SEITZ, KENT  
ISSERMAN, STEVEN  
LOPEZ-CLAROS, MARCELO  
GRAY, LEE  
GALVIN, SIRISHA  
RUCCI, JENNIFER  
WIMMER, JOHN  
BOALS, JOSEPH  
ROBERSON, LEWIS  
MOYA, FERNANDO  
GATLIN, DEIDRA  
SCOTHORN, DOUGLAS  
DISNEY, JAMES  
FAREL, CLAIRE  
GARUBA, ABDUL  
MANNING, JAMES  
MINIOR, DANIEL  
FARAH, BRIAN  
MCGRIFF, GREGORY  
MERRELL, BETSY  
HUBER, KENNETH  
PRIDGEN, JAMES  
BARRITT, ALFRED  
SHEPHERD, BILLIE  
RUCCI, JENNIFER  
HINES, JONATHAN  
GAITHER, ANTHONY  
ANDY, CAMILLE  
CONNER, WILLIAM  
MILLER, BRIAN  
VESA, ALLIN  
DISNEY, JAMES  
WILLIAMS, SUSAN  
ALMASRI, GHIATH  
CLARK, KENDALL  
WALLENIOUS, STEVEN  
MURRAY, LAURA  
JAFFE, DAVID  
HAIRSTON, KRISTEN  
HORST, JAMES  
HOCKING, LESLIE

MT. AIRY  
GREENSBORO  
HICKORY  
HICKORY  
CHARLOTTE  
HICKORY  
DURHAM  
HUNTERSVILLE  
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WILMINGTON  
GREENSBORO  
SOUTHERN PINES  
SHELBY  
WILMINGTON  
BALTIMORE  
ASHEVILLE  
RALEIGH  
RALEIGH  
MATTHEWS  
WINSTON SALEM  
ROCKY MOUNT  
HIGH POINT  
SPINDALE  
HENDERSONVILLE  
CHARLOTTE  
HOLLY RIDGE  
CHAPEL HILL  
ASHEVILLE  
WILMINGTON  
WILMINGTON  
GOLDSBORO  
KERNESVILLE  
MATTHEWS  
GREENSBORO  
STATESVILLE  
RALEIGH  
WINSTON-SALEM  
GREENVILLE  
FORT BRAGG  
ASHEVILLE  
MEBANE  
CARY  
WINSTON-SALEM  
RALEIGH  
RALEIGH

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STAUSS, JENNIFER  
SULLIVAN, MELISSA  
TABB, DEBORAH  
TYE, JUSTINE  
VAN DEUSEN, CYNTHIA  
WAGUESPACK, LORRAINE  
WALKER, TONYA  
WATSON, KAREN  
WESTMORELAND, NEVA  
WHITEHEAD, KAREN  
WOOD, TERESA  
WRIGHT, KIMBERLY  
WYATT, CELINE  
YOUNG, KELLY  
ALBINA, MARIA  
ASHE, MELANIE  
BABEL, EDWARD  
BAKER, JULIE  
BECULHEIMER, LISA  
BENEL, SABINA  
BERNAT, JEANNE  
BRADY, VERONICA  
BUCHERT, LINDSAY  
BURKETT, EVANNA  
CAREY, ANNDREA  
DUGAN, ERIN  
DURANT, MONICA  
ELLER, MISTY  
ENGLISH, KIM  
FOY, PAULINE  
GIBBS, JAMIE  
GOODWIN, MARY  
GRAHAM, JAMIE  
HALSEMA, ALLISON  
HENDERSON, KATHRYN  
HENRY, TARSHA  
HONEYCUTT, CYNTHIA  
HONEYCUTT, CYNTHIA  
HONEYCUTT, SHEILA  
HUNTSINGER, LISA  
JORDAN, JULIE  
KEEVER, DANIELLE  
KNOTTS, SHARON  
KNOWLES, VERENA  
LA ROCQUE, SANDRA  
MADDEN, MARILYN

LOVIN, VICKIE  
NEUSPIEL, DANIEL  
WIMMER, JOHN  
GARUBA, ABDUL  
HODGE, BRYAN  
TOUNSEL, ADRIENNE  
FERNANDEZ, ELDALIZ  
MORTON, TERRENCE  
FISHER, DAVID  
CHAVEZ, LESLIE  
MURPHY, CHARLES  
HARRIS, PAMELA  
DESAI, SUNIL  
JORGE, CARLOS  
LAHOUD, CHAWKI  
VINCENT, MARK  
RHYNE, JANELLE  
LAMOND, DAVID  
MCWILLIAMS, ANDREW  
OKWARA, BENEDICT  
EMANUEL, SHANDAL  
MAJURE, DAVID  
DUNN, KELLI  
KHAN, NEELAM  
MCCUTCHEN, JEFFREY  
BENGUR, AHMET  
JAHRSDORFER, CHARLES  
LOBDELL, KEVIN  
GIHWALA, RAMESH  
SINGH, HARDAYAL  
LAMOND, DAVID  
FINCH, GEORGE  
BRADSTREET, JENNIFER  
PITTS, VENUS  
MODY, SACHIN  
RYTER - BROWN, SHERRY  
SELTZER, STEPHEN  
JOHNSON, HOWARD  
MCGHEE, JAMES  
MCNAIR, CHARLTON  
RYTER - BROWN, SHERRY  
AJIZIAN, VANESSA  
THIYAGARAJAN, THANIGAIARSU  
WORRINGHAM, STEVEN  
MODY, SACHIN  
WADE, MARY

HICKORY  
CHARLOTTE  
GREENSBORO  
MATTHEWS  
BALTIMORE  
DURHAM  
GREENSBORO  
CARY  
CHARLOTTE  
GREENVILLE  
DURHAM  
KERNERSVILLE  
RALEIGH  
RALEIGH  
RALEIGH  
BOILING SPRINGS  
WILMINGTON  
HENDERSONVILLE  
CHARLOTTE  
CHARLOTTE  
NASHVILLE  
MT AIRY  
CHARLOTTE  
BURLINGTON  
MATTHEWS  
CHARLOTTE  
ROCKY MOUNT  
CHARLOTTE  
LINCOLNTON  
CARY  
HENDERSONVILLE  
FOREST CITY  
MOREHEAD CITY  
RALEIGH  
CHARLOTTE  
KERNERSVILLE  
ALBEMARLE  
NORWOOD  
WILMINGTON  
BESSEMER  
KERNERSVILLE  
WINSTON SALEM  
ST. LOUIS  
DURHAM  
GASTONIA  
ASHEVILLE

MASON, DAWN  
MCKENZIE, CRYSTAL  
MILLER, KELLI  
MINICH-CASTRO, JULIE  
MONROE, BRYAN  
PAPP, TRACY  
PENN, ANGELA  
PILOTE, CAROL  
PILOTE, CAROL  
POIRIER, BRENDA  
SCHULTZ, MARY  
SIMMONS, MICHELLE  
SPAKE, MARY  
ST GERMAIN, MARY  
STEIN, JUDY  
SUTTON, RICHARD  
THOMAS, SHEELA  
THOMPSON, WANDA  
VOCI, CATHERINE  
WADE, RENEE  
WATSON, KAREN  
WILLIAMS, SHANA

SABOGAL, MAURICIO  
JOHNSON, MICHAEL  
VOULGAROPOULOS, MENELAOS  
D'ALLURA, SAL  
FERNZ, MIRIAM  
GRAY, DERWIN  
YALCINKAYA, MEHMET  
PETZING, CHRISTINE  
MORWAY, LINDA  
DUPUY, GARY  
MODY, SACHIN  
DAMBECK, ALLYN  
MOSS, ALFRED  
FINCH, GEORGE  
NOVECK, ROBERT  
DIEHL, ANNA  
COX, CHRISTOPHER  
SMITH, IRA  
GARUBA, ABDUL  
RAO, SIDDHARTHA  
BEN-OR, SHARON  
GRADDY, LOGAN

GASTONIA  
CHARLOTTE  
HUNTERSVILLE  
FAYETTEVILLE  
WHITEVILLE  
NAGS HEAD  
WINSTON-SALEM  
SOUTHERN SHORES  
NAGS HEAD  
CARY  
CHARLOTTE  
CLINTON  
SHELBY  
FOREST CITY  
DURHAM  
DURHAM  
DURHAM  
DURHAM  
MATTHEWS  
RALEIGH  
GREENVILLE  
DURHAM

#### CLINICAL PHARMACIST PRACTITIONERS

Kennedy, LeAnne Davidson  
Gibbs, David Paul  
Hines, Courtney Tysinger  
Mack, Heidi Marie  
Howard, Caroline Anne  
Raymer, Danielle Weeden  
Sessions, Jolynn Knoche

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses  
Issued as of May 2013

Perfusionists:

Englehart, Mercedes Bianca Melody

Poon, Tak Min Benjamin

Schwimer, Courtney Pierce

Anesthesiologist Assistants:

None

North Carolina Medical Board  
PA Licenses Approved  
May 2013

Initial PA Applicants Licensed 03/01/13 – 04/30/13

PA-Cs

Name

Allshouse, Krista Jean	03/15/2013
Almond, Alayna Kiersten	03/14/2013
Anderson, Jeffrey Drew	04/05/2013
Baukol, Andrew William	03/18/2013
Beemer, Elsa	04/25/2013
Bissell, Jaclyn Marie	04/11/2013
Black, Neicole	03/01/2013
Bodner, Jason Kristopher	03/12/2013
Boehler, Cheryl	04/23/2013
Burton, Beau James	03/01/2013
Carlson, Samantha Rae	03/01/2013
Elam, Mary Jo	03/05/2013
Fisher, Darryl	03/21/2013
Gaither, Kimberly Hope	03/12/2013
Gambini, Justin Michael	04/01/2013
Ho, Thuy Thi Huong	04/17/2013
Hooks, Christopher Carlton	04/17/2013
Hope, Crystal	04/16/2013
Jones, Lauren S.	04/02/2013
Jones, Melanie Denise	04/29/2013
Kelly, Andrea Maluta	03/01/2013
Maambo, Nchimunya Moomba	04/24/2013
Majka, Peter William	03/26/2013
Malsom, Paul Douglas	04/12/2013
Malynowski, Christopher	03/25/2013
McGrath, Kelly	04/04/2013
Mohrien, Kari Lynn	03/06/2013
Mothe, Sumanth Vamshidhar	03/15/2013
Paul, Jennifer Lynn	04/23/2013
Pippi, Eric Joseph	03/12/2013
Priest, Frieda Shamane	03/01/2013
Ritchie, Mark Salvatore	03/12/2013
Roetting, Diana Tong	03/07/2013
Rosage, Nicholas	04/16/2013
Ruf, Rebecca Jane	04/01/2013
Santarelli, Paul Stephen	03/15/2013

Schirner, Jennifer Ann	03/27/2013
Seitz, Kathryn Elizabeth	03/19/2013
Shore, Ronald Dean	04/04/2013
Sotomayor Valdivia, Claudia Deyanira	04/01/2013
Spegal, Melissa Ann	03/27/2013
Theiss, Paul Daniel	04/12/2013
Tricarico, Jacqueline Christie	04/16/2013
Warwick, Joyce Corbeil	03/26/2013

PA-Cs Reactivations/Reinstatements/Re-Entries

Name

Burnham, Catherine Leigh	04/17/2013
Chappelear, Emily Alexandra	03/08/2013
Desai, Sejal Shah	03/27/2013
Jethro, Virginia Ann	03/08/2013
Manion, Daniel George	03/08/2013

Additional Supervisor List 03/01/13 – 04/30/13

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Abraham, Mufiyda	Aluko, Gbenga	Charlotte
Adams, Melanie	George, Rosalyn	Wilmington
Adams, Patricia	Kumar, Archana	Greensboro
Alex, Vikki	Lee, Melvin	Statesville
Allen, Deborah	Savell, Randall	Sylva
Allen, Marchelle	Vesa, Allin	Statesville
Almond, Alayna	Guerrini, James	Winston Salem
Anderson, Jeffrey	Wells, Matthew	Fayetteville
Anderson, Steven	Kiger, Tara	New Bern
Armeau-Claggett, Elin	Holder, Latia	Yanceyville
Asher, Kelly	Benitez-Graham, Ana	Mebane
Astern, Laurie	Gavazov, Miroslav	Raleigh
Atkinson, Ginger	Puente, Fernando	Raleigh
Avery, Leanne	Bitner, Matthew	Henderson
Avery, Leanne	Page, Branson	Oxford
Babb, Richard	Harrison, Walter	Rocky Mount
Babb, Richard	Kim, Edward	Rocky Mount
Babb, Richard	Muller, Peter	Rocky Mount
Babb, Richard	Nelson-Robinson, Lisa	Rocky Mount
Babb, Richard	Vire, Robert	Rocky Mount
Bailey, Paul	Armour, Ross	Winston Salem
Baker, David	Barwick, James	Washington
Baker, Matthew	Gajewski, Timothy	Charlotte
Barfield, Andrea	Emanuel, Shandal	Nashville

Barfield, Andrea	Emanuel, Shandal	Wilson
Barlow, Scott	Henrichs, Charles	Hendersonville
Barrow, Kenneth	Gemelli, Peter	Wilmington
Beech, Joyce	Cabeza, Yuri	High Point
Berger, Ruth	Smith, Carl	Raleigh
Berger, Ruth	Zimmerman, Eugenia	Raleigh
Bernier, Lisa	Hyde, Rebecca	Cherokee
Black, Neicole	Peace, Robin	Fairmont
Blanton, James	Fernz, Miriam	Whiteville
Bodner, Jason	Farney, Alan	Winston Salem
Bowen, Amanda	Girouard, Michael	Huntersville
Branstetter, Annie	Shields, Thomas	Winston Salem
Brevard, Katherine	Henrichs, Charles	Hendersonville
Bridges, Allison	Vesa, Allin	Statesville
Briggs, Steven	Gehle, Randall	McAdenville
Briggs, Steven	Pithwa, Sapna	Charlotte
Bronstein, Wanda	Ordonez, Esperanza	Raleigh
Brooks, Laura	Hedgepath, Larry	Spindale
Brown, Lynn	Reynolds, Leslie	Greensboro
Brown, Richard	Buchanan, Cynthia	Clayton
Brown, Sara	Gray, Lee	Huntersville
Bruning, Kevin	Yamagata, Glenn	Greensboro
Bryant, Charles	Henrichs, Charles	Hendersonville
Buchkovich, Jennie	Go, Brian	Raleigh
Buell, Ronald	Myers, Veresa	Brevard
Bumgarner, Sarah	Pressly, Cressent	Winston Salem
Bunn, Elise	Meier, John	Raleigh
Burchett, Jessica	Mull, Courtney	Marion
Burnham, Catherine	Idler, Cary	Raleigh
Butler, Anna	Bush, Andrew	Sanford
Butler, Kimberlee	Barnhill, Jessica	Durham
Camp, Jamie	Lee, Sue	Alliance
Camp, Jamie	Osta, Elie	Snow Hill
Campbell, Kimberly	Frank, Harrison	Carolina Beach
Caputo, Shawne	Mody, Sachin	Matthews
Chambers, Detra	Dembski, John	Morganton
Chance, Jeffery	Martin, Steve	Albemarle
Chervil, Sheila	Okwara, Benedict	Salisbury
Cogdell, Jennifer	Gaskin, Steve	Concord
Cohen, Keisha	Mitchell, James	Fayetteville
Consey, Shawn	Edwards, Thomas	Camp Lejeune
Cooper, Michelle	D'Amico, Paul	Albemarle

Corley, Rebekah  
Cottrell, Deanna  
Courtemanche, Rachel  
Courtemanche, Rachel  
Courtney, Amy  
Cowick, Michael  
Culler, Michael  
Culler, Michael  
Cummings, David  
Curtis, Denise  
Cutshaw, Houston  
Cutshaw, Houston  
Cvelic, Patrick  
Czinsky, Jennifer  
Dabkowski, Jeffrey  
D'Amico, Keith  
Davis, John  
DeLellis, Stephen  
Desai, Sejal  
Doan, Thao  
Duerkes, Michael  
Durbin, Michael  
Earl, Tracy  
Eaves, Audrey  
Echols, Ruthetta  
Edgerton, Ann  
Enos, Fredrick  
Fagan, Paul  
Ferguson, Carly  
Ferritto, Frank  
Fisher, Darryl  
Ford, Angela  
Francis, Vesna  
Fulbright, Anne  
Fuqua, Jennifer  
Gaines, Thomas  
Gaither, Kimberly  
Galgano, Christopher  
Gammons, Vanessa  
Gatlin, Lois  
Giancaterini, Mary  
Gill, Burgo  
Girskis, Jennifer  
Glasgow, Cheryl  
Goldberg, Jennifer  
Goller, Linda

Watkins, William  
Healy, Joseph  
Rosen, Robert  
Sapp, Amy  
McDaniels, Christopher  
Fisher, Michael  
Garland, Jeffrey  
Goad, Bradley  
Macomber, Joshua  
Rhoades, Alan  
Kliesch, John  
Pithwa, Sapna  
Fote, Bertrand  
Cohen, Max  
Suprock, Mark  
Uhren, Robert  
Dubisky, Gary  
Lynch, James  
Baugham, Leonard  
Chao, Nelson  
Mull, Courtney  
Doty, Heather  
Lijoi, Silvestro  
Bunn, Barry  
Sprague, Marie  
Fakadej, Anna  
Koewler, Thomas  
Khan, Raza  
Hawkins, Michael  
Reid, Carl  
Skipper, Eric  
Manning, James  
Lartey, Philip  
Graddy, Logan  
Trujillo-Zapata, Jaime  
Menz, Michael  
Kennelly, Michael  
Elbeery, Joseph  
Gilliam, Ryan  
Camargo, Johnny  
Pociask, Stephen  
Isaacs, Steven  
Engel, Mark  
Edwards, Angela  
McCutchen, Jeffrey  
Hyde, Rebecca

Gastonia  
New Bern  
Winston Salem  
Winston Salem  
Raleigh  
Lenoir  
Mount Airy  
Mount Airy  
Cary  
Huntersville  
Charlotte  
Charlotte  
Salisbury  
Greensboro  
Huntersville  
Spruce Pine  
Gastonia  
Ft. Bragg  
 Mooresville  
Durham  
Marion  
Cornelius  
Charlotte  
Tarboro  
Jacksonville  
Southern Pines  
Mint Hill  
Charlotte  
Gastonia  
Fayetteville  
Charlotte  
Kernersville  
Hendersonville  
Chapel Hill  
Winston Salem  
Gibsonville  
Charlotte  
Greenville  
King  
Charlotte  
Charlotte  
Elkin  
Bryson City  
Winston Salem  
Matthews  
Cherokee

Goodwin, Gregory  
Goodwin, Gregory  
Gorski, Karen  
Green, Jennifer  
Greene, Tiffany  
Grey, Richard  
Gunneson, Eunice  
Gvalani, Bhavna  
Hafiz, Sehr  
Hall, Sherry  
Hanvey, Shannon  
Harbieh, Jamil  
Harding, Leeanna  
Harduk, Laura  
Harp, Wayne  
Hart, Loretta  
Hart, Loretta  
Hart, Loretta  
Hart, Ryan  
Hawkins, Misty  
Healey, Kathleen  
Hedgepeth, Albert  
Hedrick, Jessica  
Hemsath, Robert  
Hiatt, Tiffany  
Hickman, William  
Hill, Keith  
Hill, Tina-Marie  
Hobbs, Joseph  
Holbrook, Jaime  
Holbrook, Jaime  
Hooper, Arthur  
Huie, Phillip  
Idol, Julie  
Inabinette, Gretta  
Jenkins, Jennifer  
Jenkins, Walter  
Jethro, Virginia  
Johns, Phil  
Johnson, Sarah  
Johnson, Yavonne  
Jones, Kimberly  
Jones, Lauren  
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Kachhadia, Urvashi  
Kalevas, Karen

Dorn, Robert  
Finch, George  
Wallace, Robert  
Siddiqui, Mustafa  
Miller, Brian  
Pate, Chris  
Morton, Terrence  
Harrelson, Anna  
Hill, Edward  
Groh, Gordon  
Sincox, Francis  
Rodriguez, Luis  
Mody, Sachin  
Le, Cuong  
Gihwala, Ramesh  
Barron, Jerry  
Homesley, Howard  
Valentine, Brandon  
Asimos, Andrew  
White, David  
Weaver, David  
Brice, Jane  
McDaniels, Christopher  
Shelton, Phyllis  
Ober, Karl  
Cowan, Lisa  
Finch, George  
Bezzek, Mark  
Saunders, George  
Brescia, Donald  
Elbeery, Joseph  
Lanier, Vicki  
Isaacs, Steven  
Miller, Brian  
Kotsko, Jude  
Williams, Jonathan  
Villani, John  
Jagadeesan, Singaravelu  
Anderson, Travis  
Das, Anita  
Ritchie, John  
Shadduck, Phillip  
Hawkins, Michael  
Cahill, Kevin  
Mody, Sachin  
Chavis, Herman

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Rutherfordton  
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Gastonia  
Charlotte  
Waxhaw  
Red Springs



Kauer, Lauren  
Kearney, Christopher  
Keller, David  
Kelley, Paul  
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Kirk, John  
Kobeissi, Ashraf  
LaBerge, Meagan  
LaBonte, Edwina  
Labore, Francis  
Lacey, Donna  
LaCoursiere, Julie  
Lane, Nicole  
Laughlin, Anne  
Le, Bach Tuyet  
Lepene, Bethany  
Lestrangle, Kathy  
Levan Elbel, Stephanie  
Little, Heidi  
Lohnes, John  
Lonneman, Kimberly  
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Lynam, Daniel  
Lyon, Christopher  
Mahar, Colleen  
Manning, Erin  
Marte, Heather  
McCann, Raquel  
McDowell, Julie  
McElhinney, John  
McGowan, Shannon  
Melton, Kathryn  
Michael, Ann  
Michael, Ann  
Mills, Monica  
Minor, David  
Mohrien, Kari  
Moore, Jennifer  
Mora, Valery  
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Mueller-Brady, Sandy  
Narvaez, Shari  
Nguyen, Hoa  
Nicholson, Todd  
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Niese, Megan

Valentine, Brandon  
Hansen, Roger  
Allan, John  
Myers, John  
Rodriguez, Luis  
Lanier, Vicki  
Agarwal, Abhay  
Classen, Adrienne  
Patel, Hiren  
Kuhne, Albert  
McGhee, James  
Kliesch, John  
Murray, Laura  
Desai, Nitinchandra  
Huynh, Phi  
Lindsey, Julie  
Marks, Malcolm  
Lewis, Marvin  
Emanuel, Shandal  
Taylor, Dean  
Fernz, Miriam  
Frank, Harrison  
Hoidal, Charles  
Shelton, Phyllis  
Furr, William  
Thielen, Thomas  
Doolittle, Robert  
Sloan, Douglas  
Stinson, Charles  
Brown, Philip  
Bronstein, David  
Doohan, Thomas  
Kremers, Mark  
Lutz, Charles  
Emanuel, Shandal  
Gray, Lee  
Cofie, Abelard  
VanHaasteren, Loretta  
Anderson, Jeffery  
Piazza, Michael  
Richardson, Wendell  
Miller, Brian  
Obeng, Francis  
Hall, Daniel  
Hall, Daniel  
DeMatos, Pierre

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Jacksonville  
Greensboro  
Charlotte  
Rockingham  
Rockingham  
Asheville

Nkyesiga, Peter	McCutchen, Jeffrey	Charlotte
Norwood, Kirsta	Mody, Sachin	Matthews
Nowak, Mellisa	Rosen, Robert	Winston Salem
O'Connell, Kristy	Kraebber, David	Wilmington
O'Connor, Brian	Hawkins, Michael	Gastonia
Oles, James	Lowry, Tulula	Fayetteville
O'Reilly, Dawn Marie	Alley, William	Winston Salem
Oxendine, Lisa	Bell, Joseph	Pembroke
Pace, S.	Cabral, Gonzalo	Princeville
Pace, S.	Perry, Robert	Greenville
Pace, S.	Thomas, Rachel	Princeville
Paraoan, Dyna	Jones, Karen	Charlotte
Parker, Heather	Miller, Jodi	Dunn
Parkhurst, Julia	Jones, Karen	Charlotte
Patel, Neelema	Urash, Joseph	Shelby
Payne, Mark	Avioli, Richard	High Point
Payne, Mark	Freund, Victor	High Point
Payne, Mark	Thompson, David	High Point
Paz, Lisette	Miller, Brian	greensboro
Pecevich, Louise	Majure, David	Mount Airy
Perkins, Alison	Stinson, Charles	Winston Salem
Perkins, Shawnie	Jarrell, Renaldo	Charlotte
Perkins, Shawnie	McCutchen, Jeffrey	Charlotte
Perkins, Shawnie	Mody, Sachin	Charlotte
Pineiro, Miguel	Ordonez, Esperanza	Raleigh
Pisciotta, Nicole	Miller, Brian	Greensboro
Poole, Elliot	Minior, Daniel	Dunn
Poole, Elliot	Pathan, Ayaz	Sanford
Poston, Gary	Felix, Arnaud	Hickory
Poston, Gary	Igdal, Henry	Hickory
Powers, Laurie	Fleishman, Samuel	Fayetteville
Pressley, Shanna	Castillo, Elizabeth	Asheville
Pressley, Shanna	Farley, David	Asheville
Quintero, Tammi	Beese, Stephen	Kernersville
Ray, Jessicah	Rosen, Robert	Winston Salem
Rayburn, Shawn	Sanger, Claire	Greensboro
Raynor, Tamela	Veatch, Philip	Albemarle
Reardon, Kenneth	Milam, Robert	Charlotte
Rice, Easton	Burkett, Donna	Winston Salem
Rice, Easton	Kaplan, Richard	Winston Salem
Rich, Amy	Hawks, Aldene	High Point
Richardson, Angela	Rao, Caroline	Durham
Rinkenberg, Kristen	Johnson, Lee	Winston Salem
Rinkenberg, Kristen	Morgan, Gary	Winston Salem
Ritchie, Mark	Gerardo, Charles	Durham
Roberts, Jessica	Mastrangelo, Michael	Wilmington

Robinson, Anthony	Batts-Murray, Doris	Raleigh
Roetting, Diana	Vallat, Val	Charlotte
Rojas, Brian	Enochs, Paul	Cary
Rooney, Jamie	Page, Branson	Oxford
Rosage, Nicholas	Barker, Joseph	Raleigh
Ruf, Rebecca	Nieves Gonzalez, Orlando	Cherokee
Russell, Karen	Frank, Harrison	Carolina Beach
Ryan, Allison	Hawkins, Michael	Gastonia
Samplawski, Olga	King, Victoria	Charlotte
Samplawski, Olga	Missick, Benjamin	Charlotte
Sampson, Dawn	Frank, Harrison	Leland
Schaeffer, Chase	Lewis, Marvin	Cameron
Scheer, Elizabeth	Edwards, Angela	Winston Salem
Scheib, Aaron	Owens, Robert	Hookerton
Schirner, Jennifer	Bobbe, Dorothy	Spruce Pine
Schirner, Jennifer	Scott, Lisa	Spruce Pine
Schiro, Shelley	DePaolo, Charles	Asheville
Schneider, Kirsten	Crane, Jonathan	Wilmington
Schumacker, Clifford	Potts, Kevin	Wilmington
Scott, Nadine	Jarrell, Renaldo	Charlotte
Scott, Tina	Villani, John	Durham
Scott, Tracy	Ennever, Peter	High Point
Self, Rebecca	Alley, William	Winston Salem
Senatore, Amanda	Price, Donald	Greenville
Shelley, Danielle	Zbinden, Louis	Charlotte
Shinnick, Jill	Samia, Mark	Raleigh
Shirley, Lavette	Stoudmire, Jonathan	Matthews
Short, Jennifer	Mody, Sachin	Matthews
Simmons-Valenzuela, Claire	Kishbaugh, David	Fayetteville
Smith, Frances	Shaw, Robert	Greenville
Smith, Natalie	Kiger, Tara	New Bern
Sofia, Karen	Miller, Brian	Greensboro
Sotomayor Valdivia, Claudia	Rish, Carlos	Charlotte
Spiegel, Barry	Todd, Timothy	Fayetteville
Srikantha, Venayagaratnam	Bunch, Michael	Roanoke Rapids
Sterling, Twyla	Barnes, Daniel	Pinehurst
Stokes, Traci	Mostak, Richard	Concord
Stone, Emily	McCutchen, Jeffrey	Matthews
Stout, Ryan	Walker, Gena	Charlotte
Straka, Michael	Furia, Samantha	Elizabeth City
Talbert, Karen	Dimkpa, Okechukwu	Kannapolis
Talbert, Karen	Dimkpa, Rajeshree	Salsbury
Taylor, Jacob	Lachiewicz, Paul	Chapel Hill
Thomas, Anne	Spivey, David	Winston Salem
Thomas, Julie	Cowan, Lisa	Raeford
Thomas, Pamela	Hamel, John	Asheville

Thomas, Whitney  
Thomason, Melissa  
Thompson, Erin  
Tinker, J. Paige  
Tinsley, Audrey  
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Todd, James  
Trenner, James  
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Tricarico, Jacqueline  
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Triplett, Tammy  
Tripp, Glenn  
Truscello, Katherine  
Turnbull, Meghann  
Turner, Charity  
Van Benthuyzen, Richard  
Van Meter, Patrick  
Van Meter, Patrick  
Van Wingen, Heather  
Vandentop, Roberta  
Von, Karla  
Walton, Charles  
Ward, Elizabeth  
Waronsky, Roy  
Warren, Leah  
Warwick, Joyce  
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Washington, Sandra  
Waters, Shannon  
Wayne, Richard  
Weaver, Arlondra  
Wedsworth, Jeanette  
Wharton, Lisa  
White, Elizabeth  
White, Steven  
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Whitney, Douglas  
Wighton, Stephanie  
Wilkinson, Donald  
Williams, Catherine  
Wimberly, Erica  
Wimberly, Erica  
Winstead, Quana

Skipper, Eric  
Mody, Sachin  
Alley, William  
Norem, Julia  
Brannon, Gregory  
Cook, Charles  
Fote, Bertrand  
Harrison, Frank  
Mahan, Dennis  
Alley, William  
Calvert, Joseph  
Holder, David  
Miller, Brian  
Page, Branson  
Watson, Derek  
Shelton, Phyllis  
Kirchoff, Patrice  
McGhee, James  
Sanderson, Steven  
Williamson, Steven  
Miller, Brian  
Spencer, Stephen  
Andrews, Allan  
Dell'Aria, Joseph  
Gregory, Dixon  
Trombley, Michael  
Mody, Sachin  
Magilen, Steven  
Stegemoller, Ralph  
Chang, John  
Fisher, Michael  
Lindsay, Thomas  
Buchanan, Sonya  
Sadat, Abdul  
Kiger, Tara  
Hoxworth, Benjamin  
Chung, Keven  
Forstner, James  
Frank, Harrison  
Mack, Barbara  
Gaskin, Steve  
Hite, Michael  
Miller, Brian  
Perez-Montes, Marcelo  
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Greensboro  
Laurinburg  
Southport  
Leland  
Pembroke  
Concord  
Hendersonville  
Greensboro  
Fayetteville  
Fayetteville  
Cherokee

Wolf, Teresa  
Woodstock, Jennifer  
Yerkes, Carrie  
Zachary, Christopher

Taber, Wilson  
Jones, Karen  
Hudak, Deborah  
Simpson, Jerry

Goldsboro  
Mooreville  
Raleigh  
Greenville

21 NCAC 46 .2507 ADMINISTRATION OF VACCINES BY PHARMACISTS

(a) Purpose. The purpose of this Rule is to provide standards for pharmacists engaged in the administration of vaccines as authorized in G.S. 90-85.3(r) of the North Carolina Pharmacy Practice Act.

(b) Definitions. The following words and terms, when used in this Rule, have the following meanings, unless the context indicates otherwise.

(1) "ACPE" means Accreditation Council for Pharmacy Education.

(2) "Administer" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or other means by:

(A) a pharmacist or a pharmacy intern as defined at 21 NCAC 46.1317(28) who is under the direct, in-person supervision of a pharmacist (collectively referred to as "pharmacist"); or

(B) the patient at the direction of a health care provider authorized by North Carolina to prescribe the vaccine or pharmacist.

(3) "Antibody" means a protein in the blood that is produced in response to stimulation by a specific antigen.

Antibodies help destroy the antigen that produced them. Antibodies against an antigen usually equate to immunity to that antigen.

(4) "Antigen" means a substance recognized by the body as being foreign; it results in the production of specific antibodies directed against it.

(5) "Board" means the North Carolina Board of Pharmacy.

(6) "CDC" means the Centers for Disease Control and Prevention.

(7) "CDC recommended vaccine" means any vaccine recommended by the CDC on its most recent adult immunization schedule and any vaccine recommended or required by the CDC for international travel.

(8) "Confidential record" means any health-related record that contains information that identifies an individual and that is maintained by a pharmacy or pharmacist such as a patient medication record, prescription drug order, or medication order.

(9) "Immunization" means the act of inducing antibody formation, thus leading to immunity.

(10) "Medical Practice Act" means G.S. 90-1, et seq.

(11) "Physician" means a currently licensed M.D. or D.O. with the North Carolina Medical Board who is responsible for the on-going, continuous supervision of the pharmacist pursuant to written protocols between the pharmacist and the physician.

(12) "Vaccination" means the act of administering any antigen in order to induce immunity; is not synonymous with immunization since vaccination does not imply success.

(13) "Vaccine" means a specially prepared antigen, which upon administration to a person may result in immunity.

(14) "Written protocol" means a physician's written order, standing medical order, or other order or protocol. A written protocol must be prepared, signed and dated by the physician and pharmacist and contain the following:

(A) the name of the individual physician authorized to prescribe drugs and responsible for authorizing

the written protocol;

(B) the name of the individual pharmacist authorized to administer vaccines;

(C) the immunizations or vaccinations that may be administered by the pharmacist;

(D) procedures to follow, including any drugs required by the pharmacist for treatment of the patient, in the event of an emergency or severe adverse reaction following vaccine administration;

(E) the reporting requirements by the pharmacist to the physician issuing the written protocol, including content and time frame;

(F) locations at which the pharmacist may administer immunizations or vaccinations; and

(G) the requirement for annual review of the protocols by the physician and pharmacist.

(c) Policies and Procedures.

(1) Pharmacists must follow a written protocol as specified in Subparagraph (b)(14) of this Rule for administration of vaccines and the treatment of severe adverse events following administration.

(2) The pharmacist administering vaccines must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

(3) The pharmacist or pharmacist's agent must give the appropriate, most current vaccine information regarding the purpose, risks, benefits, and contraindications of the vaccine to the patient or legal representative with each dose of vaccine. The pharmacist must ensure that the patient or legal representative is available and has read, or has had read to him or her, the information provided and has had his or her questions answered prior to administering the vaccine.

(4) The pharmacist shall not administer vaccines to patients under 18 years of age; except, the pharmacist may, pursuant to S.L. 2011-315 and the requirements of this rule, administer influenza vaccine to a patient between the ages of 14 and 18 years at the request of the patient's parent or legal guardian.

(5) Except for influenza vaccine, which may be administered pursuant to written protocol under S.L. 2011-315 and paragraph (c)(1) of this rule, the pharmacist shall not administer CDC recommended vaccine to a patient except upon a prescription, issued consistent with sound medical practice standards, of a health-care provider authorized by North Carolina law to prescribe the vaccine. The pharmacist shall document in the patient's profile the provider's prescription to administer a CDC recommended vaccine

(6) The pharmacist shall ask the patient to identify his/her primary health care provider. The pharmacist shall report administration of CDC recommended vaccines and any adverse events to the health-care provider who prescribed the vaccines and to the patient's primary health-care provider if that individual is different from the health-care provider who prescribed the vaccine. The pharmacist shall report all vaccines administered to all entities, including any State registries, as required by law.



(d) Pharmacist requirements. Pharmacists who enter into a written protocol with a physician to administer vaccines shall:

(1) hold a current health-care provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or an equivalent certification organization; [David/Julie – this is a suggested clarifying, non-substantive change](2) successfully complete a certificate program in the administration of vaccines accredited by the CDC, the ACPE or a health authority or professional body approved by the Board as having a certificate program similar to the programs accredited by either the CDC or the ACPE;

(3) maintain documentation of:

(A) completion of the initial course specified in Subparagraph (2) of this Paragraph;

(B) three hours of continuing education every two years, which are designed to maintain competency in the administration of vaccines

(C) current certification specified in Subparagraph (1) of this Paragraph;

(D) original written physician protocol;

(E) annual review and revision of original written protocol with physician;

(F) any problems or complications reported; and

(G) items specified in Paragraph (g) of this Rule.

(4) A pharmacist who, because of physical disability, is unable to obtain a current health care provider level CPR certification may administer vaccines in the presence of a pharmacy technician or pharmacist who holds a current provider level CPR certification

(e) Supervising Physician responsibilities. Pharmacists who administer vaccines shall enter into a written protocol with a supervising physician who agrees to meet the following requirements:

(1) be responsible for the formulation or approval and periodic review of the written protocol and periodically review the protocol and the services provided to a patient under the order or protocol;

- (2) be accessible to the pharmacist administering the vaccines or be available through direct telecommunication for consultation, assistance, direction, and provide back-up coverage;
- (3) review the written protocol with pharmacist at least annually and revise if necessary; and
- (4) receive a periodic status report on the patient, including any problem or complication encountered.

(f) Drugs. The following requirements pertain to drugs administered by a pharmacist:

(1) Drugs administered by a pharmacist under the provisions of this Rule shall be in the legal possession of:

(A) a pharmacy, which shall be the pharmacy responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination; or

(B) a physician, who shall be responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination;

(2) Drugs shall be transported and stored at the proper temperatures indicated for each drug;

(3) Pharmacists, while engaged in the administration of vaccines under written protocol, shall have in their custody and control the vaccines identified in the written protocol and any other drugs listed in the written protocol to treat adverse reactions; and

(4) After administering vaccines at a location other than a pharmacy, the pharmacist shall return all unused prescription medications to the pharmacy or physician responsible for the drugs.

(g) Record Keeping and Reporting.

(1) A pharmacist who administers any vaccine shall maintain the following information, readily retrievable, in the pharmacy records regarding each administration:

(A) The name, address, and date of birth of the patient;

(B) The date of the administration;

(C) The administration site of injection (e.g., right arm, left leg, right upper arm);

(D) Route of administration of the vaccine;

(E) The name, manufacturer, lot number, and expiration date of the vaccine;

(F) Dose administered;

(G) The name and address of the patient's primary health care provider, as identified by the patient; and

(H) The name or identifiable initials of the administering pharmacist.

(2) A pharmacist who administers vaccines shall document the annual review with the supervising physician of written protocol in the records of the pharmacy that is in possession of the vaccines administered.

(h) Confidentiality.

(1) The pharmacist shall comply with the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 and any rules adopted pursuant to this act.

(2) The pharmacist shall comply with any other confidentiality provisions of federal or state laws.

*History Note: Authority G.S. 90-85.3; 90-85.6;*

*Eff. April 1, 2003;*

*Emergency Amendment Eff. May 11, 2004;*

*Temporary Amendment approved by RRC October 21, 2004;*

*Amended Eff. February 1, 2008; November 1, 2005; November 1, 2004;*

*Emergency Amendment Eff. October 9, 2009;*

*Temporary Amendment Eff. December 29, 2009;*

*Amended Eff. March 1, 2012.*

## 21 NCAC 32M .0104 PROCESS FOR APPROVAL TO PRACTICE

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
- (1) meet registration requirements as specified in 21 NCAC 32M .0103;
  - (2) submit an application for approval to practice;
  - (3) submit any additional information necessary to evaluate the application as requested; and
  - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant may be granted an approval to practice limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as sudden injury, illness or death of the primary supervising physician.
- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
- (1) the Board of Nursing shall verify compliance with Rule .0103 of this Subchapter and Paragraph (a) of this Rule; and
  - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicants as follows:
- (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and proceed pursuant to protocols developed by both Boards; and
  - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
- (1) meet the nurse practitioner approval requirements as stipulated in Rule .0108(c) of this Subchapter; and
  - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0115 of this Subchapter.
- (j) A Nurse Practitioner approved under this Subchapter shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

*History Note: Authority G.S. 90-18(c)(14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42; Eff. January 1, 1991;*

*Paragraph (b)(1) was recodified from 21 NCAC 32M .0104 Eff. January 1, 1996;  
Amended Eff. December 1, 2006; May 1, 1999; January 1, 1996;  
Recodified from 21 NCAC 32M .0103 Eff. August 1, 2004;  
Amended Eff. January 1, 2013; December 1, 2009; November 1, 2008; January  
1, 2007; August 1, 2004.*

## 21 NCAC 32M .0108 INACTIVE STATUS

- (a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board of Nursing in writing.
- (b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.
- (c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0103(a)(1), .0104(a) and (b), .0107, and .0110 of this Subchapter and receive notification from the Board of Nursing of approval prior to beginning practice after the application is approved by both Boards.
- (d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of education and ~~certification~~ certification ~~in order to be eligible to apply for approval to practice.~~ A nurse practitioner refresher course participant may be granted an approval to practice limited to clinical activities required by the refresher course.

*History Note: Authority G.S. 90-18(c)(14); 90-18.2; 90-171.36;  
Eff. January 1, 1996;  
Amended Eff. January 1, 2013; December 1, 2009; December 1, 2006; August 1,  
2004; May 1, 1999.*