



Oklahoma State Board of Medical Licensure and Supervision

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May 16, 2024 ~ 9:00 a.m.

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

MOTIONS

SAMPLE MOTIONS:

- 1) The Board may *approve, table or deny* an application for licensure.
- 2) An application may be presented by staff with an *Agreement* for monitoring or the Board may ask the applicant if they would enter into an Agreement. An Agreement is similar to probation and is public information; however, *it is not disciplinary action*.
- 3) A motion to *table* must contain the conditions/requirements the applicant must meet in order to be re-considered (i.e. a personal appearance, additional information, evaluation, resolution of another state action).
- 4) A motion to *deny* must contain a *reason for the denial*.

EXAMPLES:

I move the application of _____ (license #_____) for a full/training/temporary medical license be approved.

I move the application of _____ (license #_____) for a full/training/temporary medical license be tabled pending _____.

I move the application of _____ (license #_____) for a full/training/temporary medical license be denied based on _____.

Possible reasons for denial:

- Lack of good moral character
- Inability to practice with reasonable skill and safety
- Use of false or fraudulent information
- Suspension or revocation of a license in another state unless that license has been reinstated
- Refusal of licensure in another state other than for examination failure
- Multiple examination failures - even below the 3 strikes and no board certification

SAMPLE MOTIONS:*Not Guilty*

The Board must find that the State did not meet proof of violation(s) by *clear and convincing evidence*.

EXAMPLE:

I move that the case of _____ (license #_____) be dismissed as the State did not prove by clear and convincing evidence the allegations in the complaint.

Guilty - Requires TWO Motions:

- 1) *A finding of guilt* using clear and convincing evidence of one or more violations listed in the Complaint (list the corresponding paragraph letters).

EXAMPLE:

I move to find in the case of _____ (license #_____) the State has proven by clear and convincing evidence the allegations in paragraph(s) _____ of the Verified Complaint.

- 2) *Disciplinary action imposed* upon the finding of guilt. (See Actions Below)

EXAMPLE:

I move to find in the case of _____ (license #_____) based on any or all of the findings of guilt, to _____ .

Disciplinary Actions That May Be Imposed: (one or combination)

- Revocation of license with or without the right to reapply
- Suspension ~ can be indefinite with requirement such as obtaining an assessment
- Probation ~ 1-5 years (violation of probation can be changed to indefinite)
- Stipulations/Limitations/Restrictions/Conditions relating to practice
- Censure, including specific redress, if appropriate
- Public Reprimand
- Free Public or Charity Service (usually mentioned in total # of hours)
- Satisfactory Completion of Educational/Training, and/or Treatment Program(s)
- Administrative Fines of up to \$5,000 per violation

GENERAL TERMS ~ (recommended for inclusion in all orders)

- 1) Defendant will conduct his/her practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act as interpreted by the Board. Any question of interpretation regarding the Act or this order shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Board or its designee.
- 2) Defendant will furnish a copy of this order to each and every state in which he/she holds licensure or applies for licensure and to all hospitals, clinics or other facilities in which he/she holds or anticipates holding any form of staff privileges or employment.
- 3) Defendant will not supervise allied health professionals that require surveillance of a licensed physician.
- 4) Defendant will keep the Board informed of his/her current address.
- 5) Defendant will keep current payment of all assessment by the Board for prosecution, investigation and monitoring of his/her case, unless Defendant affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board Secretary.
- 6) Until such time as all indebtedness to the Board has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.
- 7) Defendant shall make himself/herself available for one or more personal appearances before the Board or its designee upon request.
- 8) Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or designee.
- 9) Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator to obtain medical records and discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.
- 10) Failure of Defendant to meet any of the terms of Board Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify license after due notice and hearing.

SPECIFIC TERMS PER CASE ~ (to be chosen by Board Members or presented by the State)

CDS VIOLATIONS

- 1) Defendant will not prescribe, administer, dispense or possess any drugs in Schedule II, III, IV or V.

- 2) Defendant will not prescribe, administer, dispense or possess any drugs in Schedules _____ except to hospital inpatients or emergency room patients. No controlled dangerous substances or addictive drugs will be prescribed, administered or dispensed to outpatients.
- 3) Defendant will surrender his/her registration for state and federal controlled dangerous substances to the proper authorities on _____ and will not apply for state and federal registration for controlled dangerous substances until the term of his/her probation has expired unless authorized to do so by the Board.
- 4) Defendant will not authorize any personnel under his/her supervision to initiate an order for a prescription to be issued.

IMPAIRMENT

- 1) Upon request of the Board or its designee, Defendant will submit for analysis biological fluid specimens including, but not limited to, blood and urine, and Defendant will pay for the costs attendant thereto.
- 2) Defendant will not prescribe, administer or dispense any medications for personal use.
- 3) Defendant will take no medication except that which is authorized by a physician treating him/her for a legitimate medical need. Defendant has the affirmative duty to inform any and every doctor treating him/her of this Board Order immediately upon initiation or continuation of treatment.
- 4) Defendant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.
- 5) Defendant will place himself/herself in a rehabilitation program approved by the Board or its designee for inpatient evaluation and subsequent treatment. Defendant will authorize in writing the release of any and all information regarding said treatment to the Board.
- 6) Defendant will abide by the post-care contract from the Board-approved treatment center.
- 7) Defendant will attend _____ meetings of Alcoholics Anonymous, Narcotics Anonymous and/or another 12-step program and will attend _____ meetings per week of the Caduceus group in Oklahoma.
- 8) Defendant shall promptly notify the Board of any relapse, including any entry, or re-entry, into a treatment program for substance abuse.
- 9) Defendant shall promptly notify the Board of any citation or arrest for traffic or for criminal offenses involving substance abuse.
- 10) Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator to obtain medical records and discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.

MENTAL HEALTH

- 1) Defendant will enter and continue counseling, therapy or psychiatric treatment with a therapist approved by the Board Secretary and will authorize in writing the release of any and all records of that treatment to the Board or its designee.
- 2) Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator to obtain medical records and discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.

QUALITY OF CARE

- 1) Defendant will practice in a controlled environment approved by the Board Secretary and will limit his/her practice to (specialty): _____.
- 2) Defendant will request all hospitals, clinics and other facilities in which he/she practices to furnish to the Board a written statement monitoring his/her practice.
- 3) Defendant will do open or invasive surgical procedures only under the direct supervision of and in the immediate presence of a licensed medical doctor practicing in the same specialty as Defendant and will submit to the Board a document authored by the supervising physician stating his/her intention to accept this supervisory responsibility.

UNAUTHORIZED PRACTICE

- 1) Defendant will not allow the independent practice of medicine by any personnel under his/her supervision or employment.
- 2) Defendant will not allow the initiation of any therapeutic regimen by any personnel under his/her supervision unless Defendant is in the immediate geographic vicinity of said personnel.

Order Language (Effective Immediately):

This Order is not subject to review and approval by the Oklahoma Attorney General and, therefore, this Order is hereby effective immediately pursuant to Executive Order 2019-17.

Order Language (Review): This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.

"No-show" Applicants: The motion will be to table the application pending receipt of a request from applicant to personally appear before the Board. Receipt of said request is required at least seven (7) days *prior* to the scheduled board meeting.

When Requiring a Personal Appearance:

The motion should include the reason(s) for personal appearance.

**OKLAHOMA STATE MEDICAL BOARD
OF LICENSURE & SUPERVISION**

Minutes

The Board of Medical Licensure and Supervision met on February 22, 2024, in accordance with the Oklahoma Open Meeting Act and the Administrative Procedures Act. This special meeting was held in the Board Office at 101 NE 51st Street, Oklahoma City, Oklahoma. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on February 15, 2024, at 9:51 a.m. pursuant to 25 O.S. § 311.A.9.

Members present:

Steven Katsis, MD, President
Mr. Trevor Nutt, Vice-President
Mr. Clayton Bullard
Louis Cox, MD
Mr. Jeremy Hall
Tim Holder, MD
Ms. Bridget Keast
Jessica Keller, MD
Ross Vanhooser, MD

Members absent:

Don Wilber, MD
Susan Chambers, MD

Others present included:

Lyle Kelsey, Executive Director
Sandra Harrison, JD, Deputy Director
Billy Stout, MD, Board Secretary
Emery Reynolds, MD, Medical Advisor
Robert C. Margo, JD, Board Legal Advisor
Patricia Parrish, General Counsel
Barbara Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing
Joseph L. Ashbaker, AAG
Alex Pedraza, AAG
Jason Fennell, I.T. Administrator
Beth McGinley, CSR

Dr. Katsis, having noted a quorum, called the meeting to order at 9:02 a.m. Barbara Smith, Executive Secretary, called roll to establish quorum for purposes of the record.

Lyle Kelsey, Executive Director, made brief opening remarks and introduced our newest board member, Jessica Keller, MD, and Beth McGinley, Certified Shorthand Reporter.

Robert C. Margo, JD, Board Advisor, noted this is a special meeting for the purpose of hearing public (oral) comments on amendments to Proposed Administrative Rules (Okla. Admin. Code 435:15 Physician Assistants) pursuant to Title 75 O.S. § 303. The Board may discuss, vote to approve, vote to disapprove, vote to table, change the sequence of any agenda item, or vote to strike or not discuss any agenda item. The Administrative Procedures Act deals with individual proceedings and rulemaking, and rulemaking is the purpose of today's meeting. Article V of the Oklahoma Constitution vests power in the Legislature to make laws and establish agencies and to designate agency functions, budgets, and purposes.

Mr. Margo stated that, as the Board will recall, in its January meeting earlier this year the Board requested an Attorney General Opinion on clarifying the law regarding Physician Assistants prescribing Schedule II substances off-site. Mr. Margo then advised that less than an hour ago, Attorney General Opinion 2024-3 dated February 22, 2024, was issued and a copy was received by the agency. Regarding the question of Physician Assistants having authority to prescribe Schedule II substances off-site, the opinion states, "No. Both the plain and unambiguous language of Oklahoma law, as well as the application of long-standing rules of statutory interpretation, confirm that physician assistants' prescriptive authority over Schedule II substances is limited to on-site administration."

A copy of the Attorney General's Opinion was provided to the Board as well as members of the audience and is attached hereto and incorporated herein. The Board took time to carefully read the opinion, but did not go into recess.

Following review, Mr. Margo advised that, in his opinion, this Opinion serves as the law on this matter and, as such, the Board is bound by it.

Next, the Board, having previously reviewed all public (written) comments, announced it would hear the public (oral) comments for the proposed amended rules (Okla. Admin. Code 435:15 Physician Assistants) pursuant to Title 75 O.S. § 303. All attendees wishing to provide public (oral) comment must have signed in no later than 9:15 a.m. and each speaker appropriately signed in will be timed and allowed a maximum of four minutes to state their public (oral) comment.

Public (Oral) Comments were provided by:

- Sheila Walker, PA
- Craig Carson, MD
- Cori Loomis, JD
- Donald Guthrie, PA
- Mitch Duininck, MD
- Denise Lawson
- Jeff Burke, PA

**At the conclusion thereof, the Board took a 10-minute recess.*

Following the break, roll was called to establish a continued quorum for the record.

Dr. Katsis stated the effort to get these rules before the Board for consideration was made in good faith, but the Attorney General's Opinion changes the perspective with which the Board would approach the proposed rule amendments. The Board's options are to approve the rules as

written, which would be in conflict with the Attorney General's opinion, reject the rules as written and start back from the beginning, or try to go through each line and approve or disapprove each item. Dr. Katsis expressed concern with making extensive changes and the public not having an opportunity to address the Board's changes. Following further discussion, Ms. Keast stated it was too much information to try to retool today.

Dr. Holder moved, in light of the Oklahoma Attorney General's Opinion released this morning, and public comments received (written) and heard (oral), to deny the proposed amendments as written. Dr. Cox seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Dr. Vanhooser moved to adjourn the meeting. The time was 10:17 a.m.

**ATTORNEY GENERAL OPINION
2024-3**

Lyle R. Kelsey, Executive Director
Oklahoma Board of Medical Licensure & Supervision
101 N.E. 51st Street
Oklahoma City, OK 73105

February 22, 2024

Dear Executive Director Kelsey,

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Does Oklahoma law, specifically title 63, section 2-312(E) (Supp.2022) and title 59, section 519.6(E) (2021), authorize physician assistants to prescribe and administer Schedule II controlled dangerous substances under the direction of a delegating physician at off-site locations?

**I.
SUMMARY**

No. Both the plain and unambiguous language of Oklahoma law, as well as the application of long-standing rules of statutory interpretation, confirm that physician assistants' prescriptive authority over Schedule II substances is limited to on-site administration.¹ Specifically, this conclusion is derived from the Uniform Controlled Dangerous Substances Act ("UCDSA"), title 63, sections 2-309A–2-315, and the Physician Assistant Act ("PAA"), title 59, sections 519.1–524.

The relevant provision of the UCDSA, title 63, section 2-312(E), confirms that physician assistants prescribing controlled substances must otherwise comply with the PAA, specifically section 519.6 of title 59. That section grants physician assistants a general authority to "prescribe drugs, including controlled medications in Schedules II through V[,]" but expressly qualifies in the next subsection that "[a] physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site." 63 O.S.Supp.2022, 519.6(E)(1–2). This plain language can only be read one way: to limit physician assistant prescriptive authority over Schedule II drugs to on-site administration only. Thus, Oklahoma law *does not allow* physician assistants to prescribe or administer Schedule II drugs at off-site locations. Any other interpretation would create an absurdity that renders the limiting language meaningless.

¹Your request did not ask the Attorney General to opine on the meaning of "off-site locations[,]" on-site locations, or "immediate or ongoing administration on site[,]" as used in title 59, section 519.6(E)(2) (2021). Thus, such questions are beyond the scope of this Opinion.

II. BACKGROUND

A. Oklahoma law governing prescriptive authority of physician assistants

In 1993, the PAA was signed into law after receiving overwhelming support from the Legislature. *See* OKLA. STATE LEG., *Bill information for S.B. 334*.² The PAA established a regulatory and licensing system covering physician assistants, authorizing them to provide health care services in certain circumstances under the supervision and direction of physicians. *See* S.B. 334, 44th Leg., 1993 Reg. Sess., 1993 Okla. Sess. Laws ch. 289. The PAA further authorized physician assistants to transmit prescriptions and orders for prescriptions, but not to dispense them. *See id.* § 6(D) (codified at 59 O.S.Supp.1993, § 519.6(D)).

Five years later, in 1998, the Oklahoma Legislature expanded a physician assistant’s prescriptive authority through enrolled S.B. 1069, 46th Leg., 1998 2d Reg. Sess., 1998 Okla. Sess. Laws ch. 128 (“1998 Bill”). This 1998 Bill amended the PAA to allow physician assistants to “prescribe” prescriptions and orders rather than transmit them. *Id.* § 4 (amending 59 O.S.Supp.1993, § 519.6(D)). Importantly, the 1998 Bill also granted physician assistants the authority to “prescribe drugs, including controlled medications in Schedules III through V pursuant to” the UCDSA. Consistent with the same, the 1998 Bill amended the UCDSA to expressly allow a licensed physician assistant to “prescribe and administer Schedule III, IV and V controlled dangerous substances” “pursuant to subsection D of Section 519.6 of Title 59” under certain conditions and under the direction of a supervising physician. *Id.* § 6(C–D) (amending 63 O.S.Supp.1997, § 2-312(E)). Through the omission of any reference to Schedule II, the statutory language made clear physician assistants had no authority to prescribe Schedule II controlled substances in 1998. *See* 2000 OK AG 34 ¶ 8 (“No authority exists which gives physician assistants authority to prescribe, order, dispense or administer Schedule II controlled dangerous substances in a hospital setting.”).

That changed in 2001, when S.B. 32, 48th Leg., 2001 Reg. Sess., 2001 Okla. Sess. Laws ch. 385 (“2001 Bill”) was signed into law. The 2001 Bill amended the relevant provision of the PAA to include prescriptive authority for Schedule II controlled substances. Specifically, the 2001 Bill divided the relevant subsection of title 59, section 519.6 (Supp.1998) into two parts: retaining the original prescriptive authority in subsection 1 (while expanding that authority to Schedule II controlled substances), and adding subsection 2, which placed heightened restrictions on prescriptive authority for Schedule II drugs. *See id.* § 3(D). The only subsequent amendments to the relevant provisions of the PAA and UCDSA between 2001 and the present were the result of a re-numbering in title 59, section 519.6, which moved subsection D to subsection E.³

²Available at <http://www.oklegislature.gov/BillInfo.aspx?Bill=SB334&Session=9300> (last visited Feb. 21, 2024).

³*See* S.B. 1915, 57th Leg., 2020 2d Reg. Sess., 2020 Okla. Sess. Laws ch.154 § 2. Consistent with this 2020 amendment to the PAA, the complementary provision of the UCDSA was amended in 2022 to strike the reference to “subsection D” previously appearing in title 63, section 2-312(E) (2001). *See* S.B. 1322, 58th Leg., 2022 2d Reg. Sess., 2022 Okla. Sess. Laws ch. 184 § 2.

Thus, by 2001, the PAA and UCDSA established the prescriptive authority of physician assistants over controlled substances that continues to this day under title 63, section 2-312(E) (Supp.2022) and title 59, section 519.6(E) (2021). Your request is decided by interpreting these two statutory provisions.

B. Relevant statutory text

The UCDSA, title 63, sections 2-309A–2-315, grants a general authority to physician assistants to prescribe and administer Schedule II–V controlled substances under the direction of a supervising physician when (a) the physician assistant is authorized to prescribe under the PAA and (b) has otherwise complied with registration requirements. In full, section 2-312(E) states:

A physician assistant who is recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, pursuant to Section 519.6 of Title 59 of the Oklahoma Statutes, and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule II through V controlled dangerous substances.

63 O.S.Supp.2022 § 2-312(E).

The PAA, title 59, sections 519.1–524, contains a similar general grant of prescriptive authority to physician assistants for Schedule II–V controlled substances. Subsection 1 of section E, which provides that general grant of authority, states in relevant part:

The physician assistant may prescribe drugs, including controlled medications in Schedules II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and services as delegated by the delegating physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary.

59 O.S.2021, § 519.6(E)(1). Subsection 2 of section E addresses the more specific prescriptive authority of physician assistants over Schedule II controlled substances, stating in relevant part:

A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the delegating physician.

Id. § 519.6(E)(2).

III. DISCUSSION

To interpret the two statutory provisions governing physician assistants' prescriptive authority over Schedule II controlled substances, we begin with the text. When the text of a statute is plain

and unambiguous, courts will “give effect to the legislative intent and purpose as expressed by the statutory language.” *Am. Airlines, Inc. v. State ex rel. Okla. Tax Comm’n*, 2014 OK 95, ¶ 33, 341 P.3d 56, 64. Put differently, when statutory language is clear, “the courts may not search for its meaning beyond the statute itself, but will give it the meaning intended by the Legislature.” *Armstrong v. Sewer Improvement Dist. No. 1*, 1948 OK 198, ¶ 13, 199 P.2d 1012, 1017.

When statutory language is ambiguous, or “susceptible to more than one reasonable interpretation[,]” courts will “apply rules of statutory construction” to ascertain legislative intent. *Am. Airlines, Inc.*, 2014 OK 95, ¶ 33, 341 P.3d at 64. One of those well-established rules requires an ambiguous statute “to be given a reasonable construction, one that will avoid absurd consequences if this can be done without violating legislative intent.” *Id.* Another requires legislative intent “be ascertained from the whole act in light of its general purpose and objective considering relevant provisions together to give full force and effect to each.” *Id.*, 341 P.3d at 64–65. Similarly, “a statute should be given a construction which renders every word and sentence operative rather than one that renders some words or sentences idle and nugatory.” *Case v. Pinnick*, 1939 OK 467, ¶ 6, 97 P.2d 58, 60. Finally, the “general words in a statute are limited by subsequent more specific terms.” *City of Okla. City v. Int’l Ass’n of Fire Fighters, Local 157*, 2011 OK 29, ¶ 17, 254 P.3d 678, 683.

Here, the relevant statutory provisions governing physician assistant prescriptive authority over Schedule II drugs are clear and unambiguous. Even if ambiguity exists, however, only one reasonable interpretation is supported by the text and well-established rules of statutory interpretation.

A. The UCDSA requires compliance with the PAA, specifically title 59, section 519.6 (2021).

The plain language of the UCDSA, at title 63, section 2-312, can only be read one way: to require physician assistants prescribing controlled substances to comply with the separate requirements set out in the PAA, at title 59, section 519.6. Section 2-312(E) of the UCDSA limits prescriptive authority to a physician assistant who is “recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, *pursuant to Section 519.6 of Title 59 of the Oklahoma Statutes*,” among other things. *Id.* (emphasis added.) Thus, a clear condition of prescriptive authority is the physician assistant’s compliance with title 59, section 519.6.⁴

Even if the language of section 2-312(E) was susceptible to more than one interpretation, only one interpretation here is reasonable: that the UCDSA requires physician assistants prescribing scheduled substances to otherwise comply with the relevant requirements of the PAA found in title 59, section 519.6. By referencing title 59, section 519.6, the UCDSA adopts that statute “and makes it wholly or partially applicable to the subject of the reference statute.” *CompSource Mut. Ins. Co. v. State ex rel. Okla. Tax Comm’n*, 2018 OK 54, ¶ 20, 435 P.3d 90, 98–99. Moreover, because both the UCDSA and the PAA govern the same subject—a physician assistant’s

⁴The general reference to “Section 519.6 of Title 59” here makes clear that compliance with *the entirety of* that statute is required. The fact that the prior, superseded version of this statute included a specific subsection reference does not alter this plain language.

prescriptive authority over controlled substances—they “must be construed as a harmonious whole.” *Taylor v. State Farm Fire & Cas. Co.*, 1999 OK 44, ¶ 19, 981 P.2d 1253, 1261. After all, “[a]ll legislative enactments *in pari materia* are to be interpreted together as forming a single body of law that will fit into a coherent symmetry of legislation.” *Id.*

Moreover, the legislative history behind section 2-312(E) confirms the intent to harmonize the requirements of the UCDSA with the requirements of the PAA in section 519.6.⁵ As an example, the 2020 re-organization of section 519.6 that moved the relevant text of subsection D to subsection E rendered the UCDSA’s prior reference to subsection D of section 519.6 obsolete. *See supra* note 2. Thus, the Legislature *had* to update this reference to cure an ambiguity over whether physician assistants prescribing controlled substances under the UCDSA were still subject to the relevant portion of the PAA. Without updating this reference, the plain language of the UCDSA *would not* have required physician assistants to comply with the relevant portion of the PAA, which only reinforces the conclusion that the intent of the 2022 amendment was to bring the requirements of UCDSA into harmony with the PAA—not to create a set of conflicting requirements between the two. It is unremarkable, to say the least, that the Legislature opted to leave a broad statutory reference rather than change “D” to “E.” The decision was no doubt aimed to reduce the number of amendments required to keep the UCDSA and PAA in harmony on an ongoing basis.

In conclusion, both the plain and unambiguous text of section 2-312(E), as well as rules of statutory interpretation, confirm that physician assistants prescribing controlled substances pursuant to the UCDSA must otherwise comply with the PAA, specifically title 59, section 519.6.

B. The PAA restricts physician assistant prescriptive authority over Schedule II drugs to on-site administration only.

The plain language of the PAA, at title 59, section 519.6, can only be read one way: to restrict physician assistants’ prescriptive authority over Schedule II controlled substances to on-site administration. The text of section 519.6(E)(2) is clear and unambiguous when it comes to prescriptive authority over Schedule II drugs. It states, among other requirements, that “[a] physician assistant may write an order for a Schedule II drug for immediate or ongoing administration *on site*.” 59 O.S.2021, § 519.6(E)(2) (emphasis added). Thus, if a physician assistant wishes to write an order for a Schedule II drug, that order must be for immediate or ongoing administration on site.

The use and placement of the word “may” in the sentence structure denotes the discretion of the physician assistant to prescribe Schedule II drugs, not discretion to disregard the subsequent limitation “for immediate or ongoing administration on site.” *Id.* Put differently, the word “may” merely conveys that a physician assistant *may* but *need not* prescribe Schedule II drugs pursuant to this statutory authority. A contrary reading, one that interprets “may” as rendering the subsequent limitations to the Schedule II prescriptive authority optional, would create an absurdity that renders the entire sentence superfluous. If the Legislature intended physician assistant prescriptive authority over Schedule II drugs to extend to both on-site *and off-site* administration, it could have so said. But “[w]e may not add words that are not there” and we “will not presume

⁵It is, of course, “proper to consider the history and consistent purpose of the legislation on the subject and to discover the policy of the Legislature as disclosed by the course of the legislation.” *McNeill v. City of Tulsa*, 1998 OK 2, ¶ 9, 953 P.2d 329, 332.

the legislature has done a vain and useless act.” *Frank Bartel Transp., Inc. v. State ex rel. Murray State Coll.*, 2023 OK 121, ¶ 5, 540 P.3d 480, 483; *State ex rel. Thompson v. Ekberg*, 1980 OK 91, ¶ 7, 613 P.2d 466, 467; *see also Patterson v. Beall*, 2000 OK 92, ¶ 24, 19 P.3d 839, 845 (explaining that “the mention of one thing in a statute impliedly excludes another thing”).

The words and phrases used in subsection 2 of title 59, section 519.6(E) are unambiguous and susceptible to only one reasonable interpretation. For example, the plain meaning of the phrase “Schedule II drug” encompasses any and every Schedule II drug, including those encompassed by the first subsection. The fact that the first subsection grants physician assistants general authority to “prescribe drugs, including controlled medications in Schedules II through V” does not alter this plain language. Nor does it create ambiguity or conflict. The broad grant of prescriptive authority over Schedule II–V drugs (in subsection 1) does not inherently conflict with the more specific limitation of Schedule II drug prescriptive authority (in subsection 2). *See McIntosh v. Watkins*, 2019 OK 6, ¶ 4, 441 P.3d 1094, 1096 (“The legislative intent will be ascertained from the whole act in light of its general purpose and objective considering relevant provisions together to give full force and effect to each.”). More importantly, even if conflict could be imagined, it must be resolved to give effect to the more specific terms of subsection 2. *See Ekberg*, 1980 OK 91, ¶ 7, 613 P.2d at 467 (“[A]s a rule, general words in a statute are limited by subsequent more specific terms.”). As the Oklahoma Supreme Court has made clear: “[w]here a matter is addressed by two statutes—one specific and the other general—the specific statute, which clearly includes the matter in controversy and prescribes a different rule, governs over the general statute.” *State ex rel. Trimble v. City of Moore*, 1991 OK 97, ¶ 30, 818 P.2d 889, 899. Any contrary interpretation would render the express limitations found in subsection 2 meaningless and fail to give harmonious effect to the entirety of section 519.6(E).⁶

Similarly, the term “order” used in subsection 2 is synonymous and interchangeable with the term “prescription,” which is defined in the UCDSA and the Oklahoma Pharmacy Act as an “order” for a drug or controlled dangerous substance. 63 O.S.Supp.2023, § 2-309(D)(1); 59 O.S.Supp.2022, § 353.1(41); *see also* MERRIAM-WEBSTER’S MED. DESK DICTIONARY 667 (Revised ed. 2005) (defining “prescription” as “a written direction for the preparation, compounding, and administration of a medicine”); *id.* at 580 (defining “order” as “to give a prescription for: PRESCRIBE”). A prior Attorney General Opinion took up a remarkably similar issue in 2001, albeit in the context of veterinary prescription drugs. *See* 2001 OK AG 21 ¶¶ 12–19. As that opinion explained:

These statutory definitions [in the Pharmacy Act] indicate the terms “drug order” and “prescription” are virtually interchangeable. A prescription is an order for dangerous drugs and an order for dangerous drugs is a prescription. Most simply put, both a ‘drug order’ and a ‘prescription’ are instructions to a person authorized to dispense a dangerous drug.

⁶The legislative decision to subdivide section 519.6(E) into two parts does not undermine this conclusion. No statutory canon of construction places the *organizational form* above the statutory language. *Fourco Glass Co. v. Transmirra Prods. Corp.*, 353 U.S. 222, 227 (1957) (“The change of arrangement, which placed portions of what was originally a single section in two separated sections cannot be regarded as altering the scope and purpose of the enactment.”). Thus, we will not ignore well-established rules of statutory construction in favor of an unreasonable assumption that the division of the two parts demands separate and equal treatment.

Id. ¶ 14 (emphasis omitted). Thus, to “write an order” is to write a prescription, which matches the very definition of the verb prescribe: “to write or give medical prescriptions.” MERRIAM-WEBSTER’S MED. DESK DICTIONARY 666–67 (Revised ed. 2005). Accordingly, the plain meaning supports the conclusion that the Legislature did not intend the phrase “write an order” used in subsection 2 to convey a different or more limited prescriptive authority than the phrase “prescribe” used in subsection 1.

The history of amendments to section 519.6 confirms the Legislature’s intent to place heightened restrictions on a physician assistant’s authority to prescribe Schedule II controlled substances. When physician assistants were first granted general prescriptive authority over controlled substances in 1998, that authority *did not* include Schedule II drugs. *See* S.B. 1069, 46th Leg., 1998 2d Reg. Sess., 1998 Okla. Sess. Laws ch. 128 §§ 4, 6. Likewise, when the Legislature added that authority in 2001, and expanded what is now subsection 1 to include Schedule II, it simultaneously added the specific requirements now found in subsection 2. *See* S.B. 32, 48th Leg., 2001 Reg. Sess., 2001 Okla. Sess. Laws ch. 385 § 3(D). Thus, it is evident that the new prescriptive authority over Schedule II drugs was subject to the restrictions added in subsection 2.

The title of the 2001 Bill confirms that this is the correct construction of section 519.6. *See Kratz v. Kratz*, 1995 OK 63, ¶ 15, 905 P.2d 753, 756 (“The title to an Act is a valuable aid in its construction and may be considered in determining legislative intent.”) Here, the title of the 2001 Bill states that the purpose of this amendment was to “*specify*” when physician assistants may write orders or prescriptions for Schedule II drugs” *Id.* To accomplish this, the Legislature specified that which was previously otherwise absent from section 519.6: that physician assistants are expressly limited to prescribing a Schedule II drug *on site*. *Patterson*, 2000 OK 92, ¶ 24, 19 P.3d at 845.

In sum, the plain language of title 59, section 519.6(E) can only be read one way: to limit physician assistant prescriptive authority over Schedule II drugs to on-site administration only.

It is, therefore, the official Opinion of the Attorney General that:

Oklahoma law, specifically title 63, section 2-312(E) (Supp.2022) and title 59, section 519.6(E) (2021), does not allow physician assistants to prescribe and administer Schedule II controlled dangerous substances under the direction of a delegating physician at off-site locations. Physician assistants’ prescriptive authority over Schedule II substances is limited to on-site administration only.



GENTNER DRUMMOND
ATTORNEY GENERAL OF OKLAHOMA



AUDREY A. WEAVER
ASSISTANT SOLICITOR GENERAL

**OKLAHOMA STATE MEDICAL BOARD
OF LICENSURE & SUPERVISION**

Minutes

The Board of Medical Licensure and Supervision met on March 7, 2024, in accordance with the Oklahoma Open Meeting Act and the Administrative Procedures Act. This meeting was held in the Board Office at 101 NE 51st Street, Oklahoma City, Oklahoma. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on March 4, 2024, at 12:45 p.m. pursuant to 25 O.S. § 311.A.9.

Members present:

Steven Katsis, MD, President
Mr. Trevor Nutt, Vice-President
Mr. Clayton Bullard
Susan Chambers, MD
Louis Cox, MD
Mr. Jeremy Hall
Tim Holder, MD
Ms. Bridget Keast
Jessica Keller, MD
Ross Vanhooser, MD
Don Wilber, MD

Others present included:

Lyle Kelsey, Executive Director
Sandra Harrison, JD, Deputy Director
Billy Stout, MD, Board Secretary
Emery Reynolds, MD, Medical Advisor
Robert C. Margo, JD, Board Legal Advisor
Patricia Parrish, General Counsel
Barbara Smith, Executive Secretary
Lisa Cullen, Director of Licensing
Joseph L. Ashbaker, AAG
Alex Pedraza, AAG
Jason Fennell, I.T. Administrator
Beth McGinley, Certified Court Reporter

Dr. Katsis, having noted a quorum, called the meeting to order at 9:00 a.m. Barbara Smith, Executive Secretary, called roll to establish quorum for purposes of the record.

Lyle Kelsey, Executive Director, made brief opening remarks. Mr. Kelsey advised the audience that the Board operates under the Oklahoma Open Meeting Act and that the audio of the meeting is being recorded. Mr. Kelsey asked that the board members please use their microphones when speaking so that we have a clearly audible record. Mr. Kelsey went on to state that executive sessions are held in private, with no staff in attendance, and are for the purposes of deliberations only. All board actions will take place in open session. Upon the advice of the Oklahoma Attorney General's office, all votes need to be cast via roll call. Mr. Kelsey advised that each item on the

agenda is of equal importance and will be treated as such. Mr. Kelsey introduced Terri Cleveland, Consultant, A Woman's Right to Know.

Robert C. Margo, JD, Board Advisor, informed the Board that it is governed by Executive Order 2023-13 which does not require the Attorney General's review and approval of "qualified orders," including Voluntary Submittals to Jurisdiction and Surrenders in Lieu of Prosecution. Mr. Margo stated that this Executive Order allows for boards to contact the Oklahoma Attorney General's office to seek determination if a question regarding submission arises. Further, Executive Order 2023-13 allows for expedited orders to be entered by the Board in the event there is an immediate concern for health and safety. Mr. Margo reminded the Board that this is a statutory board which has quasi-judicial powers. The Board is governed by statutes and rules of the Board, the Open Meeting Act, and the Administrative Procedures Act.

Mr. Margo stated that the audio recording of the meeting is the official record and that all findings of fact and conclusions of law will be stated on the record. He asked that the board members making motions, and the seconds on those motions, please be cognizant that they are making a record and to state their name for purposes of the record. He also stated the importance of each speaker identifying themselves each time they speak. This is again for purposes of the record. Mr. Margo further advised that when the Board goes into executive session, no formal action (vote) will be taken during that time. Additionally, all board members must remain in executive session once it commences so any breaks or recesses will be taken prior to going into executive session.

Mr. Margo then gave a review of the licensure application process and some changes that will be made to that process. His remarks pertain to medical doctor applications and non-foreign educated medical doctor applications only, and they are being made in a general manner and not related to any particular applicant, past or present. Statute and board rule state no person shall be licensed to practice medicine and surgery except upon a finding by the Board that such person has fully complied with all requirements and produced satisfactory evidence to the Board to practice medicine and surgery with reasonable skill and safety. So, what this Board is considering is two-pronged: an objective prong and a subjective prong. The objective prong is to determine if the applicant has complied with all requirements of the Act. The subjective prong is to determine if there has been satisfactory evidence to practice medicine and surgery with reasonable skill and safety.

- As the Board knows, applications are circularized pursuant to law. Beginning immediately, batches of applications will be sent to the Board on Friday of every week with the request that a response to that be given by Thursday of the following week. On that circularization, any board member may vote to hold any application pending a meeting of the Board. There is an internal Fast-Track process which indicates to the Board that the application is pristine and that is noted on the cover page of the application summary. It also shows the applicant has passed the USMLE the first time, that there are no DUIs or legal issues, no malpractice issues, and the applicant is a US Graduate graduating within four years. Fast-Track was developed at the request of prior board members years ago, but it is not an indicator as to how quickly the license will be issued.
- The application summary is provided on circularization. If an applicant is approved by a majority of the vote on circularization, that application will be submitted for

ratification by the entire Board. At times, the application will contain privileged/confidential information that will be reviewed by the Board. If that applicant is held for any reason and appears before the Board, the privileged/confidential information will not be in the public board notebook. Instead, those documents will be noted on one sheet stating such documents have been reviewed and only that one sheet will be provided in the notebook. The privileged/confidential documents will be available in the board meeting for review by board members, if necessary. Generally, there are no executive sessions on applications, but there is a provision in the Open Meeting Act to go into executive session to review privileged or confidential documents.

- Any board member may request an applicant provide additional information to determine the applicant's ability to practice medicine and surgery. All additional information requested goes only to the board member requesting the information, not to all board members.
- The Board rules designate the Board Secretary as the authority to enter into an agreement for licensure to ensure the applicant will be able to practice medicine and surgery with reasonable skill and safety. Any written agreement is not effective until it is ratified by the Board and the agreement continues until set aside or terminated by the Board.
- The Board has the authority to deny an application for licensure. Mr. Margo explained the statute governing denials states the reasons for denial "shall include" but is not "limited to." As such, Mr. Margo advised he does not believe the four reasons listed are the only reasons an application can be denied because the Board has authority to determine if the applicant can practice with reasonable skill and safety. It is his opinion that, upon a denial, an order has to be issued with findings of fact and conclusions of law stated succinctly so the applicant may appeal the denial if so desired.
- Regarding criminal matters that may affect a licensure decision, 59 O.S. 4000.1 states "a conviction, plea of guilty...or pending criminal charge...may be grounds for license denial only if the underlying offense substantially relates to the duties and responsibilities of the occupation and poses a reasonable threat to the public health, safety and welfare." A license cannot be denied because of an arrest which did not result in a guilty plea or conviction or any criminal conviction which has been expunged.

Mr. Kelsey provided follow-up comments related to the time it takes for some applicants to be licensed. The wait time is often due to other entities not providing documents to us in a timely manner. Mr. Kelsey stated he is going to change the time frame to show when an application was completed, rather than received. He also advised that some state boards delegate Fast-Track applications to board staff. Mr. Kelsey stated he is not recommending that, but just mentioning that some Boards allow that. Every document in the applicant's file will be provided to the Board via circulation. Mr. Kelsey respectfully requested that when a board member has a question regarding an applicant's competency to practice safely in Oklahoma, that applicant be held for an appearance so those questions can be asked directly from the Board to the applicant rather than involving staff in the relaying of information. Further, the application summary will no longer include Dr. Stout's notes.

Next, following presentation of the Consent Agenda by Dr. Katsis, Mr. Hall moved to adopt the Consent Agenda as presented (see below). Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

- a) Approval of **Minutes of the January 18, 2024 Board Meeting**
- b) Ratification of **licensure applications** previously approved via Board Secretary or circularization (*Attachment #1 to agenda*)
- c) Ratification of **re-registration applications** previously approved pursuant to 59 O.S. § 495a.1 (*Attachment #2 to agenda*)
- d) Ratification of **MD Compact licenses** (initial and renewal) issued from January 1, 2024 to February 29, 2024 (*Attachment #3 to agenda*)
- e) Ratification of the **Occupational Therapy Advisory Committee recommendations**
- f) Ratification of the **Physician Assistant Advisory Committee recommendations**
- g) Ratification of the **Physical Therapy Advisory Committee recommendations**
- h) Ratification of the **Respiratory Care Advisory Committee recommendations**
- i) Ratification of the **Therapeutic Recreation Specialists Advisory Committee recommendations**
- j) Ratification of the **Advisory Committee on Orthotics and Prosthetics recommendations**
- k) **Appointment of Mr. Phillip E. Crow to the Oklahoma State Board of Examiners of Perfusionists** to fill the seat previously held by Mr. Bill Fiddler, Jr., with said term set to expire March 7, 2029

***** End of Consent Agenda*****

GLEN DIACON, MD, appeared virtually in support of his request to supervise additional mid-level practitioners. Dr. Diacon stated he historically supervises four to five mid-levels, but there is an opportunity for him to provide additional care in the rural area. He will need additional mid-levels to handle the caseload. Following discussion Dr. Chambers moved to allow Dr. Diacon to supervise up to eight mid-level practitioners. Ms. Keast seconded the motion and the vote was unanimous in the affirmative.

KELLY DAVIS, MD, appeared virtually in support of his request to supervise additional mid-level practitioners. He currently supervises six mid-level practitioners and works in internal medicine and offers rheumatology care in Tulsa, Oklahoma. He is opening an additional clinic and will need additional mid-levels to provide care and is requesting to supervise up to eight mid-level practitioners. A psychiatrist will also be part of the care team. The mid-levels will be providing basic family care and there is no plan for the psychiatrist to supervise them. Following discussion, Dr. Holder moved to allow Dr. Davis to supervise up to eight mid-level practitioners. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

The board took a brief recess.

After the recess, roll was called to establish the continuation of quorum for the record.

PAULO MARTINS, MD, appeared in person in support of his application for full medical licensure. All witnesses expected to testify were sworn. Dr. Martins answered questions regarding an upcoming administrative hearing at the University of Massachusetts which continues to be

postponed. He is seeking licensure here because the University of Oklahoma Health and Sciences Center has offered him a position as a transplant surgeon. Following further discussion and review, Dr. Holder moved to approve the application for licensure. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

ALICE LE HUU, MD, appeared personally in support of her application for full medical licensure. Libby Scott, JD, appeared with the applicant. All witnesses expected to testify were sworn. The applicant answered questions regarding her practice at Marshfield Medical Clinic where they laid off 600 employees. She has been hired by the Oklahoma Heart Hospital as an additional cardiac surgeon and is seeking Oklahoma licensure. Following discussion, Mr. Bullard moved to approve the applicant for licensure. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

SHERIF SAYED ISMAIL, MD, appeared personally for his probation review. All witnesses expected to testify were sworn. Paul Cheng, MD, Associate Director, Oklahoma Health Professionals Program, Inc., appeared with Dr. Ismail. Gary Ricks, Board Compliance Officer, appeared on behalf of the Board and gave a brief history of the matter and advised that Dr. Ismail stayed in compliance with all the terms of his probation. Dr. Ismail spoke about his recovery and thanked the Board for the opportunity to continue practicing medicine. Mr. Ricks requested the Board take no action and allow the probation to terminate automatically on April 2, 2024.

ELIZABETH KINZIE, MD, did not appear in person in response to allegations of unprofessional conduct. Neel Natarajan, JD, appeared virtually on behalf of Defendant. He did not have any objection to the matter being heard in her absence. Alex Pedraza, Assistant Attorney General, appeared on behalf of State, and gave a brief history of the matter. He then provided a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Defense counsel agreed with Mr. Pedraza's recitation of the matter. Following review by the Board, Mr. Nutt moved to accept the Voluntary Submittal to Jurisdiction as presented. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

LORNA JEAN NICHOLS, OT, appeared in person in response to allegations of unprofessional conduct. All witnesses expected to testify were sworn. Libby Scott, JD, appeared on her behalf. Joseph Ashbaker, Assistant Attorney General, appeared on behalf of the State and gave a brief history of the matter. He then provided a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Ms. Scott stated she agrees with Mr. Ashbaker's recitation of the matter. Dr. Chambers moved to accept the Voluntary Submittal to Jurisdiction as presented. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

DANIEL RIVERA, MD, did not appear in response to allegations of unprofessional conduct. John Kuhn, MD, Director, Oklahoma Health Professionals Program, Inc. appeared on behalf of Defendant, and Libby Scott, JD, appeared on behalf of Defendant. Joseph Ashbaker, Assistant Attorney General, appeared on behalf of the State. Mr. Ashbaker gave a brief history of the matter. He provided a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Ms. Scott advised that she agrees with Mr. Ashbaker's recitation of the matter. Dr. Holder moved to accept the Voluntary Submittal to Jurisdiction as presented. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

STEPHEN JAMES RIDDEL, MD, appeared personally in response to his Motion for Rehearing, Reopening and/or Reconsideration. All witnesses expected to testify were sworn. Warren Gotcher, JD, appeared with Defendant, and Alex Pedraza, Assistant Attorney General,

appeared on behalf of State. Mr. Gotcher announced that, following discussion with his client, they will withdraw their motion for rehearing and follow the order entered on January 18, 2024. The state has no objection. The motion was withdrawn and no action was taken by the Board.

SCOTT WILLIAM SMITH, MDC, did not appear for consideration of his Surrender in Lieu of Prosecution. Joseph Ashbaker, Assistant Attorney General, appeared on behalf of the State and gave a brief history of the matter. He presented a Surrender in Lieu of Prosecution for the Board's review and consideration which had been executed by Defendant. Following review, Dr. Holder moved to accept the Surrender in Lieu of Prosecution as presented. Ms. Keast seconded the motion and the vote was unanimous in the affirmative.

The matter of **HAZEM HUSSEIN SOKKAR, MD**, was called. Joseph Ashbaker, Assistant Attorney General, appeared on behalf of the State, and advised that his witnesses would not be available until after 1:00 p.m. He requested the Board reorder the agenda and not hear this matter until after 1:00 p.m. Kaylee Davis-Maddy, attorney for Defendant, had no objection.

The Board took a 20-minute lunch recess.

Upon returning from recess, roll was called to establish a continued quorum for purposes of the record.

Next, **John Kuhn, MD, Director, Oklahoma Health Professionals Program, Inc.**, presented a report for the Board's consideration. Paul Cheng, MD, Associate Director, Oklahoma Health Professionals Program, Inc., also appeared. Following the presentation and discussion, Dr. Holder moved to accept the report as presented. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

Next on the agenda was a possible Executive Session. Following discussion, Mr. Hall moved to go into Executive Session pursuant to Title 25 O.S. § 307(B)(4) for the purpose of confidential communications between the Board and legal counsel where counsel has determined that disclosure of information related to the case cited will seriously impair the ability of the Board to process or conduct litigation in these matter(s):

- *Poe v. Drummond, No. 23-CV-177-JFH (N.D. Okla.)*

Further, in his motion, Mr. Hall invited Billy Stout, MD, Board Secretary, Lyle Kelsey, Executive Director, Sandra Harrison, Deputy Director, and Patti Parrish, General Counsel, to join the Executive Session. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**Executive Session*

Dr. Holder moved to return to Open Session. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

**Open Session*

The Board took a 10-minute recess.

Upon returning from recess, roll was called to establish a continued quorum for purposes of the record.

HAZEM HUSSEIN SOKKAR, MD, appeared in person in response to (State's) Motion to Enforce Board Order. Joseph Ashbaker, Assistant Attorney General, appeared on behalf of the State. Kaylee Davis-Maddy appeared on behalf of Defendant.

The following State's and Defendant's exhibits were all admitted by stipulation and without objection.

State's Exhibits:

Exhibit No. 1 - Correspondence from Tracy Loper, MD, dated March 23, 2023 regarding the Educational Preceptorship of Dr. Sokkar

Exhibit No. 2 - Correspondence from Ky Dorsey, MD, dated July 21, 2023, regarding the Educational Preceptorship of Dr. Sokkar

Exhibit No. 3 - Correspondence from Jason Beamon, DO, dated December 13, 2023, regarding the Educational Preceptorship of Dr. Sokkar

Defendant's Exhibits:

Exhibit No. D1 - Correspondence from Jedidiah Perdue, MD, dated December 26, 2022, regarding the Educational Preceptorship of Dr. Sokkar

State's Witnesses:

Ky Dorsey, MD, Assistant Professor, Psychiatry, University of Oklahoma School of Community Medicine

Jason Beaman, DO, Interim Chair, School of Forensic Sciences, Oklahoma State University Center for Health Sciences, Associate Clinical Professor, Department of Psychiatry

Defendant's Witness:

Hazem Hussein Sokkar, MD, Defendant

Mr. Margo stated this was State's motion and what is before the Board today is the charge that the doctor has violated certain portions of the Board Order dated May 12, 2022. Mr. Margo gave instructions to counsel pertaining to their closing arguments.

Having heard arguments by counsel and testimony of witnesses, Dr. Chambers moved to go into Executive Session. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**Executive Session*

Dr. Chambers moved to return to Open Session. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

**Open Session*

The board took a five-minute recess.

After the recess, roll was called for purposes of establishing a continued quorum for the record.

Dr. Chambers moved to grant the Motion of the State and the terms are outlined as follows: Findings of Fact: The Voluntary Submittal to Jurisdiction entered into between the parties was filed on May 12, 2022. Conclusions of Law: The Defendant willfully violated paragraph 13.B of

the Voluntary Submittal to Jurisdiction. All findings were by clear and convincing evidence. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

Mr. Bullard moved to issue a new order as follows:

1. Within 30 days from the date of this Order being final, the Board Secretary shall select a preceptor who is qualified pursuant to the terms of the Voluntary Submittal to Jurisdiction presently in effect.
2. The defendant shall cooperate in good faith with the recommendations of the preceptor selected.
3. The defendant shall appear at the next regularly scheduled board meeting following 30 days after this Order is final and the Board Secretary will report on the defendant's compliance and progress to the Board with regard to paragraph 13.B(i) of the Voluntary Submittal to Jurisdiction to presently in effect.
4. The defendant shall pay an administrative fine of Twenty-Five Hundred Dollars (\$2500.00) to be paid within thirty (30) days from this Order being final.
5. Any prior agreements in the Voluntary Submittal to Jurisdiction in effect shall remain in effect unless in conflict with this Order.

Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.

Lyle Kelsey, Executive Director, then presented the **Executive Director's Report:**

- **Compliance and Best Practice for Laws Regulating the Use of Opioid Drugs** (*Oklahoma Senate Bills 1446, 848, and subsequent laws*) - Ms. Harrison provided an updated version of this document for Board review and stated that it is current with statutory citations. Ms. Harrison pointed out the exclusions and exceptions to the laws. Dr. Holder asked for a correction on Page 2 and Ms. Harrison stated she will make the correction pertaining to the word "you." Dr. Holder moved to approve the document with the correction on Page 2. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.
- **Report: Legislative Update** - Ms. Harrison reported on 17 bills that could have some effect on the Medical Board that are currently filed and before the Legislature. Ms. Harrison answered questions related to specific bills. The Board thanked her for the information.

There being no further business, Dr. Katsis adjourned the meeting. The time was 6:05 p.m.

PHYSICAL THERAPY ADVISORY COMMITTEE
Recommendations to the Board

The Physical Therapy Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on April 30, 2024, and made the following recommendations to the Board.

RECOMMENDATION #1: Approve the application of **JENNIFER BIGLER** Physical Therapist licensure pending completion of the file to include 264 days of supervised practice with an adequate report provided from her supervisor at the conclusion thereof and successfully retaking the licensure examination.

RECOMMENDATION #2: Table the application of **JEANNIE BROWN** for Physical Therapist Assistant licensure pending a personal appearance.

RECOMMENDATION #3: Approve the application of **KRISTAL CHENOWETH** for Physical Therapist Assistant licensure pending completion of 28 days of supervised practice with an adequate report provided from the supervisor at the conclusion thereof and verification of continuing education hours earned for the previous compliance period

RECOMMENDATION #4: Table the application of **CORLISS COLLINS** for Physical Therapist Assistant licensure pending a personal appearance.

RECOMMENDATION #5: Approve the application of **PIPER CROSSLAND** for Physical Therapist licensure pending completion of the file.

RECOMMENDATION #6: Approve the request of **GIA DO**, applicant, Physical Therapist Assistant, for special accommodations of time and a half while sitting for the Federation of State Boards of Physical Therapy exam.

RECOMMENDATION #7: Table the application of **THERESA GATTENBY** for Physical Therapist licensure pending a personal appearance.

RECOMMENDATION #8: Approve the application of **DANIELLE GEARY** for Physical Therapist Assistant licensure pending completion of the file to include 90 days of supervised practice with an adequate report provided from the supervisor at the conclusion thereof and 90 hours of continuing education.

RECOMMENDATION #9: Approve the request of **ADAM HACKMAN**, applicant, Physical Therapist Assistant, to sit for the Federation of State Boards of Physical Therapy exam for a third time.

RECOMMENDATION #10: Approve the request of **KAYLI KEENER**, applicant, Physical Therapist Assistant, to sit for the Federation of State Boards of Physical Therapy exam for a third time.

RECOMMENDATION #11: Table the request of **PHILEMON NARTEY**, applicant, Physical Therapist Assistant, for special accommodations while sitting for the Federation of State Boards

of Physical Therapy exam pending a personal appearance.

RECOMMENDATION #12: Approve the request of ANNEMARIE SMITH, applicant, Physical Therapist Assistant, for special accommodations of time and a half, a separate room, and her service dog while sitting for the Federation of State Boards of Physical Therapy exam.

RECOMMENDATION #13: Deny the request of JOSEFINA VANDIVER, applicant, Physical Therapist Assistant, for special accommodations of double time while sitting for the Federation of State Boards of Physical Therapy exam due to lack of documentation; Approve the request of JOSEFINA VANDIVER, applicant, Physical Therapist Assistant, for special accommodations of time and a half while sitting for the Federation of State Boards of Physical Therapy exam.

RECOMMENDATION #14: Approve the request of MACY WATTS, applicant, Physical Therapist Assistant, to sit for the Federation of State Boards of Physical Therapy exam for a third time.

RECOMMENDATION #15: Approve the incomplete Physical Therapist Assistant application(s) for licensure shown on *Attachment #1* pending completion of the file(s).

RECOMMENDATION #16: Approve the incomplete Physical Therapist Assistant Reinstatement application(s) for licensure shown on *Attachment #1* pending completion of the file(s).

RECOMMENDATION #17: Approve the incomplete Physical Therapist application(s) for licensure shown on *Attachment #1* pending completion of the file(s).

RECOMMENDATION #18: Approve the incomplete Physical Therapist Reinstatement application(s) for licensure shown on *Attachment #1* pending completion of the file(s).

RECOMMENDATION #19: Approve the complete Physical Therapist Reinstatement application(s) for licensure shown on *Attachment #1*.

RECOMMENDATION #20: Approve the complete Physical Therapist application(s) for licensure shown on *Attachment #1*.

RECOMMENDATION #21: Ratify the continuing education courses and providers previously reviewed and recommended for approval by the CEU/PDU Review Subcommittee from February 1, 2024, through March 31, 2024, pursuant to applicable rule.

APRIL 30, 2024
INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS

TA 3594	KEENER, KAYLI LAYNE
TA 3684	HACKMAN, ADAM
TA 3701	MAYS, KEA KAY
TA 3753	WATTS, MACY HUDSON
TA 3778	PATTERSON, MONTOYA D
TA 3779	SINCLAIR, EMILY
TA 3780	KEPNER, CARIGON OLIVIA
TA 3781	HITES, JORDAN MICHELLE
TA 3782	LEDUC, JOSLYN FAE
TA 3783	IVORY, ALLI S
TA 3784	SOODSMA, JAINA
TA 3785	SMITH, ANNEMARIE
TA 3786	CHAMBERS, ASHLEY LYNN
TA 3787	DO, GIA T
TA 3788	VANDIVER, JOSEFINA CYNTHIA
TA 3789	RUANO AMAYA, DAMARIS EUNICE
TA 3790	BLATZ, KELLY VIRGINIA
TA 3791	ROGERS, TRAVIS GORDON
TA 3792	MORA, MIGUEL DONATO
TA 3793	KARN, BRENT
TA 3794	GAMMON, VICTORIA ANN
TA 3795	ESPARZA, KARINA
TA 3796	ROMERO, ABRAHAM
TA 3797	LOGAN, TYLER AARON
TA 3798	MCGUIRE, KRISTEN NICHOLE
TA 3799	RAYGOZA, ALEXANDRA
TA 3800	SCHLABAUGH, SHAWNA
TA 3801	ZACHARIAS, TRACI MAE
TA 3802	SMITH, RACHEL ELIZABETH
TA 3803	RODKEY, CAMMI LYNN
TA 3804	LOWRANCE, JOCELYN MICHELLE
TA 3805	BURNS, RAVYN
TA 3806	BURCH, BRITTNEY M
TA 3807	COX, KAMRYNN ELIZABETH
TA 3808	SLAUGHTER, BRIANA
TA 3809	MELVIN, DYLAN ZACHARY
TA 3810	BIANCHINI, MIKALYN DALANIE
TA 3811	THOMAS, MADISON RAEANN
TA 3812	WILSON, JESSICA LEIGH
TA 3813	ORTEGA, ALEJANDRO RAFAEL
TA 3814	ROGERS, JIMMY DALE III
TA 3815	SAMANIEGO, RAQUEL
TA 3816	CROSS, DAVID RYAN
TA 3817	HARRIS, GARRETT
TA 3818	ORROCK, CHASE JAMES
TA 3819	HUDGENS, TABITHA RENEE
TA 3820	HUGHEN, ABBEY LYNN
TA 3821	HAZELBAKER, JADE ANESE
TA 3822	WHITFIELD, CHANEL NICHOLE

APRIL 30, 2024**INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS (CONTINUED)**

TA 3823	WEBBER, CHRISTOPHER LAWRENCE
TA 3824	DAVIS, AUSTIN
TA 3825	POWELL, CHALEY DURELLE
TA 3826	WAINSCOTT, STEPHANIE DAWN
TA 3827	SMITH, DANIELLE NICOLE
TA 3828	WARD, BAYLEE
TA 3829	BRIGHT, JUSTIN WILLIAM
TA 3830	STROUD, JORDAN RAE
TA 3831	MASTROBERARDINO, TERESA MARIE
TA 3832	LEWIS, BRANDON GRANT
TA 3833	AGUILAR, ANAHI

INCOMPLETE PHYSICAL THERAPIST ASSISTANT REINSTATEMENT APPLICATIONS

TA 1206	RODRIGUEZ, RALAWNDA RUTH
TA 1244	SMITH, EMIE JO
TA 3006	STEVENS, KATIE J
TA 3465	PENDERGRAFT, TREVOR WADE

INCOMPLETE PHYSICAL THERAPIST APPLICATIONS

PT 6152	LOUK, MEAGAN EMILY
PT 6554	GRAZIANO, KATHERINE MCCAULEY
PT 6555	SCHAPPELL, AMANDA
PT 6557	WAHLA, OMER HAJJAJ
PT 6558	CARTER, KATARINA
PT 6559	GO, JONATHAN BRIAN
PT 6560	BARNES, WHYTLEIGH MADICYN
PT 6561	HEATHCOTE, LAUREN LEIGH
PT 6562	GOOD, BRADY
PT 6563	ADAMS, TERESA HENDRICK
PT 6564	MERRIWEATHER, GARY
PT 6565	DESCHAINED, MONICA
PT 6566	SANTOS, ALEXANDRA
PT 6567	QUINTANS, JULIENE
PT 6568	HILL, KAMRYN CHEYENNE
PT 6569	ORLOWSKI, NICOLE KATHRYN
PT 6570	MCKNIGHT, MEGAN
PT 6571	BOND, CONNER JOSHUA
PT 6572	FLANAGAN, DANIELLE ELIZABETH
PT 6573	NGUYEN, MINDY
PT 6574	NARTEY, PHILEMON RULLS
PT 6575	PETTY, ALLISON
PT 6576	NADKAR, NISHA
PT 6577	LOPEZ, COURTNEY ELIZABETH
PT 6578	HALL, SHERIDAN
PT 6579	HASKINS, SCOTTLAND C
PT 6580	STOVER, ELLE NICOLE
PT 6581	KIMZEY, HEATHER
PT 6582	NOLL, ELAINA

INCOMPLETE PHYSICAL THERAPIST REINSTATEMENT APPLICATIONS

PT 1738	RODRIGUEZ-MUNIZ, MARIA
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COMPLETE PHYSICAL THERAPIST REINSTATEMENT APPLICATION

PT 4719	BOURNE, JARED
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APRIL 30, 2024
COMPLETE PHYSICAL THERAPIST APPLICATIONS

PT 6276	HICKS, JACOBY DALE
PT 6553	SMITH, MACKENZIE LEEANN
PT 6556	WILLIAMS, ANTONIO JUAN

OCCUPATIONAL THERAPY ADVISORY COMMITTEE

Recommendations to the Board

The Occupational Therapy Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on April 16, 2024, and made the following recommendations to the Board:

RECOMMENDATION #1: Recommend approval of the application of **ADELAJA ALABA** by endorsement for Occupational Therapy Assistant licensure pending verification of National Board for Certification of Occupational Therapy certification.

RECOMMENDATION #2: Recommend approval of the application of **KATSUMI APPLEBURY** by endorsement for Occupational Therapist licensure.

RECOMMENDATION #3: Recommend approval of the incomplete application(s) for Occupational Therapy Assistant licensure pending completion of the file(s) as listed on *Attachment #1* hereto.

RECOMMENDATION #4: Recommend approval of the incomplete application(s) for reinstatement of Occupational Therapy Assistant licensure as listed on *Attachment #1* hereto.

RECOMMENDATION #5: Recommend approval of the complete application(s) for Occupational Therapy Assistant licensure as listed on *Attachment #1* hereto.

RECOMMENDATION #6: Recommend approval of the incomplete application(s) for Occupational Therapist licensure with the exception of **KELLI LYNN SWAIM, License No. OT5942**, pending completion of the file(s) as listed on *Attachment #1* hereto.

RECOMMENDATION #7: Recommend tabling the incomplete application for Occupational Therapist licensure of **KELLI LYNN SWAIM, License No. OT5942**, due to the application being submitted in error.

RECOMMENDATION #8: Recommend approval of the incomplete application(s) for reinstatement of Occupational Therapist licensure pending completion of the file(s) as listed on *Attachment #1* hereto.

RECOMMENDATION #9: Recommend approval of the complete application(s) for Occupational Therapist licensure as listed on *Attachment #1* hereto.

RECOMMENDATION #10: Recommend approval of the CEU courses listed on *Attachment #2* hereto which were previously recommended for approval by the reviewers.

RECOMMENDATION #11: Recommend tabling the following CEU courses recommended for committee review listed on *Attachment #3* hereto pending receipt of additional documentation requested: *Treating the Foot, Knee and Leg, Ankrum Institute; and Treating the Sacrum, Ankrum Institute.*

INCOMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS

OA 2611	CARTER, RYLEE LYNN
OA 2614	COX, SKYLAR PAIGE
OA 2616	TIETZ, JENNIFER ANNITA
OA 2617	GOLD, JAYLA GENTRY
OA 2618	WOLFF, ASHLYNN MARIE
OA 2619	RUMSEY, MADISON
OA 2620	BYFIELD, ASHLEIGH J
OA 2621	GRAY, WENDY
OA 2622	HAWKINS, RILEY KAY
OA 2623	HUFF, BAILEY R
OA 2624	STANWIX, FREEDOM
OA 2625	MANNING, JENNA
OA 2626	MCCORMICK, MELISSA
OA 2627	CLARK, REBECCA
OA 2628	HACK, RAYVIN NICOLE
OA 2629	MILLER HORNBECK, KIRSTI B
OA 2630	LIMON, CAROLINA
OA 2631	KNERR, ANDREA ROSE
OA 2632	JAMISON, BROOKELYN CAROLE
OA 2633	SMITH, CRYSTLE JEAN
OA 2634	ANTONIO, AMY PAOLA
OA 2635	CALDWELL, HEATHER
OA 2636	MCKAY, ERIN
OA 2637	MONICASMITHERS, MONICA ANDREA
OA 2638	ERSLAND, JACOB JAY
OA 2639	WOLLET, REBECCA LYNN
OA 2640	YEUNG, KAREN ELAINE
OA 2641	AGUILAR, JAILENE
OA 2642	BRYANT, ISABELLA MARIE
OA 2643	RICHARDSON, FAITH CHRISTINE
OA 2644	KIRK, BRITTANY NANETTE
OA 2645	TUCKER, KIMBERLY ODELL
OA 2646	BRIDGES, KARLI BETH
OA 2647	RAYBOURN, KATHERINE
OA 2648	BORLAND, CHRISTEL MARIE
OA 2649	HOLDEN, SAVANNA JEWELL
OA 2650	ARLEDGE, MAURICE

INCOMPLETE OCCUPATIONAL THERAPY ASSISTANT REINSTATEMENT APPLICATIONS

OA 1437	CARTER, MICHELLE CHERI
OA 1976	PROVINCE, KAYLYN JO
OA 2451	HARBER, KERRI A

COMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS

OA 2607	HOUSE, LAUREN ALEXIS
OA 2608	HOEHNER, KATHERINE
OA 2609	LEE, CHRISTEN JANE MARIE
OA 2610	MURRY, KAYLEE MACKENZIE
OA 2612	PEREZ, CAILY RENEE
OA 2613	PEREZ, CAELY MARIE
OA 2615	MILLWARD, NICOLE MARIE

INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS

OT 5919	OSWALD, MIRANDA RUTH
OT 5920	COX, GRACE ELENABELLE
OT 5922	PAYNE, MCKINLEY HAYDON
OT 5923	MCDONALD, KATLYN MARIE
OT 5926	HAYES, MAGGI J
OT 5927	CHAMBLIN, COLBY RYAN
OT 5928	DECKER, CATHERINE ESTELLE
OT 5930	BROWN, BRANDY
OT 5931	HIGGINS-JONES, ALLIYAH
OT 5933	BIGHAM, PAIGE JORDAN
OT 5934	LANE, AUDRY MICHELLE
OT 5935	TARR, DIANE KIM
OT 5937	MORAN, CLAUDIA GAIL VOEGELE
OT 5938	HARDBARGER, TIMBER
OT 5940	WILSON, SHANNA
OT 5941	VOGEL, KAYLA
OT 5942	SWAIM, KELLI LYNN
OT 5943	HIGNITE, BRANDI DANIELLE
OT 5944	DEAL, TIMA

INCOMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATIONS

OT 704	STEPHENSON, JONNA
OT 2129	BINGHAM, TONIA

COMPLETE OCCUPATIONAL THERAPIST APPLICATIONS

OT 5917	CUSTER, ANGELA CHALYNNE
OT 5918	KRAHN, MARY KAETLIN
OT 5924	MEREDITH, SARAH
OT 5925	WEST, MAYA LYNN
OT 5929	CARROLL, MACY ANN
OT 5932	HOPKINS, MICHAEL D
OT 5936	BOURLAND, JULIANNA DREY
OT 5939	NESSER, JACOB I

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1872	University of Louisiana at Monroe	Occupational Based Practice-Adult	30	APPROVED	4/16/2024	APPROVED
790	INTEGRIS Health BAP20310001	Trauma Informed Care: Caring for the Caregiver	1	APPROVED	4/16/2024	APPROVED
1527	American Occupational Therapy Association membership	American Occupational Therapy Association membership	2	APPROVED	4/16/2024	APPROVED
1532	University of St. Augustine for Health Sciences in Austin, TX.	Clinical Neuro Science Applied to Occupational Therapy and Clinical Applications of OT in Psychosocial & Community Settings	9	APPROVED	4/16/2024	APPROVED
5816	American Occupational Therapy Association membership	American Occupational Therapy Association membership	2	APPROVED	4/16/2024	APPROVED
1838	American Occupational Therapy Association membership	American Occupational Therapy Association membership	2	APPROVED	4/16/2024	APPROVED
5615	University of Louisiana at Monroe	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	1	RECOMMEND 1CEUS APPROVED AS REQUESTED. KM	4/16/2024	RECOMMEND 1CEUS APPROVED AS REQUESTED. KM
1967	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	12	APPROVED	4/16/2024	APPROVED
5700	Oklahoma City Rehabilitation Hospital	Ankle Foot Orthoses: Patient Evaluation and Design Criteria	1	APPROVED	4/16/2024	APPROVED
5327	University of Oklahoma	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5776	American Occupational Therapy Association membership - [OT, OTA]	American Occupational Therapy Association membership - [OT, OTA]	2	APPROVED	4/16/2024	APPROVED
1838	American Occupational Therapy Association membership - [OT, OTA]	American Occupational Therapy Association membership - [OT, OTA]	2	APPROVED	4/16/2024	APPROVED
5786	DYNAMED, LLC — Department of Nursing Continuing Professional Development	Pressure Injuries: Rehabilitation Facilities	1	APPROVED	4/16/2024	APPROVED
5786	DYNAMED, LLC — Department of Health Professions Continuing Education	Traumatic Brain Injury: Gait Training	1	APPROVED	4/16/2024	APPROVED
1872	University of Louisiana at Monroe	T Practice Adult	10	APPROVED	4/16/2024	APPROVED
2461	Southwestern Oklahoma State University	United States Healthcare Systems	3	APPROVED	4/16/2024	APPROVED
2461	Southwestern Oklahoma State University	Introduction to Healthcare Quality Measures	3	APPROVED	4/16/2024	APPROVED
1971	TEXAS WOMANS UNIVERSITY	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
2388	OKLAHOMA CITY COMMUNITY COLLEGE	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
305	DOCTORS DEMYSTIFY	Doctors Demystify the Wrist	5	APPROVED	4/16/2024	APPROVED
5622	Cabarrus College of Health and Sciences	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5622	Cabarrus College of Health and Sciences	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
1641	Stillwater Medical Center CEU	Parkinson's Disease Update 2024	1	APPROVED	4/16/2024	APPROVED
5490	Stillwater Medical Center CEU	Parkinson's Disease Update 2024	1	APPROVED	4/16/2024	APPROVED
2507	OCCUPATIONALTHERAPY.COM	Safe And Sound: Training Occupational Therapists To Enhance Autism Safety And Support Course 6076	1	APPROVED	4/16/2024	APPROVED
999	OUHSC	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	9	APPROVED	4/16/2024	APPROVED
5615	OUHSC	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	1	APPROVED	4/16/2024	APPROVED
5487	COX COLLEGE	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
1962	Murray State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
5490	Stillwater Medical Center	Parkinson's Disease Update	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5490	UNIVERSITY OF ST AUGUSTINE	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
2088	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Mister Rogers at the bedside	1	APPROVED	4/16/2024	APPROVED
2088	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Managing Spasticity following CVA and TBI	1	APPROVED	4/16/2024	APPROVED
2088	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Psychiatric Conditions for TBI	1	APPROVED	4/16/2024	APPROVED
2088	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Long COVID as Chronic illness	1	APPROVED	4/16/2024	APPROVED
459	Caddo Kiowa Technology Center/SWOSU	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
459	Caddo Kiowa Technology Center/SWOSU	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
1838	Tethered Oral Tissues Specialty	TOTS: Tethered Oral Tissues Specialty Training	14	APPROVED	4/16/2024	APPROVED
5786	EBSCO Publishing, Inc	Stroke: Outcomes	1	APPROVED	4/16/2024	APPROVED
5786	HEALTHSTREAM	Acute Spinal Cord Injury	1.25	APPROVED	4/16/2024	APPROVED
1899	OU HEALTH	Lean Principles	7	APPROVED	4/16/2024	APPROVED
5769	MEDBRIDGE	Suicide Risk in Inpatient Rehabilitation Settings	1	APPROVED	4/16/2024	APPROVED
1670	NBCOT	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5567	University of Oklahoma Health Sciences Center	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
2548	OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPIST	Firm Foundations: Finding Forward Momentum - Oklahoma Association of Neonatal and Pediatric Therapists' 11th Annual Neonatal and Pediatric Therapy Conference	5	APPROVED	4/16/2024	APPROVED
136	Hand Therapy Certification Commission	Certified Hand Therapist	20	APPROVED	4/16/2024	APPROVED
970	PREMIERE	Introduction to Telehealth and Telemedicine	1.5	APPROVED	4/16/2024	APPROVED
136	McBride Orthopedic Hospital	Compartment Syndrome	2	APPROVED	4/16/2024	APPROVED
2422	Murray State College	MSC OTA Summer Conference	5	APPROVED	4/16/2024	APPROVED
1490	Oklahoma Able Tech	Funding Assistive Technology (AT) for Students with Disabilities	2	APPROVED	4/16/2024	APPROVED
5756	OU health	OUH-Enneagram Numbers and rehab team	1	APPROVED	4/16/2024	APPROVED
1777	Institute of Clinical Excellence	Institute of Clinical Excellence : Cervical Spine Manual Therapy Management	16	APPROVED	4/16/2024	APPROVED
5756	OU HEALTH	OUH-Enneagram Numbers and Rehab Team	1	APPROVED	4/16/2024	APPROVED
2088	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Clinical Examination and Diagnosis Specifics of the Ankle and Foot	2	APPROVED	4/16/2024	APPROVED
1237	UNIVERSITY OF CENTRAL ARKANSAS	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	2	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1899	OU Health	OUH- Collaborative discharge planning in acute care	2	APPROVED	4/16/2024	APPROVED
584	INTEGRIS	Spinal cord injury and disease	1.5	APPROVED	4/16/2024	APPROVED
1237	UNIVERSITY OF CENTRAL ARKANSAS	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	1	APPROVED	4/16/2024	APPROVED
1237	UNIVERSITY OF CENTRAL ARKANSAS	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	1	APPROVED	4/16/2024	APPROVED
136	McBride Orthopedic Hospital	Lateral Epicondylitis Treatment Options and Billing Modifier Updates	1.5	APPROVED	4/16/2024	APPROVED
2138	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	2	APPROVED	4/16/2024	APPROVED
2138	CONNOR STATE COLLEGE	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
2138	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	1	APPROVED	4/16/2024	APPROVED
974	MOMENTUM ACADEMY	Transportation of children with special needs: Current guidelines standards and adaptive equipment options	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
974	MOMENTUM ACADEMY	Power standing mobility: navigating the hurdles surrounding power standing	1	APPROVED	4/16/2024	APPROVED
974	MOMENTUM ACADEMY	Considering mobility equipment as it relates to mobility	1	APPROVED	4/16/2024	APPROVED
974	MOMENTUM ACADEMY	The PEPL protocol: How simple tools can authorize your success rate	2	APPROVED	4/16/2024	APPROVED
2218	Integrus Health	Pathophysiology and Treatment of Stroke-Initial	1.5	APPROVED	4/16/2024	APPROVED
2117	OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPIST	Oklahoma Association of Neonatal and Pediatric Therapists Conference Firm Foundations:	7.5	APPROVED	4/16/2024	APPROVED
584	Integrus Health	Pathophysiology and treatment of stroke	1	APPROVED	4/16/2024	APPROVED
2065	Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
2065	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
1273	MERCY HOSPITAL	Mercy Post-Concussion Rehabilitation Conference	7.5	APPROVED	4/16/2024	APPROVED
584	INTEGRIS	Autonomic dysreflexia	1.5	APPROVED	4/16/2024	APPROVED
584	INTEGRIS	Anatomy and pathophysiology of the brain	1	APPROVED	4/16/2024	APPROVED
584	INTEGRIS	Treating parents with neurological deficits	1.5	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
2177	OU HEALTH SCIENCES CENTER	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
5644	United Regional Center of Advanced Orthopedics	Dry Needling Scar tissue	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Human Trafficking 201	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Chest X-Rays for Therapy	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Brain Injury from a Patients Perspective	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Oklahoma Able Tech- The State Assistive Technology Act Program for Oklahoma	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Safe Patient Handling for Caregivers	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	An OverView of SpecialEffect and How they Utilize Technology to Assist Physically Disabled Gamers	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Parkinsonism and Rehabilitation	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Vision & Common Eye Conditions	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	AMBUCS and Amtryke Adaptive Trykes	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Diplopia, OMD, and Glare- Oh-MY!	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Why am I Dizzy?	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Trauma Informed Care: Caring for the Caregiver	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Recognizing when to Call a Code Stroke	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Caring for Transgender and Gender Diverse Patients	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Neglect Following Acquired Brain Injury	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Wound Care: An Overview of Assessment and Management Principles	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Common Neuro- Ophthalmologic Conditions and How they Impact Rehabilitation	1	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Breaking the Language Barrier: Best Practices in Clinical Patient Care	1	APPROVED	4/16/2024	APPROVED
2506	PESI	Time Management & Executive Functioning Strategies for Adults with ADHD	3	APPROVED	4/16/2024	APPROVED
1485	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Motor Learning and the OPTIMAL Theory	1	APPROVED	4/16/2024	APPROVED
2064	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
5615	LSVT BIG	LSVT BIG	14.5	APPROVED	4/16/2024	APPROVED
292	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	4.8	APPROVED	4/16/2024	APPROVED
292	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	7.2	APPROVED	4/16/2024	APPROVED
5615	OU HEATH SCIENCES CENTER	Fieldwork Coordinator	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
2388	OCCC	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	4	APPROVED	4/16/2024	APPROVED
1966	Rehabpro (Home CEU)	Care of the Resident with Dementia	0.5	APPROVED	4/16/2024	APPROVED
1966	RehabPro	Electrode Application and Safety	1	APPROVED	4/16/2024	APPROVED
1777	THE INSTITUTE OF CLINICAL EXCELLENCE	CERVICAL SPINE MANUAL THERAPY MANAGEMENT	16	APPROVED	4/16/2024	APPROVED
136	McBride Orthopedic Hospital	Lateral Epicondylitis Treatment Options and Billing Modifier Updates	1.5	APPROVED	4/16/2024	APPROVED
2506	PESI	ADHD in the Family: Interventions for Parents at Home & in the Classroom	2.25	APPROVED	4/16/2024	APPROVED
2507	OCCUPATIONALTHERAPY.COM	How To Fix Common Handwriting Challenges In Pediatric Therapy Course 5212	1	APPROVED	4/16/2024	APPROVED
1876	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
1876	Saint Francis Health System	6th annual interprofessional trauma and stroke symposium at the double tree hotel at warren place	7	APPROVED	4/16/2024	APPROVED
5457	Caddo Kiowa Technology Center/SWOSU	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
1490	Oklahoma SoonerStart	Family Coaching in Early Intervention	6	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1023	OCCC	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
1876	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
1966	RehabPro	Electrode Application and Safety	1	APPROVED	4/16/2024	APPROVED
1966	Rehabpro	Emergency and Disaster Preparedness in LTC setting	0.5	APPROVED	4/16/2024	APPROVED
1966	Rehabpro	F-Tag for Behavioral, Mental and Psychosocial Health (F740-F743)	0.6	APPROVED	4/16/2024	APPROVED
1966	Rehabpro	Care of the Resident with Dementia	0.5	APPROVED	4/16/2024	APPROVED
2506	PESI	Neurology Drive Psychology in ADHD Clients: Promote Resilience, Self-Regulation & Overcome Common Roadblocks	3.5	APPROVED	4/16/2024	APPROVED
584	INTEGRIS	Amputation education and precautions	0.5	APPROVED	4/16/2024	APPROVED
562	ST CATHERINE UNIVERSITY	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
2506	PESI	ADHD Medication & Non-medication Interventions: Maximize Brain Function & Create Healthy Habits	3	APPROVED	4/16/2024	APPROVED
1490	Oklahoma SoonerStart	Family Coaching in Early Intervention	6	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1490	OU	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	4	APPROVED	4/16/2024	APPROVED
2065	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
1490	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	6	APPROVED	4/16/2024	APPROVED
1490	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	6	APPROVED	4/16/2024	APPROVED
746	University of Louisiana at Monroe	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	12	APPROVED	4/16/2024	APPROVED
2506	PESI	ADHD and Couples Therapy: Foster Trust, Follow-through and More	2.25	APPROVED	4/16/2024	APPROVED
2506	PESI	ADHD at Work: Strategies to Help Clients Survive & Thrive in Their Careers	2	APPROVED	4/16/2024	APPROVED
2461	Southwestern Oklahoma State University	Healthcare Project Management	3	APPROVED	4/16/2024	APPROVED
2461	Southwestern Oklahoma State University	Healthcare Management	3	APPROVED	4/16/2024	APPROVED
2461	Southwestern Oklahoma State University	Healthcare Compliance and Risk Management	3	APPROVED	4/16/2024	APPROVED
2461	Health Statistics	Health Statistics	3	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5441	TULSA COMMUNITY COLLEGE	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
866	TALK TOOLS	ARFID: The Anxious Eater	4	APPROVED	4/16/2024	APPROVED
866	TALK TOOLS	Your Feeding Tool Kit: Treating the Whole Child and the Whole Family	6	APPROVED	4/16/2024	APPROVED
5695	GREENHOUSE PEDIATRIC THERAPY	Treatment Strategies for Tricky Picky Eaters	2	RECOMMEND APPROVAL OF 2.0 CEU'S AS REQUESTED LGL	4/16/2024	RECOMMEND APPROVAL OF 2.0 CEU'S AS REQUESTED LGL
5457	Caddo Kiowa Technology Center/SWOSU	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	8	APPROVED	4/16/2024	APPROVED
1772	TULSA COMMUNITY COLLEGE	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students - [OT, OTA]	4	APPROVED	4/16/2024	APPROVED
2388	SUMMIT PROFESSIONAL EDUCATION	Summit Practical DME and Home Modifications for Aging Adults	2	APPROVED	4/16/2024	APPROVED
584	INTEGRIS	Oklahoma health care providers responsibility and rights under certain medical treatment laws	1	APPROVED	4/16/2024	APPROVED
1113	AOTA	5 ways to improve Motor Recovery After Stroke	1	APPROVED	4/16/2024	APPROVED
5350	Northeastern State University	5 ways to improve Motor Recovery After Stroke	12	APPROVED	4/16/2024	APPROVED
2088	INTEGRIS JIM THORPE CLINICAL DEVELOPMENT	Motor Learning and the OPTIMAL Theory	1	APPROVED	4/16/2024	APPROVED

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
2064	Rocky Moutain University of Health Professions	Healthcare Advocacy: Policy, Legal, and Ethical Context Use, Design and Implementation of Evidence-Based Practice Guidelines Leadership as an Occupation Capstone Project III	9	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Principles of Orthopedic Management	1	APPROVED	4/16/2024	APPROVED
	THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES	Sharon Sanderson Lecture	1.25	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	SCI Survivor Panel	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Interdisciplinary Care for Patients with Spinal Cord Injury	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Functional Neuroanatomy for Rehabilitation Professionals	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Low Level Neuro Patients: Where to Begin	2	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Therapy for Patients with Severe Brain Injury: Where to Start	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Traveling with a Disability	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Eye Feel Dizzy	2	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Differential Diagnosis of Aphasia Post-TBI	1	APPROVED	4/16/2024	APPROVED

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Unleashing the Power of Music and the Brain	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Concussions: Where Are We Now?	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Agitation: A Common Sense Approach	1	APPROVED	4/16/2024	APPROVED
	LITTLE LIGHT HOUSE ACADEMY	Designing an Inclusive Classroom	3	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Psychiatric Comorbidities with TBI	1	APPROVED	4/16/2024	APPROVED
	STRUCTURE & FUNCTION EDUCATION	Foundations in Dry Needling for Upper Extremity Orthopedic Rehab	24	RECOMMEND 24 CEU APPROVED	4/16/2024	RECOMMEND 24 CEU APPROVED
	CEU INSTITUTE	Unveiling the Hidden Effects of Brain Injury: Exploring Under-recognized Co-morbidities (1hr)	1	RECOMMEND 1 CEU APPROVED AS REQUESTED	4/16/2024	PLEASE NOTE THAT THIS CEU WAS REQUESTED FOR OTS ONLY
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Vision & Common Eye Conditions	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Parkinsonism and Rehabilitation	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	An Overview of SpecialEffect and How They Utilize Technology to Assist Physically Disabled Gamers	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Therapeutic Management of Bowel and Bladder for Patient with Neurologic Injury	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Chest X-rays for Therapy	1	APPROVED	4/16/2024	APPROVED

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Human Trafficking 201	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Oklahoma ABLE Tech The State Assistive Technology (AT) Act Program for Oklahoma Services and Benefits	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Brain Injury from a Patient's Perspective	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Aquatic Physical Therapy Treatment Strategies in Patients with Spinal Cord Injury	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Trauma Informed Care: Caring for the Caregiver	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Dry Needling of the Upper Extremity	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Wound Care: An Overview of Assessment and Management Principles	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Soft Tissue Mobilization of the Upper Extremity	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Recognizing When to Call a Code Stroke	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Pushing Back Against Pushers Syndrome: Contralateral Pushing and Post Stroke Rehabilitation	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Neglect following Acquired Brain Injury	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Music Therapy in Physical Rehabilitation and Healthcare	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Movement System Impairment (MSI) Guided Rehab Training	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Motor Learning and the OPTIMAL Theory	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Ethical Billing and Documentation Requirements	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Common Neuro-Ophthalmologic Conditions and How They Impact Rehabilitation	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Caring for Transgender and Gender Diverse Patients	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Caregiver Resiliency	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Breaking the Cycle: A Case for Prioritizing Diabetes Management in Therapy	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Blood Flow Restricted Exercise of the Upper Extremity	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Benefits, Challenges, and Ethical Considerations of Supervising the Rehabilitation Student	1	APPROVED	4/16/2024	APPROVED
	SAINT FRANCIS HEALTH SYSTEM	CPI: Crisis Prevention Intervention	6.5	APPROVED	4/16/2024	APPROVED
	EDMOND PUBLIC SCHOOLS - RELATED SERVICE PROVIDERS	Fieldwork Educator Training for EI and School-Based OTs	6.5	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Long Covid as a Chronic Illness	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Managing Spasticity Following CVA and TBI	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Basic Neuro Handling	2	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Mister Rogers at the Bedside	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Implications of Outcome Measures and K Level Determination for Those with Limb Difference	1	APPROVED	4/16/2024	APPROVED
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Rehab Strategies for the Patient on ECMO	1	APPROVED	4/16/2024	APPROVED
	WEBFCE	Health Risk Assessment Certification Course	2.5	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Autism Awareness on the University Campus	1	APPROVED	4/16/2024	APPROVED
	OU HEALTH	OUH- Collaborative Discharge Planning in Acute Care	2	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	The Problem Child: Suspensions, Appeals Process, and How to Advocate for Behavior Interventions	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Translating Lingo to improve collaboration in the classroom	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Navigating the Diagnosis of Autism: Resources in Oklahoma	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Pre-ETS and peer mentoring	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

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ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	OKLAHOMA AUTISM NETWORK	The Spectrum of Autism Across the Lifespan	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Sibshops: Celebrate the many contributions made by brothers and sisters of loved ones with disabilities	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Sooner Success, Helping Families and Providers Navigate a Complex System	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Alternate Diploma: A new Graduation Pathway	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	ABA Panel Discussion.	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Legal Aid for Families with Special Needs Individuals	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	The Power of Showing Up, Unlocking Student Potential through the power of presence	1	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Alternate Diploma: A new Graduation Pathway	1	APPROVED	4/16/2024	APPROVED
	STRUCTURE & FUNCTION EDUCATION	Foundations in Dry Needling for Upper Extremity Orthopedic Rehab	25	APPROVED	4/16/2024	APPROVED
	CHIROCREDIT.COM / ONLINECE.COM	Compliance 103 - Medicare Documentation for Physical and Occupational Therapy	2	APPROVED	4/16/2024	APPROVED
	LITTLE LIGHT HOUSE	Reaching Every Student	5.5	APPROVED	4/16/2024	APPROVED
	BLUE SPARROW THERAPY CONSULTING	Uncover the Potential: Dynamic Assessment Strategies for Children with Complex needs	0.55	APPROVED	4/16/2024	APPROVED
	OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	Autism evaluation & diagnosis	1.5	APPROVED	4/16/2024	APPROVED
	OKLAHOMA AUTISM NETWORK	Joshua Hawkins	1	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL
04/16/2024

ATTACHMENT #2

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	PREMIERE EDUCATION	HIV/AIDS Training for Healthcare Professionals 2HR	2	APPROVED	4/16/2024	APPROVED
	PREMIERE EDUCATION	HIV/AIDS Training for Healthcare Professionals 3HR	3	APPROVED	4/16/2024	APPROVED

COURSES RECOMMENDED FOR COMMITTEE REVIEW
04/16/2024

ATTACHMENT #3

PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
ANKRUM INSTITUTE	Treating the Sacrum	14	Committee Review	4/16/2024	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)
ANKRUM INSTITUTE	Treating the Foot, Knee and Leg	14	Committee Review	4/16/2024	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)

**Physician Assistant Advisory Committee
Recommendations to the Board**

The Physician Assistant Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on April 16, 2024, and made the following recommendations:

RECOMMENDATION #1: Recommend approval of the incomplete application(s) for Physician Assistant licensure pending completion of the file(s) as indicated on *Attachment #1* hereto.

RECOMMENDATION #2: Recommend approval of the incomplete application(s) for reinstatement of Physician Assistant licensure pending completion of the file(s) as indicated on *Attachment #1* hereto.

RECOMMENDATION #3: Recommend approval of the complete application(s) for reinstatement of Physician Assistant licensure(s) as indicated on *Attachment #1* hereto.

RECOMMENDATION #4: Recommend approval of the complete application(s) for Physician Assistant licensure as indicated on *Attachment #1* hereto.

INCOMPLETE PHYSICIAN ASSISTANT APPLICATIONS

PA 5252	BENABOU, TEHILLA S
PA 5253	STRUCKMEYER, BETHANY MARIE
PA 5255	ZHANG, DIAN
PA 5256	TURNER, SAVANNAH JAN
PA 5257	HERNANDEZ CARVAJAL, JULIAN DAVID
PA 5258	WYNDHAM, ELIZABETH RUTH
PA 5259	OSPINA, RACHAEL MICHELLE
PA 5261	WICKER, ALEXANDER
PA 5263	WEST, TRAVIS LYNN
PA 5265	CAMERON, LAUREE DANIELLE
PA 5270	ZUECH, KATIE
PA 5271	THOMPSON, FEROZA
PA 5272	SULLIVAN, ANNA NICOLE POWELL
PA 5273	CAUGHEL, CLARA
PA 5274	RYAN, TIMMON H
PA 5275	LINKER, EMILY KATHLYN
PA 5276	SQUIRES, BLAKE
PA 5277	GASKILL, TRAVIS FALLON
PA 5278	SPENCER, KRISTEN
PA 5279	MCLAIN, LAYNE VICTORIA
PA 5280	ALVIAR, CHRISTOPHER R
PA 5281	ARZU, ABEL JOSUE

INCOMPLETE PHYSICIAN ASSISTANT REINSTATEMENT APPLICATIONS

PA 2281	JENNINGS, MICHELLE
PA 4984	SEEWALD, YOSEF CHIZIKIYAHU

COMPLETE PHYSICIAN ASSISTANT REINSTATEMENT APPLICATION

PA 1853	BERG, CARL RONALD
PA 2349	HAUGHTON, KELSEY PAIGE

COMPLETE PHYSICIAN ASSISTANT APPLICATIONS

PA 5248	PENNYBAKER, ALLISON ANN
PA 5251	MARTINEZ, ELIZABETH SUE
PA 5254	HEINZE, ALEXANDRIA
PA 5260	MARTIN, HARRISON CLAY
PA 5262	ABRAHAM, AARON
PA 5264	PENA, MARCOS JOSUE
PA 5266	BAETZ, TAEOR BROOKE
PA 5267	BRADDOCK, ANNA ELIZABETH
PA 5268	PORTER, CASSANDRA
PA 5269	NORRIS, AARON RHYS

RESPIRATORY CARE ADVISORY COMMITTEE
Recommendations to the Board

The Respiratory Care Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on May 7, 2024, and made the following recommendations to the Board.

RECOMMENDATION #1: Tabling the application of **ASHLEY BAGLEY** for Respiratory Care Practitioner licensure pending a personal appearance before the Committee.

RECOMMENDATION #2: Approval of the application of **KIMBERLY DORSEY** for Respiratory Care Practitioner licensure pending completion of the file to include 12 hours of CEUs.

RECOMMENDATION #3: Tabling the application of **TERESA LEE** for Respiratory Care Practitioner licensure pending successfully passing her entry-level examination and a personal appearance before the Committee.

RECOMMENDATION #4: Approval of the application of **JILL LEWIS** for Respiratory Care Practitioner licensure pending completion of the file to include successfully passing her entry-level examination.

RECOMMENDATION #5: Tabling the application of **JOSEPH NIEKAMP** for Respiratory Care Practitioner licensure pending a personal appearance before the Committee.

RECOMMENDATION #6: Approval of the incomplete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1* hereto pending completion of the file(s).

RECOMMENDATION #7: Approval of the incomplete application(s) for reinstatement of Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1* hereto pending completion of the file(s).

RECOMMENDATION #8: Approval of the incomplete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1* hereto pending completion of the file(s).

RECOMMENDATION #9: Approval of the incomplete application(s) for reinstatement of Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1* hereto pending completion of the file(s).

RECOMMENDATION #10: Approval of the complete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1* hereto.

INCOMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICANTS

PR 2297	AGUIRRE, CONNIE
PR 2298	TOJ, JENNIFER CORINA
PR 2301	WILLIAMS, CATLYN CHANCELLOR
PR 2302	YANG, LUCY
PR 2303	COGBURN, SKYELAR BHREIGHZ
PR 2304	BROWN, KAITLYN GRACE
PR 2305	VAUGHN, MCKYNZIE NICOLE
PR 2306	BYRD, FELICIA PHOEBE LYNN
PR 2307	OWENS, KRISTINA LEE
PR 2308	BROADES, TA'DRANIQUE SHA'VON
PR 2309	WHETSEL, JENNA LAINE

INCOMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATION

PR 773	DODSON, DENNIS AARON
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INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 6365	CHANG, MAI PANG
RC 6369	RAGSDALE, ASHLEY ELIZABETH
RC 6371	MARTINEZ, LACI JO
RC 6376	ALEXANDER, LAYLA WARD
RC 6377	CRUZ, ARCHIVALD
RC 6378	MORALES, JUAN ARMANDO
RC 6379	VANG, NANCY
RC 6384	MOYER, MATISON MCKAIG
RC 6386	BEARD, MARESA MARTRICE
RC 6387	ENGLAND, JANET L
RC 6388	MONTECINOS, LAUREL
RC 6391	HILL, HEATHER MICHELLE
RC 6395	HAMMERSCHMIDT, ADAM WADE
RC 6396	DOYLE, BRENDAN
RC 6397	GRANT, TAMIA J
RC 6399	ELLIS, BETTY JEANENNE
RC 6400	LOPEZ, ASHLEE
RC 6401	DOMINICK, SABRINA MARIE
RC 6402	PORTER, JOSEPH ALLEN
RC 6404	WILSON, KELSEA
RC 6405	COOK, TEELEE P
RC 6406	TAYLOR, KAYLA JANEE
RC 6407	CARTWRIGHT, CLAY
RC 6408	ATWOOD, NICOLE
RC 6409	MARTIN, MELINDA L
RC 6410	ALLEN, JORDAN BETH
RC 6411	MADISON, AMY LYNN

INCOMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS

RC 2064	LAWSON, WENDY SUE
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RC 2156	WILLIAMS, DEBRA RUTH
---------	----------------------

RC 5105	BELL, CHEMELLE D
---------	------------------

RC 5128	NARANJO, LACI
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COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 6366	DOMINGUEZ, CARLOS
---------	-------------------

RC 6367	OSBORN, TYLER ANTHONY
---------	-----------------------

RC 6368	ELLIOTT, GABRIEL LYNN
---------	-----------------------

RC 6370	JACKSON, JOSHUA MARTIN
---------	------------------------

RC 6372	ORTIZ LOPEZ, MARIA ANGELICA
---------	-----------------------------

RC 6373	MALDONADO, JOSE F
---------	-------------------

RC 6374	BURK, AMANDA J
---------	----------------

RC 6375	PETTIT, CHRISTOPHER SCOTT
---------	---------------------------

RC 6380	ARVIN, AMBER E
---------	----------------

RC 6381	HAIMOUR, HANAN M
---------	------------------

RC 6382	NAIL, MARY JOYCE
---------	------------------

RC 6383	HOLDER, ROBERT
---------	----------------

RC 6385	ADAMS, JENNIFER NICOLE
---------	------------------------

RC 6390	DINGESS, CORRIE RUTH
---------	----------------------

RC 6392	COLLINS, FALLON M
---------	-------------------

RC 6393	BARNES, ERIN LYNN
---------	-------------------

RC 6394	SERNA, JUAN JOSE
---------	------------------

RC 6398	HUYSSOON, KAREN SUE
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RC 6403	MUDER, KRISTIN KAY
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RC 6412	GOLDEN, WILLIAM BOYD JR
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**THERAPEUTIC RECREATION COMMITTEE
Recommendations to the Board**

The Therapeutic Recreation Committee met on April 23, 2024, and made the following recommendations to the Board.

RECOMMENDATION #1: Approval of the application of **JENNIFER JOHNSON** for Therapeutic Recreation Specialist licensure.

RECOMMENDATION #2: Approval of the application of **RYEANN SCHMIDT** for Therapeutic Recreation Specialist licensure pending completion of the files.

RECOMMENDATION #3: Approval of the applications of **KATHLEEN WAXMAN, CLAYTON S. HURST,** and **FRAILEY HANNA SCAIFE** for Therapeutic Recreation Specialist licensure pending completion of the files.



Oklahoma Board of Medical Licensure and Supervision



Search Results

Last Update: Monday, April 22, 2024 3:09 PM CDT

ALDRICH, ASHLEY NOEL			
Practice Address: PORTER HEALTH CENTER 505 S. MAIN ST PORTER OK 74454 Address last updated on 9/20/2023		Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO Medical School: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 Graduated: 5 / 2004 CME Year: 2026	
Phone #: (918) 483-0111 Fax #: County: WAGONER License: 24029 Dated: 7/15/2005 Expires: 7/1/2024 License Type: Medical Doctor Specialty: Family Medicine			
Pending and/or Past Disciplinary Actions: No Disciplinary Action Taken.			
<i>All information below is entered by the licensee but not verified by the Oklahoma Medical Board.</i>			
Certifications: AMERICAN BOARD OF FAMILY MEDICINE New Patients: Yes Medicaid: Yes Medicare: Yes HMO/PPO: None listed Hospital Privileges: None listed		Locations: PORTER HEALTH CENTER 505 S. MAIN ST PORTER OK 74454 Phone #: (918) 483-0111 Fax #:	
		Hours: Mon: Tue: Wed: Thu: Fri: Sat: Sun:	
Primary Supervisees(s):			
Name:	Type:	License Number:	Full/Part Time:
HANNAH LEA APPLE	PA	3163	
CAITLIN MUMFORD ASHLEY	PA	2505	
CALEB MICHAEL BARKER	PA	4726	
SHELLY CARLTON	APRN	82527	
STEPHANIE JANE GARRETT	PA	2481	
HOLLY WILKINSON	APRN	86262	

From: Ashley Aldrich <[REDACTED]>
Sent: Tuesday, April 2, 2024 3:25 PM
To: Barbara J. Smith <bsmith@okmedicalboard.org>
Subject: [EXTERNAL]

Good afternoon. I am requesting to have 2 additional mid-level providers added under my licensing supervision. Would it be possible to be added to the board agenda to have this considered at the next opportunity?

Sincerely,

Ashley Aldrich, MD
License 24029



Oklahoma Board of Medical Licensure and Supervision



Search Results

Last Update: Monday, April 22, 2024 3:09 PM CDT

KRABLIN, JAMES BRETT			
Practice Address: LONG TERM CARE SPECIALISTS 5721 NW 132ND ST OKLAHOMA CITY OK 73142 Address last updated on 1/29/2024		Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO Medical School: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 Graduated: 5 / 1999 CME Year: 2024	
Phone #: (405) 557-1200 Fax #: (405) 557-1977 County: OKLAHOMA License: 21711 Dated: 7/26/2000 Expires: 7/1/2024 Training Issued: 7/1/1999 Training Expires: 8/30/2000 License Type: Medical Doctor Specialty: Internal Medicine Geriatric Medicine (Internal Medicine)			
Pending and/or Past Disciplinary Actions:			
Date	Action	Reasons	Remarks
9/21/2008	Probation Ended		
9/21/2006	Probation		
4/10/2006	Complaint Citation		
Board Filings and/or Orders:			
09/21/2006 04/06/2006 04/06/2006			
All information below is entered by the licensee but not verified by the Oklahoma Medical Board.			
Certifications: New Patients: Yes Medicaid: Yes Medicare: Yes HMO/PPO: None listed Hospital Privileges: None listed		Locations: LONG TERM CARE SPECIALISTS 5721 NW 132ND ST OKLAHOMA CITY OK 73142 Phone #: (405) 557-1200 Fax #: (405) 557-1977	
		Hours: Languages: Mon: Tue: Wed: Thu: Fri: Sat: Sun:	
Primary Supervisees(s):			
Name:	Type:	License Number:	Full/Part Time:
SHEA CROSS	APRN	99247	
JUSTIN HENSON	APRN	103951	
BRIDGET ANN KEAST	PA	283	
JOHNNY NG	APRN	60453	
CHRISTINE ELAINE WILCOX	PA	1917	
DAVE MICHAEL WILCOX	PA	1918	

From: [REDACTED]
To: [Lisa Cullen](#)
Subject: [EXTERNAL] Fwd: Dr. Krablin request for additional provider supervision
Date: Friday, April 12, 2024 1:50:47 PM

Sent from my iPhone

Begin forwarded message:

From: Brett Krablin [REDACTED]
Date: April 12, 2024 at 12:09:27 PM CDT
To: lcullen@okmedboard.org
Subject: Dr. Krablin request for additional provider supervision

Attn: Lisa Cullen

Greetings. This correspondence is in regards to my recent request for additional slots for supervision of Nurse Practitioners and Physician Associates.

Presently I supervise six mid-level practitioners. Those currently on my roster include:

Dave Wilcox PA
Christine Wilcox PA
Bridget Keast PA
Shea Cross PA
Johnny NG PA
Justin Henson NP

I am asking for a total of twelve slots as follows:

Bridget Keast, PA - currently retired and needing only part time supervision for a minimal work load of less that 40 hours monthly. Practice will be limited and remain in a primary care scope.

Justin Henson, NP- working full time as a provider in long term care building of which I am the medical director. Scope of practice is long term care medicine only, focused on only facility medicine practice.

10 additional NP slots - these providers will all be employed by Total Wound Care to perform evaluation and treatment of wounds only. They will all be in direct telephonic communication with me as supervisor with weekly education and training. Each will be certified in wound care and will be scheduled and followed per the oversight of the company with myself acting as the Chief Medical Officer. Scope of practice will be strictly limited to wound care and will have limited prescriptive responsibility utilizing antibiotics and related treatments with no utilization of controlled substances.

Ms. Keast is largely retired at this time but wanted to maintain her licensure. I have worked with her for 15 years and would like to support her as supervisor until which time she relinquishes her licensure in retirement.

Mr. Henson works full time with me at this time and plans to for the foreseeable future.

The additional ten slots are to maintain and supervise an entire team of NP wound providers with a very limited scope of practice with direct and weekly communication and 24/7 telephonic availability.

I will be releasing four of the previously mentioned practitioners if and when additional slots for the wound treatment team is granted.
Please let me know if you need any additional information.

With regards,

Brett Krablin MD
OK21711

A graphic for the SNU Physician Assistant Program. It features a red background with a white text box on the left containing the title "SNU Physician Assistant Program" and a white horizontal line below it. On the right, there is a photograph of medical professionals in white coats and scrubs walking away from the camera down a hallway. Overlaid on the right side of the photograph are three lines of text: "Refining CHARACTER", "Creating CULTURE", and "Serving CHRIST". In the bottom right corner of the graphic is the SNU logo, which includes the text "SNU 1899" and "PROFESSIONAL & GRADUATE STUDIES".

SNU Physician Assistant Program

Refining
CHARACTER

Creating
CULTURE

Serving
CHRIST

SNU
1899
PROFESSIONAL & GRADUATE STUDIES

1

Southern Nazarene University

A photograph of a large, multi-story brick building at Southern Nazarene University. The building has a prominent central tower and is surrounded by green lawns and trees. The sky is overcast.

- Founded in 1899
- Located in Bethany, Oklahoma
- Private, Christian, Liberal Arts University
- 40-Acre Campus
- Accredited by the Higher Learning Commission

The SNU logo, featuring the letters "SNU" in a bold, serif font with "1899" underneath it, all enclosed in a thin horizontal line.

SNU
1899

2



Mission Statement

The SNU PA program strives to train competent Physician Assistants to practice medicine with empathy and compassion, serving Oklahoma and all nations in a Christlike manner.

3

Program Goals

Goal 1: Achieve exceptional graduation and board examination outcomes.

Goal 2: Instill in graduates a high value of and commitment to patient autonomy and respect.

Goal 3: Inspire graduates to be mission and volunteer-minded.

4

About the PA Program










- SNU has applied for Accreditation-Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- Site visit April 2024 with anticipated decision expected September 2024
- First class planned for January 2025
- 24-month, full-time program divided into two phases that are 12 months each
 - First phase is primarily didactic and is delivered in four consecutive 12-week semesters
 - Second phase consists of eleven 4-week preceptorships and two didactic courses
- Approved degree to be awarded is the Master of Science in Physician Assistant Studies (MSPAS)

5

Program Facts



 122 credit hours 3398 Contact hours	 Primary Care Focus	 Class Size of 36
 70 Didactic Credits 1494 Contact hours	 \$799/credit hour	 Competency Driven Curriculum Aligned with PANCE Blueprint
 52 Clinical Credits 1904 Contact hours	 11 Clinical Rotations	 Point of Care Ultrasound Instruction

6

Meet the Team



Mark Moran, PA-C, DMS
Program Director



Michael Johnson, MD,
MBA, CPE, FAAP
Medical Director



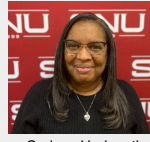
Lauren Wilson, MHS, PA-C
Principal Faculty



Jennifer Boyett, MHS, PA-C
Director of Didactic Education



Cameron Hogan, MHS, PA-C
Director of Clinical Education



Carlous Hudspeth
Program Coordinator
Admission Specialist



Allison Garrison, MHS, PA-C
Principal Faculty



Holly Parker, MMS, MPH, PA-C
Principal Faculty

7

Program Facilities

- Occupies over 12,000 square feet of designated space
 - Faculty and staff office space
 - Large PA classroom
 - Wet/dry lab
 - Clinical Suite
 - Physical exam lab
 - Conference/small classroom
 - Student lounge
 - Anatomy donor lab (shared)
 - Simulation lab (shared)



8



9

Campus Resources

- Bookstore
- Dining Services
 - Cafeteria, Coffee Shop, and Chick-fil-A
- Disability Services
- Financial Aid
- Fitness Facilities
- Renew Counseling Center
- R.T. Williams Library
- Student Health Center
- Technology Support
- Veterans Services



10

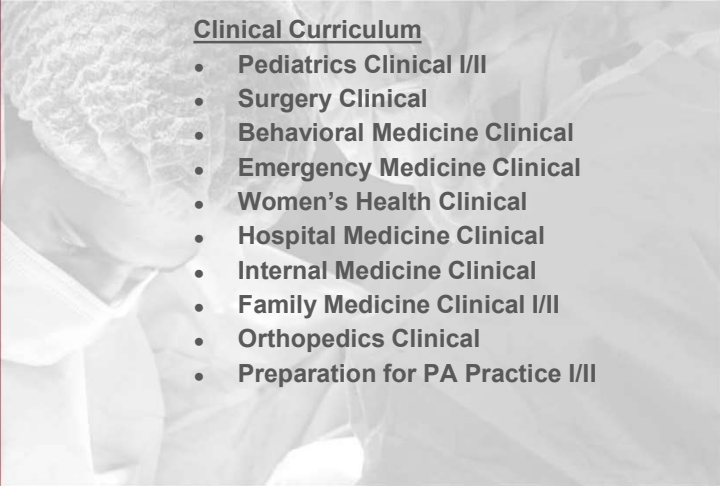
Program Curriculum

Didactic Curriculum

- Physician Assistant Practice
- Patient Encounters I/II
- Physiology and Pathophysiology I/II
- Medical Anatomy
- Medical Research and Capstone I-IV
- Pharmacology and Pharmacotherapeutics I/II
- Medical Systems I-III
- Molecular Health and Disease
- Clinical Procedures and Skills I/II
- Clinical Correlations I-III
- Pediatric Clinical Medicine
- Surgery and Emergency Medicine
- Clinical Laboratory Science and Medical Imaging

Clinical Curriculum

- Pediatrics Clinical I/II
- Surgery Clinical
- Behavioral Medicine Clinical
- Emergency Medicine Clinical
- Women's Health Clinical
- Hospital Medicine Clinical
- Internal Medicine Clinical
- Family Medicine Clinical I/II
- Orthopedics Clinical
- Preparation for PA Practice I/II



11

Program Competencies

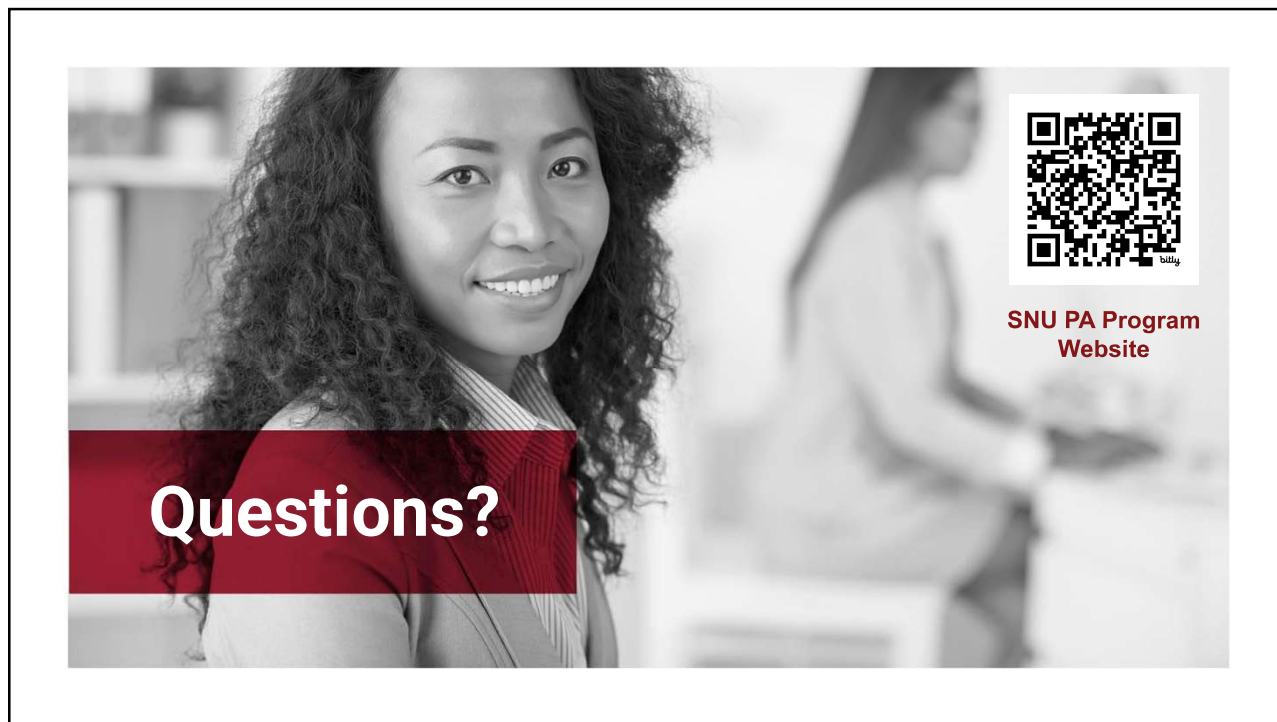
Competencies: Integration of specific skills and knowledge that demonstrate not only mastery of concepts, but a practical ability to apply knowledge and skills in the practice of medicine

SNU graduates will meet 21 competencies in the following domains:

- Patient Respect and Autonomy
- Patient-Centered Practice Knowledge
- Society and Population Health
- Health Literacy and Communication
- Interprofessional Collaborative Practice and Leadership
- Professional and Legal Aspects of Health Care
- Health Care Finance and Systems



12





State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

March 27, 2024

Stephen Blank, MD Applicant 42393
 [REDACTED]

9489 0090 0027 6330 2024 24

REQUEST FOR BOARD APPEARANCE

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73104 or virtually via Zoom.** The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(I): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Please confirm your attendance at this meeting either in person or electronically via Zoom. As this is a formal proceeding, proper attire is requested.

Sincerely,

Billy H. Stout, M.D.
 Board Secretary

Tracking Number:

[Remove X](#)

9489009000276330202424

[Copy](#)

[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item was picked up at a postal facility at 12:51 pm on April 9, 2024 in ATLANTA, GA 30327.

Get More Out of USPS Tracking:

[USPS Tracking Plus[®]](#)

Delivered

Delivered, Individual Picked Up at Postal Facility

ATLANTA, GA 30327

April 9, 2024, 12:51 pm

[See All Tracking History](#)

Feedback

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

[Text & Email Updates](#)



[Return Receipt Electronic](#)



[USPS Tracking Plus[®]](#)



[Product Information](#)



[See Less ^](#)

From: [REDACTED]
To: [Lisa Cullen](mailto:lcullen@okmedicalboard.org)
Subject: [EXTERNAL] Re: URGENT Oklahoma Medical Board Licensure
Date: Monday, March 25, 2024 9:12:28 AM
Attachments: [image001.png](#)

Thank you, I will do that.

Dr. Blank

From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Monday, March 25, 2024 8:05 AM
To: Stephen Blank [REDACTED]
Subject: RE: URGENT Oklahoma Medical Board Licensure

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I did not receive the response. The email you listed is lcullen@okmedicalboard.org this should be lcullen@okmedicalBOARD.org.

If you can forward to the correct email, I will be able to present it to the Medical Board members that held your application.

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: Stephen Blank <[REDACTED]>

Sent: Sunday, March 24, 2024 8:06 PM
To: Lisa Cullen <lucullen@okmedicalboard.org>
Subject: [EXTERNAL] Re: URGENT Oklahoma Medical Board Licensure

Yes, I did.

Lisa,

I sent to the lucullen@okmedicalboard.org email address.

Dr. Blank

From: Lisa Cullen <lucullen@okmedicalboard.org>
Sent: Friday, March 22, 2024 2:30 PM
To: Stephen Blank <[REDACTED]>
Subject: RE: URGENT Oklahoma Medical Board Licensure

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am Lisa Cullen. Did you send them to me by mail or email?

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: Stephen Blank <[REDACTED]>
Sent: Friday, March 22, 2024 1:29 PM
To: Lisa Cullen <lucullen@okmedicalboard.org>
Subject: [EXTERNAL] Re: URGENT Oklahoma Medical Board Licensure

I answered all the questions and sent them off to Lisa Cullen, yesterday. I sent the answers to Tameka and Bindu, as well.

Dr. Blank

From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Friday, March 22, 2024 11:44 AM
To: Stephen Blank <[REDACTED]>
Subject: URGENT Oklahoma Medical Board Licensure

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dr. Blank,

Your application has been held by one or more Board members. Please see the email below that was sent to you on March 4, 2024. Your license is pending your response.

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: Lisa Cullen
Sent: Monday, March 4, 2024 11:29 AM
To: [REDACTED]
Subject: Oklahoma Medical Board Licensure
Importance: High

Dr. Blank,

One or more of the Medical Board have held your application pending additional information. The information requested is below. Please respond to this email timely as not to delay your application.

1. What are your practice plans for Oklahoma?
2. Will you practicing in person or via telehealth?
3. Who do you perform clinical trials on?
4. What type of clinical trial do you perform? Drug trial?
5. Who sees the clinical trial patients?
6. Who is the primary caretaker should complications arise?
7. How long have you been performing clinical trials?
8. When did you last practice hands on care as a physician? You stated in an email the date of August 31, 2023, but there is not any practice information listed for this. The application you completed reflects your last day practicing as an OB/GYN was November 2021 at Pediatrix Medical Group of Georgia. Can you please clarify the last practice of hands on treatment and where that occurred?

Please respond to this email with your detailed answers and I will forward them to the board member(s) who held your application. Thank you in advance for your prompt response.

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org



Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	42393	STEPHEN CARL BLANK
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

033-05 Rutgers New Jersey Med Sch, Newark NJ 07103 (frmly UMDNJ)

Number of Licenses Previously Granted to Graduates of this Medical School:84

Application for: Resident _____ **Full License** Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

SIN 2-29-24

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___ / ___ / ___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

5) REQUESTS SPECIFIC CONSIDERATION OF:

OK PRACTICE : TELS RESEARCH



Oklahoma State Board of Medical Licensure and Supervision
Telemedicine Questionnaire

In what manner will you be communicating with your Oklahoma patients?

SCB
(Initial) I will be communicating with patients following the telemedicine guidelines as set forth by the state of Oklahoma.

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma.

Per the Oklahoma Telemedicine Rule 5435:10-17-13

SCB
(Initial) There are provisions for appropriate follow up care equivalent to that available to face-to-face patients. The information available to me for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

Describe the manner in which you intend to practice medicine across state lines.

SCB
(Initial) I will be located in the state of GEORGIA consulting Oklahoma patients.

SCB
(Initial) The physician-patient relationship will be established by adhering to a number of steps, again in accordance with the state of Oklahoma telemedicine requirements.

SCB
(Initial) Patient information will be collected in a HIPAA-compliant manner from the patient including demographic and medical background prior to and during the consultation.

SCB
(Initial) Patient data will be reviewed by me to verify the patient's eligibility to be treated in a remote environment, based on best practice literature and other inputs.

SCB
(Initial) I will only provide treatment to the patient if applicable in accordance with standard of care.

SCB
(Initial) I will create a record of the encounter.

SCB
(Initial) Patient follow-up will also be completed to assess for medical resolution/complication and a follow-up consult will be completed if necessary and/or advice to follow-up with an in-person physician in Oklahoma.

SCB
(Initial) I will only be involved in diagnostic areas that are suitable for the practice of medicine in a remote setting and will adhere to all telemedicine regulations per the state of Oklahoma.

Oklahoma Telemedicine Act

Oklahoma Telemedicine Rules

By initialing above, I attest that I have read and understood the Oklahoma Telemedicine Laws and Rules and I will adhere to and follow the laws, rules, and protocols as listed above.

Printed Name: Stephen C. Blank

Date: 10-10-2023

Signature: Stephen C. Blank MD

RECEIVED 10/16/2023
MD42393
SJ

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 MD 42393 STEPHEN CARL BLANK
 MEDICAL DOCTOR

Practice Address:

September 19, 2023
 EMVENIO RESEARCH
 2530 MERIDIAN PKWY
 STE 300
 DURHAM, NC 27713-5273
 NOT OKLAHOMA

Status:

Res: MD

Received: 09/19/2023

Entered: 09/19/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 10/02/2023

AMA Rec: 10/02/2023

Board Action:

License #: 42393

Sex: M

Ethnic Origin: 1

Endorsed By: NBME

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1: NBME3	PASS	3/8/78	10/17/23	1
	Test 2: NBME1	PASS	6/10/75	10/17/23	3
	Test 3: NBME2	PASS	9/28/76	10/17/23	1
	Note: PASS means higher than 75				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF NORTH CAROLINA

City: CHAPEL HILL

State: NC Country: UNITED STATES

Degree: BACHELOR OF ARTS

From: 9/1968 To: 5/1972 Verified:

School Name: NUTLEY HIGH SCHOOL

City: NUTLEY

State: NJ Country: UNITED STATES

Degree: DIPLOMA

From: 1/1968 To: 6/1968 Verified:

MEDICAL SCHOOL EDUCATION

Name: Rutgers New Jersey Med Sch, Newark NJ 07103 (frmly UMDNJ)

Foreign Name:

City: Newark

State/Country: United States of America

Degree: DOCTOR OF MEDICINE

From: 7 / 1975

To: 5 / 1977

Diploma Ver'd:

Y

Name: Univ Auto De Guadalajara, Fac De Med, Guadalajara, Jalisco, Mexico

Foreign Name:

City: Jalisco

State/Country: Mexico

Degree: NONE

From: 8 / 1972

To: 6 / 1975

Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 42393 STEPHEN CARL BLANK
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility:EMORY UNIVERSITY HOSPITAL

Specialty:OBSTETRICS & GYNECOLOGY,
OBSTETRICS

Res. Fellowship: Residency

City: ATLANTA

State:GA **Country:**UNITED STATES OF AM

Verified: 10/03/2023

From: 7 / 1978 **To:** 7 / 1981

ACGME Ver'd: 10/03/2023

Comments:

Facility:GRADY MEMORIAL HOSPITAL

Specialty:OBSTETRICS & GYNECOLOGY,
OBSTETRICS

Res. Fellowship: Internship

City: ATLANTA

State:GA **Country:**UNITED STATES OF AM

Verified: 10/03/2023

From: 7 / 1977 **To:** 6 / 1978

ACGME Ver'd: 10/03/2023

Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name
MD 42393 STEPHEN CARL BLANK
MEDICAL DOCTOR

PRACTICE HISTORY

Employed: EMVENIO RESEARCH	Supervisor:
City: DURHAM	State: GA Country: UNITED STATES
Specialty: CLINICAL RESEARCH	From: 7/ 2023 To: / Verified:
Comments:	

Employed: M3WAKE CLINICAL RESEARCH	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: CLINICAL RESEARCH	From: 9/ 2022 To: 5/ 2023 Verified:
Comments:	

Employed: PEDIATRIX MEDICAL GROUP OF GEORGIA PC	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: OBSTETRICS & GYNECOLOGY, OBSTETRICS	From: 3/ 2020 To: 11/ 2021 Verified:
Comments:	

Employed: MOUNT VERNON OB/GYN	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: OBSTETRICS & GYNECOLOGY, OBSTETRICS	From: 10/ 2018 To: 5/ 2023 Verified:
Comments:	

Employed: WAKE MOUNT VERNON CLINICAL RESEARCH	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: CLINICAL RESEARCH INVESTIGATOR	From: 11/ 2017 To: 9/ 2022 Verified:
Comments:	

Employed: MOUNT VERNON OB/GYN ASSOCIATES LLC	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: MD	From: 9/ 1992 To: 10/ 2017 Verified:
Comments:	

Employed: STEPHEN C BLANK	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: MD	From: 7/ 1986 To: 8/ 1992 Verified:
Comments:	

Employed: SANDY SPRINGS OB/GYN LLC	Supervisor:
City: ATLANTA	State: GA Country: UNITED STATES
Specialty: MD	From: 7/ 1981 To: 6/ 1986 Verified:
Comments:	

Employed: BLUE MOUNTAIN	Supervisor:
--------------------------------	--------------------

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	42393	STEPHEN CARL BLANK
MEDICAL DOCTOR		

City: EAST STROUDSBURG	State: PA	Country: UNITED STATES
Specialty: CAMP COUNSELOR	From: 7/ 1968	To: 8/ 1968
Comments:		Verified:

Other Licenses			
State	Lic Type and Number	Status Issued	Exp Verif
GA	MD 19640	A 8/16/78	1/31/25 10/2/23

<u>DEFICIENCIES</u>

Stephen Carl Blank
As of September 18, 2023, 2:09 pm

H.. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?

Yes No

2 settlements outside of court in last 30 years

O.. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?

Yes No

Occurred after I retired from practice. No action ever taken.



Stephen Carl Blank
As of September 18, 2023, 2:09 pm

RECEIVED

SEP 28 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

State of:

County of:

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 19 day of September, 20 23, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.





Signature of Applicant



Notary

1/26/2026

My Commission Expires

42393
110



November 6, 2023

Oklahoma Medical Board

Re: Deficiency Questions

To Whom It May Concern:

In reference to NPDB/Malpractice cases on the application I marked question J in error as it should be yes. See attached documentation in reference to the two malpractice cases.

I have never had any review by a licensing/regulatory agency.

In reference to question T, I marked no because I do not have nor have I ever had within the past two years any mental or physical disorder or condition which, if untreated, could affect my ability to practice competently.

If you have any questions please contact Stephen Blank, MD at [REDACTED]

Sincerely,

A handwritten signature in cursive script that reads 'Stephen C. Blank MD'. The signature is written over a horizontal line.

Stephen C. Blank, MD

RECEIVED 11/14/2023
MD 42383
SJ



Record of Scores

This document was prepared by
National Board of Medical Examiners (NBME)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: Oklahoma Bd Med Licensure &
Supervision
101 NE 51st Street
Oklahoma City, OK 73105

Date: 10/10/2023

Examinee: Blank, Stephen C

Examinee ID: 3-149-433-9
Date of Birth: [REDACTED]

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pas)	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/12/1973	Fail	Three-Digit	165	(380)	285	335	305	145	125	85	280
		Two-Digit	61	(75)	66	70	68	59	57	54	67
06/11/1974	Fail	Three-Digit	375	(380)	380	335	470	395	490	405	245
		Two-Digit	73	(75)	73	70	79	75	80	75	65
06/10/1975	Pass	Three-Digit	475	(380)	405	455	510	530	485	590	365
		Two-Digit	79	(75)	75	78	81	83	80	87	72

NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min. Pas)	Med	Surg	ObGyn	Prev	Pedi	Psych
09/28/1976	Pass	Three-Digit	425	(290)	550	395	430	265	485	470
		Two-Digit	79	(75)	85	77	79	71	81	81

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min. Pas)
03/08/1978	Pass	Three-Digit	490	(290)
		Two-Digit	82	(75)

REODIVIED

OCT 17 2023

PRIMARY SOURCE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

[Handwritten Signature]

1371480/Rev.2021 OK Patent #5,836,874



Kenna L. Shaw

From: Stephen Blank <[REDACTED]>
Sent: Friday, February 23, 2024 8:52 AM
To: Licensing
Subject: [EXTERNAL] Re: License credential status

RECEIVED

FEB 23 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Hello Kenna,

I took the first part of the NBME while a student in Mexico before the end of my first and second years in medical school with the hope of obtaining acceptance to an American medical school. After the end of my third year there, I was successful in obtaining a score that allowed me to transfer to an American school. I don't believe there was a passing or failing of the exam, each medical school had their own qualifications for acceptance, which I met in 1975. I hope that clarifies my answer to that question.

Respectfully,
Stephen C. Blank MD
Emvenio Research

From: Licensing <licensing@okmedicalboard.org>
Sent: Friday, February 23, 2024 9:07 AM
To: Stephen Blank <[REDACTED]>
Subject: RE: License credential status

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Our records indicate that you took NBME step 1 three times. The first 2 were failures.

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.



Kenna Shaw, Application Analyst
LICENSING DEPARTMENT
OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISION
101 NE 51ST ST
OKLAHOMA CITY OK 73105
(405) 962-1423 kshaw@okmedicalboard.org
M-F 8AM-4:30PM CST

From: Stephen Blank <[REDACTED]>
Sent: Thursday, February 22, 2024 3:25 PM
To: Licensing <licensing@okmedicalboard.org>
Subject: [EXTERNAL] Re: License credential status

42393
W

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

RECEIVED

FEB 14 2024

This form must be completed by the institution and mailed directly from the institution.

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Applicant's Name Stephen C. Blank

Institution: Universidad Autonoma De Guadalajara City/State Zapopan, Jal.

Our records indicate that the above named applicant attended our medical school on the following dates:

PRIMARY SOURCE

From 08 / 01 / 1972 To 06 / 12 / 1975 and was awarded the degree N/A
Month Day Year Month Day Year

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. YES NO
2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain. YES NO
3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below. YES NO
4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below. YES NO
5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below. YES NO

Please explain any "YES" response from above: It is our understanding that he withdrew from school after six school semesters.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: Lic. Tatiana Fausto Gonzalez Signature *Tatiana Fausto Gonzalez*
 Title of Signatory: Director of International Student Affairs Office Date of Signature 02/14/2024
 Tel: (33) 36488824 Fax: _____ E-Mail: isao@uag.edu



If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____

Notary Seal

42393
10

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

Applicant's Name Stephen C. Blank

Institution: Rutgers New Jersey Medical School City/State Newark, NJ

Our records indicate that the above named applicant attended our medical school on the following dates:

From 07 / 28 / 1975 To 05 / 27 / 1977 and was awarded the degree Doctor of Medicine 06/06/1977

- 1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. YES NO
- 2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain. YES NO
- 3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below. YES NO
- 4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below. YES NO
- 5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below. YES NO

Please explain any "YES" response from above: Dr. Blank transferred into Rutgers New Jersey Medical School on 7/28/1995.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: Heidi Schwabe Signature: [Handwritten Signature]

Title of Signatory: Registrar Date of Signature 9/25/2023 UMDNJ-New Jersey Medical School is now known as

Tel: 973-972-4640 Fax: 973-972-6930 E-Mail: schwabe@njs.rutgers.edu Rutgers New Jersey Medical School

If no seal is available, this form must be notarized

School Seal

Notary Public _____

Commission# _____

My commission expires: _____

RECEIVED

OCT 03 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Notary Seal

PRIMARY SOURCE

42393 SJ

Seema Jayachand

From: Stephen Blank <[REDACTED]>
Sent: Wednesday, November 29, 2023 8:33 AM
To: Licensing
Subject: [EXTERNAL] Re: Stephen Carl Blank

Categories: Kenna & Seema

To: Oklahoma Medical Licensing Board
Date: November 29, 2023

RECEIVED
NOV 29 2023
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

In response to your request for my withdrawal date from the Autonomous University of Guadalajara. This was actually a transfer to an American medical school upon completion of parr 1 of the Medical Boards in June 1975. My withdrawal was to attend the College of Medicine of New Jersey in Newark, New Jersey, where upon, I completed my medical school years 3 & 4 and received my medical degree. I hope this helps to clarify my time in Mexico and where I received my medical degree.

Respectfully yours,
Stephen C. Blank MD

From: Licensing <licensing@okmedicalboard.org>
Sent: Tuesday, November 28, 2023 1:39 PM
To: Licensing Services <licensing@uag.edu>
Cc: Stephen Blank <[REDACTED]>
Subject: RE: Stephen Carl Blank

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon. Can you please fill out this form to indicate the month & year that he withdrew? We cannot accept it as is.

Thank you for your assistance.

“Please be advised, due to high volumes of emails and documents received, processing time is 30 days. Please do not call, as this will delay processing time.”



Kenna Shaw, Application Analyst
LICENSING DEPARTMENT
OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISION
101 NE 51ST ST
OKLAHOMA CITY OK 73105
(405) 962-1423 kshaw@okmedicalboard.org

42393
57

From: [Tameka Cockrill](#)
To: [Licensing](#)
Cc: [REDACTED]
Subject: [EXTERNAL] Blank, Stephen - Oklahoma Medical Board
Date: Tuesday, October 10, 2023 1:39:20 PM
Attachments: [image001.png](#)

Hello,

Here are the responses below regarding the other deficiencies for Dr. Stephen Blank:

- When did you last practice as a hands-on MD?
 - August 31, 2023 ✓

- If licensed in OK, where will you be physically located and what are your practice plans?
 - Will be physically located at 5350 N Powers Ferry Rd Atlanta, GA 30327-4628 ✓
 - Practice plans act as a principal investigator. Conducting management and oversight in clinical research trails in Birmingham, Alabama. ✓

Thank you,

Tameka Cockrill
PES Account Manager
O +1 (281) 863-9500 Ext 97338
F + 1 (913) 359-7338
tcockrill@symlr.com
symlr.com



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RCVD 10/10/23
42393
MT

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:09/19/2023

Foreign Graduate

Applicant Name: BLANK, STEPHEN CARL

MD 42393

Date Of Birth: [REDACTED]

Place Of Birth (City, State): NEW YORK, NY

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF NORTH CAROLINA	CHAPEL HILL	NC		9/1968	5/1972	BACHELOR OF ARTS		

Medical School Name	City	State	Country	Comments	From	To
Univ Auto De Guadalajara, Fac De Med, Guadalajara, Jalisco, Mexico	Jalisco		Mexico		6/1972	5/1975
User Entered:Umdnj-New Jers					6/1975	6/1977

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
EMORY UNIVERSITY HOSPITAL	ATLANTA	GA	UNITED S	OBSTETRICS & GYNECOLOGY, OBSTETRICS		7/1978 6/1981
GRADY MEMORIAL HOSPITAL	ATLANTA	GA	UNITED S	OBSTETRICS & GYNECOLOGY, OBSTETRICS		7/1977 6/1978

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
EMVENIO RESEARCH	CLINICAL RESEARCH		DURHAM	GA		7/2023	0/0	
WAKE CLINICAL RESEARCH	CLINICAL RESEARCH		ATLANTA	GA		9/2022	5/2023	
PEDIATRIX MEDICAL GROUP OF GEORGIA PC	OBSTETRICS & GYNECOLOGY, OBSTETRICS		ATLANTA	GA		3/2020	11/2021	
MOUNT VERNON OB/GYN	OBSTETRICS & GYNECOLOGY, OBSTETRICS		ATLANTA	GA		10/2018	5/2023	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
GA	19640		U	8/16/78	

\$500.00

Board Certifications		Verified:
AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY		

Oklahoma State Board of Medical Licensure and Supervision Page 96 of 503

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:09/19/2023

Foreign Graduate

MD Exam				
Exam	State	Score	Date Taken	#
NBME				

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:09/19/2023

Foreign Graduate

Questions Answered 09/18/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	Y
2 settlements outside of court in last 30 years	
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	Y
Occurred after I retired from practice. No action ever taken.	
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:09/19/2023

Foreign Graduate

If licensed, where do you intend to locate?

Why do you seek Licensure in the state of Oklahoma?

Telemedicine/Tele-Health

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Email, telemedicine and video conference

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Through certified nurse practitioner

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Telemedicine and occasional in-person visits

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

MAG Mutual Insurance Company
Stephen C. Blank, MD, P.C.

Name of Current Carrier and policy Holder

L/P Insurance Services LLC
Emvenio Research, Inc

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of September 18, 2023: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

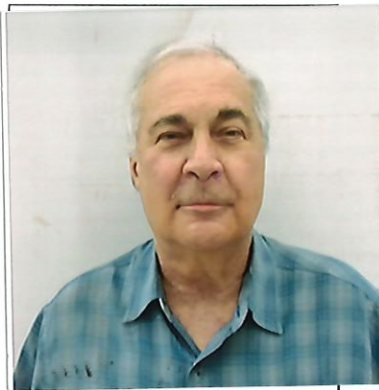
I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



Stephen C. Blank

Applicant's signature (must be signed in the presence of a notary)

RECEIVED

SEP 28 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

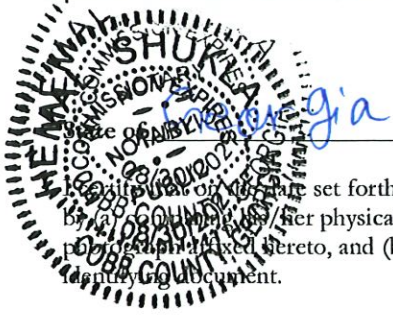
Stephen C. Blank

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

11 SEP 2023

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]



NOTARY

_____, County of Cobb

I, the undersigned, do hereby certify that I am a Notary Public in and for the State of Georgia and that I have set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing the individual's physical appearance with the photograph on the identifying document presented by the applicant and with the photograph attached hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 11 day of 09, 2023

Notary Public Signature Hemal Shukla My Notary Commission Expires 08/30/2027

42393
W



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

March 11, 2024

David Boren, MD Applicant 42590
 [REDACTED]

9489 0090 0027 6330 2026 84

REQUEST FOR BOARD APPEARANCE

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00a.m.**, at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73104 or virtually via Zoom. The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(l): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Please confirm your attendance at this meeting either in person or electronically via Zoom. As this is a formal proceeding, proper attire is requested.

Sincerely,

Billy H. Stout, M.D.
 Board Secretary

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9489009000276330202684

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was picked up at the post office at 4:22 pm on March 22, 2024 in IDAHO FALLS, ID 83401.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

IDAHO FALLS, ID 83401

March 22, 2024, 4:22 pm

[See All Tracking History](#)

[What Do USPS Tracking Statuses Mean?](https://faq.usps.com/s/article/Where-is-my-package) (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



Return Receipt Electronic



USPS Tracking Plus®



Product Information



See Less ^

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type Number Name
 MD 42590 DAVID MICHAEL BOREN
 MEDICAL DOCTOR

Practice Address:

October 31, 2023

 IDAHO FALLS EMPLOYMENT HEALTH CLINIC, F
 2539 CHANNING WAY, STE 260

 IDAHO FALLS, ID 83404-7558
 NOT OKLAHOMA
Status:

Res: MD

Received: 10/31/2023

Entered: 10/31/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 11/17/2023

AMA Rec: 11/17/2023

Board Action:

License #: 42590

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2CK	PASS	11/15/10	12/19/22	1
Test 2:	USMLE 2CS	PASS	12/29/10	12/19/22	1
Test 3:	USMLE 1	PASS	6/13/09	12/19/22	1
	USMLE 3	PASS	8/1/14	12/19/22	1
Test AV:	Note: PASS means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: YALE DIVINITY SCHOOL

City: NEW HAVEN

Degree: MAR

State: CT Country: UNITED STATES

From: 8/2004 To: 5/2006 Verified:

School Name: FULBRIGHT FELLOWSHIP

City: REYKJAVIK

Degree: NA

State: Country: ICELAND

From: 9/2003 To: 7/2004 Verified:

School Name: UNIVERSITY OF ILLINOIS

City: CHICAGO

Degree: BS BIOLOGY, BA ECONOMICS

State: IL Country: UNITED STATES

From: 8/1999 To: 5/2003 Verified:

School Name: NEW TRIER TOWNSHIP HS

City: WINNETKA

Degree: DIPLOMA

State: IL Country: UNITED STATES

From: 8/1998 To: 5/1999 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 42590 DAVID MICHAEL BOREN
 MEDICAL DOCTOR

Other Licenses						
State	Lic Type and Number		Status	Issued	Exp	Verif
UT	MD	9209208-1205	A	11/18/14	1/31/24	6/13/23
LA	MD	337767	A	7/5/23	8/31/24	7/28/23
MO	MD	2023025200	A	6/23/23	1/31/24	11/17/23
MT	MD	MED-PHYS-LIC-128702	A	8/2/23	3/31/25	11/17/23
MN	MD	75084	A	8/15/23	8/31/24	11/17/23
IL	MD	TEMP PERMIT 125.060001	I	6/10/11	6/10/14	10/5/23
ID	MD	M-13672	A	3/9/17	6/30/25	11/17/23
SD	MD	14551	A	7/12/23	3/1/25	11/20/23
NE	MD	35583	A	4/25/23	10/1/24	5/19/23
NV	MD	24906	A	12/19/23	6/30/25	1/2/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/31/2023

Applicant Name: BOREN, DAVID MICHAEL

MD 42590



Date Of Birth: [REDACTED]

Place Of Birth (City, State): WAUWATOSA, WI

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF ILLINOIS	CHICAGO	IL		8/1999	5/2023	BS BIOLOGY, BA ECONOMICS		

Medical School Name	City	State	Country	Comments	From	To
Univ Of Il Coll Of Med, Chicago II 60680	Chicago	IL	United States		8/2006	5/2011

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
UNIVERSITY OF UTAH	SALT LAKE CITY	UT	UNITED S	OCCUPATIONAL & ENVIRONMENTAL MEDICINE		10/2014 10/2016
WEST SUBURBAN MEDICAL CENTER	OAK PARK	IL	UNITED S	INTERNAL MEDICINE		4/2014 6/2014
UNIVERSITY OF ILLINOIS	CHICAGO	IL	UNITED S	NEUROLOGY		6/2011 11/2012

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
IDAHO FALLS EMPLOYMENT HEALTH CLINIC, PLLC	OCCUPATIONAL & ENVIRONMENTAL MEDICINE		IDAHO FALLS	ID		3/2020	5/2023	
BATTELLE ENERGY ALLIANCE	OCCUPATIONAL & ENVIRONMENTAL MEDICINE		IDAHO FALLS	ID		1/2017	11/2017	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
UT	9209208-1205		U	11/18/14	1/31/24
LA	337767		U	7/5/23	8/31/24
MO	2023025200		U	6/26/23	1/31/24
MT	MED-PHYS-LIC		U	8/2/23	3/31/25
MN	75084		U	8/15/23	8/31/24
IL	125060001		U	6/10/11	6/10/14
ID	M-13672		U	3/9/17	6/30/23
SD	14551		U	7/12/23	3/1/25
NE	35583		U	4/25/23	10/1/24

\$500⁰⁰

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:10/31/2023

Questions Answered 10/30/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	Y
<p>I have supporting documentation I plan to send the Board (Attachment_675.PDF). The referenced exhibits are found in that file.</p> <p>(1) I faced no disciplinary action in medical school (University of Illinois-Chicago). In 2007, I repeated my first year because I failed gross anatomy . To my knowledge, I remained in good standing throughout medical school. I otherwise finished medical school with no additional interruptions and successfully matched at my medical school's main hospital in March of 2011.</p> <p>(2) In March of 2012; in my first training program (University of Illinois-Chicago), I was placed on summary suspension that was converted to a medical leave (under FMLA). Please see Exhibit 1. I was placed on academic probation as a condition for return to the program and voluntarily resigned while under academic probation. Please see Exhibits 2 and 3. Despite this setback, my first program director believed in my character and competence and supported my successful applications to my second and third training programs. During the FMLA I was diagnosed by my first employer's provider with ADHD-combined type. I see a psychiatrist who determined that I am doing well on the treatment and that I can practice medicine with reasonable skill and safety. Please see Exhibit 4. This letter is dated 2022. My psychiatrist agreed to send an updated letter but is currently out of the office. I will reach my licensing specialist when I receive the updated documentation. My last appointment was August 21, 2023; and my next appointment is December 20, 2023. In April of 2022; I voluntarily asked my original diagnostician to re-evaluate me , and he confirmed the diagnosis and that I am well-managed . The main reason I requested this reevaluation was I was starting to apply for licensure, and I wanted to provide current documentation. In addition, I was concerned that my diagnostician would retire since he had practiced in his field for decades. Please see Exhibit 5. It was suggested that I clarify that I have never participated in any state board's provider health program.</p> <p>(3) In April of 2016; in my third training program (University of Utah), I was placed on academic probation. Please see Exhibit 6. I successfully completed the academic probation and graduated residency. Please see Exhibit 7. This meant I earned three (3) years of accredited post-graduate training. Please see Exhibits 7 and 8. Exhibit 8 is a letter from West Suburban Medical Center's institutional contact that is intended to show that the second training program concluded my intern year. I successfully passed all USMLE Step Exams as well as my specialty (preventive medicine) and subspecialty (occupational &&& environmental medicine) board exams on the first attempt and am approaching (as of 2024) my seventh year of board certification. Please see Exhibit 9.</p> <p>(4) In August of 2017, my first employer post-residency (Battelle Energy Alliance, a contractor of Idaho National Laboratory) placed me under investigation for reasons not stated. The only formal documentation produced of which I am aware was the termination letter that stated I was terminated in November of 2017 on grounds of 'failure to meet performance expectations.' Please see Exhibit 10. As discussed in (O), a complaint to the Idaho State Board of Medicine was filed against me in August 2017 by a fellow physician at my first employment. Per my counsel, the Idaho State Board of Medicine was made aware of the investigation as well as the termination. Yet they closed the case with 'no cause' for action. Please see Exhibit 11. Despite the employment dispute, my clinic now works with the Department of Energy in providing surveillance examinations to former employees from my Battelle Energy Alliance and Idaho National Laboratory (my first employer).</p>	
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/31/2023

J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	Y
	In March of 2014 in Illinois, the Illinois Department of Financial &amp;amp;amp; Professional Regulation (IDFPR) placed my training permit for my second training program (West Suburban Medical Center) on probation for the duration of the 10-week training program because I voluntarily resigned (in November of 2012) from my first training program while on academic probation. Please see Exhibits 2 and 3. Although the training permit for the second training program had been placed on probation, I remained in good standing with the second training program and successfully completed it. Please see Exhibits 8 and 12. I was subsequently restored to good standing in Illinois in June of 2014. Although I have had a training permit disciplined, I have not had a full license disciplined. Despite the setback; I have been able to earn eight (8) full, unrestricted medical licenses in Utah, Idaho, Nebraska, Missouri, Louisiana, South Dakota, Montana, and Minnesota.	
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	Y
	Please see (J).	
O.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	Y
	In 2017, a physician (i.e., not a patient) with whom I had a personality conflict at my first place of employment post-residency filed a Board complaint to the Idaho Board of Medicine. The complaint was never dignified with charges. It was closed with 'no cause'. Please see Exhibit 11. Please see (G) for details about my first employment post-residency.	
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/31/2023

If licensed, where do you intend to locate?

ID

Why do you seek Licensure in the state of Oklahoma?

Telemedicine/Tele-Health
Locum Tenens

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

For telemedicine, I plan to communicate mainly by encrypted audiovisual media.

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Triage, instruct patients to access vital signs, use encrypted audiovisual media.

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Follow-up cases I see at locations in other states. Many of my patients are commuters.

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

Hudson Specialty Insurance Company, Self

Name of Current Carrier and policy Holder

Constellation Mutual/UMIA, Self

Will your professional liability insurance policy cover your practice in Oklahoma

No

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

When offered locums tenens

I attest that all the above information is accurate as of October 30, 2023: _____ (Signed Online)

12/12/23

Notary Title: OK Document #535 - Photo



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



D.M. Boren, M.D.
Applicant's signature (must be signed in the presence of a notary)

Boren, David M.
Applicants printed last name, first name, middle initial, and suffix (c.g., Jr.)

07/10/2023 at 14:11 M.T.
Date of signature (must correspond to the date of notarization)

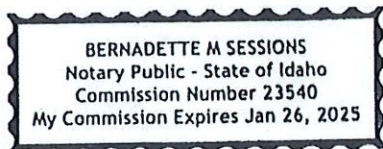
[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY
State of Idaho, County of Bonneville

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of July, 2023

Notary Public Signature Bernadette Sessions My Notary Commission Expires 01/26/25



42590
KS

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Verification of
Medical Education UIC**

Federation of
**STATE
MEDICAL
BOARDS**

OCT - 1 14

Page 1

ADMISSIONS AND RECORDS

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials
Verification Service
400 Fuller Wiser Rd
Suite 300
Eules, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: University of Illinois College of Medicine

Address Line 1:
PO Box 5220

Address Line 2:

City: Chicago
Country: US

State/Province: IL

Zip Code (Postal Code): 60680-5220

If name of Institution was different when this individual attended, please note this name below:

Premedical Education:

Years of education required for admission to your medical school: 4 YEARS

Credential/degree presented by the applicant for admission to your medical school: BACCALAUREATE

Enrollment and Participation: Our records indicate that BOREN, DAVID
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 156 weeks of medical education on the following dates: From: 8/14/06 To: 5/18/11
Month Day Year Month Day Year

This individual
Was awarded the degree of DOCTOR OF MEDICINE on 5/18/11
Was NOT awarded a degree because: (please explain - additional page if necessary) Month Day Year

<p>Attestation</p> <p>Affix Institutional Seal Here.</p> <p>If no seal is available, this form must be notarized.</p>	<p>Watermark For FCVS Internal use only.</p> <p>SEAL VERIFIED</p>	<p>Name: <u>KATHLEEN HELLING</u></p> <p>Signature: <u>[Signature]</u></p> <p>Title: <u>ASSOCIATE REGISTRAR</u></p> <p>Date of Signature: <u>10/01/14</u> Phone: <u>(312) 996-8008</u></p> <p>Fax: <u>(312) 996-8900</u> Email: <u>khelling@uic.edu</u></p>
--	--	--

324443

324443

2261

2261

215479361

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Verification of
Medical Education** REC'D-UIC

Federation of
**STATE
MEDICAL
BOARDS**

OCT - 1 14

Page 2
ADMISSIONS AND RECORDS

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?
If Yes, please specify the reason(s) for, indicate the date of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved:

YES NO

Personal/Family _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Academic remediation _____	From (Mo/Yr) <u>8/07</u>	To (Mo/Yr) <u>05/06</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Health _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Financial _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in joint degree Program (e.g., MD/PhD) _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-research special study (e.g., fellowship, international experience) _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-degree research _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Other _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved

Please Specify:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

YES NO

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

Academic Probation _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___
Probation for unprofessional conduct/behavioral _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___
Probation for other reason _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

YES NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements:

324443

324443

2261

215479361



Verification of Postgraduate Medical Education

Accreditation Code: 3804977092

Institution Name: University of Utah Health Occupational Medicine Program

Affiliated University: University of Utah Health

City: Salt Lake City

State: Utah

Country: United States

Verification For: David Michael Boren

Date of Birth: [REDACTED]

Program Participation:

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Preventive Medicine		
From: 10/06/2014	To: 10/05/2015	Program Type: Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Preventive Medicine		
From: 10/06/2015	To: 10/05/2016	Program Type: Residency

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Email form to: Licensing@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name David Boren

Institution: University of Illinois at Chicago - Neurology Dept. City/State Chicago, Illinois

Training Level: 1 Specialty/Subspecialty Neurology/Internal Medicine From: 06/23/2011 To: 06/23/2012

Internship Residency Chief Residency Fellowship Research None of these
Accredited By: ACGME AOA LCGME RSC CFPC RCPC APPAP None of these

Training Level: 1 Specialty/Subspecialty Neurology/Internal Medicine From: 06/24/2012 To: 11/21/2012

Internship Residency Chief Residency Fellowship Research None of these
Accredited By: ACGME AOA LCGME RSC CFPC RCPC APPAP None of these

Training Level: _____ Specialty/Subspecialty _____ From: / / To: / /

Internship Residency Chief Residency Fellowship Research None of these
Accredited By: ACGME AOA LCGME RSC CFPC RCPC APPAP None of these

- Did this individual ever take a leave of absence or break from his/her training? YES NO
- Was this individual ever placed on probation? YES NO
- Was this individual ever disciplined or placed under investigation? YES NO
- Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please explain any "YES" response from above: Dr. Boren was on academic probation.
Responses are based on department file. I have never met Dr. Boren nor worked with him.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Jared Davis, MD Signature [Signature]

Title of Signatory: Director, Neurology Residency Program Date of Signature 11/28/23

Tel: 312-996-6496 Fax: 312-996-4169 E-Mail: jaredda@uic.edu



If no seal is available, this form must be notarized

Notary Public Maria Mata

Commission # 523271

My commission expires: 02/18/2025

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Neurology
Rehabilitation

UIC COLLEGE OF
UNIVERSITY OF ILLINOIS
AT CHICAGO MEDICINE

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To Whom It May Concern:

Per department file, David Boren, MD was a resident in the UIC Neurology training program from June 24, 2011 through November 21, 2012. During this time, he successfully completed the clinical rotations below in Internal Medicine and Neurology at the level of a PGY1 resident. During Dr. Boren's training, he took a leave of absence which extended his PGY1 into the following academic year.

	ROTATION DATES	ROTATION NAME
2010-2011	6/24/2011-7/26/2011	Ambulatory Medicine
	7/27/2011- 8/23/2011	Hematology Wards
	8/24/2011-9/6/2011	MICU
	9/7/2011-9/20/2011	Neurology Consults
	9/21/2011-10/18/2011	Medicine Wards
	10/19/2011-11/15/2011	Liver Wards
	11/16/2011-11/29/2011	Vacation
	11/30/2011-12/13/2011	Sickle Cell Wards
	12/14/2011-1/10/2012	Neurology Wards/Consults
	1/11/2012-2/7/2012	Medicine Wards
	2/8/2012-3/6/2012	Nephrology Consults
	3/7/2012-3/22/2012	Medicine Wards (incomplete)
	3/23/2012-4/3/2012	LOA
	4/4/2012-6/15/2012	LOA
2011-2012	6/16/2012-10/17/2012	LOA
	10/18/2012-11/13/2012	Rheumatology Consults
	11/14/2012-11/20/2012	Medicine Wards (incomplete)

Sincerely,

Assistant Professor
Director, Neurology Residency Program

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David Michael Boron
As of October 30, 2023, 11:59 am

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AND SUPERVISION

G.. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?

Yes No

I have supporting documentation I plan to send the Board (Attachment_675.PDF). The referenced exhibits are found in that file.

- (1) I faced no disciplinary action in medical school (University of Illinois-Chicago). In 2007, I repeated my first year because I failed gross anatomy. To my knowledge, I remained in good standing throughout medical school. I otherwise finished medical school with no additional interruptions and successfully matched at my medical school's main hospital in March of 2011.
- (2) In March of 2012; in my first training program (University of Illinois-Chicago), I was placed on summary suspension that was converted to a medical leave (under FMLA). Please see Exhibit 1. I was placed on academic probation as a condition for return to the program and voluntarily resigned while under academic probation. Please see Exhibits 2 and 3. Despite this setback, my first program director believed in my character and competence and supported my successful applications to my second and third training programs. During the FMLA I was diagnosed by my first employer's provider with ADHD-combined type. I see a psychiatrist who determined that I am doing well on the treatment and that I can practice medicine with reasonable skill and safety. Please see Exhibit 4. This letter is dated 2022. My psychiatrist agreed to send an updated letter but is currently out of the office. I will reach my licensing specialist when I receive the updated documentation. My last appointment was August 21, 2023; and my next appointment is December 20, 2023. In April of 2022; I voluntarily asked my original diagnostician to re-evaluate me, and he confirmed the diagnosis and that I am well-managed. The main reason I requested this reevaluation was I was starting to apply for licensure, and I wanted to provide current documentation. In addition, I was concerned that my diagnostician would retire since he had practiced in his field for decades. Please see Exhibit 5. It was suggested that I clarify that I have never participated in any state board's provider health program.
- (3) In April of 2016; in my third training program (University of Utah), I was placed on academic probation. Please see Exhibit 6. I successfully completed the academic probation and graduated residency. Please see Exhibit 7. This meant I earned three (3) years of accredited post-graduate training. Please see Exhibits 7 and 8. Exhibit 8 is a letter from West Suburban Medical Center's institutional contact that is intended to show that the second training program concluded my intern year. I successfully passed all USMLE Step Exams as well as my specialty (preventive medicine) and subspecialty (occupational & environmental medicine) board exams on the first attempt and am approaching (as of 2024) my seventh year of board certification. Please see Exhibit 9.
- (4) In August of 2017, my first employer post-residency (Battelle Energy Alliance, a contractor of Idaho National Laboratory) placed me under investigation for reasons not stated. The only formal documentation produced of which I am aware was the termination letter that stated I was terminated in November of 2017 on grounds of 'failure to meet performance expectations.' Please see Exhibit 10. As discussed in (O), a complaint to the Idaho State Board of Medicine was filed against me in August 2017 by a fellow physician at my first employment. Per my counsel, the Idaho State Board of Medicine was made aware of the investigation as well as the termination. Yet they closed the case with 'no cause' for action. Please see Exhibit 11. Despite the employment dispute, my clinic now works with the Department of Energy in providing surveillance examinations to former employees from my Battelle Energy Alliance and Idaho National Laboratory (my first employer).

J.. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)

Yes No

In March of 2014 in Illinois, the Illinois Department of Financial & Professional Regulation (IDFPR) placed my training permit for my second training program (West Suburban Medical Center) on probation for the duration of the 10-week training program because I voluntarily resigned (in November of 2012) from my first training program while on academic probation. Please see Exhibits 2 and 3. Although the training permit for the second training program had been placed on probation, I remained in good standing with the second training program and successfully completed it. Please see Exhibits 8 and 12. I was subsequently restored to good standing in Illinois in June of 2014. Although I have had a training permit disciplined, I have not had a full license disciplined. Despite the setback; I have been able to earn eight (8) full, unrestricted medical licenses in Utah, Idaho, Nebraska, Missouri, Louisiana, South Dakota, Montana, and Minnesota.

N.. Has any disciplinary action been taken on any license?

Yes No

Please see (J).

O.. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?

Yes No

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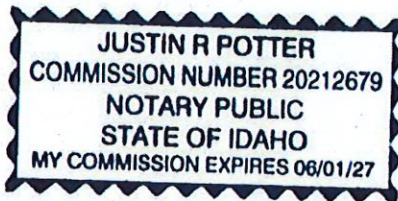
In 2017, a physician (i.e., not a patient) with whom I had a personality conflict at my first place of employment post-residency filed a Board complaint to the Idaho Board of Medicine. The complaint was never dignified with charges. It was closed with 'no cause'. Please see Exhibit 11. Please see (G) for details about my first employment post-residency.

David Michael Boren
As of October 30, 2023, 11:59 am

State of: Idaho

County of: Bonner

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 30 day of October, 20 23, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.



D.M. Boren, M.D.
Signature of Applicant
Justin R. Potter
Notary
06/01/2027
My Commission Expires

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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Sarah Snow
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

September 29, 2023

OK Board of Medical
Licensure/Supervision
P O Box 18256
Oklahoma City OK 73154-0256

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OKLAHOMA STATE BOARD OF
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AND SUPERVISION

Licensee: DAVID M BOREN MD

License Number: 125.060001

Profession: TEMPORARY MEDICAL PERMIT

Date of Issuance: 06/10/2011

Expiration Date: 06/10/2014

License Status: EXPIRED

License Method: NON-EXAM

Disciplinary History: Has not been disciplined

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Temporary certificate physician and surgeon no. was issued with a starting date of .
No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Sarah Snow 10

Sarah Snow
Acting Director
Division of Professional Regulation

September 29, 2023
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Sarah Snow
Acting Director
Division of Professional Regulation

CERTIFICATION

I, Sarah Snow, Acting Director of the Division of Professional Regulation, do hereby certify that I have been designated by the Secretary of the Department of Financial and Professional Regulation of the State of Illinois, as the keeper of its records and Seal. Such document(s) attached hereto are certified copies of the records maintained and kept by this Department in the regular course of business as of today's date.

IN WITNESS WHEREOF, I have set my hand and Seal of the Department of Financial and Professional Regulation at Springfield, Sangamon County, Illinois, this ____29th____ day of ____September____ 2023____.

Sarah Snow 10

Sarah Snow
Acting Director
Division of Professional Regulation

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Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 1-800-560-6420 if you have any questions.

Documentation Certification ltr

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF PROFESSIONAL REGULATION

In Re:)
The License Application of)
David M. Boren, M.D.) No. 2013-10341
Application No. 125/ Cred # 060001)

CONSENT ORDER

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation by Renae Resch, one of its attorneys, and David Boren, M.D., Applicant, by and through his attorney, Stephanie Wolfson, hereby agree to the following:

STIPULATIONS

The Applicant has made application for issuance of his Temporary Physician Permit in the State of Illinois. At all times material to the matter set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties herein.

In his application, Applicant disclosed that he voluntarily resigned from a neurology residency program after the program placed him on probation for concerns regarding apparent deficiencies during certain rotations. On May 8, 2013, Applicant appeared in person in front of the Illinois Medical Licensing Board and provided testimony regarding his experience with the aforementioned neurology residency program. Applicant discussed his future plans and provided various letters of support, including a letter from the Residency Program Director at West Suburban Medical Center, where he has been accepted to complete a 10-week internal medicine residency

Handwritten signature/initials: 42590 10

program. Applicant has also provided supplemental documentation related to his previous neurology residency probation.

Applicant has been advised of the right to a hearing on his licensure application and the right to administrative review of any Order resulting from a hearing. Applicant knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Applicant and the Department have agreed, in order to resolve this matter, that David Boren, M.D., be permitted to enter into a Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interest of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Renae Resch, one of its attorney, and David Boren, M.D., Applicant, by and through his attorney, Stephanie Wolfson, agree:

- A. David Boren, M.D. shall be issued a Temporary Physician Permit in the State of Illinois;
- B. Upon issuance, Applicant's Illinois Temporary Physician Permit shall be placed on Probation, subject to the following conditions:
 - 1. Applicant shall not violate the Medical Practice Act of 1987 or any other state and/or federal laws relating to practice of medicine;
 - 2. During the period of probation, Applicant shall provide the Department with periodic self-reports which include: (i) current residential address and contact telephone number; (ii) status of residency program and name and contact information of the Residency Program Director; (iii) a copy of any and all

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- performance evaluations completed by his supervisors; (iv) a copy of any and all incident reports filed against Applicant; (v) information related to any issues arising during his residency program; (vi) information regarding arrests, criminal or civil actions filed, including DUI and/or other similar offenses, against Applicant; and (vii) current treatment progress;
3. Upon final approval of this Consent Order, Applicant agrees to provide a copy of this Consent Order to his Residency Program Director;
 4. Applicant shall request that his Residency Program Director submit periodic reports to the Medical Coordinator regarding Applicant's work performance, any absences and any concerns regarding Applicant's practice of medicine; Applicant's Residency Program Director shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Applicant's probation or any violation of the laws and rules governing the practice of medicine;
 5. Applicant shall continue to meet with all of his treatment providers, and shall request that his treating physicians, including any psychiatrist or other therapist, submit periodic reports to the Department regarding the Applicant's condition, prognosis, and any mood-altering or controlled substance medications prescribed;
 6. Applicant shall notify the Department's Chief of Probation Investigations in writing of any change in home address and/or telephone number within ten (10) days;
 7. All the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than the 5th week and the 10th week of

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MEDICAL LICENSURE
AND SUPERVISION

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Applicant's internal medicine residency program at West Suburban Medical Center;

8. All the reports required by this Consent Order shall be sent to:

Illinois Department of Financial and Professional Regulation
Probation Compliance Unit
9511 W. Harrison Street, Suite LL50
Des Plaines, IL 60016;

- C. Applicant agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15);
- D. Applicant agrees that any violation of the terms and conditions of this Consent Order permits the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Applicant's Temporary Physician Permit, for a minimum period of twelve (12) months. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. In the event that Applicant contests the factual basis underlying said Indefinite Suspension in a written Petition that complies with the Department's Rules of Practice in Administrative Hearings, which is filed with the Department within thirty (30) days of the effective date of the Indefinite Suspension, then Applicant shall be afforded a hearing on the merits within thirty (30) days from the filing of said Petition.
- E. This Consent Order shall become effective immediately after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, and shall remain in effect until Applicant's Temporary Physician Permit expires, at the conclusion of his 10-week internal medicine residency program at West Suburban Medical Center.

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DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Division of Professional Regulation


2/11/14
DATE


Renae Resch, Attorney for the Department

02/03/14
DATE

D. M. Boren, M.D.
David Boren, M.D. Applicant

2/10/14
DATE


Stephanie Wolfson, Attorney for Applicant

2/13/14
DATE


Member, Medical Licensing Board

The foregoing Consent Order is approved in full.

DATED THIS 3rd day of March, 2014.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION OF THE STATE OF ILLINOIS
MANUEL FLORES, ACTING SECRETARY
DIVISION OF PROFESSIONAL REGULATION


JAY STEWART
DIRECTOR

Application No. 125/ Cred # 060001/Case No. 2013-10341

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UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

Department of Family and Preventive Medicine
Rocky Mountain Center for Occupational & Environmental Health

Exhibit 6

LETTER OF EXPECTATIONS ACADEMIC PROBATION

April 7, 2016

David Boren, MD, MOH
Resident

VIA HAND DELIVERY

Dear Dr. Boren,

The purpose of this letter is to inform you that you are not meeting the expectations of a PGY3 resident in this program, to set forth my expectations of you as a resident in this program and to notify you in writing that as we discussed during our meeting of April 4, 2016 you have been placed on Academic Probation effective April 4, 2016.

In the meeting held on April 4, 2016 with you, Dr. Hegmann and me, we discussed a number of concerns regarding your clinical competence and additional performance issues as a resident physician in Occupational Medicine. These concerns have been documented by a number of your preceptor faculty over the past couple months. Significantly, we discussed concerns that your clinical competence was not at a level expected of a resident in this program either at the PGY2 or PGY3 level. The faculty would not disagree with your self-assessment that you stated in the meeting that you were at the clinical competence of a "fourth-year medical student."

Dr. Hegmann worked with you at the Redwood Health Center Occupational Medicine clinic on March 22 and 23, 2016. We discussed his experiences in working with you during our meeting. During these days at clinic, he had multiple opportunities to observe your performance with patients. His observations include a skill set that he compared to that of a medical student. He described deficits in your abilities to perform a thorough medical history, physical exam, construct a differential diagnosis, and formulate a plan of treatment following appropriate evidence-based principles. Some of the specific examples that he directly observed included that you failed to take an occupational history on a firefighter, you performed an abdominal examination on a patient while the patient was in a seated posture, your differential diagnosis focused on minor findings without identifying the principle symptom or exam findings, and that in considering options for management, you wanted to refer a patient with a nonsurgical wrist condition to a hand surgeon without considering other options. He also raised concerns of self-awareness and professionalism regarding your clinical care of a patient with wrist pain. He felt compelled to intervene after you caused undue pain to a patient on examination by repeatedly applying force to the injured wrist despite the patient's admonitions to stop, even causing the patient to slap away your own examining hands. He also commented that you failed to acknowledge the patient's

distress or apologize for your action that incited this pain. While this is not meant to be an exhaustive list, it is reflective of concerns raised by other attending faculty physicians, including those of Dr. Anderson when she worked with you on March 21, 2016.

In addition to these clinical deficits, you raised concerns about three areas that you felt that you needed to improve: communication, time management, and organizational skills. I appreciate your insight and willingness to work on these areas. These are areas that many of your preceptors have commented on in the past. I recognize that you have exceptional intellectual gifts, and you perform very well on most standardized exams. However, in classroom settings and in public discourse, you have a tendency to domineer discussions with seemingly little awareness for the degree to which you lead the purpose off course. While some of your questions and discussion points are helpful, much of the time, they detract rather than add value to the time available for discussion. We have spoken about this on numerous occasions including during my own lectures in Toxicology and Occupational Injuries and Diseases in the spring and fall of 2015. We also discussed this in our semi-annual reviews on May 5, 2015 and October 25, 2015. I know several faculty have also discussed this with you during their courses. Dr. Cannon had similar discussions with you in January 2016 with respect to your participation in the Musculoskeletal Workshop. And more recently on February 26, 2016, Dr. Eisenberg, your preceptor at NIOSH, provided similar comments in her evaluation regarding deficits in your communication and time management. I have observed that after raising this awareness with you, you would for some time be more mindful of these interactions, and participate in a more positive fashion. However, the pattern often regresses without further reminders.

I am very supportive of your plan to seek guidance and feedback for how you can improve your communication, time management, and organization. We discussed resources at the University, and I would strongly encourage you to avail yourself of these to improve these three areas.

As a PGY3 resident in this program, I expect you to not only perform clinical skills at the level expected of a PGY3 resident, but to make improvements in your communication and professionalism. Specifically, we discussed a plan of action to assist you to reach these goals. Over the next two months, we expect you to make significant gains to reach the Milestone levels expected of a PGY3 resident on a trajectory for the capability to practice independently at the time of graduation. The meaningful participation that you have already initiated on your own, as well as your contributions to the plan we discussed on April 4, 2016 are designed to help you achieve these goals. The following describes these steps:

- Clinical supervision and evaluations by Drs. Cheng and Wood in the week of April 4-8, 2016 with feedback.
- Directed self study for the period of April 4-18, 2016, focusing on the evaluation and management of occupational medicine patients in the outpatient setting. Dr. Biggs will act as your faculty preceptor to assist with study.
- A formal OSCE to be performed on approximately April 19, 2016.
- The next phase of training will be dependent on evaluation, review and feedback of the preceding steps. This may involve either additional self-study, or graduated clinical training in the Occupational Medicine clinics under our faculty for the next 5-6 weeks.

- At the conclusion of this training period, a second formal evaluation will be conducted in the last week of May 2016.
- Further action will be determined based upon the results of the formal evaluation including direct faculty observations and OSCE type evaluation.
- A determination of your probation status will be made two months from now on May 31, 2016.

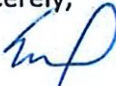
I expect that between now and the end of May that you will more fully engage in your role as a resident and that your performance evaluations from the University faculty preceptors will be satisfactory, at a minimum, in every category of the six ACGME competencies, and that your Milestone evaluations will be at the level expected of a PGY3 resident on the trajectory for graduation. In addition, I expect that you will complete all required assignments and not have any unexcused absences whatsoever between now and May 31, 2016.

As you know, I am available during my regular office hours to discuss this and any other matters with you. Please come speak to me if you have any questions about how to improve your performance in this program. In addition, I intend to meet with you in approximately two months time to follow-up with you on this letter.

David, you have many fine qualities. You are intellectually curious, ethical, a likeable person, and as I've told you many times, I think you have the capacity to contribute in a positive fashion to our specialty, and have a rewarding career in Occupational Medicine. I hope that you can correct the deficiencies identified in this letter, because I and the other faculty in this program truly want you to succeed.

You do have a right to make a written response to this letter of expectations; your letter would be placed in your personnel file. If you choose to do so, please submit that letter to me within 7 business days.

If you have a condition that may qualify under the Family Medical Leave Act (FMLA), you are encouraged to contact the Benefits Department at 581-2169, to explore your options. If you believe that you may qualify for accommodation under the Americans with Disabilities Act (ADA), you are encouraged to contact a representative in the Office of Equal Opportunity/Affirmative Action at 581-8365 concerning your rights and obligations. The University also offers an Employee Assistance Program that can help you resolve personal issues and/or find appropriate resources. You can contact them for a confidential consultation at 587-9319. In addition, if you believe you have been subject to illegal discrimination, you are to file a complaint within 120 calendar days of the date of the last occurrence, through the Office of Equal Opportunity/Affirmative Action, located in Room 135 of the Park Building (581-8365).

Sincerely,

Eric Wood, MD, MPH

Cc: Alan Smith, Ph.D.

D.M. Boren, M.D.
Received and signed
05 07 - APR - 16.

GME Policy

Eric Wood

Sent: Thursday, April 07, 2016 5:54 PM**To:** D.M. Boren**Cc:** Alan Smith

Hi David,

Thank you for your attention and thoughtful reflection you provided today as we met and discussed the plan for the coming weeks to assist you with improving your clinical competence and skills. I appreciate the efforts you have applied, and look forward to working with you to work to accomplish the goals set out.

Late this afternoon, I received a note from Alan Smith, Ph.D., the University of Utah Director of Graduate Medical Education who recommended I inform you of GME policy regarding academic action of placing a resident on Probation: "You have the right to appeal this decision pursuant to GME policy. Should you choose to do so, you must initiate an appeal by contacting Dr. Alan Smith, Director of Graduate Medical Education, within 7 business days from your receipt of this letter. You will be deemed to have waived your right to appeal if you do not meet the deadline."

I wish you all the best.

Eric Wood, MD, MPH

Director, Occupational Medicine

Director, Occupational Medicine Residency Program

391 Chipeta Way, Suite C

University of Utah

Salt Lake City, UT 84108

Occupational Medicine Clinic

<http://healthcare.utah.edu/occmmed/index.php>



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

Department of Family and Preventive Medicine
Rocky Mountain Center for Occupational & Environmental Health

Exhibit 7

DEC 27 2016

November 17, 2016

Memo to File: Program Director Final Evaluation
Resident: David Boren, MD, MOH

This memorandum serves as the final documentation in the file for David Boren, MD, MOH. Dr. Boren has completed his Occupational Medicine Residency as of October 5, 2016.

The overall educational approach of the University of Utah Occupational Medicine Residency (OMR) program consists of two years of integrated training with (1) a PGY2 year that includes clinical rotations and academic coursework leading to the Master of Occupational Health (MOH) degree and (2) a PGY3 year that provides practicum training experiences that further a foundation in occupational health practice. Successful completion of the OMR requirements include completion of 1) the MOH degree, 2) 14-16 weeks of UU Occupational Medicine Clinic, 3) 14 weeks of Industrial Rotations, 4) 6 weeks of Population-Based Rotations, 5) appropriate elective clinical rotations based on resident experience, and 6) resident research.

Dr. Boren completed the requirements for the MOH degree on December 18, 2015, with an overall GPA of 4.0. In his first year of residency, Dr. Boren scored above the 95 percentile on the in-service exam. He performed practicum training with rotation experiences at UU Occupational Medicine, Workmed, WorkCare, and relevant specialty clinics including audiology, dermatology, Intermountain MRO, ophthalmology, orthopedics, orthopedic hand surgery, physical therapy, PM&R, pulmonology, radiology, sports medicine, toxicology (Dr. Fisher), and wound care. He performed industrial and population rotations at INL, NIOSH, Utah Labor Commission (Dr. Colledge), and Utah DEQ. He presented his research project with the NIOSH Compendium program titled, *The Role of Exposure Assessment to Detect the Effects of Alcohol and Occupational Lead Exposure on Biomarkers of Male Infertility*, in poster session at the American Occupational Health Conference in Chicago, IL, April 10-12, 2016.

We have reviewed his self-assessment for occupational medicine competencies recognizing the progress he made during the Occupational Medicine Residency program. Dr. Boren self-documented his own competencies at a level of average to excellent in the essential components throughout. His evaluations from non-clinical preceptors recognized his level of competence in the average to excellent range.

Dr. Boren was placed on Academic Probation on April 4, 2016 due to concerns regarding his clinical competence. Additional concerns included deficits in communication, time management, and organization. Despite these concerns, the Program views Dr. Boren as having completed the training in good standing.

Dr. Boren has met the majority of requirements of training including: 1) ACGME Milestones for Occupational Medicine at level 2-4 (attached), 2) competencies in occupational medicine per the

391 Chipeta Way, Suite C
Salt Lake City, Utah 84108
Phone 801-581-4800
Fax 801-581-7224

standards of the American Board of Preventive Medicine, and 3) core competencies per the standards of American College of Occupational and Environmental Medicine.

Dr. Boren is bright with an aptitude to research, and a prodigious foundation of knowledge. In fact, Dr. Boren was the only resident selected to independently research and co-author a CDC-NIOSH project called the Compendium. The Compendium project will examine the body of literature on occupational disease in the workplace and the detection of subclinical disease using biomarkers. When applied to an appropriate fit, he has the potential to have a successful career in Occupational Medicine with capabilities to enrich the community and make valuable contributions to the specialty.

Based on personal observations, Clinical Competency Committee review, and discussions and serial evaluations by faculty preceptors, the Program Director and faculty verify that Dr. Boren completed residency training in the specialty of Occupational Medicine. The faculty and Clinical Competency Committee recommends that if Dr. Boren chooses to pursue a career in clinical Occupational Medicine, he continue to work with mentors in the early phases of his career to provide appropriate levels of support and oversight.



Eric M/Wood, MD, MPH
Program Director
Occupational and Environmental Medicine



Exhibit 8

3 ERIE COURT, OAK PARK, IL 60302
708-383-6200

December 8, 2022

Mildred Kwesi
Credentialist III
Federation Credentials Verification Service Federation of State Medical Boards
400 Fuller Wiser Road
Euless, TX 76039
Via Email to: mhaslett@fsmb.org

SUBJECT: David Michael Boren, M.D.
FID 215479361

Dear Mildred Kwesi:

This letter is to verify that David Michael Boren, M.D. was a resident physician in the Internal Medicine Residency Program of West Suburban Medical Center.

Dr. Boren's training at West Suburban Medical Center was granted **for the period of April 1, 2014 through June 10, 2014**. The dates of April 1, 2014 through June 10, 2014 are indeed correct as verified by this letter and the attached certificate of training Dr. Boren received from West Suburban Medical Center. During Dr. Boren's time in the Internal Medicine Residency Program of West Suburban Medical Center, he successfully achieved the clinical training necessary to complete his first year of residency training. He subsequently went on to another institution to complete the remainder of his residency training. Unfortunately, a Uniform Application for Physician State Licensure Postgraduate Training Form (UA Form #3) completed in 2016 on behalf of Dr. Boren incorrectly listed his training dates at West Suburban Medical Center as April 1, 2014 through June 6, 2014.

The Internal Medicine Residency Program of West Suburban Medical Center closed on June 30, 2022. The program's core faculty are no longer employed by the institution. Therefore, this letter has been completed and signed by me in my role as the Designated Institutional Official, responsible for oversight of the graduate medical education programs of West Suburban Medical Center.

Sincerely,

Scott Levin, M.D.
Designated Institutional Official and Family Medicine Residency Program Director

OK P&S Applicant David M. Boren, M.D.

*West Suburban Medical Center
Oak Park, Illinois*

Certifies that

David Boren, MD

*Has faithfully and satisfactorily completed 10 weeks as a
Resident in Internal Medicine
From April 1, 2014 through June 10, 2014*

*In witness whereof, we have subscribed our names as officers of
West Suburban Medical Center*

Max L Harris MD

Program Director, Internal Medicine



Karen B. Weinstein MD

Chair, Department of Internal Medicine

Page 27 of 32.

Exhibit 10



November 14, 2017

Dr. David Boren



TERMINATION OF EMPLOYMENT

Dear Dr. Boren:

This letter is to inform you that your employment with Battelle Energy Alliance (BEA) is terminated effective today, November 14, 2017.

This action is being taken as a result of your failure to meet performance expectations as a Physician in the Occupational Medical Program.

Sincerely,

A handwritten signature in cursive script that reads "Carol Mascareñas".

Carol Mascareñas, Director
Environment, Safety, Health and Quality

SG

Exhibit 12



INTERNAL MEDICINE RESIDENCY PROGRAM
3 ERIE COURT, SUITE L-700
OAK PARK, ILLINOIS 60302
708-763-6908

April 29, 2014

Medical Coordinator
Illinois Department of Financial & Professional Regulation

Re: David Boren, MD
Progress Report

To Whom It May Concern,

Please accept this letter as a progress report for Dr. David Boren's performance from April 1, 2014 through April 29, 2014 as a resident physician enrolled in the Internal Medicine Residency Program at West Suburban Medical Center. Dr. Boren has been evaluated under the six core competencies approved by the Accreditation Council for Graduate Medical Education (ACGME): Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Interpersonal Skills and Communication. Based on these competencies, it is felt that Dr. Boren is progressing appropriately for his level of training. He has not had any unapproved absences, and his practice of medicine is developing at an acceptable rate.

Please feel free to contact me directly at 708-763-6908 or MHarris@WestSubMC.com if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Max L. Harris, MD".

Max L. Harris, MD
Program Director, Internal Medicine Residency Program
Designated Institutional Official, Graduate Medical Education
West Suburban Medical Center

RECEIVED

NOV 16 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



INTERNAL MEDICINE RESIDENCY PROGRAM
3 ERIE COURT, SUITE L-700
OAK PARK, ILLINOIS 60302
708-763-6908

June 6, 2014

Medical Coordinator
Illinois Department of Financial & Professional Regulation

Re: David Boren, MD
Final Report

RECEIVED
NOV 16 2023
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

To Whom It May Concern,

Please accept this letter as a final report for Dr. David Boren's performance from April 1, 2014 through June 6, 2014 as a resident physician enrolled in the Internal Medicine Residency Program at West Suburban Medical Center. Dr. Boren completed approximately 10 weeks of clinical training, with experiences in Pulmonary Critical Care and Rheumatology. He worked directly with attending physicians, resident physicians, as well as clinical and clerical staff. He participated in direct patient care, was involved in hospital consultations, and attended daily educational conferences.

Dr. Boren was evaluated under the six core competencies approved by the Accreditation Council for Graduate Medical Education (ACGME). Based on these competencies, it is felt that Dr. Boren continues to improve and is progressing appropriately for his level of training. He continues to develop his practice of medicine and medical knowledge. He was receptive to feedback and made efforts to assimilate himself into the team. He has successfully completed his 10 weeks of clinical training. While with us, Dr. Boren exhibited appropriate behavior and professional conduct.

Please feel free to contact me directly at 708-763-6908 or MHarris@WestSubMC.com if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Max L. Harris".

Max L. Harris, MD
Program Director, Internal Medicine Residency Program
Designated Institutional Official, Graduate Medical Education
West Suburban Medical Center



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

March 18, 2024

9489 0090 0027 6330 2024 17

Marilyn Calderon, MD Applicant 42846
[REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for a **full medical license** to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73104 or virtually via Zoom.** The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(I): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Please confirm your attendance at this meeting either in person or electronically via Zoom. As this is a formal proceeding, proper attire is requested.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

Tracking Number:

Remove X

9489009000276330202417

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item has been delivered to the original sender at 9:11 am on April 11, 2024 in OKLAHOMA CITY, OK 73105.

Get More Out of USPS Tracking:

USPS Tracking Plus[®]

Feedback

Delivered

Delivered, To Original Sender

OKLAHOMA CITY, OK 73105

April 11, 2024, 9:11 am

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

April 10, 2024, 6:49 am

Unclaimed/Being Returned to Sender

CHECOTAH, OK 74426

April 6, 2024, 6:26 am

Reminder to pick up your item before April 5, 2024

CHECOTAH, OK 74426

March 27, 2024

Available for Pickup

CHECOTAH

213 W SPAULDING ST

CHECOTAH OK 74426-9998

M-F 0830-1630; SAT 1000-1200

March 22, 2024, 8:42 am

Departed USPS Regional Facility

TULSA OK DISTRIBUTION CENTER

March 21, 2024, 8:30 pm

Arrived at USPS Regional Facility

TULSA OK DISTRIBUTION CENTER

March 21, 2024, 7:51 am

Departed USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

March 21, 2024, 7:33 am

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

March 20, 2024, 7:04 pm

Accepted at USPS Origin Facility

OKLAHOMA CITY, OK 73105

March 20, 2024, 5:49 pm

Pre-Shipment, USPS Awaiting Item

March 20, 2024

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



Return Receipt Electronic



USPS Tracking Plus®



Product Information



See Less

Track Another Package



Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	42846	MARILYN CALDERON
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

005-02 Univ Of CA, San Francisco, Sch Of Med, San Francisco CA 94143

Number of Licenses Previously Granted to Graduates of this Medical School:80

Application for: Resident _____ **Full License** _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS** Met 3-13-24
- 2) **ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]** _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less
- 3) **HAS ISSUED A TEMPORARY LICENSE THROUGH** ___ / ___ / ___
- 4) **HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE** _____



Oklahoma State Board of Medical Licensure and Supervision Telemedicine Questionnaire

RECEIVED
FEB 09 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

In what manner will you be communicating with your Oklahoma patients?

(initial) I will be communicating with patients following the telemedicine guidelines as set forth by the state of Oklahoma. *if required by my employer*

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma.

Per the Oklahoma Telemedicine Rule §435:10-17-13

(initial) There are provisions for appropriate follow up care equivalent to that available to face-to-face patients. The information available to me for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

Describe the manner in which you intend to practice medicine across state lines.

(initial) I will be located in the state of Oklahoma consulting Oklahoma patients.

(initial) The physician-patient relationship will be established by adhering to a number of steps, again in accordance with the state of Oklahoma telemedicine requirements.

(initial) Patient information will be collected in a HIPAA-compliant manner from the patient including demographic and medical background prior to and during the consultation.

(initial) Patient data will be reviewed by me to verify the patient's eligibility to be treated in a remote environment, based on best practice literature and other inputs.

(initial) I will only provide treatment to the patient if applicable in accordance with standard of care.

(initial) I will create a record of the encounter.

(initial) Patient follow-up will also be completed to assess for medical resolution/complication and a follow-up consult will be completed if necessary and/or advice to follow-up with an in-person physician in Oklahoma.

(initial) I will only be involved in diagnostic areas that are suitable for the practice of medicine in a remote setting and will adhere to all telemedicine regulations per the state of Oklahoma.

Oklahoma Telemedicine Act

Oklahoma Telemedicine Rules

By initialing above, I attest that I have read and understood the Oklahoma Telemedicine Laws and Rules and I will adhere to and follow the laws, rules, and protocols as listed above.

Printed Name:

Date: 2-7-24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 42846 MARILYN CALDERON
 MEDICAL DOCTOR

Practice Address:
 December 21, 2023

Status:

Endorsed By: USMLE

Res: MD

Received: 12/20/2023

Entered: 12/20/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 01/18/2024

AMA Rec: 01/18/2024

Board Action:

License #: 42846

Sex: F

Ethnic Origin: 4

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2CK	PASS	03/23/07	2/8/24	1
Test 2:	USMLE 2CS	PASS	05/17/07	2/8/24	1
Test 3:	USMLE 3	PASS	09/09/08	2/8/24	1
	USMLE 1	PASS	12/23/04	2/8/24	2
Test AV:	Note: PASS means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION	
School Name: UNIVERSITY OF CALIFORNIA, IRVINE	
City: IRVINE	State: CA Country: UNITED STATES
Degree: BACHELORS OF SCIENCE	From: 9/1996 To: 6/2001 Verified:

MEDICAL SCHOOL EDUCATION	
Name: Univ Of CA, San Francisco, Sch Of Med, San Francisco CA 94143	
Foreign Name:	
City: San Francisco	State/Country: United States of America
Degree: MEDICAL DOCTOR	From: 8 / 2002 To: 6/ 2007 Diploma Ver'd: Y

POST GRADUATE EDUCATION	
Facility: SCRIPPS CHULA VISTA FAMILY MEDICINE RESIDENCY PROG	Specialty: FAMILY MEDICINE
Res. Fellowship: Internship/Residency	
City: CHULA VISTA	State: CA Country: UNITED STATES OF AM
Verified: 03/11/2024	From: 6/ 2007 To: 6/ 2010
ACGME Ver'd: 03/11/2024	
Comments:	

marilyn calderon
As of December 19, 2023, 5:44 am

G.. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?
Yes No

For three months during medical school I was on probation for failing my third year sub- internship. I subsequently passed the make-up sub internship &&& my probation was lifted.

L.. Have you ever failed any part of a licensure/certification/registration examination?
Yes No

In 2004, I did not pass the USMLE step one the first time by a few points. I passed it on the 2nd attempt.

O.. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?
Yes No

I am currently being investigated by the California state medical board for five patients prescribed narcotics while I was working at Hospice of the South Coast. My last communication as an in person interview with the Division of Investigation on August 10, 2023 and I have not heard from them since.

marilyn calderon
As of December 19, 2023, 5:44 am

State of: Oklahoma
County of: Mcintosh County, ok

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 21 day of December, 2023, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Seal



[Signature]
Signature of Applicant
Tatum Nicole Honne
Notary
12/20/26
My Commission Expires

RECEIVED

DEC 29 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

MD 42846

TS

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/20/2023

Applicant Name: CALDERON, MARILYN

MD 42846

[REDACTED]

[REDACTED]

Date Of Birth: [REDACTED]

Place Of Birth (City, State): GLENDALE, CA

Sex: F

Race: Hispanic

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF CALIFORNIA, IRVINE	IRVINE	CA		9/1996	6/2001	BACHELORS OF SCIENCE		

Medical School Name	City	State	Country	Comments	From	To
Univ Of CA, San Francisco, Sch Of Med, San Francisco CA 94143	San Francisco	CA	United States		9/2002	6/2007

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
SCRIPPS CHULA VISTA FAMILY MEDICINE RESIDENCY PROGRAM	CHULA VISTA	CA	UNITED S	FAMILY MEDICINE		6/2007 6/2010

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
SAN DIEGO PACE -A DIVISION OF SAN YSIDRO HEALTH, I	ALL INCLUSIVE GERIATRIC MEDICAL CARE		880 3RD AVE	CA		8/2020	9/2021	
SENIOR MEDICAL ASSOCIATES, INC	VISITING PATIENTS IN INDEPENDENT LIVING, ASSISTED		SAN DIEGO	CA		1/2018	9/2018	
SAN YSIDRO HEALTH AT PARADISE HILLS FAMILY CLINIC	FAMILY MEDICINE		NATIONAL CITY	CA		6/2016	9/2021	
HOSPICE OF THE SOUTH COAST	HOSPICE MEDICAL CARE /END OF LIFE CARE		SAN DIEGO	CA		1/2016	1/2021	
REUBEN FARRIS (MD) AT SOUTHERN CALIFORNIA HEALTH P	FAMILY MEDICINE		CHULA VISTA	CA		6/2010	6/2016	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
CA	A107518		U	5/1/07	5/31/25
CA	DEA -FC137262		U	7/22/21	8/31/24

MD Exam				
Exam	State	Score	Date Taken	#
STATE EXAM	CA			

\$800/r

5

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/20/2023

Questions Answered 12/19/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school? <i>For three months during medical school I was on probation for failing my third year sub- internship. I subsequently passed the make-up sub internship &&& my probation was lifted.</i>	Y
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination? <i>In 2004, I did not pass the USMLE step one the first time by a few points. I passed it on the 2nd attempt.</i>	Y
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you? <i>I am currently being investigated by the California state medical board for five patients prescribed narcotics while I was working at Hospice of the South Coast. My last communication as an in person interview with the Division of Investigation on August 10, 2023 and I have not heard from them since.</i>	Y
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/20/2023

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Telemedicine/Tele-Health

Establish a new Practice

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

mostly in person but, if needed by the clinic, telephone, email, internet, in person, video.

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

I plan to see patients in person locally. I am currently living in Oklahoma.

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

I plan to focus on Oklahoma patients. I moved from California.

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

In the past, I used NORCAL MUTUAL, ACCORD, COOPERATIVE OF AMERICAN PHYSICIANS, BETA HEALTHCARE GROUP

Name of Current Carrier and policy Holder

Will buy liability insurance, if not offered one, once I sign a contract, before practicing.

Will your professional liability insurance policy cover your practice in Oklahoma

No

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

As soon as I start to apply for a job.

I attest that all the above information is accurate as of December 19, 2023: _____ (Signed Online)

Signature: [Handwritten Signature]

RECEIVED
FEB 09 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

TeleHlth Quest Form: Rev December 2019



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



[Handwritten Signature]
Applicant's signature (must be signed in the presence of a notary)

Calderon, Marilyn
Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

2/8/24
Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

State of Oklahoma County of McClain
NOTARY

42846
57

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 8th day of February 2024

Notary Public Signature: *Beth N. Sherrill* My Notary Commission Expires 05/24/26



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FEB 09 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY
SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 02/07/2024

Examinee: Calderon, Marilyn
Alt Name(s):

Examinee ID: 5-140-277-4
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/23/2004	Pass	190	(182)	
07/31/2004	Fail	181	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/23/2007	Pass	198	(182)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
05/17/2007	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/09/2008	Pass	187	(187)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

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AND SUPERVISION

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United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Calderon, Marilyn

Examinee ID: 5-140-277-4

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

This form must be completed by the institution and sent directly from the institution.

Applicant's Name Marilyn Calderon

Institution: University of California, San Francisco City/State San Francisco, CA

Our records indicate that the above named applicant attended our medical school on the following dates:

From 08 / 28 / 2002 To 06 / 17 / 2007 and was awarded the degree MD
Month Day Year Month Day Year

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. YES NO
2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain. YES NO
3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below. YES NO
4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below. YES NO
5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below. YES NO

Please explain any "YES" response from above:

Ms. Calderon extended her two years of clinical education over three years for personal and academic reasons.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: Erick Hung, MD Signature 

Title of Signatory: Associate Dean, Students Date of Signature 1/1/2024

Tel: 415-502-7741 Fax: _____ E-Mail: Franchesca.Torres@ucsf.edu



School Seal

If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____

Notary Seal

42846
KS

Kenna L. Shaw

From: Torres, Franchesca <Franchesca.Torres@ucsf.edu>
Sent: Tuesday, February 13, 2024 6:31 PM
To: Licensing
Subject: [EXTERNAL] RE: Medical Education verification - Marilyn Calderon, MD

Hi Kenna,

I hope you are doing well. Ms. Calderon extended her two years of clinical education over three years for personal and academic reasons. During a leave of absence in the summer of 2005, she worked with UCSF's Health Disparities Working Group, which seeks to incorporate health disparities education into the School of Medicine's curriculum.

If there is anything else I can help with, please let me know.

Best,
Franchesca

Franchesca Torres Janusko
Pronouns: she/her/hers
Student Records Analyst, TEE Data & Analytics
Medical Education, School of Medicine

University of California, San Francisco
513 Parnassus Ave, Suite 211 | San Francisco, CA 94143
Email: Franchesca.Torres@ucsf.edu | Tel: 415-502-7741



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FEB 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

From: Licensing <licensing@okmedicalboard.org>
Sent: Tuesday, February 13, 2024 12:34 PM
To: Torres, Franchesca <Franchesca.Torres@ucsf.edu>
Subject: RE: Medical Education verification - Marilyn Calderon, MD

This Message Is From an Untrusted Sender
You have not previously corresponded with this sender.

Can you provide any more information regarding her extension? Was there a certain date range for the extension? Was it more than one? Please provide whatever you can.

Thank you,

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.



Kenna Shaw, Application Analyst
LICENSING DEPARTMENT
OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISION
101 NE 51ST ST
OKLAHOMA CITY OK 73105
(405) 962-1423 kshaw@okmedicalboard.org
M-F 8AM-4:30PM CST

RECEIVED

FEB 13 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

From: Torres, Franchesca <Franchesca.Torres@ucsf.edu>
Sent: Tuesday, January 16, 2024 5:10 PM
To: Licensing <licensing@okmedicalboard.org>
Cc: [REDACTED]
Subject: [EXTERNAL] Medical Education verification - Marilyn Calderon; MD

To whom it may concern,

I hope this email finds you well. I am writing to provide the completed verification form for Dr. Marilyn Calderon which is attached to this email.

If you have any questions or require any further information, please feel free to reach out to me. I am more than happy to assist.

Best,
Franchesca

Franchesca Torres Janusko
Pronouns: she/her/hers
Student Records Analyst, TEE Data & Analytics
Medical Education, School of Medicine

University of California, San Francisco
513 Parnassus Ave, Suite 211 | San Francisco, CA 94143
Email: Franchesca.Torres@ucsf.edu | Tel: 415-502-7741



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Office of the Registrar
 San Francisco CA 94143-0244

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FEB 26 2024

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

STUDENT NAME Calderon, Marilyn
 Medicine
 Fourth year
 Graduate Professional

ADMISSION CREDENTIALS			ADMISSION DATE	GRADUATION
U OF CALIFORNIA-IRVINE	2001	BS	8/28/02	MD 6/17/07

TRANSCRIPT SUMMARY TO DATE

UNITS COMPLETED 273.50
 OPT UNITS COMPLETED 0.00
 GPA 0.00

Fall 02

COURSE	TITLE	UNITS	GRADE	CODE
ANATOMY 170.01	Medical Scholars Program Worksho	1.00	P	
INTERDEPT 101	Prologue: Topics in Anatomy, Cel	9.00	P	
INTERDEPT 102A	Organ Systems: Topics in cardiov	7.00	P	
INTERDEPT 131A	Foundations of Patient Care	3.00	P	
PHYSIOLOGY 170.01	Medical Scholars Program Worksho	1.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED 21.00
 OPT GD COMPLETED 0.00
 GPA 0.00

Winter 03

COURSE	TITLE	UNITS	GRADE	CODE
FAM CM MED 170.07	Communicating with the Latino Patient	1.00	P	
INTERDEPT 102B	Organ Systems: Topics in Renal & Pulmonary Pathophysiology, Epidemiology Pharmacology & Physiology	9.00	P	
INTERDEPT 103A	Cancer: Topics in Cell & Molecular Biology, Epidemiology, Medical Genetics & Pathology	7.00	P	
INTERDEPT 131B	Foundations of Patient Care	2.00	P	
INTERDEPT 170.01	Women Physicians of Color	1.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED 20.00
 OPT GD COMPLETED 0.00
 GPA 0.00

Spring 03

COURSE	TITLE	UNITS	GRADE	CODE
FAM CM MED 170.01C	Special Issues in Health Care	1.00	P	
INTERDEPT 103B	Cancer: Topics in Cell & Molecular Biology, Epidemiology, Medical Genetics & Pathology	4.00	P	
INTERDEPT 131C	Foundations of Patient Care	2.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED 7.00
 OPT GD COMPLETED 0.00
 GPA 0.00

Fall 03

COURSE	TITLE	UNITS	GRADE	CODE
FAM CM MED 170.07	Communicating with the Latino Patient	1.00	P	
INTERDEPT 105	Infection, Immunity, and Inflammation: Topics in microbiology immunology, and pharmacology	11.00	P	
INTERDEPT 106	Metabolism & Nutrition: Topics in endocrinology, gastroenterology, diet and nutrition	10.00	P	
INTERDEPT 132A	Foundations of Patient Care	3.00	P	

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Office of the Registrar
San Francisco CA 94143-0244

TERM SUMMARY TO DATE

UNITS COMPLETED	25.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Winter 04

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
FAM CM MED 170.07	Communicating with the Latino Patient	1.00	P	
INTERDEPT 107	Life Cycle: Topics in Women's & Men's Health	11.00	P	
INTERDEPT 108	Integration & Consolidation Topics	5.00	P	
INTERDEPT 132B	Foundations of Patient Care	2.00	P	
INTERDEPT 170.01	Women Physicians of Color	1.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	20.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Spring 04

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
INTERDEPT 104	Brain, Mind & Behavior: Topics in Neuroscience	12.00	P	
INTERDEPT 132C	Foundations of Patient Care	1.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	13.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Summer 04

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
DERMATOL 140.01	Clinical Dermatology	3.00	P	
INTERDEPT 112	Intersession Series	1.50	P	
PATHOLOGY 198	Supervised Study	5.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	9.50	
OPT GD COMPLETED	0.00	
GPA		0.00

Fall 04

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
INTERDEPT 111	Longitudinal Clinical Experience	1.00	P	
INTERDEPT 112	Intersession Series	1.50	P	
OB GYN R S 110	Ob/Gyn Core Clerkship	9.00	P	
PATHOLOGY 198	Supervised Study	5.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	16.50	
OPT GD COMPLETED	0.00	
GPA		0.00

Winter 05

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
FAM CM MED 110	FCM Core Clerkship	9.00	P	
INTERDEPT 110	Core Clerkship in Surgical Specialties	3.00	P	
INTERDEPT 111	Longitudinal Clinical Experience	1.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	13.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Spring 05

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
INTERDEPT 111	Longitudinal Clinical Experience	1.00	P	
INTERDEPT 112	Intersession Series	1.50	P	
NEUROLOGY 110	Neurology Core Clerkship	6.00	P	
PEDIATRICS 110	Pediatric Core Clerkship	9.00	P	
PSYCHIATRY 110	Psychiatry Core Clerkship	6.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	23.50	
OPT GD COMPLETED	0.00	
GPA		0.00

Summer 05

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
MEDICINE 198	Supervised Study	3.00	P	
MEDICINE 198	Supervised Study	3.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	6.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Fall 05

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
MEDICINE 110	Medicine Core Clerkship	12.00	P	
SURGERY 110	Surgery Core Clerkship	12.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	24.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Winter 06

<u>COURSE</u>	<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
ANE PERIOP 140.06	Pain Management	6.00	H	
MEDICINE 198	Supervised Study	3.00	P	
ORTHO SURG 140.05	Orthopedic Surgery for Primary Care	3.00	P	
RADIOLOGY 140.03	Diagnostic Radiology	6.00	H	

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Office of the Registrar
San Francisco CA 94143-0244TERM SUMMARY TO DATE

UNITS COMPLETED	18.00	
OPT GD COMPLETED	0.00	
GPA		0.00

TERM SUMMARY TO DATE

UNITS COMPLETED	3.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Spring 06

<u>COURSE</u>		<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
FAM CM MED	140.40	Adv Inpatient Fam Med Clkshp	6.00	F	
MEDICINE	140.04	Infectious Diseases	6.00	P	
MEDICINE	140.35	Cardiology	6.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	12.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Summer 06

<u>COURSE</u>		<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
MEDICINE	140.23	Endocrine Metabolism	6.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	6.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Fall 06

<u>COURSE</u>		<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
MEDICINE	140.01	Acting Internship in Medicine	6.00	P	
MEDICINE	140.10	Emergency Medicine at SFGH	6.00	P	
MEDICINE	140.95	Intensive Care Unit	6.00	P	
PEDIATRICS	140.03	Outpatient Pediatrics	6.00	H	

TERM SUMMARY TO DATE

UNITS COMPLETED	24.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Winter 07

<u>COURSE</u>		<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
ANE PERIOP	110	Anesthesia Core Clerkship	3.00	P	
FAM CM MED	198	Supervised Study	3.00	P	
MEDICINE	140.25	Nephrology	6.00	P	

TERM SUMMARY TO DATE

UNITS COMPLETED	12.00	
OPT GD COMPLETED	0.00	
GPA		0.00

Spring 07

<u>COURSE</u>		<u>TITLE</u>	<u>UNITS</u>	<u>GRADE</u>	<u>CODE</u>
MEDICINE	111	CODA	3.00	P	

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Office of the Registrar
San Francisco CA 94143-0244

MEMO

ALL DEGREE REQRMNTS MET



University of California
San Francisco

TRANSCRIPT of STUDENT ACADEMIC RECORD

Enrolled prior to Fall Quarter 1978 – Photocopy of hard copy or microfiche

Enrolled Fall Quarter 1978 or thereafter – Computer-generated transcript

Each quarter or term contains the following columns in left-to-right order: department, course number, title, units, grades, and codes (course titles are included beginning with Fall Quarter 2001).

GRADES IN GRADUATE DIVISION AND SCHOOLS OF DENTISTRY, NURSING, AND PHARMACY

Grade	Points	Meaning
A	4.0	Excellent
B	3.0	Good
C	2.0	Fair
D	1.0	Barely Passing
F	0.0	Fall
H	–	Honors. Awarded in third and fourth year. (Dentistry)
Y	–	Provisional grade. Denotes a provisional non-passing grade. May be raised to a D if requirements are met, or changed to grade F.
	0.0	(Pharmacy)
I	–	Incomplete. Assigned when work is of passing quality but incomplete for good cause. Students may replace this grade with a passing grade and receive unit credit, provided they satisfactorily complete the coursework as authorized by the instructor.
IP	–	In Progress. For courses extending beyond one quarter.
P/NP	–	Passed / Not Passed (Dentistry and Pharmacy)
S/U	–	Satisfactory / Unsatisfactory (Graduate and Nursing)
SP/UP	–	Satisfactory / Unsatisfactory Progress (Dentistry)
NR	–	Not Recorded

GRADES IN SCHOOL OF MEDICINE

P	–	Passed
H	–	Honors. Awarded in summer term 1992 or later.
I	–	Incomplete (See description above)
IP	–	In Progress (See description above)
E	–	Provisional grade. A provisional non-passing grade.
F	–	Fall. Grade F is a permanent grade.
NR	–	Not Recorded

CODES CODE DESCRIPTIONS

C	Correction
G	Grade assigned, sequence completed
N	Provisional grade removed
R	Repeated course (Dentistry and Pharmacy)
S	Used when student is required by the dean to repeat a year, a term, or specific courses. Suppresses grade and units from calculation.
T	Repeat. Suppresses units from calculation.
X	Credit by examination
2	Inter-campus Exchange
5	UC Berkeley Extension
7	SF Consortium or Stanford Exchange
W	Withdrew from all courses in the term

ACADEMIC STANDARDS FOR STUDENTS

STANDARDS OF SCHOLARSHIP

Graduate Students. Only grades of A, B, C, or S are counted toward satisfaction of degree requirements. A maximum of 6 units in which S/U grading is elected may be counted toward the minimum unit requirement for a graduate degree. Graduate students must maintain a minimum grade point average (GPA) of 3.0 in all upper-division and graduate courses.

Dentistry and Pharmacy Students. Grades of A, B, C, D, and P are counted toward satisfaction of degree requirements. Dentistry and Pharmacy students must maintain a minimum 2.0 cumulative GPA.

COURSE NUMBERING SYSTEM

100 = Upper-division undergraduate and professional courses.
200 & 300 = Graduate academic courses.
400 = Post-doctoral and professional school clinical courses.

REPETITION OF COURSES

Unless authorized by the dean, and except for courses normally offered for repeat credit, students may repeat only courses in which they received a D, F, or NP. Except by dean's permission, students may not repeat a course more than once for which they originally received a grade of D, F, or NP. When a course is repeated, the units are credited toward the degree only once. A student's grade point average is computed quarterly and cumulatively on the total number of units attempted and completed (successfully or unsuccessfully).

FULL-TIME STUDENTS

Dentistry, Medicine, and Pharmacy students must be enrolled full time.

PART-TIME STUDENTS

Graduate Division and Nursing students who meet certain criteria may apply for part-time status.

WITHDRAWAL

A registered student who withdraws, is dismissed, or is absent without leave from the University before the end of the term may receive a grade of F or NP for each course in which he/she is enrolled.

ACCREDITATION

The University of California, San Francisco is accredited by the Western Association of Schools and Colleges.

PRIVACY NOTICE

This educational record is subject to the federal Family Educational Rights and Privacy Act (FERPA) of 1974 and subsequent amendments. This educational record is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student identified on this record.

University of California, San Francisco
Office of the Registrar
500 Parnassus Avenue, MU-200W
Box 0244
San Francisco, CA 94143-0244
Tel. (415) 476-4356 • Fax (415) 476-9690
<http://registrar.ucsf.edu>

Form 2 (MD)

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

PRIMARY
SOURCE

Email form to: Licensing@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name Marilyn Calderon

Institution: Scripps FM Residency City/State Chula Vista CA

Training Level: 1 Specialty/Subspecialty Family Medicine From: 6/24/2007 To: 6/23/2008

Internship Residency Chief Residency Fellowship Research None of these
Successfully Completed? YES NO IN PROGRESS
Accredited By: ACGME AOA LCGME RSC CFPC RCPSA APPAP None of these

Training Level: 2 Specialty/Subspecialty Family Medicine From: 6/24/2008 To: 6/23/2009

Internship Residency Chief Residency Fellowship Research None of these
Successfully Completed? YES NO IN PROGRESS
Accredited By: ACGME AOA LCGME RSC CFPC RCPSA APPAP None of these

Training Level: 3 Specialty/Subspecialty Family Medicine From: 6/24/2009 To: 6/23/2010

Internship Residency Chief Residency Fellowship Research None of these
Successfully Completed? YES NO IN PROGRESS
Accredited By: ACGME AOA LCGME RSC CFPC RCPSA APPAP None of these

- Did this individual ever take a leave of absence or break from his/her training? YES NO
- Was this individual ever placed on probation? YES NO
- Was this individual ever disciplined or placed under investigation? YES NO
- Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please explain any "YES" response from above: _____

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Shaila Serpas Signature [Signature]

Title of Signatory: Program Director Date of Signature 2/8/24

Tel: (619) 691-7587 Fax: _____ E-Mail: serpas.shaila@scrippshealth.org

School
Seal

If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____

RECEIVED 2/19/2024
MD42846
SJ



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

December 30, 2023

**PRIMARY
SOURCE**

Oklahoma Board of Medical Licensure &
Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

To Whom It May Concern:

This is to certify that as of December 29, 2023, the records of the Medical Board of California (Board) indicate the following information:

Physician:	MARILYN CALDERON
License Number:	A107518
Issued Date:	May 1, 2009
Exam Type:	A Written Examination
Expiration Date:	May 31, 2025
License Status:	Current
Board Discipline and/or Administrative Action:	No ✓

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor
Deputy Director



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

MARILYN CALDERON

[REDACTED]

Primary Office Address

SAME AS MAILING ADDRESS

RECEIVED

JAN 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Birth date

[REDACTED]

Phone (619) 427-4426

Physician's major professional activity

OFFICE BASED PRACTICE

PRIMARY SOURCE

Self-designated practice specialty

FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1144486713	08/04/2008	NOT RPTD	NOT RPTD	NOT RPTD	12/15/2023

Current and/or historical medical school

42846 SJ



US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	11/2002	Degree Date:	06/2007

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	SCRIPPS MERCY HOSPITAL (CHULA VISTA)
Sponsoring State:	CALIFORNIA
Specialty:	FAMILY MEDICINE
Dates:	06/24/2007 - 06/23/2010
Status:	COMPLETED

Specialty board certification



This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF FAMILY MEDICINE
 Certificate: FAMILY MEDICINE
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	01/01/2020	n/a	02/15/2025	RE-CERT	01/16/2024	Y
TIME LIMITED	Expired	07/24/2010	12/31/2019		INITIAL	01/16/2024	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2024 American Board of Medical Specialties. All rights reserved.

+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
A-107518	MD	CA	05/01/2009	05/31/2025		ACT	UNL	01/04/2024	MARILYN CALDERON

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA



Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

EVIDENCE OF STATUS - PART A

Full Legal Name: Marilyn Calderon

Mailing Address: [Redacted] Last Calderon Maiden (if applicable)

[Redacted] City State Zip Code Telephone Number Social Security #: [Redacted]

**PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate** showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545)** (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp** in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Signature] Date 12/21/23

Subscribed and sworn before me this 21 day of December, 2023

Notary Public Tatum Nicole Honne
Commission Number 2100126 22016846
My commission expires 12/20/26



01/18/2024

MARILYN CALDERON



Check Your Application Status Online at:
<http://www.okmedicalboard.org>
Username:AP71570783
Password:Last 4 SSN

RE: MD Application #42846

Dear MARILYN CALDERON,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

- Application Instructions
- OATH
- Time Deficiency Form for: 5/1996-9/1996, 6/2001-9/2002, 9/2021- PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
- OTHER DEFICIENCIES: FCVS
- Exam verification date
- Telemedicine form
- MedSchool-Transcript Univ Of CA, San Francisco, Sch Of Med, San Francisco CA 94143
- MedSchool-Form 1 Univ Of CA, San Francisco, Sch Of Med, San Francisco CA 94143
- PostGrad - Form 2 SCRIPPS CHULA VISTA FAMILY MEDICINE RESIDENCY PROGRAM
- Exam STATE EXAM Requires Date
- Evidence of Status
- Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWERS

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP71570783 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

From: Marilyn [REDACTED]
 Subject: print
 Date: Feb 6, 2024 at 4:23:52 PM
 To: Marilyn [REDACTED]

RECEIVED
 FEB 09 2024
 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

TIME DEFICIENCY FORM

Name: Marilyn Calderon Application # 42846

We must account for any/all time from your 18th birthday to present. Please complete this form to the best of your recollection for the times indicated.

EDUCATION								
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree	

WORK HISTORY								
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
9	2001	6#	2002	St Ignatius elementary school teaching junior high white	Los Angeles	CA	teacher	
				applying & interviewing for medical school				

OTHER ACTIVITY								
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State		
5#	1996	9	1996	Summer Break before college	Los Angeles	CA		
6	2001	9	2001	interviewing for jobs	Los Angeles	CA		
6	2002	9	2002	moved preparing for medical school	San Francisco	CA		
9	2021	present		Sold home in California, bought an RV, traveled through a few states to find a new home, which we have found in Eufaula / cherotah.	Arizona, Texas, New Mexico	Oklahoma		

42846
53

Seema Jayachand

From: Seema Jayachand
Sent: Tuesday, March 12, 2024 3:26 PM
To: [REDACTED]
Subject: YOUR OKLAHOMA MD LICENSE APPLICATION-42846

Hello,

Your application is complete and should go into the electronic voting process (circularization) on 3/29/2024.

When an application is complete it is forwarded to the Board Secretary for review. If he finds everything in order, he authorizes staff to mail your application to all the Board members for voting (circularization). Applications are mailed out to the Board members every other week. It normally takes about two weeks to receive the votes back from each member. If all Board members vote to approve, your license is issued and mailed to you. If any Board member has any concerns or questions, your application is placed on the next Board meeting agenda and you are notified of the concern/question and the time and place of the Board meeting.



Seema Jayachand
Licensing Department
Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
405-962-1400 ext. 151



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

April 19, 2024

9489 0090 0027 6330 2024 79

Christopher Calixte, MD Applicant 43186
 [REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00a.m.** You may appear in person at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73104 or via Zoom. The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(I): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Please confirm your attendance at this meeting either in person or electronically via Zoom. As this is a formal proceeding, proper attire is requested.

Sincerely,

Billy H. Stout, M.D.
 Board Secretary

From: [Lisa Cullen](#)
To: [REDACTED]
Subject: URGENT - RE: Oklahoma Medical Board
Date: Friday, April 19, 2024 11:40:00 AM
Attachments: [image001.png](#)
Importance: High

Dr. Calixte,

One or more of the Medical Board are holding your application for additional information. Please respond to this email promptly as not to delay the processing of your application.

You must provide a response to this email updating the status of the complaint filed with the Pennsylvania State Board of Medicine. Additionally, email any correspondence you have received regarding said complaint.

I look forward to hearing from you.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: [REDACTED]
To: [Lisa Cullen](#)
Subject: [EXTERNAL] Christopher Calixte, MD . PA board explanation.
Date: Friday, April 19, 2024 12:52:09 PM

Oklahoma Medical Board,

In regard to the Pennsylvania medical board investigation, nobody at Thomas Jefferson hospital, including the HR department and my program director knows who reported to the PA state board. From what I was told, a co-resident of mine felt “uncomfortable” because during an ultrasound simulation session that we do every year, I asked the Ultrasound technologist if they performed cardiac echocardiograms and if so, was it possible to practice them. I was told “no we don’t” by the technologist and we carried out practicing the abdominal ultrasound simulation. I wasn’t aware, nor was I told, that anyone was uncomfortable. My co-resident reportedly me directly to HR without my knowledge. I believe around the same time a separate technologist that I only see once a year during my interventional radiology rotation claimed that I touched her shoulder briefly in a biopsy suite. I don’t recall touching her shoulder but she reported me to HR without saying anything to me. I think HR got both of these reports in a short time span so they launched an investigation questioning me about these two incidents. I was placed on leave of absence (a move that I thought was overly aggressive for the claims) and HR investigated. I was then allowed to return to work and put on a professionalism “probation”. I continued to work at the hospital with no problem. During that time someone (again unknown) reported to the PA board of medicine that I was placed on LOA for unprofessional conduct. The PA board sent an investigator and asked me about the two above incidents and I answered honestly. This was in December of 2022. I haven’t heard anything from the PA board since but I reached out recently (February 2024) while signing on for Vrad and found out that the case was still open even after my own hospital closed it. The PA board is now holding my case open without explanation. We’re reaching out to them continuously but they just keep saying it’s under review. It’s been under review for over a year now. I have never had any issues like this before or after these incidents. Hopefully that explains it well.

-Christopher Calixte, MD

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This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error please notify the system manager. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the company. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43186	CHRISTOPHER DODARD CALIXTE
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

036-07 Duke Univ Sch Of Med, Durham Nc 27710

Number of Licenses Previously Granted to Graduates of this Medical School:83

Application for: Resident _____ **Full License** _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS** _____

By 4-17-24

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Malpractice Issues
- US Graduate
- Graduated Medical School in 4 years or less

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ____ / ____

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____



Oklahoma State Board of Medical Licensure and Supervision
Telemedicine Questionnaire

In what manner will you be communicating with your Oklahoma patients?

CC
(initial) I will be communicating with patients following the telemedicine guidelines as set forth by the state of Oklahoma.

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma.

Per the Oklahoma Telemedicine Rule §435:10-17-13

CC
(initial) There are provisions for appropriate follow up care equivalent to that available to face-to-face patients. The information available to me for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

Describe the manner in which you intend to practice medicine across state lines.

CC
(initial) I will be located in the state of PA consulting Oklahoma patients.

CC
(initial) The physician-patient relationship will be established by adhering to a number of steps, again in accordance with the state of Oklahoma telemedicine requirements.

CC
(initial) Patient information will be collected in a HIPAA-compliant manner from the patient including demographic and medical background prior to and during the consultation.

CC
(initial) Patient data will be reviewed by me to verify the patient's eligibility to be treated in a remote environment, based on best practice literature and other inputs.

CC
(initial) I will only provide treatment to the patient if applicable in accordance with standard of care.

CC
(initial) I will create a record of the encounter.

CC
(initial) Patient follow-up will also be completed to assess for medical resolution/complication and a follow-up consult will be completed if necessary and/or advice to follow-up with an in-person physician in Oklahoma.

CC
(initial) I will only be involved in diagnostic areas that are suitable for the practice of medicine in a remote setting and will adhere to all telemedicine regulations per the state of Oklahoma.

Oklahoma Telemedicine Act

Oklahoma Telemedicine Rules

By initialing above, I attest that I have read and understood the Oklahoma Telemedicine Laws and Rules and I will adhere to and follow the laws, rules, and protocols as listed above.

Printed Name: Christopher Dodard Calixte

Date: 3/8/2024

Signature:

RECEIVED

MAR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION

TeleHlth Quest Form: Rev December 2019

43186
S

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 MD 43186 CHRISTOPHER DODARD CALIXTE
 MEDICAL DOCTOR

Practice Address:

February 20, 2024
 VIRTUAL RADIOLOGIC SERVICES, LLC
 11995 SINGLETREE LANE
 SUITE 500
 EDEN PRAIRIE, MN 55344
 NOT OKLAHOMA

Status:

Res: MD

Received: 02/20/2024

Entered: 02/20/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 03/18/2024

AMA Rec: 03/18/2024

Board Action:

License #: 43186

Sex: M

Ethnic Origin: 2

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	06/27/17	3/22/24	1
Test 2:	USMLE 2CS	PASS	07/05/17	3/22/24	1
Test 3:	USMLE 2CK	PASS	10/18/18	3/22/24	1
	USMLE 3	PASS	11/18/19	3/22/24	1
Test AV:	Note: PASS means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: FLORIDA STATE UNIVERSITY

City: TALLAHASSEE

Degree: BS

State: FL Country: UNITED STATES

From: 8/2010 To: 8/2014 Verified:

School Name: BAYSIDE HIGH SCHOOL

City: PALM BAT

Degree:

State: FL Country: UNITED STATES

From: 9/2006 To: 6/2010 Verified:

MEDICAL SCHOOL EDUCATION

Name: Duke Univ Sch Of Med, Durham Nc 27710

Foreign Name:

City: Durham

Degree: MD

State/Country: United States of America

From: 8 / 2014

To: 5 / 2019

Diploma Ver'd:

Y

2/19/24, 10:23 AM

Medlic Registration

Christopher Dodard Calixte
As of February 19, 2024, 10:22 am

G.. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?
 Yes No

During my residency, an employee of Thomas Jefferson Health System claimed to be offended by a statement I made during an ultrasound session. I believe these claims were without merit and unprovable in any regard. A complaint was made to the HR department and an investigation was opened.
My residency program placed me on a leave of absence from 09/15/2022 ??? 10/31/2022, while they investigated the complaint. On November 11/1/2022, I was approved to return to the program under probation. I was under probation from 11/1/2022 ??? 10/31/2023 and met all requirements.
HR had completed its investigation with no further action.

O.. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?
 Yes No

During my residency, an employee of Thomas Jefferson Health System claimed to be offended by a statement I made during an ultrasound session. I believe these claims were without merit and unprovable in any regard. A complaint was made to the Pennsylvania State Board of Medicine. The PA Bureau of Professional and Occupational Affairs investigates every complaint with no internal vetting or analysis.
At this time, the investigation remains open.

Christopher Dodard Calixte
As of February 19, 2024, 10:22 am

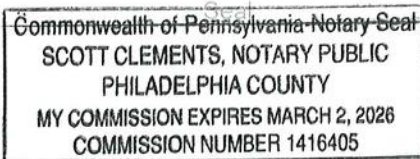
State of: *Pennsylvania*
County of: *Philadelphia*

RECEIVED

MAR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 8th day of March, 20 24, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.



Chris Calixte

Signature of Applicant
Scott Clements

Notary
03/01/2026

My Commission Expires

43786
5



P: 952.595.1100
F: 612.294.4920
www.vrad.com

11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344

RE: Christopher D. Calixte, MD
Explanation_Residency Investigation

To Whom It May Concern:

During my residency, an employee of Thomas Jefferson Health System claimed to be offended by a statement I made during an ultrasound session. I believe these claims were without merit and unprovable in any regard. A complaint was made to the Pennsylvania State Board of Medicine. The PA Bureau of Professional and Occupational Affairs investigates every complaint with no internal vetting or analysis.

At this time, the investigation remains open.

Thank you,

Christopher D. Calixte, MD

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MAR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

State of Pennsylvania
County of Philadelphia
On this 8th Day of March 2018, certify that this to be complete, exact and true copy of the original document

Signature of Notary
Notary Public, State of PA My commission expires 03/02/2016

Commonwealth of Pennsylvania-Notary Seal
SCOTT CLEMENTS, NOTARY PUBLIC
PHILADELPHIA COUNTY
MY COMMISSION EXPIRES MARCH 2, 2026
COMMISSION NUMBER 1416405

43186
57



P: 952.595.1100
F: 612.294.4920
www.vrad.com

11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344

RE: Christopher D. Calixte, MD
Explanation_Residency Probation

To Whom It May Concern:

During my residency, an employee of Thomas Jefferson Health System claimed to be offended by a statement I made during an ultrasound session. I believe these claims were without merit and unprovable in any regard. A complaint was made to the HR department and an investigation was opened.

My residency program placed me on a leave of absence from 09/15/2022 – 10/31/2022, while they investigated the complaint. On November 11/1/2022, I was approved to return to the program under probation. I was under probation from 11/1/2022 – 10/31/2023 and met all requirements.

HR had completed its investigation with no further action.

Thank you,

Christopher D. Calixte, MD

RECEIVED

MAR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

State of Pennsylvania
County of Philadelphia

On this 8th Day of March 2024, I certify that this to be complete, exact and true copy of the original document.

Signature of Notary
Notary Public, State of PA My commission expires 03/02/2026

Commonwealth of Pennsylvania-Notary Seal
SCOTT CLEMENTS, NOTARY PUBLIC
PHILADELPHIA COUNTY
MY COMMISSION EXPIRES MARCH 2, 2026
COMMISSION NUMBER 1416405

43186
5

Seema Jayachand

From: Anne Thomas <Anne.Thomas@vrad.com>
Sent: Thursday, March 21, 2024 10:31 AM
To: Seema Jayachand
Subject: [EXTERNAL] RE: Oklahoma MD Application #43186 Deficiencies
Attachments: CalixteC_OK time deficiency.pdf

Attached is the updated time deficiency form. Also Dr. Calixte is currently working for Virtual Radiologic, and his PA medical board complaint is still pending. Neither him nor I have been able to get a resolution for this and it's been a year.

Thanks!



Anne Thomas
Licensing Specialist | vRad
952.595.1343 | anne.thomas@vrad.com



RECEIVED
MAR 21 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

From: Seema Jayachand <sjayachand@okmedicalboard.org>
Sent: Monday, March 18, 2024 11:58 AM
To: Online Rad Apps Remote 3 <christopher.calixte.rad@vrad.com>
Subject: Oklahoma MD Application #43186 Deficiencies

Caution: Message originates outside of our organization.

We have received your Oklahoma MD License Application. Attached is a letter listing the required items we have not yet processed. If you have already sent these items to the Medical Board, please allow 30 days for your deficiency list to be updated. The letter also includes a Username, Password, and instructions for checking the status of your application online.

If you have any questions about the licensing process or any listed deficiencies, please direct them to: licensing@okmedicalboard.org

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error please notify the system manager. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the company. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

43186
57

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 02/20/2024

Applicant Name: CALIXTE, CHRISTOPHER DODARD

MD 43186



Date Of Birth: [REDACTED]

Place Of Birth (City, State): BROOKLYN, NY

Sex: M

Race: Black

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	FLORIDA STATE UNIVERSITY	TALLAHASSE	FL		8/2010	8/2014	BS		

Medical School Name	City	State	Country	Comments	From	To
Duke Univ Sch Of Med, Durham Nc 27710	Durham	NC	United States		8/2014	5/2019

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
THOMAS JEFFERSON UNIVERSITY HOSPITAL	PHILADELPHIA	PA	UNITED S	DIAGNOSTIC RADIOLOGY		7/2020	6/2024
GRAND STRAND MEDICAL CENTER	MYRTLE BEACH	SC	UNITED S	TRANSITIONAL YEAR		7/2019	6/2020

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
VIRTUAL RADIOLOGIC SERVICES, LLC	DIAGNOSTIC RADIOLOGY		EDEN PRAIRIE	MN		1/2024	0/0	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
SC	LL82290		U	7/1/19	6/30/20
PA	MD475112		U	7/28/21	12/31/22
PA	TR-MT221956		U	6/30/20	6/30/24

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Brooklyn NJ

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/20/2024

Questions Answered 02/13/2024	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school? During my residency, an employee of Thomas Jefferson Health System claimed to be offended by a statement I made during an ultrasound session. I believe these claims were without merit and unprovable in any regard. A complaint was made to the HR department and an investigation was opened. My residency program placed me on a leave of absence from 09/15/2022 ??? 10/31/2022, while they investigated the complaint. On November 11/1/2022, I was approved to return to the program under probation. I was under probation from 11/1/2022 ??? 10/31/2023 and met all requirements. HR had completed its investigation with no further action.	Y
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you? During my residency, an employee of Thomas Jefferson Health System claimed to be offended by a statement I made during an ultrasound session. I believe these claims were without merit and unprovable in any regard. A complaint was made to the Pennsylvania State Board of Medicine. The PA Bureau of Professional and Occupational Affairs investigates every complaint with no internal vetting or analysis. At this time, the investigation remains open.	Y
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/20/2024

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/20/2024

If licensed, where do you intend to locate?

PA

Why do you seek Licensure in the state of Oklahoma?

Tele-Radiology

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

N/A Teleradiology

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

N/A Teleradiology

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

N/A Teleradiology

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

Mountain Laurel RRG, Inc.

Name of Current Carrier and policy Holder

Medical Protective Co. c/o Arthur J Gallagher RM

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of February 19, 2024: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

RECEIVED

MAR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



Chris Calixte

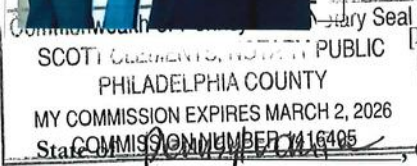
Applicant's signature (must be signed in the presence of a notary)

Calixte, Christopher D.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

03/08/2024

Date of signature (must correspond to the date of notarization)



Please note: The Notary Public seal should overlap the bottom of the photo to the left.

NOTARY

County of Philadelphia

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 8th day of March, 20 24

Notary Public Signature [Signature] My Notary Commission Expires 03/02/2026

43186
50

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

**PRIMARY
SOURCE**

**Medical Professional
Information Profile**

This report provides credentialing information for:

Name: **Calixte, Christopher Dodard**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **301909495**

Recipient: **OK - Oklahoma State Board
of Medical Licensure &
Supervision**

Delivery Date: **03/21/2024**

RECEIVED

MAR 22 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**

43186
57

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Affidavit and Release

fsmb

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



Chris Calixte
 Applicant's Signature (must be signed in the presence of a notary)

Calixte
 Applicant's Printed Last Name

Christopher, D.
 Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

3/8/2024
 Date of Signature (must correspond to date of notarization)

State of *Pennsylvania*, County of *Philadelphia*

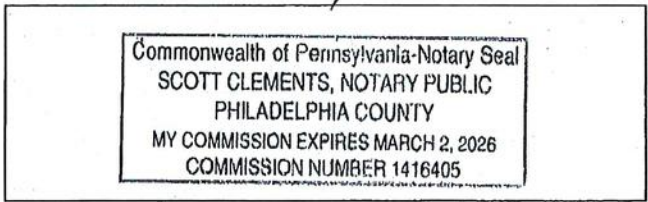
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on *03/08/2024*.

Date MM/DD/YYYY

Notary Public Signature: *[Signature]*

My Notary Commission Expires: *03/02/2026*

Notary Stamp Here:





FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s): **Calixte, Christopher Dodard**

Date of Birth: [REDACTED]

Place of Birth: Brooklyn, New York, UNITED STATES

Contact Information

Home Address: [REDACTED]
UNITED STATES

Home Phone: [REDACTED]

Email: [REDACTED]

Email: anne.thomas@vrad.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Culixte Christopher Dodard
Last First Middle

Applicant:

1. COMPLETE this document in the presence of a Notary.
2. SELECT the identity document used:
 - Birth Certificate
 - Passport
3. ATTACH a photocopy of the identity document presented to the Notary.

Notary Public: Please complete the section below.

Notary Exception – A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Pennsylvania County of Philadelphia

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a government issued photo identification presented by the applicant.

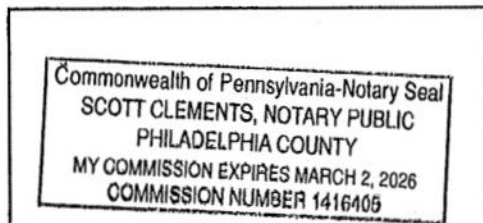
(Day) 8th, of (Month) March, (Year) 2014

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) 03 / (Day) 02 / (Year) 2026

***The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', and explanation must be provided. If you are in California, the notary may attach an California All-Purpose Acknowledgement form to this document.**

Notary Stamp Here



FID Number

301909495



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/25/2014	05/12/2019	Medical Education	Duke University School of Medicine Durham North Carolina UNITED STATES
08/01/2016	05/13/2018	PGT/Education	Duke University Durham North Carolina UNITED STATES
05/13/2019	06/30/2019	Vacation	Waiting to start internship
07/01/2019	06/30/2020	Postgraduate Training	HCA Healthcare/Mercer University School of Medicine Program Myrtle Beach South Carolina UNITED STATES
07/01/2020	06/30/2024	Postgraduate Training	Sidney Kimmel Medical College at Thomas Jefferson University/TJUH Program Philadelphia Pennsylvania UNITED STATES
09/15/2022	10/31/2022	Vacation	LOA during residency due to investigation
01/08/2024		Work	Virtual Radiologic Services, LLC 11995 Singletree Lane, Suite 500 Eden Prairie, Minnesota UNITED STATES

End of Chronology of Activities report for: Calixte, Christopher Dodard

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Education



Medical Education

Medical School: Duke University School of Medicine

Location: Durham, NC
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.



Institution Name: Duke University School of Medicine

City: Durham

State/Province: North Carolina

Country: UNITED STATES

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: **Baccalaureate**

Enrollment and Participation:

Our records indicate that **Calixte, Christopher D**
 attended our medical school for a total of **156** weeks of medical education on the following dates:
 From MM/DD/YYYY: **08/25/2014** To MM/DD/YYYY: **05/12/2019**
 This individual was awarded the degree of **Doctor of Medicine** on **05/12/2019**

DS
 CH

Unusual circumstances

1. Do this individual's official records reflect (an) interruption(s) in his/her medical education? YES X NO N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

				From MM/DD/YYYY:	To MM/DD/YYYY:	
Personal/Family	Applicable	N/A	X	/ /	/ /	
Academic remediation	Applicable	N/A	X	/ /	/ /	
Health	Applicable	N/A	X	/ /	/ /	
Financial	Applicable	N/A	X	/ /	/ /	
Participation in joint degree program (e.g., MD/PhD)	Applicable	X	N/A	8 / / 2016	5 / / 2018	Approved
Other	Applicable	N/A	X	/ /	/ /	

Other Explanation:

Medical School Code: 034020

FID: 301909495

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Academic Probation	Applicable	N/A	/ /	/ /
Probation for unprofessional conduct/behavior	Applicable	N/A	/ /	/ /
Probation for other reason	Applicable	N/A	/ /	/ /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

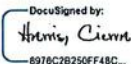
6. Attach Diploma



7. Would you like to upload an additional attachment?

YES NO X

Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<p>ELECTRONIC SEAL VERIFIED</p>	<p>Name: Cierra Harris</p> <p>Title: Staff Specialist</p> <p>Signature:  DocuSigned by: Cierra Harris 8976C28250FF48C...</p> <p>Date of Signature: 3/14/2024</p> <p>Email: medreg@dm.duke.edu</p>
--	--



Doctor of Medicine

December 29, 2021

To whom it may concern.

The following employees in the Office of the Registrar at Duke University School of Medicine have been designated to verify/certify medical education from Duke University School of Medicine:

Lori Crooks- Assistant Dean Financial Aid and Registrar
Marcie H. Ellis- Associate Registrar
Scott R. Campbell- Student Services Officer
Tonja Bland- Staff Assistant
Cierra Hairris- Staff Specialist

Please feel free to contact me should you have questions and please confirm receipt of this letter for your files.

Sincerely,

Lori Crooks
Assistant Dean Financial Aid and Registrar
Duke University School of Medicine

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Medical School**

Medical Professional Name: Calixte, Christopher D

Duke University School of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	Yes
--	------------

Dates: 08/2016 To 05/2018

Extension due to also earning masters degree while in medical school

Were you ever placed on probation?	No
---	-----------

Were you ever disciplined or placed under investigation?	No
---	-----------

Were any negative reports for behavioral reasons ever filed by instructors?	No
--	-----------

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No
--	-----------

End of Applicant Reported Unusual Circumstances report for: Calixte, Christopher D



Duke University School of Medicine

School of Medicine Transcript

Name: Christopher Dodard Calixte
 Student ID: 2225321
 Print Date: 02/08/2024

Degrees Awarded

Degree: Doctor of Medicine
 Confer Date: 05/12/2019
 Plan: Medicine

Academic Program

Program: Medicine Fourth Year
 Plan: Medicine

Status: Completed Program

Beginning of School of Medicine Record

2014 Fall Term

Course	Description	Earned	Grade	Grading Basis
INTERDIS 100B	MOLECULES, CELLS & TISSUES	6.000	P	Pass/Fail Grading
INTERDIS 101B	NORMAL BODY	12.000	P	Pass/Fail Grading
INTERDIS 104B	INTRO TO PREVENTION	1.000	P	Pass/Fail Grading
INTERDIS 105B	PRACTICE YEAR 1	1.500	P	Pass/Fail Grading

2015 Spring Term

Course	Description	Earned	Grade	Grading Basis
INTERDIS 102B	BODY AND DISEASE	20.000	P	Pass/Fail Grading
INTERDIS 103B	BRAIN AND BEHAVIOR	4.000	P	Pass/Fail Grading
INTERDIS 105B	PRACTICE YEAR 1	1.500	P	Pass/Fail Grading

2015 Fall Term

Course	Description	Earned	Grade	Grading Basis
INTERDIS 204C	CLINICAL SKILLS COURSE	4.000	P	Pass/Fail Grading
INTERDIS 205C	PRACTICE YEAR 2	0.000	Z	Pass/Fail Grading
INTERSES 204C	HEALTH POLICY/GLOBAL HEALTH	1.000	P	Pass/Fail Grading
OBGYN 205C	OBSTETRICS AND GYNECOLOGY	6.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail
ORTHO 222C	ORTHO SURGERY EXPERIENCE	2.000	P	Pass/Fail Grading
SURGERY 205C	SURGERY	8.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail

2016 Spring Term

Course	Description	Earned	Grade	Grading Basis
INTERDIS 204C	CLINICAL SKILLS COURSE	1.000	P	Pass/Fail Grading
INTERDIS 205C	PRACTICE YEAR 2	2.000	P	Pass/Fail Grading
MEDICINE 205C	MEDICINE	8.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail
NEURO 205C	NEUROLOGY	4.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail
PSYCHTRY 205C	PSYCHIATRY	4.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail

2016 Summer Term 1

Course	Description	Earned	Grade	Grading Basis
ANESTH 221C	PAIN MANAGEMENT	2.000	P	Pass/Fail Grading
COMMFAM 205C	FAMILY MEDICINE	4.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail
INTERDIS 203C	CLINICAL SKILLS ASSESSMENT	1.000	P	Pass/Fail Grading
Transcript Note:	Changed from an I grade			
PEDS 205C	PEDIATRICS	6.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail
RADIOL 205C	RADIOLOGY	4.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail

2016 Fall Term

Course	Description	Earned	Grade	Grading Basis
EPH 301B	RESEARCH IN EPI & PUBLIC HEALT	16.000	P	Pass/Fail Grading
INTERDIS 312B	RESEARCH ETHICS	0.500	P	Pass/Fail Grading

2017 Spring Term

Course	Description	Earned	Grade	Grading Basis
EPH 301B	RESEARCH IN EPI & PUBLIC HEALT	16.500	P	Pass/Fail Grading

2017 Summer Term 1

Course	Description	Earned	Grade	Grading Basis
THESIS 301B	THESIS	3.000	H	

Federation of State Medical Boards

Lori Crooks
 Registrar

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Duke University School of Medicine

School of Medicine Transcript

Name: Christopher Dodard Calixte
 Student ID: 2225321
 Print Date: 02/08/2024

2017 Fall Term

Course	Description	Earned	Grade	Grading Basis
CRS 301B	CONTINUATION OF RESEARCH STUDY	0.000		

2018 Spring Term

Course	Description	Earned	Grade	Grading Basis
CRS 301B	CONTINUATION OF RESEARCH STUDY	0.000		

2018 Summer Term 1

Course	Description	Earned	Grade	Grading Basis
ANESTH 446C	ACUTE & CHRONIC PAIN MNGMT	4.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail
MEDICINE 401C	INT MD SUBINTERN (DUKE-VA)	5.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail
PATHOL 423C	AUTOPSY PATHOL	4.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail

2018 Fall Term

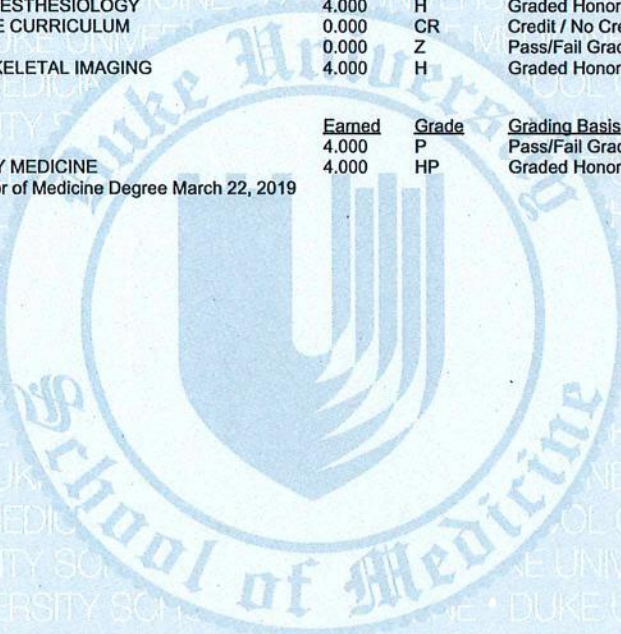
Course	Description	Earned	Grade	Grading Basis
ANESTH 440C	CLINICAL ANESTHESIOLOGY	4.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail
INTERDIS 401C	ACUTE CARE CURRICULUM	0.000	CR	Credit / No Credit
INTERDIS 450C	CAPSTONE	0.000	Z	Pass/Fail Grading
RADIOL 437C	MUSCULOSKELETAL IMAGING	4.000	H	Graded Honors, High Pass, Pass, Low Pass, Fail

2019 Spring Term

Course	Description	Earned	Grade	Grading Basis
INTERDIS 450C	CAPSTONE	4.000	P	Pass/Fail Grading
SURGERY 412C	EMERGENCY MEDICINE	4.000	HP	Graded Honors, High Pass, Pass, Low Pass, Fail

Completed Requirements for the Doctor of Medicine Degree March 22, 2019

End of School of Medicine Transcript



Federation of State Medical Boards

Lori Crooks
 Lori Crooks
 Registrar

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THE NAME OF THE UNIVERSITY APPEARS IN WHITE ACROSS THE FACE OF THIS 8 1/2 X 11 DOCUMENT

DOCUMENT GUIDE PRINTED ON BACK A BLACK & WHITE DOCUMENT IS NOT OFFICIAL



Duke University School of Medicine

School of Medicine Transcript

Name: Christopher Dodard Calixte
 Student ID: 2225321
 Print Date: 02/08/2024

Degrees Awarded

Degree: Master of Health Sciences in Clinical Research
 Confer Date: 05/13/2018
 Plan: Clinical Research Program

Academic Program

Program: Clinical Research Program Status: Completed Program
 Plan: Clinical Research Program
 Subplan: Clinical Research Training Program Option

Beginning of Allied Health Graduate Program Record

2016 Fall Term

Course	Description	Earned	Grade	Grading Basis
CRP 241	INTRO STATISTICAL METHODS	4.000	P	Pass/Fail Grading
CRP 242	PRIN OF CLINICAL RESEARCH	4.000	P	Pass/Fail Grading

2017 Spring Term

Course	Description	Earned	Grade	Grading Basis
CRP 245	STATISTICAL ANALYSIS	4.000	P	Pass/Fail Grading
CRP 253	RESEARCH ETHICS AND CONDUCT	2.000	P	Pass/Fail Grading
CRP 254	RESEARCH MANAGEMENT	2.000	P	Pass/Fail Grading

2017 Fall Term

Course	Description	Earned	Grade	Grading Basis
CRP 259	DECISION SCIENCES IN CLIN RES	2.000	P	Pass/Fail Grading
CRP 263	LONGITUDINAL DATA ANALYSIS	2.000	P	Pass/Fail Grading
CRP 270	RESEARCH	12.000	P	Pass/Fail Grading

2018 Spring Term

Course	Description	Earned	Grade	Grading Basis
CRP 249	HEALTH SERVICES RESEARCH	2.000	P	Pass/Fail Grading
CRP 262	SYSTEMATIC REVIEW/ANALYSIS	2.000	P	Pass/Fail Grading

End of School of Medicine Transcript

Federation of State Medical Boards

Lori Crooks
 Lori Crooks
 Registrar

This officially sealed and signed transcript is printed on blue SCRIP-SAFE® security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required.

DUKE UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF THE REGISTRAR
DURHAM, NORTH CAROLINA 27710
(919) 684-2304

KEY TO TRANSCRIPT - ALLIED HEALTH/GRADUATE PROFESSIONS**Symbols**

AUD Audited course
CR Credit transferred from another institution
I Incomplete
N No grade reported at this time
P Pass in Pass/Fail course
/T Interinstitutional course taken at UNC-CH, ECU, WFU
U Fail in Pass/Fail course
W Withdrew from course, no standing record
WF Withdrew failing
WP Withdrew passing
X Absent from final exam
Z Year long course for which grade given at end of next semester

BACHELOR OF HEALTH SCIENCE

LENGTH OF PROGRAMS: Medical Technology (1973-82), 18 consecutive months; Nurse Anesthesiology (1979-83), 24 consecutive months; Pathologists' Assistant (1973-83), 18 consecutive months; Physician Associate/Assistant (1972-91), 23 consecutive months.

UNIT OF CREDIT: Credit is listed in semester hours prior to 1969. A semester hour represents one lecture or recitation period of fifty minutes a week or two to four clock hours of laboratory a week for a semester of fifteen or sixteen weeks. Beginning September 1969, academic credit is expressed in terms of semester courses satisfactorily completed rather than semester hours and quality point ratios. One course unit is equivalent to four semester hours.

COURSE NUMBERING SYSTEM: All courses are considered to be at the upper level.

MASTER IN BIostatISTICS (effective fall 2011): Grading System: Fall 2012, H = Honors; Effective Fall 2014, A-F Scale or P/F

GRADING SYSTEM:

A+	4.0	B+	3.3	C+	2.3	D+	1.3	F	0.0
A	4.0	B	3.0	C	2.0	D	1.0		
A-	3.7	B-	2.7	C-	1.7	D-	1.0		

MASTER OF HEALTH SCIENCES (Pathologists' Assistant, Physician Assistant) - 24 months each

MASTER OF HEALTH SCIENCES IN CLINICAL RESEARCH -

Grading System: September 1990 - December 2008 H = High Pass

MASTER OF HEALTH SCIENCES IN CLINICAL LEADERSHIP - 24 months

MASTER OF MANAGEMENT IN CLINICAL INFORMATICS - 12 months

MASTER OF BIOMEDICAL SCIENCES - 10 months

LENGTH OF PROGRAMS:

Academic year consists of a 16 week fall term and a spring and a summer term of 12 weeks each. Length of program as noted above. Transfusion Medicine Program (1992-1997), 24 consecutive months,

UNIT OF CREDIT: Credit is listed in semester units. A unit represents one lecture or recitation period of fifty minutes a week or two to four clock hours of laboratory a week for a semester of twelve to sixteen weeks.

GRADING SYSTEM:

H	Honors	L	Low Pass	HP	High Pass
P	Pass	F	Failure		

KEY TO TRANSCRIPT - MEDICAL SCHOOL DIVISION**DOCTOR OF MEDICINE**

LENGTH OF TERMS: The academic year consists of two sixteen week semesters and one summer term of sixteen weeks.

UNIT OF CREDIT: A credit unit represents one lecture/conference of 60 minutes a week or 2 clock hours of laboratory or ward work for a semester of 16 weeks. Courses 4 or 8 weeks in length earn credit at a rate that is proportional to this scale.

COURSE NUMBERING SYSTEM: First year courses 200-204; second year courses 205-207; third and fourth year courses 208 and above. Summer 2004 to Present: first year courses, 100-199; second year courses, 200-299; third year courses, 300-399; fourth year courses 400-499.

GRADING SYSTEM:

JULY 1963 TO AUGUST 31, 1969

E	Excellent
G	Good
S	Satisfactory
F	Failure
CR	Course taken at institution other than Duke
**	Plus (+) and minus (-) only assigned to grade of "G"

SEPTEMBER 1, 1969 TO SEPTEMBER 1, 1978

PH	Pass Honors
P	Pass
F	Fail
AD	Audited
CR	Course taken at institution other than Duke
I	Incomplete
K	Conditional grade

SEPTEMBER 2, 1978 TO PRESENT

H	Honors-superior accomplishment, merit, and dedication in significant portion of course
P	Pass-satisfactory completion of all requirements of course
F	Fail-unsatisfactory performance; student may not receive credit unless the course is repeated satisfactorily
AD	Audit-no work submitted or examinations taken by student; no credit awarded
TR	Credit-advanced placement or transfer credit from another institution
I	Incomplete-course work not completed because of illness, emergency, or because student unable to attain sufficient level of proficiency without additional study
N	No Grade-grade not reported at present time by instructor
W	Withdraw-student withdrew from course because of leave of absence or withdrawal from the Medical School
Z	Continuing Course-year long course for which a grade is awarded at the end of the next semester
**	Beginning August 1990 the following grades were also used.
S	Satisfactory-successful completion of all requirements in a course that is offered on a Satisfactory/Unsatisfactory basis only
U	Unsatisfactory-failing grade awarded in course that is offered on a Satisfactory/Unsatisfactory basis only
HP	High Pass (effective Summer 2004 to present)
CR	Receive grade of credit for course
NC	Credit grade is not awarded for course

KEY TO DOCTOR OF PHYSICAL THERAPY PROGRAM AND DOCTOR OF OCCUPATIONAL THERAPY PROGRAM

LENGTH OF TERM: The Physical Therapy Doctorate and Doctor of Occupational Therapy program consists of a 33 consecutive month program.

UNIT OF CREDIT: Credit is listed in semester units. A unit represents one lecture of recitation period of fifty minutes a week or two to four clock hours of laboratory a week for a semester of twelve to sixteen weeks.

GRADING SYSTEM: effective 1999-2009

A	Excellent	I	Incomplete
B	Superior	X	Absent Final Exam
C	Satisfactory	Z	Continuing course
F	Failure	P	Pass

Effective fall 2010, the grading basis for the Doctor of Physical Therapy program changed to Pass/Low Pass (applicable courses only)/Fail.

In accordance with the Family Educational Rights and Privacy Act of 1974, transcripts may not be released to a third party without the written consent of the student.

Duke University

The Faculty and Trustees in recognition of
the successful completion of the course of study
required by the

Printed from a Certified Digital Diploma
School of Medicine
have conferred on
Christopher A. Calixte
the degree of
Doctor of Medicine

This is a true and
accurate COPY of the
diploma for
Christopher Calixte
Chris Calixte

Given at Durham in the State of North Carolina this twelfth day
of May, two thousand nineteen.

Jack O. Bourdier, Jr
Chair of the Board of Trustees

Mary E. Klotman MD
Dean



Justin
President of the University

Richard Biddle
Secretary of the University

**ELECTRONIC
SEAL
VERIFIED**



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Postgraduate Training



Postgraduate Training

Accreditation ID: 9994500253

Institution: HCA Healthcare/Mercer University School of Medicine Program

Location: Myrtle Beach, SC
UNITED STATES

Accreditation ID: 4204111174

Institution: Sidney Kimmel Medical College at Thomas Jefferson University/TJUH Program

Location: Philadelphia, PA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.



FEDERATION CREDENTIALS
VERIFICATION SERVICE



Verification of Postgraduate Medical Education

Accreditation Code: 9994500253

Institution Name: HCA Healthcare/Mercer University school of Medicine Program

Affiliated University: HCA Healthcare/Mercer University school of Medicine

City: Myrtle Beach

State: South Carolina

Country: United States

Verification For: Christopher D Calixte

Date of Birth: [REDACTED]

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Transitional Year		
From: 07/01/2019	To: 06/30/2020	Program Type: Internship

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID: 301909495

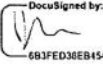
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- | | | | | |
|---|-----|----|-------------------------------------|---------------|
| 1. Did this individual ever take a leave of absence from his/her training? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No | <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Jilian Sansbury, MD	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 3/14/2024	

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes No

If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Calixte, Christopher D

Accreditation ID: 9994500253

Institution: HCA Healthcare/Mercer University School of Medicine
Program

Specialty: Transitional Year

Unusual Circumstances

Training Period: 7/1/2019 - 6/30/2020 **Transitional**

Did you have any interruption(s) or extension(s) in your medical education? **No**

Were you ever placed on probation? **No**

Were you ever disciplined or placed under investigation? **No**

Were any negative reports for behavioral reasons ever filed by instructors? **No**

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? **No**

End of Applicant Reported Unusual Circumstances report for: Calixte, Christopher D

Grand Strand Medical Center

in association with

HCA Healthcare

certifies that

Christopher D. Calixte, MD, MHS

*is hereby awarded this certificate as evidence of faithfully and successfully completing
a period of graduate medical education training in*

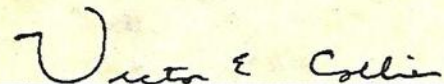
Transitional Year

July 1, 2019 through June 30, 2020

in witness whereof, the undersigned have affixed their signatures


Andrew P. Nautgand, DO, F.16B
Program Director




Victor E. Collier, MD, F.16B
Designated Institutional Official





FEDERATION CREDENTIALS
VERIFICATION SERVICE



Verification of Postgraduate Medical Education

Accreditation Code: 4204111174

Institution Name: Sidney Kimmel Medical College at Thomas Jefferson University/TJUH Program

Affiliated University: Sidney Kimmel Medical College at Thomas Jefferson University

City: Philadelphia

State: Pennsylvania

Country: United States

Verification For: Christopher D Calixte

Date of Birth: [REDACTED]

Program Participation:

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 07/01/2020	To: 06/30/2021	Program Type: Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 07/01/2021	To: 06/30/2022	Program Type: Residency

PGY: 4	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 07/01/2022	To: 06/30/2023	Program Type: Residency

PGY: 5	Accredited By: ACGME	Status: In Progress
Specialty: Radiology-Diagnostic		
From: 07/01/2023	To: 06/30/2024	Program Type: Residency

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

1. Did this individual ever take a leave of absence from his/her training?
Dr. Calixte was placed on leave by HR from 9/15/2022-10/31/2022 while an investigation was performed by HR regarding reports of unprofessional conduct. Yes No Not Available
2. Was this individual ever placed on probation?
Dr. Calixte successfully completed probation from 11/1/2022-10/31/2023. Yes No Not Available
3. Was this individual ever disciplined or placed under investigation?
as above Yes No Not Available
4. Were any negative reports for behavioral reasons ever filed by instructors? ~~Yes~~ *error* No Not Available
5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? Yes No Not Available

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Suzanne Long	Degree: MD
	Title: Program Director	
	Signature: 	
	Date of Signature: 3/20/2024	

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes No
If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Calixte, Christopher D

Accreditation ID: 4204111174

Institution: Sidney Kimmel Medical College at Thomas Jefferson University/TJUJH Program

Specialty: Radiology-Diagnostic

Unusual Circumstances

Training Period: 7/1/2020 - 6/30/2024 Residency

Did you have any interruption(s) or extension(s) in your medical education? **Yes**

Dates: 09/2022 to 10/2022

HR investigation of complaint made by colleague

Were you ever placed on probation? **Yes**

From HR investigation from 11/1/2022-10/31/2023. Met all requirements.

Were you ever disciplined or placed under investigation? **Yes**

Complaint made to the PA State Board of Medicine by a colleague

Were any negative reports for behavioral reasons ever filed by instructors? **No**

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? **No**

End of Applicant Reported Unusual Circumstances report for: Calixte, Christopher D

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

Date: 03/21/2024

Federation Credentials Verification Service
ATTN: FCVS

FCV SID: 851658

Examinee: Calixte, Christopher Dodard
Alt Name(s):

Examinee ID: 5-360-699-2
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/27/2017	Pass	232	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/18/2018	Pass	210	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/05/2017	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/18/2019	Pass	220	(196)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Calixte, Christopher Dodard

Examinee ID: 5-360-699-2

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

CHRISTOPHER DODARD CALIXTE



Primary Office Address

809 82ND PKWY
MYRTLE BEACH, SC 29572-4607

Phone (631) 805-1325

Birth date



PRIMARY SOURCE

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty

DIAGNOSTIC RADIOLOGY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1003376708	03/20/2019	NOT RPTD	NOT RPTD	NOT RPTD	03/15/2024

Current and/or historical medical school

43186
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US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: DUKE UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	08/2014	Degree Date:	05/2018

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY
Sponsoring State:	PENNSYLVANIA
Program name:	SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY/TJUH PROGRAM
Specialty:	DIAGNOSTIC RADIOLOGY
Training Type:	SPECIALTY
Dates:	07/01/2020 - 06/30/2024
Status:	TRAINING IN PROGRESS

Sponsoring Institution:	GRAND STRAND REGIONAL MEDICAL CENTER
Sponsoring State:	SOUTH CAROLINA



Program name: HCA HEALTHCARE/MERCER UNIVERSITY SCHOOL OF MEDICINE PROGRAM
Specialty: TRANSITIONAL YEAR
Training Type: SPECIALTY
Dates: 07/01/2019 - 06/30/2020
Status: COMPLETED

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
MT221956	MD	PA	06/30/2020	06/30/2024		ACT	RES	01/09/2024	CHRISTOPHER D. CALIXTE
MD475112	MD	PA	07/28/2021	12/31/2022		INA	UNL	02/02/2023	CHRISTOPHER D. CALIXTE
LL82290	MD	SC	07/01/2019	06/30/2020	07/01/2019	INA	RES	08/06/2020	CALIXTE CHRISTOPHER

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification



NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/18/2024

License Information

CHRISTOPHER D. CALIXTE

PHILADELPHIA, Pennsylvania 19102

Board/Commission: State Board of Medicine

Status Effective Date: 01/08/2023

LicenseType: Medical Physician and Surgeon

Issue Date: 07/28/2021

Specialty Type:

Expiration Date: 12/31/2022

License Number: MD475112

Last Renewal:

Status: Expired

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

PRIMARY SOURCE

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BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649
 Harrisburg, PA 17105-2649
 03/18/2024

License Information

CHRISTOPHER D. CALIXTE

PHILADELPHIA, Pennsylvania 19102

Board/Commission:	State Board of Medicine	Status Effective Date:	06/30/2020
License Type:	Graduate Medical Trainee	Issue Date:	06/30/2020
Specialty Type:	Radiology	Expiration Date:	06/30/2024
License Number:	MT221956	Last Renewal:	05/09/2023
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
THOMAS JEFFERSON UNIVERSITY	Business Relationship	Training Institution		Active	07/01/2023	

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

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MAR 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY OK 73105
EVIDENCE OF STATUS - PART A

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Full Legal Name: Christopher Dodard Calixte
First Middle Last Maiden (if applicable)

Mailing Address: [Redacted]
Street Address or Post Office Box
[Redacted] City State Zip Code Telephone Number Social Security #: [Redacted]

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
United States passport (except limited passports, which are issued for periods of less than five years)
Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Handwritten Signature] Date 3/8/2024

Subscribed and sworn before me this 8 day of March, 2024.

Notary Public [Handwritten Signature]

Commission Number 1418152

My commission expires 6/24/2026

Commonwealth Of Pennsylvania - Notary Seal
Latasha S Rogers, Notary Public
Philadelphia County
My Commission Expires June 24, 2026
Commission Number 1418152

State of Pennsylvania
County of Philadelphia
NOTARY SEAL
I certify this to be a complete, exact and true copy of the original document. Certified this 8 day of March, 2024
[Handwritten Signature]

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
 101 NE 51ST STREET
 OKLAHOMA CITY OK 73105
 Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wisser Road Euleess, TX 76039-3855 (817) 868-4000 www.FSMB.org

6. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.
 7. **Evidence of Status Form** - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
 8. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
 9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
 10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. **Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Christopher Dodard Calixte _____ 3/8/2024
 Name of Applicant (type or print) Signature of Applicant Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

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Seema Jayachand

From: Anne Thomas <Anne.Thomas@vrad.com>
Sent: Monday, March 18, 2024 1:20 PM
To: Seema Jayachand
Subject: [EXTERNAL] RE: ADDRESS ON BACKGROUND CHECK

Dr. Calixte prefers that his business address is his mailing address:
11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344

The other address is personal and should not be published.

Thanks!



Anne Thomas
Licensing Specialist | vRad
952.595.1343 | anne.thomas@vrad.com



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AND SUPERVISION

From: Seema Jayachand <sjayachand@okmedicalboard.org>
Sent: Monday, March 18, 2024 12:15 PM
To: Online Rad Apps Remote 3 <christopher.calixte.rad@vrad.com>
Subject: ADDRESS ON BACKGROUND CHECK

Caution: Message originates outside of our organization.

Hi,

The address on your application and the one in your background check does not match. Please let us know which address needs to be there on the database. This is important as we send out your Wall certificate and other notifications to this address.

Seema Jayachand
Licensing Department
Oklahoma State Board of Medical Licensure and Supervision

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TIME DEFICIENCY

Name: Christopher D. Calixte	Application #
-------------------------------------	----------------------

We have to account for any/all time from age 18 to present. Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
08	2010	08	2014	Florida State University	Tallahassee	FL	BS
08	2014	05	2019	Duke University School of Medicine	Durham	NC	MD
08	2016	05	2018	Duke University	Durham	NC	MHS
07	2019	06	2020	Grand Strand Medical Center	Myrtle Beach	SC	certificate
07	2020	06	2024	Thomas Jefferson University Hospital	Philadelphia	PA	
EMPLOYMENT							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
01	2024	01	2026	Virtual Radiologic Services, LLC	Eden Prairie	MN	Radiologist
OTHER							
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.)	City	State	
05	2019	06	2019	waiting for internship to start	Durham	NC	
06	2010	08	2010	Summer break before college	Palm Bay	FL	

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 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

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 SJ

03/18/2024

CHRISTOPHER DODARD CALIXTE
11995 SINGLETREE LANE
SUITE 500
EDEN PRAIRIE, MN 55344

**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP85791630
Password:Last 4 SSN

RE: MD Application #43186

Dear CHRISTOPHER CALIXTE,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Evidence of Status
Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE:YES ANSWER
Application Instructions
OATH
Time Deficiency Form for: 4/2010-8/2010 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
OTHER DEFICIENCIES: FCVS/ ARE YOU CURRENTLY WORKING FOR VIRTUAL RADIOLOGIC SERVICES?
Exam verification date
Telemedicine form
MedSchool-Transcript Duke Univ Sch Of Med, Durham Nc 27710
MedSchool-Form 1 Duke Univ Sch Of Med, Durham Nc 27710
PostGrad - Form 2 GRAND STRAND MEDICAL CENTER
PostGrad - Form 2 THOMAS JEFFERSON UNIVERSITY HOSPITAL
USMLE Exams Incomplete

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP85791630 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

March 5, 2024

9489 0090 0027 6330 2023 94

Jaime Schwartz, MD Applicant 41574
[REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for a **full medical license** to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73104 or virtually via Zoom.** The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(I): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Please confirm your attendance at this meeting either in person or electronically via Zoom. As this is a formal proceeding, proper attire is requested.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

[FAQs >](#)

Tracking Number:

[Remove X](#)

9489009000276330202394

[Copy](#)

[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item was delivered to an individual at the address at 9:57 am on March 9, 2024 in BEVERLY HILLS, CA 90211.

Get More Out of USPS Tracking:

[USPS Tracking Plus®](#)

Feedback

Delivered

Delivered, Left with Individual

BEVERLY HILLS, CA 90211
March 9, 2024, 9:57 am

[See All Tracking History](#)

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

[Text & Email Updates](#)



[Return Receipt Electronic](#)



[USPS Tracking Plus®](#)



[Product Information](#)



[See Less ^](#)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	41574	JAIME SCOTT SCHWARTZ
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:
010-02 Georgetown Univ Sch Of Med, Washington DC 20007

Number of Licenses Previously Granted to Graduates of this Medical School:140

Application for: Resident _____ **Full License** Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS**

MH 2-29-24

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___/___/___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

5) REQUESTS SPECIFIC CONSIDERATION OF:

- GEORGETOWN U. RESIDENCY INVESTIGATION 2008-2009

(SEE APPLICANT LETTER)

- CALIFORNIA MED BOARD 2-13-23: SEE CALIF. ORDER

PUBLIC REPRIMAND

FINE \$221,000

*FOR ABETTING UNLICENSED PRACTICE OF MEDICINE
MULTIPLE MED SPA LOCATIONS*

- OKLAHOMA PRACTICE PLANS: TELEMEDICINE / HIPAA

BW



Oklahoma State Board of Medical Licensure and Supervision
Telemedicine Questionnaire

In what manner will you be communicating with your Oklahoma patients?

JS
(initial) I will be communicating with patients following the telemedicine guidelines as set forth by the state of Oklahoma.

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma.

Per the Oklahoma Telemedicine Rule §435:10-17-13

JS
(initial) There are provisions for appropriate follow up care equivalent to that available to face-to-face patients. The information available to me for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

Describe the manner in which you intend to practice medicine across state lines.

JS
(initial) I will be located in the state of california consulting Oklahoma patients.

JS
(initial) The physician-patient relationship will be established by adhering to a number of steps, again in accordance with the state of Oklahoma telemedicine requirements.

JS
(initial) Patient information will be collected in a HIPAA-compliant manner from the patient including demographic and medical background prior to and during the consultation.

JS
(initial) Patient data will be reviewed by me to verify the patient's eligibility to be treated in a remote environment, based on best practice literature and other inputs.

JS
(initial) I will only provide treatment to the patient if applicable in accordance with standard of care.

JS
(initial) I will create a record of the encounter.

JS
(initial) Patient follow-up will also be completed to assess for medical resolution/complication and a follow-up consult will be completed if necessary and/or advice to follow-up with an in-person physician in Oklahoma.

JS
(initial) I will only be involved in diagnostic areas that are suitable for the practice of medicine in a remote setting and will adhere to all telemedicine regulations per the state of Oklahoma.

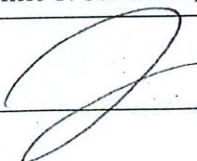
Oklahoma Telemedicine Act

Oklahoma Telemedicine Rules

By initialing above, I attest that I have read and understood the Oklahoma Telemedicine Laws and Rules and I will adhere to and follow the laws, rules, and protocols as listed above.

Printed Name: Jaime S. Schwartz, MD

Date: 07/28/23

Signature: 

RECEIVED 12/27/2023
MD41574
SJ

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 41574 JAIME SCOTT SCHWARTZ
 MEDICAL DOCTOR

Practice Address:

April 20, 2023
 JAIME S. SCHWARTZ, MD, FACS
 240 S. LA CIENEGA BOULEVARD #200

BEVERLY HILLS, CA 90211
 NOT OKLAHOMA

Status:

Res: MD

Received: 04/20/2023

Entered: 04/20/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 02/08/2024

AMA Rec: 02/08/2024

Board Action:

License #: 41574

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	3/4/03	2/13/23	1
Test 2:	USMLE 1	PASS	6/20/01	2/13/23	1
Test 3:	USMLE 3	PASS	7/12/04	2/13/23	1
Note: <i>PASS</i> means higher than 75					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: GEORGETOWN UNIVERSITY

City: WASHINGTON

State: DC Country: UNITED STATES

Degree: MS - BIOPHYSICS AND
PHYSIOLOGY

From: 9/1997 To: 6/1999 Verified:

School Name: TULANE UNIVERSITY

City: NEW ORLEANS

State: LA Country: UNITED STATES

Degree: BS - CELLULAR AND MOLECULAR
BIOLOGY

From: 9/1993 To: 6/1997 Verified:

School Name: PAUL SCHRIEBER HGH SCHOOL

City: PORT WASHINGTON

State: NY Country: UNITED STATES

Degree: DIPLOMA

From: 8/1991 To: 6/1993 Verified:

MEDICAL SCHOOL EDUCATION

Name: Georgetown Univ Sch Of Med, Washington DC 20007

Foreign Name:

City: Washington

State/Country: United States of America

Degree: MD

From: 7 / 1999 To: 5 / 2003 Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 41574 JAIME SCOTT SCHWARTZ
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: CLEVELAND CLINIC FOUNDATION PROGRAM		Specialty: PLASTIC SURGERY	
Res. Fellowship: Fellowship			
City: CLEVELAND		State: OH	Country: UNITED STATES OF AM
Verified: 02/13/2023	From: 7 / 2009	To: 6 / 2010	
ACGME Ver'd:			
Comments: NON-ACGME			
Facility: GEORGETOWN UNIVERSITY-HOWARD UNIVERSITY		Specialty: PLASTIC SURGERY	
Res. Fellowship: Residency			
City: WASHINGTON		State: DC	Country: UNITED STATES OF AM
Verified: 02/13/2023	From: 7 / 2008	To: 6 / 2009	
ACGME Ver'd: 02/13/2023			
Comments: INVESTIGATION AND REMEDIED (VB)			
Facility: GEORGETOWN UNIVERSITY-HOWARD UNIVERSITY		Specialty: PLASTIC SURGERY	
Res. Fellowship: Residency			
City: WASHINGTON		State: DC	Country: UNITED STATES OF AM
Verified: 02/13/2023	From: 6 / 2004	To: 6 / 2008	
ACGME Ver'd: 02/13/2023			
Comments:			
Facility: GEORGETOWN UNIVERSITY-HOWARD UNIVERSITY		Specialty: PLASTIC SURGERY	
Res. Fellowship: Internship			
City: WASHINGTON		State: DC	Country: UNITED STATES OF AM
Verified: 02/13/2023	From: 6 / 2003	To: 6 / 2004	
ACGME Ver'd: 02/13/2023			
Comments:			

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
MD	41574	JAIME SCOTT SCHWARTZ

MEDICAL DOCTOR

DEFICIENCIES

To Whom it May Concern:

In February 2023, I received notice that the Medical Board of California had filed an Accusation against me alleging a violation of corporate practice of medicine in the relationship between a professional medical corporation that I previously owned and a Management Services Organization that operated numerous aesthetic practices under the brand name "Orange Twist." The organizational relationship was, in fact, structured in strict compliance with corporate practice of medicine laws and in a manner consistent with all such relationships by knowledgeable attorneys, and I have been advised by my attorneys that the Accusation is utterly without merit. In addition, the Accusation was filed in an untimely manner. As a consequence, my attorneys have filed an action to dismiss the Accusation, which we expect to be heard in the coming months. Accordingly, I request that no action be taken based on this matter.


Jaime Scott Schwartz, MD



Date 3/20/2023

7/17/2023



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

PRIMARY
SOURCE

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

March 1, 2023

Oklahoma Board of Medical Licensure &
Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

RECEIVED

MAR 01 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

To Whom It May Concern:

This is to certify that as of March 1, 2023, the records of the Medical Board of California (Board) indicate the following information:

Physician:	JAIME SCOTT SCHWARTZ
License Number:	A105035
Issued Date:	July 30, 2008
Exam Type:	A Written Examination
Expiration Date:	January 31, 2024
License Status:	Current
Board Discipline and/or	
Administrative Action:	Yes

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor
Chief of Licensing

41574
MB

41574
PLS17
MB



LICENSING DETAILS FOR: A 105035

NAME: SCHWARTZ, JAMIE SCOTT

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: LICENSE RENEWED & CURRENT

SECONDARY STATUS: ACCUSATION FILED

SCHOOL NAME: GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 2003

ADDRESS OF RECORD

240 S LA CIENEGA BLVD STE 200
BEVERLY HILLS CA 90211-3340
LOS ANGELES COUNTY

[MAP](#)

PUBLIC RECORD ACTIONS

ADMINISTRATIVE DISCIPLINARY ACTIONS (1)

DISCLAIMER: The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

- **CASE NUMBER:** 8002021081344
- **DESCRIPTION:** ACCUSATION FILED. THE PHYSICIAN HAS NOT HAD A HEARING OR BEEN FOUND GUILTY OF ANY CHARGES.
- **EFFECTIVE DATE:** FEBRUARY 13, 2023



CASE NUMBER – 80020211081344

DESCRIPTION – ACCUSATION FILED, THE PHYSICIAN HAS NOT HAD A HEARING OR BEEN FOUND GUILTY OF ANY CHARGES

EFFECTIVE DATE – February 13, 2023

MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: A 105035

NAME: SCHWARTZ, JAIME SCOTT
LICENSE TYPE: PHYSICIAN AND SURGEON A
PRIMARY STATUS: LICENSE RENEWED & CURRENT
SECONDARY STATUS: DECISION PENDING EFFECTIVE DATE
SCHOOL NAME: GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE
GRADUATION YEAR: 2003
ADDRESS OF RECORD
240 S LA CIENEGA BLVD STE 200
BEVERLY HILLS CA 90211-3340
LOS ANGELES COUNTY

ISSUANCE DATE

JULY 30, 2008

EXPIRATION DATE

JANUARY 31, 2026

CURRENT DATE / TIME

FEBRUARY 8, 2024
12:51:5 PM

PRIMARY SOURCE

PUBLIC RECORD ACTIONS

ADMINISTRATIVE DISCIPLINARY ACTIONS (1)

DISCLAIMER: The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

CASE NUMBER: 8002021081344

DESCRIPTION: PUBLIC REPRIMAND.

EFFECTIVE DATE: FEBRUARY 16, 2024

- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

RECEIVED

FEB 08 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PUBLIC DOCUMENTS

DECISION (1)

DOCUMENT: DECISION **DATE:** FEBRUARY 16, 2024 **PAGES:** 40

41574
MA

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

CURRENT TRAINING STATUS	NOT IN TRAINING
POSTGRADUATE TRAINING YEARS	7
PRIMARY AREA OF PRACTICE	PLASTIC SURGERY
SECONDARY AREA OF PRACTICE	NOT APPLICABLE
ABMS CERTIFICATIONS	AMERICAN BOARD OF PLASTIC SURGERY - PLASTIC SURGERY
ARE YOU RETIRED?	NO
PRACTICE ACTIVITIES	DIRECT PATIENT CARE (INCLUDING TELEHEALTH) - 40+ HOURS PERCENTAGE (%) OF PATIENT CARE HOURS SPENT ON TELEHEALTH - 10 TRAINING - 1-9 HOURS RESEARCH - 10-19 HOURS ADMINISTRATION - 1-9 HOURS OTHER - NONE
PRIMARY PRACTICE LOCATION	ZIP - 90211-3340 UNITED STATES PRIMARY PRACTICE LOCATION
SECONDARY PRACTICE LOCATION	NOT APPLICABLE
ARE YOU HISPANIC, LATINO/A, OR OF SPANISH ORIGIN?	DECLINE TO STATE
RACE	DECLINE TO STATE
LANGUAGE FLUENCY	DECLINE TO STATE
GENDER IDENTITY	DECLINE TO STATE

PRIMARY SOURCE

RECEIVED

FEB 08 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

41574
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

PRIMARY
SOURCE

RECEIVED

FEB 08 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

In the Matter of the Accusation
Against:

Jaime Scott Schwartz , M.D.

Case No. 800-2021-081344

Physician's & Surgeon's
Certificate No. A 105035

Respondent.

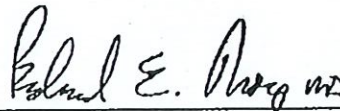
DECISION

The attached Stipulated Settlement and Disclipinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 16, 2024.

IT IS SO ORDERED: January 18, 2024.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp , Chair
Panel B

41574
MMA

1 ROB BONTA
 Attorney General of California
 2 MATTHEW M. DAVIS
 Supervising Deputy Attorney General
 3 JASON J. AHN
 Deputy Attorney General
 4 State Bar No. 253172
 KAROLYN M. WESTFALL
 5 Deputy Attorney General
 State Bar No. 234540
 6 600 West Broadway, Suite 1800
 San Diego, CA 92101
 7 P.O. Box 85266
 San Diego, CA 92186-5266
 8 Telephone: (619) 738-9433
 Facsimile: (619) 645-2061

9 *Attorneys for Complainant*

10
 11 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
 12 **DEPARTMENT OF CONSUMER AFFAIRS**
 13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2021-081344

15 **JAIME SCOTT SCHWARTZ, M.D.**
 240 S. La Cienega Blvd., Suite 200
 16 Beverly Hills, CA 90211-3340

OAH No. 2023030987

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER**

17
 18 **Physician's and Surgeon's Certificate**
No. A 105035

19 Respondent.

20
 21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
 22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
 25 California (Board). He brought this action solely in his official capacity and is represented in this
 26 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn and Karolyn
 27 M. Westfall, Deputies Attorney General.

28 ///

ADDITIONAL PROVISIONS

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Jaime Scott Schwartz, M.D., holder of Physician's and Surgeon's Certificate No. A 105035, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegation as set forth in Accusation No. 800-2021-081344, is as follows:

From May 2020 through March 2021, you aided and abetted the unlicensed practice of medicine and violated the ban on the corporate practice of medicine by engaging in a contractual relationship with a lay corporation (Orange Twist, LLC) that directly or indirectly controlled your medical practice at multiple Orange Twist med spa clinic locations throughout California, as more fully described in Accusation No. 800-2021-081344.

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of

1 licensure. Following the completion of each course, the Board or its designee may administer an
2 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
3 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

4 2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
5 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
6 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
7 Respondent shall participate in and successfully complete that program. Respondent shall
8 provide any information and documents that the program may deem pertinent. Respondent shall
9 successfully complete the classroom component of the program not later than six (6) months after
10 Respondent's initial enrollment, and the longitudinal component of the program not later than the
11 time specified by the program, but no later than one (1) year after attending the classroom
12 component. The professionalism program shall be at Respondent's expense and shall be in
13 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

14 A professionalism program taken after the acts that gave rise to the charges in the
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
16 or its designee, be accepted towards the fulfillment of this condition if the program would have
17 been approved by the Board or its designee had the program been taken after the effective date of
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the program or not later
21 than 15 calendar days after the effective date of the Decision, whichever is later.

22 3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
23 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
24 \$221,924.75 (Two hundred twenty-one thousand nine hundred twenty-four dollars and seventy-
25 five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs
26 shall constitute unprofessional conduct and grounds for further disciplinary action.

27 Payment must be made in full within 30 calendar days of the effective date of the Order, or
28 by a payment plan approved by the Medical Board of California. Any and all requests for a

1 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
2 the payment plan shall constitute unprofessional conduct and grounds for further disciplinary
3 action.

4 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
5 to repay investigation and enforcement costs, including expert review costs.

6 4. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
7 a new license or certification, or petition for reinstatement of a license, by any other health care
8 licensing action agency in the State of California, all of the charges and allegations contained in
9 Accusation No. 800-2021-081344 shall be deemed to be true, correct, and admitted by
10 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
11 restrict license.

12 5. FAILURE TO COMPLY. Any failure by Respondent to comply with terms and
13 conditions of the Stipulated Settlement and Disciplinary Order set forth above shall constitute
14 unprofessional conduct and grounds for further disciplinary action.

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ACCEPTANCE

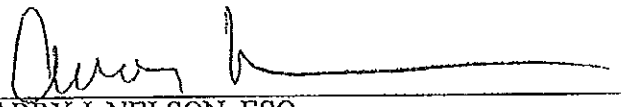
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Harry J. Nelson, Esq., and Aaron Lachant, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/30/2023
JAIME SCOTT SCHWARTZ, M.D.
Respondent

DocuSigned by:

7EB7123A050A4B9...

I have read and fully discussed with Respondent Jaime Scott Schwartz, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/30/23
HARRY J. NELSON, ESQ,
AARON LACHANT, ESQ.
Attorneys for Respondent



ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 11/30/23

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
KAROLYN M. WESTFALL
Deputies Attorney General
Attorneys for Complainant

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1 ROB BONTA
 Attorney General of California
 2 MATTHEW M. DAVIS
 Supervising Deputy Attorney General
 3 TESSA L. HEUNIS
 Deputy Attorney General
 4 State Bar No. 241559
 600 West Broadway, Suite 1800
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 738-9403
 7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9
 10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
 11 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2021-081344

14 **JAIME SCOTT SCHWARTZ, M.D.**
 240 S La Cienega Blvd Ste 200
 15 Beverly Hills, CA 90211-3340

ACCUSATION

16 Physician and Surgeon Certificate
 No. A 105035,

17 Respondent.

18
 19
 20 **PARTIES**

21 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
 22 the Deputy Executive Director of the Medical Board of California, Department of Consumer
 23 Affairs (Board).

24 2. On or about July 30, 2008, the Medical Board issued Physician and Surgeon
 25 Certificate No. A 105035 to Jaime Scott Schwartz, M.D. (Respondent). The Physician and
 26 Surgeon Certificate was in full force and effect at all times relevant to the charges brought herein
 27 and will expire on January 31, 2024, unless renewed.

28 ////

JURISDICTION

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3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

...

5. Section 2220 of the Code states, in pertinent part:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes ...

6. Section 2227 of the Code states, in pertinent part:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

////

1 (4) Be publicly reprimanded by the board. The public reprimand may include a
2 requirement that the licensee complete relevant educational courses approved by the
board.

3 (5) Have any other action taken in relation to discipline as part of an order of
4 probation, as the board or an administrative law judge may deem proper.

5 ...

6 **STATUTORY PROVISIONS**

7 7. Section 2234 of the Code, states:

8 The board shall take action against any licensee who is charged with
9 unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

10 (a) Violating or attempting to violate, directly or indirectly, assisting in or
11 abetting the violation of, or conspiring to violate any provision of this chapter.

12 ...

13 8. Section 2052 of the Code states:

14 (a) Notwithstanding Section 146, any person who practices or attempts to
15 practice, or who advertises or holds himself or herself out as practicing, any system or
16 mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates
17 for, or prescribes for any ailment, blemish, deformity, disease, disfigurement,
18 disorder, injury, or other physical or mental condition of any person, without having
at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in
this chapter [Chapter 5, the Medical Practice Act], or without being authorized to
perform the act pursuant to a certificate obtained in accordance with some other
provision of law, is guilty of a public offense ...

19 (b) Any person who conspires with or aids or abets another to commit any act
20 described in subdivision (a) is guilty of a public offense ...

21 (c) The remedy provided in this section shall not preclude any other remedy
provided by law.

22 9. Section 2264 of the Code states:

23 The employing, directly or indirectly, the aiding, or the abetting of any
24 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in
the practice of medicine or any other mode of treating the sick or afflicted which
25 requires a license to practice constitutes unprofessional conduct.

26 10. Section 2286 of the Code states:

27 It shall constitute unprofessional conduct for any licensee to violate, to attempt
28 to violate, directly or indirectly, to assist in or abet the violation of, or to conspire to
violate any provision or term of Article 18 (commencing with Section 2400), of the

1 Moscone-Knox Professional Corporation Act (Part 4 commencing with Section
2 13400) of Division 3 of Title 1 of the Corporations Code), or of any rules and
regulations duly adopted under those laws.

3 11. Section 2285 of the Code states, in pertinent part:

4 The use of any fictitious, false, or assumed name, or any name other than his or
5 her own by a licensee either alone, in conjunction with a partnership or group, or as
6 the name of a professional corporation, in any public communication, advertisement,
sign, or announcement of his or her practice without a fictitious-name permit obtained
pursuant to Section 2415 constitutes unprofessional conduct. ...

7 ...

8 12. Section 2051 of the Code states:

9 The physician's and surgeon's certificate authorizes the holder to use drugs or
10 devices in or upon human beings and to sever or penetrate the tissues of human
11 beings and to use any and all other methods in the treatment of diseases, injuries,
deformities, and other physical and mental conditions.

12 13. Section 2400 of the Code states, in pertinent part:

13 Corporations and other artificial legal entities shall have no professional rights,
14 privileges, or powers. ...

15 14. Section 2402 of the Code states, in pertinent part:

16 The provisions of Section 2400 do not apply to a medical ... corporation
17 practicing pursuant to the Moscone-Knox Professional Corporation Act (Part 4
18 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code)
and this article, when such corporation is in compliance with the requirements of
19 these statutes and all other statutes and regulations now or hereafter enacted or
adopted pertaining to such corporations and the conduct of their affairs.

20 15. Section 2406 of the Code states, in pertinent part:

21 A medical corporation ... is a corporation that is authorized to render
22 professional services, as defined in Section 13401 of the Corporations Code, so long
as that corporation and its shareholders, officers, directors, and employees rendering
23 professional services who are physicians and surgeons, psychologists, registered
nurses, optometrists, podiatrists, chiropractors, acupuncturists, naturopathic doctors,
24 physical therapists, occupational therapists, or, in the case of a medical corporation
only; physician assistants, marriage and family therapists, clinical counselors, or
25 clinical social workers, are in compliance with the Moscone-Knox Professional
Corporation Act, the provisions of this article, and all other statutes and regulations
26 now or hereafter enacted or adopted pertaining to the corporation and the conduct of
its affairs.

27 With respect to a medical corporation ..., the governmental agency referred to
28 in the Moscone-Knox Professional Corporation Act is the board,

1 16. Section 2410 of the Code states, in pertinent part:

2 A medical ... corporation shall not do or fail to do any act the doing of which or
3 the failure to do which would constitute unprofessional conduct under any statute or
4 regulation now or hereafter in effect. In the conduct of its practice, it shall observe
5 and be bound by such statutes and regulations to the same extent as a licensee under
6 this chapter [Chapter 5, the Medical Practice Act].

7 17. Section 2415 of the Code states, in pertinent part:

8 (a) Any physician and surgeon ... who as a sole proprietor, or in a partnership,
9 group, or professional corporation, desires to practice under any name that would
10 otherwise be a violation of Section 2285 may practice under that name if the
11 proprietor, partnership, group, or corporation obtains and maintains in current status a
12 fictitious-name permit issued by the Division of Licensing ... under the provisions of
13 this section.

14 ...

15 18. Section 650 of the Code states, in pertinent part:

16 (a) Except as provided in Chapter 2.3 (commencing with Section 1400) of
17 Division 2 of the Health and Safety Code, the offer, delivery, receipt, or acceptance
18 by any person licensed under this division ... of any rebate, refund, commission,
19 preference, patronage dividend, discount, or other consideration, whether in the form
20 of money or otherwise, as compensation or inducement for referring patients, clients,
21 or customers to any person, irrespective of any membership, proprietary interest, or
22 coownership in or with any person to whom these patients, clients, or customers are
23 referred is unlawful.

24 (b) The payment or receipt of consideration for services other than the referral
25 of patients that is based on a percentage of gross revenue or similar type of
26 contractual arrangement shall not be unlawful if the consideration is commensurate
27 with the value of the services furnished or with the fair rental value of any premises
28 or equipment leased or provided by the recipient to the payer. ...

19 19. Section 13401 of the Corporations Code states, in pertinent part:

20 (a) "Professional services" means any type of professional services that may be
21 lawfully rendered only pursuant to a license, certification, or registration authorized
22 by the Business and Professions Code ...

23 (b) "Professional corporation" means a corporation organized under the General
24 Corporation Law or pursuant to subdivision (b) of Section 13406 that is engaged in
25 rendering professional services in a single profession ... pursuant to a certificate of
26 registration issued by the governmental agency regulating the profession as herein
27 provided and that in its practice or business designates itself as a professional or other
28 corporation as may be required by statute. However, any professional corporation ...
rendering professional services by persons duly licensed by the Medical Board of
California ... shall not be required to obtain a certificate of registration in order to
render those professional services.

...

1 (d) "Licensed person" means any natural person who is duly licensed under the
2 provisions of the Business and Professions Code ... to render the same professional
3 services as are or will be rendered by the professional corporation ... of which he or
4 she is, or intends to become, an officer, director, shareholder, or employee.

5 ...

6 20. Section 13408.5 of the Corporations Code states, in pertinent part:

7 A professional corporation shall not be formed so as to cause any violation of
8 law, or any applicable rules and regulations, relating to fee splitting, kickbacks, or
9 other similar practices by physicians and surgeons... A violation of any such
10 provisions shall be grounds for the suspension or revocation of the certificate of
11 registration of the professional corporation. ...

12 21. Section 13410 of the Corporations Code states, in pertinent part:

13 (a) A professional corporation ... shall be subject to the applicable rules and
14 regulations adopted by, and all the disciplinary provisions of the Business and
15 Professions Code expressly governing the practice of the profession in this state, and
16 to the powers of, the governmental agency regulating the profession in which such
17 corporation is engaged. Nothing in this part shall affect or impair the disciplinary
18 powers of any such governmental agency over licensed persons or any law, rule or
19 regulation pertaining to the standards for professional conduct of licensed persons or
20 to the professional relationship between any licensed person furnishing professional
21 services and the person receiving such services.

22 ...

23 **REGULATORY PROVISIONS**

24 22. California Code of Regulations, title 16, section 1343 states, in pertinent part:

25 A professional corporation shall comply with the following provisions:

26 (a) The corporation is organized and exists pursuant to the general corporation
27 law and is a professional corporation within the meaning of the Moscone-Knox
28 Professional Corporations Act (Corporations Code Section 13400 et seq.).

29 ...

30 23. California Code of Regulations, title 16, section 1344 states, in pertinent part:

31 (a) Unless a fictitious name permit is obtained pursuant to Section 2415 of the
32 code, the name of a professional corporation shall be restricted to the name or
33 surname of one or more of the present prospective or former shareholders who are
34 physicians or podiatrists, as the case may be, for a medical ... corporation.

35 (b) When the applicant uses any fictitious, false or assumed name or any name
36 other than the name or surname of one or more of the present, prospective or former
37 shareholders, or any other words or names in addition to those of the shareholders, it
38 shall obtain a permit pursuant to Section 2415 of the code. ...

39 ...

1 24. California Code of Regulations, title 16, section 1347 states, in pertinent part:

2 (a) A professional corporation may perform any act authorized in its articles of
3 incorporation or bylaws so long as that act is not in conflict with or prohibited by the
4 Medical Practice Act ... or the regulations adopted pursuant thereto.

5 (b) A professional medical ... corporation may enter into partnership
6 agreements with other physicians and surgeons or podiatrists, as the case may be,
7 practicing individually or in a group or with other medical or podiatry corporations.

8 **AMA CODE OF MEDICAL ETHICS**

9 25. In 1980, the American Medical Association ("AMA") adopted a 1980 revision of the
10 AMA Principles of Medical Ethics, which embodies basic principles of conduct by the
11 profession. In June 2001, the AMA House of Delegates adopted the latest revised Principles of
12 Medical Ethics.

13 1) Section II of the AMA's Principles of Medical Ethics states as follows:

14 A physician shall uphold the standards of professionalism, be honest in all
15 professional interactions, and strive to report physicians deficient in character or
16 competence, or engaging in fraud or deception, to appropriate entities.

17 2) Section III of the AMA's Principles of Medical Ethics states as follows:

18 A physician shall respect the law and also recognize a responsibility to seek
19 changes in those requirements which are contrary to the best interests of the patient.

20 3) Section VI of the AMA's Principles of Medical Ethics states as follows:

21 A physician shall, in the provision of appropriate patient care, except in
22 emergencies, be free to choose whom to serve, with whom to associate, and the
23 environment in which to provide medical care.

24 4) Section VII of the AMA's Principles of Medical Ethics states as follows:

25 A physician shall, while caring for a patient, regard responsibility to the patient
26 as paramount.

27 26. Unprofessional conduct under California Business and Professions Code section 2234
28 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is
unbecoming to a member in good standing of the medical profession, and which demonstrates an
unfitness to practice medicine.¹

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¹ *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.

1 33. Any person who diagnoses, treats, operates for, or prescribes for any ailment,
2 blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition
3 of any person, is practicing medicine and must do so within the bounds of their license.

4 Treatments offered at OrangeTwist constitute the practice of medicine and include, but are not
5 limited to: dermal fillers, neuromodulator treatments, Clear and Brilliant treatments, Vivace
6 (microneedling, collagen induction) treatments, intramuscular injections, intravenous treatments,
7 microneedling, Diolaze, Fractora, Lumecca, and hair restoration. These modalities alter or
8 reshape normal structures of the body and are advertised to consumers as means to improve
9 appearance, "self-care" or for some other "health" outcome.

10 34. Dermal fillers are gel-like substances injected under the skin. Dermal fillers are
11 meant to create a smoother or fuller appearance, or both. The FDA regulates dermal fillers as
12 medical devices.

13 35. Clear and Brilliant is a low-level diode 1140 nanometer laser that does very mild skin
14 resurfacing. Diolaze is a laser treatment that uses a diode laser beam to direct high-energy light
15 to hair follicles, destroying the hair. Lumecca is a very powerful intense pulsed light (IPL) that
16 treats pigmented and vascular lesions. In California, physicians may use lasers or intense pulse
17 light devices. In addition, physician assistants and registered nurses may perform these
18 treatments under a physician's supervision.

19 36. Botox (anabotulinumtoxinA) is a neuromodulator used as an injection to reduce
20 frown lines, crow's feet and forehead lines. Dysport (abotulinumtoxinA) is a neuromodulator
21 used as an injection to reduce frown lines. In California, only licensed physicians may inject
22 neuromodulators without supervision by another professional. Registered nurses (including nurse
23 practitioners) and physician assistants may inject Botox under the supervision or direction of a
24 licensed physician.

25 37. Microneedling is a minimally invasive procedure for your skin. Thin needles are
26 used to make tiny holes in the top layer of the skin. The damage helps stimulate the skin's
27 healing process, so it produces more collagen and elastin. Vivace is a form of microneedling that
28 combines microneedling and radiofrequency energy to stimulate collagen production. Fractora is

1 radiofrequency microneedling. Only licensed physicians may do microneedling without
 2 supervision by another professional. Registered nurses (including nurse practitioners) and
 3 physician assistants perform microneedling under the supervision or direction of a licensed
 4 physician.

5 38. Before receiving any medical procedure or intervention, patients must be competent
 6 to make a voluntary decision about whether to undergo the procedure or intervention, otherwise
 7 known as “informed consent.” Patients need to be educated – about the nature of the procedure,
 8 the attendant risks and benefits of the procedure, and reasonable alternatives to the procedure – by
 9 someone sufficiently knowledgeable and qualified to do so. Informed consent is both an ethical
 10 and legal obligation of medical practitioners in California.

11 39. The Board provides³ the following guidance to its licensees regarding the corporate
 12 practice of medicine:

13 ... [T]he following “business” or “management” decisions and activities,
 14 resulting in control over the physician’s practice of medicine, should be made by a
 licensed California physician and not by an unlicensed person or entity:

- 15 • Ownership is an indicator of control of a patient’s medical records, including
 16 determining the contents thereof, and should be retained by a California-licensed
 physician;
- 17 • Selection, hiring/firing (as it relates to clinical competency or proficiency) of
 18 physicians, allied health staff and medical assistants;
- 19 • Setting the parameters under which the physician will enter into contractual
 20 relationships with third-party payers;
- 21 • Decisions regarding coding and billing procedures for patient care services; and
- 22 • Approving of the selection of medical equipment and medical supplies for the
 23 medical practice.

24 The types of decisions and activities described above cannot be delegated to an
 25 unlicensed person, including (for example) management service organizations. While
 26 a physician may consult with unlicensed persons in making the “business” or
 27 “management” decisions described above, the physician must retain the ultimate
 28 responsibility for, or approval of, those decisions.

The following types of medical practice ownership and operating structures
 also are prohibited:

³ <https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Practice-Information/> (as at
 February 9, 2023)

- 1 • Non-physicians owning or operating a business that offers patient evaluation, diagnosis, care and/or treatment;
- 2 ...
- 3 • Management service organizations arranging for, advertising, or providing medical services rather than only providing administrative staff and services for a physician's medical practice (non-physician exercising controls over a physician's medical practice, even where physicians own and operate the business); and
- 4
- 5 • A physician acting as "medical director" when the physician does not own the practice. For example, a business offering spa treatments that include medical procedures such as Botox injections, laser hair removal, and medical microdermabrasion, that contracts with or hires a physician as its "medical director."
- 6
- 7

8 In the examples above, non-physicians would be engaged in the unlicensed practice of medicine, and the physician may be aiding and abetting the unlicensed practice of medicine.

9

10 40. Regarding medical spas, the Board⁴ offers the following:

11 Medical spas are marketing vehicles for medical procedures. If they are offering medical procedures, they must be owned by physicians.

12

13 41. In this case, Respondent and a lay corporation contrived to make it appear that Respondent was "the licensed owner[]" of a medical spa" and that the lay corporation was purely offering "key business management services" to him. In reality, Respondent owned nothing -- the lay corporation owned and controlled the medical equipment, the practice premises and their lease(s), the corporate trademark under which the medical practice was required to do business, and all of the multiple bank accounts that were opened in the name of the practice (but operated exclusively by the lay corporation). Of note, profit motivations in such arrangements subjugate consumer safety.⁵

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21 ⁴ Error! Hyperlink reference not valid.<https://www.mbc.ca.gov/Resources/Medical-Resources/Medical-Spas.aspx> (as at February 9, 2023.)

22 ⁵ The American Med Spa Association ("AmSpa") is a for-profit LLC whose mission is to "help its members ... operate both legally and profitably." It was founded by an attorney at a Dallas-based law firm who "identified the need for an organization that focused on the legal and compliance issues of the newly evolving medical spa and medical aesthetic industry." The Dallas-based law firm reportedly "powers" the legal resources provided by AmSpa. One of the attorneys associated with the Dallas-based firm is RF, Esq. An AmSpa blog entitled "Who Can Own a Medical Spa," provides the following information to would be investors: "... [M]edical spas primarily offer medical treatments. Accordingly, most states regulate medical spas in the same way they do other medical practices. ... [I]t is the licenses of the health care providers who work in the medical spa that allow it to offer its services. The main qualification a person needs to own a medical spa is having the proper qualification that allows them to own a medical practice and employ health care personnel. ... Many states prohibit non-physicians from owning

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1 42. The business model Respondent employed poses multiple threats to patients,
2 including: the lay corporation may not understand the quality of care implications of their
3 business decisions, the lay corporation does not have any professional ethical obligation to place
4 the patient's interests foremost, and the lay corporation is not subject to the full panoply of
5 healthcare regulation and enforcement powers of the Board.

6 *Incorporation of OrangeTwist and Body Concepts By OrangeTwist 1 Corp.*⁶

7 43. OrangeTwist was co-founded by Medical Director W. Grant Stevens, M.D. ("Dr.
8 Stevens") and Clint Carnell, a person who does not have a medical license.

9 44. On or about March 3, 2015, Orange Twist, LLC incorporated in Delaware
10 ("OrangeTwist Delaware") and registered with the California Secretary of State ("CA SOS") as a
11 Foreign LLC using the name "Orange Twist, LLC." Both filings were signed by Clint Carnell.

12 45. Also on or about March 3, 2015, a Management Services Agreement ("MSA") was
13 entered into between OrangeTwist Delaware and a "practice" providing "medical services ...
14 under the OrangeTwist name..."

15 46. On or about March 9, 2015, Body Concepts by Orange Twist 1 Corp. ("BCOT1")
16 was incorporated in California. BCOT1 issued 10,000 shares (with a value of \$0.001 per share)
17 to its sole shareholder, Grant Stevens, M.D. ("Dr. Stevens"), whose address was 485 E 17th St.,
18 Ste. 500, Costa Mesa, California.

19 ////

20 _____
21 *medical practices or from employing physicians. In these states, only a physician may own a*
22 *medical practice or medical spa. Among lawyers, this is referred to as the "corporate practice of*
23 *medicine" doctrine, ... Let's assume that you do not fall into one of the categories discussed above*
24 *regarding who can own a medical spa; this is the case for the vast majority of people. But you*
25 *want to open a medical spa—are you completely out of luck in terms of owning? Yes and no. ...*
26 *[Y]ou cannot directly own an aesthetic medical practice. But ... you can still participate in the*
27 *business and day-to-day management of an aesthetic practice. This involves using a business*
28 *structure referred to as a management services organization (MSO). ... [T]o briefly explain,*
while you cannot own a medical business, you can own a business that provides key business
management services and offer them to the licensed owners of a medical spa ...
<https://americanmedspa.org/blog/who-can-own-a-medical-spa> (Post dated November 22, 2021, as
at February 9, 2023.)

⁶ Conduct occurring more than seven (7) years from the filing date of this Accusation is
for informational purposes only and is not alleged as a basis for disciplinary action.

1 47. In or after April 2015, an application was filed with the City of Costa Mesa for a
2 business license tax certificate for BCOT1. The license was issued effective May 1, 2015⁷ with a
3 recorded mailing address of 485 17th St., Ste 500, Costa Mesa, for the attention of Gary Fischer.⁸

4 48. On or about July 27, 2015, BCOT1 (through its then President, Grant Stevens, M.D.)
5 amended its articles of incorporation to indicate that the entity was a California professional
6 medical corporation.

7 49. On or about February 23, 2017, BCOT1 and/or Dr. Stevens applied to the Board for a
8 Fictitious Name Permit ("FNP") to be issued in the name of "OrangeTwist." The address of
9 record for the FNP was given as 485 E. 17th St., Costa Mesa. OrangeTwist FNP No. 547154 was
10 issued on or about April 21, 2017. The contact person for the FNP was RF., Esq. (Dallas).

11 50. FNP 54714 expired on or about April 30, 2019, and was delinquent until its renewal
12 on or about January 30, 2020. At the same time as the renewal, the address of record for FNP
13 54714 was changed to 730 S. Allied Way Ste C, El Segundo, California. An email of record was
14 provided as gary@orangetwist.com, and the phone contact number provided was the cell phone
15 of Mr. Fischer.

16 51. On or about March 7, 2017, RF, Esq., submitted a Statement of Information for
17 BCOT1, describing the business of the corporation as "aesthetic medical procedures."

18 52. Effective September 1, 2018, Francis R. Palmer, III, M.D. (Dr. Palmer), became a
19 Medical Director of two (2) BCOT1 medical offices, at the OrangeTwist locations in Westlake
20 Village and 730 S Allied Way, Suite C, El Segundo, California, respectively.

21 53. As an independent contractor to BCOT1, Dr. Palmer received compensation of
22 \$1,500 per month, per practice location.

23 54. Effective November 1, 2018, Dr. Palmer became the sole owner and CEO of BCOT1
24 after his purported purchase of Dr. Stevens' 10,000 shares in BCOT1 at their original total value
25 of ten dollars (\$10).

26
27 ⁷ BCOT1's business license tax certificate in Costa Mesa expired on April 30, 2020, and
the OrangeTwist branch in Costa Mesa was closed down at some earlier time.

28 ⁸ Mr. Fischer is a former Chief Financial Officer for OrangeTwist.

1 55. For his new role as Chief Medical Director for OrangeTwist, Dr. Palmer was paid an
2 additional \$6,250 per month.

3 56. Also effective November 1, 2018, in his new dual roles as both CEO of BCOT1 and
4 independent contractor to BCOT1, Dr. Palmer entered into an "Amended and Restated Medical
5 Director Agreement" with BCOT1 (whose principal office was reported as being in Costa Mesa).
6 The new agreement, while substantially similar to the former Medical Director Agreement, also
7 provided that Dr. Palmer had entered into a "Consulting Agreement with Orange Twist, LLC, a
8 Delaware limited liability company."

9 57. On or about March 6, 2019, RF, Esq., submitted Statements of Information for both
10 BCOT1 and OrangeTwist Delaware, respectively, with the CA SOS. The companies shared the
11 same business address in Costa Mesa, California. While BCOT1's type of business was given as
12 "medical spa," OrangeTwist Delaware reportedly engaged in "medical spa management." Its
13 Chief Executive Officer was Clint Carnell.⁹

14 OrangeTwist Expansion and Acquisitions/Mergers:

15 58. In late 2017 through 2018, a similar "management services" relationship existed in
16 regard to the "Illuminate Face & Body Bar" med spas, which operated out of five (5) locations in
17 California and one in Nevada. Thus, MSA's existed between the Illuminate "Manager" (an LLC,
18 in each case) and the Illuminate "PC" (a professional medical corporation, in each case). The
19 Illuminate lay corporations (one for each med spa location) were headed by co-trustees Jeffrey
20 Seery and Kenneth Kay, while the owner of the Illuminate professional medical corporations was
21 OF, M.D.

22 59. In late 2018 and/or early 2019, without consultation with OF, M.D., OrangeTwist
23 merged with and/or acquired the Illuminate LLC's, and the former "Illuminate" medi spa
24 locations were turned into "OrangeTwist" medi spa locations. The MSA's between the
25 Illuminate LLC's and Illuminate PC's were terminated and the Illuminate medical practices run
26 by OF, M.D., were effectively forced to close.

27 ⁹ A similar form was submitted by RF, Esq., for OrangeTwist Delaware, on or about
28 September 29, 2020, with the type of business described as "aesthetic medical procedures."

1 60. On or about March 15, 2019, OrangeTwist Delaware changed its name to OT Global,
2 LLC.¹⁰

3 61. On or about April 18, 2019, "Orange Twist, LLC," was incorporated in Nevada. The
4 managers include both Clint Carnell and Jeffrey Seery. Clint Carnell's address is shown as 485 E
5 17th Street, Ste 500, Costa Mesa.

6 62. On or about April 30, 2019, OrangeTwist announced its "anticipated merger" with
7 Illuminate Face & Body Bar. Press announcements included the following:

8 "When I founded Illuminate, I envisioned a wellness concept that combined
9 medical innovation and natural beauty to bring clients long-lasting results and
10 confidence," noted Jeff Seery, Co-Founder and CEO of Illuminate Face & Body Bar.
11 "With this merger, we can continue to expand this concept nationwide."¹¹

12 In another report¹² of the announced "anticipated merger," the following appears:

13 "I met Jeff Seery, the founder, and CEO of Illuminate, and we have a very
14 common vision," says Clint Carnell, OrangeTwist's founder "As we started
15 looking to scale the OrangeTwist business, it was a natural fit."

16 Carnell mentions each location's interiors, designed for the best possible
17 treatment environment amid the comfort of a relaxing, high-end setting. He also notes
18 the alignment in staffing—both Illuminate and OrangeTwist seek out passionate
19 practitioners who are devoted to customer health, safety, and a positive experience.
20 ...

21 "If you're an Illuminate client, don't worry—you'll still have access to your
22 favorite aestheticians, nurse practitioners, treatments and products. You'll also have
23 more locations for your convenience, and OrangeTwist will honor any existing
24 Illuminate365 monthly memberships and pre-paid services," Seery says. ...

25 Jeff Seery will remain as an executive with OrangeTwist... OrangeTwist co-
26 founder, W. Grant Stevens, M.D.; ... will remain Chief Medical Officer of the
27 organization. Joining him at the organization will be Francis R. Palmer III, M.D...
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23 ¹⁰ On or about October 5, 2020, OrangeTwist Delaware similarly changed the name it
24 used in California, from "Orange Twist, LLC" to "OT Global, LLC." On the same date,
25 OrangeTwist, LLC, (aka OrangeTwist Nevada) registered with the CA SOS as a Foreign Limited
26 Liability Company. The business address was indicated as 730 S. Allied Way, Suite C, El
27 Segundo, CA 90245, and the form was signed on behalf of OrangeTwist, LLC by RF, Esq.

28 ¹¹ [https://www.prnewswire.com/news-releases/orangetwist-announces-anticipated-merger-
with-illuminate-face--body-bar-300840586.html](https://www.prnewswire.com/news-releases/orangetwist-announces-anticipated-merger-with-illuminate-face--body-bar-300840586.html) (Post dated April 30, 2019, as at February 9,
2023.)

¹² <https://orangetwist.com/orangetwist-illuminate/> (as at February 9, 2023)

1 All Illuminate Face & Body Bar locations will be fully branded as OrangeTwist
2 locations by July 2019.

3 "OrangeTwist was already one of the fastest-growing brands in the United
4 States," Carnell says. "The expansion of our footprint just makes us more convenient
5 for more clients, and it allows us to put more resources back into our products and
6 services. If you're not growing, you're dying, so I'm just really fortunate to have met
7 Jeff and to have found a partner who wants to work to make this one of the
8 preeminent brands in the country. ... We are really excited about the future and look
9 forward to putting the new company together and continuing to lead California
10 aesthetics."

11 Neither report mentions any participation in the merger by OF, M.D., or Illuminate Medical
12 corporation.

13 63. Also in or around late 2018, the Pure Aesthetics and Wellness med spa operated in
14 Newport Coast. A MSA existed between a lay corporation owned by Tom Forbath (DBA Pure
15 Aesthetics and Wellness), and a professional medical corporation, the Pure Aesthetics and
16 Wellness Medical Group (purportedly owned by TP, M.D.).

17 64. On or about May 17, 2019, both the DBA Pure Aesthetics and the medical
18 corporation Pure Aesthetics were sold, in a single or simultaneous transaction(s), to OrangeTwist
19 and BCOT1, respectively. As part of the sale of Pure Aesthetics to OrangeTwist, Mr. Forbath
20 received a 40 percent ownership interest in a new OrangeTwist/Pure entity. Neither TP, M.D.,
21 nor the Pure Aesthetics medical corporation¹³ received any compensation.

22 65. Pursuant to the sale agreement, all Pure Aesthetics' patient records were to be
23 transferred to BCOT1. Further, the sale agreement, which was also signed by Dr. Palmer as a
24 purchaser, included the following:

25 P///
26 Purchasers¹⁴ [including BCOT1] recognize ... that it may be in Purchasers' best
27 interest to provide minor adjustments to patients' prior treatments to ensure the
28 transfer of goodwill associated with such patients. Notwithstanding anything to the
contrary, Purchasers will have no responsibility or liability to Sellers or any patient to
provide any adjustment, repair, or replacement for any of Seller's Treatments, and
Purchasers, in their sole discretion, may decline the right to treat any of Seller's
former patients.

¹³ Pure Aesthetics, the medical corporation, was dissolved on December 29, 2020, and reportedly "never incurred any known debts or liabilities."

¹⁴ "Purchasers" are "Orange Twist Pure Management, LLC" and BCOT1.

1 66. On or about June 2019, OrangeTwist announced the acquisition of Pure Aesthetics
2 and Wellness. One report offers the following:¹⁵

3 With this acquisition, OrangeTwist will now have a 15-center footprint across
4 California, Nevada, Texas and Washington. All centers will look and operate as an
5 OrangeTwist shop, including offering the existing curated menu of services, with the
6 addition of IV therapy and wellness vitamin shots to help clients achieve results that
7 allow them to look and feel their best from the inside out.

8 “At PURE Aesthetics + Wellness, we are committed to working closely with all
9 of our clients to determine their specific needs and adapting each service or treatment
10 accordingly for a personalized approach that guarantees these needs are safely and
11 effectively met,” said Tom Forbath, President of PURE Aesthetics + Wellness. “With
12 the acquisition, this approach will be expanded to reach new clients that are
13 specifically interested in these type of offerings in the wellness space.”

14 67. Effective May 25, 2019, BCOT1 entered into an “Amended and Restated
15 Management Services Agreement” (“2019 MSA”) with OrangeTwist, LLC (“OrangeTwist”).

16 68. By its terms, the 2019 MSA gives OrangeTwist control over BCOT1’s medical
17 practice in multiple ways, either directly or indirectly. BCOT1 has no rights to determine where
18 it practices, and it has no control or authority over the medical equipment it uses, the name it
19 practices under, or its bookkeeping and own bank accounts. OrangeTwist can terminate the 2019
20 MSA without cause, effectively causing the closure of BCOT1’s medical practice, without any
21 liability to BCOT1’s patients.

22 69. Effective August 28, 2019, Respondent became the Medical Director of the
23 OrangeTwist Brentwood location, situated at 11710 Barrington Court, Los Angeles, California.

24 70. Effective November 20, 2019, Respondent became the Medical Director of a second
25 OrangeTwist location, namely, Sephora The Grove, located at 189 The Grove Drive, Suite J1A,
26 Los Angeles, California.

27 71. In February 2020, Dr. Palmer became ill and was unable to fulfill his duties as
28 medical director or chief medical director. He informed OrangeTwist management accordingly.

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¹⁵ <https://www.prnewswire.com/news-releases/orangetwist-announces-acquisition-of-pure-aesthetics--wellness-300871136.html> (Post dated June 20, 2019, as of February 9, 2023)

1 72. OrangeTwist convened a panel of three OrangeTwist medical directors and asked
2 them to select the new Chief Medical Director and CEO of BCOT1. The panel selected
3 Respondent.

4 73. Around the end of May 2020, Dr. Palmer purportedly transferred his 10,000 shares in
5 BCOT1 to Respondent for the reported price of ten dollars (\$10), thereby making Respondent the
6 CEO of BCOT1. The transaction was marked by a Stock Purchase Agreement, purportedly
7 effective May 20, 2020, but signed by Dr. Palmer on May 28, 2020, and by Respondent on
8 June 3, 2020.

9 74. Effective August 3, 2020, Respondent became the Medical Director of a third
10 OrangeTwist location, namely, Rancho Mirage, located at 42452 Bob Hope Drive, Suite C,
11 Rancho Mirage, California.

12 75. As an independent contractor to BCOT1, Respondent received compensation of
13 \$1,500 per month, per practice location. For his new role as Chief Medical Director for
14 OrangeTwist, Respondent was paid an additional \$6,500 per month.

15 76. Notwithstanding the \$10 purchase price for the medical corporation, no money
16 changed hands. This was, in part, based on Respondent's view that the value of BCOT1 was
17 "minimal to nonexistent." Respondent did not look at the corporate bank account when he took
18 over BCOT1 and did not know how much was in it at that time.

19 77. As the new CEO of BCOT1, Respondent made no changes to how the business was
20 run, and maintained BCOT1's relationship with OrangeTwist as set out in the 2019 MSA.

21 *OrangeTwist / BCOT1 2019 Management Services Agreement:*

22 78. The 2019 MSA provides the contractual relationship between "Manager"
23 (OrangeTwist, represented by Clint Carnell) and "Practice" (BCOT1, represented by Dr. Palmer),
24 whereby OrangeTwist provides management and administrative functions to BCOT1,¹⁶ including

25 ¹⁶ The 2019 MSA states, in its Recitals, that "Practice is engaged in the practice of
26 medicine ... and is owned solely by a physician..." The party who bound "Practice" to the
27 contract is BCOT1/Respondent. In the definitions section, however, "Practice" is "the medical
28 services provided under the OrangeTwist name by [BCOT1]..." In this pleading, "Practice" and
"BCOT1" are used interchangeably, as are "Practice" and "OrangeTwist," with their true
meanings to be determined by reference to the relevant section of the 2019 MSA.

1 billing, collections, accounting, finding real estate locations, subletting to BCOT1, the use of the
 2 OrangeTwist name and trademarks, and other non-medical services. At each clinic location,
 3 OrangeTwist serves as the tenant and subleases the space to BCOT1.¹⁷

4 79. The 2019 MSA shows that OrangeTwist is a separate business entity rather than
 5 merely providing an administrative service to BCOT1. For instance, OrangeTwist's protected
 6 "Proprietary Information" is defined as:

7 [A]ny and all (1) operating manuals, symbols, Trademarks, trade names,
 8 service marks, designs, contracts, vendor and supplier lists, procedures, protocols,
 9 processes, systems, records and files respecting services provided and to be provided
 10 to Practice, provider lists and fee schedules, vendor price lists, third-party payor
 11 payment rates, outside provider information, provider contracting information, and
 12 documentation relating to the provision of services performed under this Agreement;
 13 (2) photographs, books, publications, records, correspondence, notes, letters,
 14 documents, plan, proposed plans, manuals, forms; or any other material, files or data,
 15 including ledger cards, bookkeeping records, computer programs, and all other
 16 records or files of, affecting, or relating to the business of Manager; (3) inventions,
 17 discoveries, formulae, processes, products, designs, literary works, programs or other
 18 written material or documents conceived or developed by a Manager alone or in
 19 conjunction with others related to the subject matter of the Manager's business; (4)
 20 Manager's unique skills, concepts, sales presentations, marketing programs,
 21 marketing strategy, business practices, methods of operation, licenses, technical
 22 information, computer software, financial and other information concerning the
 23 Manager's operations and expansion plans, and any tapes, discs, or other storage
 24 medium with information concerning the Manager's operations, systems, hiring or
 25 training methods; and (5) all memoranda, notes, records, drawings, documents,
 26 computer software programs, tapes and discs, or other writings whatsoever made,
 27 compiled, acquired, or received in connection with, or related to any activity or
 28 business of Manager, including the Manager's suppliers, vendors, or others with
 whom Manager has a business relationship, Manager's arrangements with such
 parties, and Manager pricing and expansion policies and strategy. (Appendix A,
 paragraph (hh))

80. The 2019 MSA gives OrangeTwist direct and indirect control and/or influence over
 the medical practice, making decisions which bear directly and indirectly on the practice of
 medicine, including by diminishing physician independence, establishing the terms of
 employment and the physicians' rate of pay, influencing advertising, and vetting medical
 providers. OrangeTwist negotiates the medical practice's contracts with third-party payors, it
 requires physicians to assign their rights to the proceeds of their medical billings to OrangeTwist

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¹⁷ At one location (within Sephora), OrangeTwist leases space within Sephora which is
 then subleased to BCOT1.

1 who decides how accounts will be settled in the event of disputes, and determines which charges
2 to write off, among others.

3 Control Over Medical Records and Protected Health Information

4 81. "Business records" is defined as "all records relating to the operation of Practice
5 excluding all patient medical records and patient files and other records or documents which
6 relate to patient treatment by physicians." (Emphasis added; Appendix A, paragraph (b).) Since
7 "physician extenders" are separately defined and almost all the medical treatments are performed
8 by "physician extenders," this effectively means that OrangeTwist maintains control over almost
9 all patient medical records.

10 82. OrangeTwist is responsible for the maintenance, storage, retention, and custody of
11 medical records of the Practice, "subject to Practice's oversight and ultimate authority and subject
12 to strict compliance with the requirements of HIPAA and state law." (Art. 1.04.) When the
13 2019 MSA ends, Practice will retain all patient medical records and patient files maintained by
14 Practice. (Emphasis added; Appendix B, paragraph (a).)

15 83. OrangeTwist is given broad power to use and/or disclose Protected Health
16 Information ("PHI"), including "for the proper management and administration of
17 [OrangeTwist]," provided the disclosures are either required by law or OrangeTwist has obtained
18 "reasonable assurances" from the person to whom the PHI is disclosed that it will remain
19 confidential and used or further disclosed only as required by law or for the purpose for which it
20 was disclosed to the person. (Appendix C, art. 1.01.) But "a breach of this confidentiality [by
21 OrangeTwist] is not a default under this Agreement." (Appendix B, paragraph (a).)

22 Control and Authority over the Business and its Facilities

23 84. OrangeTwist is appointed as the exclusive manager of BCOT1 and is given exclusive
24 control to manage the practice at all its locations, BCOT1 may not assign the MSA or any of its
25 obligations under the MSA without the prior written consent of OrangeTwist. (Art. 9.01.)

26 85. OrangeTwist may terminate the Agreement without cause upon at least 90 days prior
27 written notice to BCOT1. (Article 6.03(c).) BCOT1 does not have a reciprocal right.

28 ////

1 86. BCOT1 is required to sublease its practice premises from OrangeTwist on prescribed
2 terms as included in the MSA. (Appendix. B, clause (d).)

3 87. OrangeTwist has "the right at all times to have access to Practice facilities for the
4 purposes of performing its responsibilities under this Agreement, or for any reasonable purpose."
5 (Art. 1.01.) If BCOT1 prevents Manager's access to the medical facilities, OrangeTwist may
6 immediately terminate the 2019 MSA, cease providing all services and terminate any other
7 agreements between the parties. (Article 2.06.)

8 88. If the 2019 MSA is terminated, the subleases will automatically terminate, without
9 any liability of OrangeTwist to BCOT1. (Schedule B(d), clause 4.) Similarly, if (tenant)
10 OrangeTwist's own lease(s) should terminate for any reason, BCOT1's sublease would
11 automatically terminate, without liability of OrangeTwist to BCOT1. (Schedule B(d), clause 4.)

12 89. BCOT1 may not assign or further sublet any part of the premises without the consent
13 of OrangeTwist. (Schedule B(d), clauses 8, 9.)

14 90. BCOT1 is required to grant an "exclusive special power of attorney" to OrangeTwist,
15 giving OrangeTwist wide powers that include obtaining and taking possession of all mail
16 addressed to "Practice" and signing on BCOT1's behalf for any accountable piece of mail, and
17 "to exercise dominion over any mail piece of [BCOT1] ..." (Appendix D.)

18 91. Services provided to patients are part of OrangeTwist's business model.

19 Control and Authority over How the Practice is Advertised and Marketed

20 92. The medical services at OrangeTwist were ostensibly provided by BCOT1, but
21 BCOT1 was not permitted to market, advertise, or otherwise operate its business under any name
22 or trademark(s) other than OrangeTwist's trademark.

23 ... Manager grants to Practice a limited, nonexclusive, nontransferable license
24 to use Manager's Trademark "OrangeTwist" and the OrangeTwist Materials in ... the
25 operation of Practice's operations including the use of "OrangeTwist" in Practice's
26 assumed name at Practice's physical locations identified [in] this agreement. In
27 partial consideration of Manager's grant of the foregoing rights, Practice covenants
28 with Manager that Practice will not market, advertise, or otherwise operate its
business under any name or Trademark(s) other than Manager's Trademark during
the Term unless otherwise required by law. (Schedule B(m), art. 1.01.)

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1 93. Patients would not know of the existence of BCOT1 when seeking care at
2 OrangeTwist locations, nor would they know that Respondent had been its Chief Medical
3 Director.

4 94. BCOT1 has no rights in OrangeTwist's licensed materials, which are owned by
5 OrangeTwist. Upon termination of the 2019 MSA for any reason, BCOT1 may no longer use the
6 OrangeTwist trade name and must vacate OrangeTwist premises. (Schedule B(m), para. 1.05.)

7 95. OrangeTwist had significant input authority on all advertising and marketing of the
8 Practice/BCOT1, under the name of OrangeTwist.

9 Subject to Practice's oversight and ultimate authority, Manager will, following
10 consultation with Practice, develop marketing and advertising programs for Practice;
11 provide advice and assistance to Practice on overall marketing programs, and
12 determine and analyze the effect of such programs; plan, create, write and prepare
13 advertising materials; negotiate contracts with advertising media for space and time;
14 and obtain services necessary in connection with the production and presentation of
15 advertisements. Notwithstanding anything to the contrary, Practice must make all
16 final decisions relating to marketing and advertising materials. (Appendix B,
17 paragraph (f).)

18 The Practice will have approval authority over ... content of any advertising
19 subject to [] Section 651 of the California Business and Professions Code. (Art.
20 2.01(c).)

21 96. OrangeTwist markets itself and the medical services offered at its locations on the
22 website www.orangetwist.com (at least from February 9, 2021, through February 9, 2023).

23 Control over Business Decisions:

24 97. OrangeTwist is the sole and exclusive negotiator with all vendors and other entities
25 for all service, software, and technology contracts, and the purchase and/or lease of equipment,
26 supplies, and materials that are necessary for the operation of Practice. Goods and services are
27 provided to BCOT1 by "persons affiliated with Manager." (Appendix B, paragraph (g).)

28 98. When negotiating with vendors and other entities, Manager may receive discounts
that it is not required to pass on to BCOT1. In addition, Manager "may add a reasonable markup
to the cost of goods and services obtained for Practice. (Appendix B, paragraph (g).)

99. Despite the Practice having the ultimate authority to settle all matters and direct the
prosecution of such claims, the control of the litigation remains with the Manager rather than the
providers operating under BCOT1, the professional corporation.

1 Manager will (1) manage and direct the defense of all claims, actions,
 2 proceedings or investigations against the Practice or any of its officers, directors or
 3 employees in their capacity as such relating to the operations of Practice, and (2)
 4 manage and direct the initiation and prosecution of all claims, actions, proceedings or
 5 investigations brought by Practice against any person other than Manager relating to
 6 the operations of Practice. However, Practice will have the ultimate authority to
 7 settle all matters and direct the prosecution of such claims. (Appendix B, paragraph
 8 (k).)

9 100. The 2019 MSA gives OrangeTwist some control over the Practice regarding the
 10 acquisition and retention of new medical equipment¹⁸:

11 Manager is the owner and/or lessee of certain medical equipment located at
 12 Practice ("Medical Equipment"). Practice has examined the Medical Equipment and
 13 determined that the Medical Equipment is necessary and appropriate for the provision
 14 of Practice's professional medical services. ... (Schedule B(e), art. 1.01.)

15 ... If Practice deems it necessary to acquire new medical equipment, the
 16 Manager may decline to purchase the medical equipment and lease the equipment to
 17 the Practice under Schedule B(e). (Appendix B, paragraph (e).)

18 During the Term, provided Practice remains in compliance with the terms of
 19 this Agreement, Manager agrees to the exclusive, full-time lease of the Medical
 20 Equipment to Practice. ... All rights, titles and interest in and to the Medical
 21 Equipment, including any custom development or modifications, is the exclusive
 22 property of Manager. (Schedule B(e), art. 1.02(a).)

23 101. OrangeTwist "makes no warranties, express or implied," with respect to the medical
 24 equipment, including with respect to fitness for a particular use or purpose. (Schedule B(e), art.
 25 1.02(b).)

26 *Control over BCOTI's finances*

27 102. The 2019 MSA gives OrangeTwist full access and control to BCOTI's finances and
 28 banking.

29 103. BCOTI was required by the 2019 MSA to grant to OrangeTwist "an exclusive special
 30 power of attorney" and appoint OrangeTwist as BCOTI's "exclusive true and lawful agent and
 31 attorney-in-fact" with wide powers, including (Appendix D) the power to:

- 32 (a) open a bank account in BCOTI's name;
- 33 (b) bill BCOTI patients in BCOTI's name and receive the cash proceeds;

34 ////

35 ¹⁸ The selection of medical equipment constitutes a function of providing medical care.

1 (c) take possession of and endorse (in the name of BCOT1 or any individual physician)
2 any checks, money order and other instruments received as payment for services rendered by
3 BCOT1;

4 (d) sign checks on behalf of BCOT1, including affixing stamps of signatures of BCOT1's
5 authorized signatories and make withdrawals from the Revenue Account.¹⁹

6 104. The 2019 MSA authorizes OrangeTwist to manage all BCOT1 funds.

7 All receipts and monies arising from Practice operations will be received by
8 Manager on behalf of Practice and Manager will, in the name of Practice, deposit all
9 amounts in the Revenue Account. (Art. 1.02.)

10 105. The terms of the 2019 MSA require OrangeTwist's unhindered access to BCOT1's
11 bank accounts, including the Revenue Account. In the event such access is stopped or prevented,
12 OrangeTwist "may immediately terminate the [2019 MSA], cease providing all services to
13 Practice, and terminate any other agreements between the Parties upon [unspecified] notice to
14 Practice without any recourse by Practice." (Emphasis added; Appendix B, paragraph (j).)

15 106. Preventing OrangeTwist's access to BCOT1's Revenue account could result in the
16 effective termination of BCOT1's practice (including the use of the OrangeTwist
17 license/trademark agreement, its sublease of premises from OrangeTwist, its lease or use of
18 medical equipment owned by OrangeTwist, and others), and, therefore, of its providing services
19 to its patients.

20 107. When interviewed by the board, Respondent stated that he never looked at the
21 revenue account as he "had no reason to." He did not know what the average revenue in the
22 account was. Respondent did not know at which bank the account was held or whether each
23 branch of OrangeTwist had its own account.

24 108. In fact, multiple bank accounts were opened in BCOT1's name, at two different
25 banks. The only signatories to these BCOT1 bank accounts were officers or agents of
26 OrangeTwist.

27 ¹⁹ "Revenue Account" means the bank account(s) established and maintained by Manager
28 in the name of Practice for the deposit of all Practice Revenues, payment of all Practice Expenses,
and payment of all amounts due to Manager under this Agreement. ... Revenue Account will
include any such investment accounts of Manager in which funds collected pursuant to this
Agreement have been deposited. (Appendix A, paragraph (ii).)

1 109. Neither Respondent nor his predecessor, Dr. Palmer, had access to or control over the
2 finances of BCOT1, which were exclusively controlled by OrangeTwist:

3 Control over billing, litigation

4 110. At the second Board interview, Respondent said the fee schedule "was set before [he]
5 even started" and it "did not change." Respondent stated further, "whatever the market shows is
6 probably what we're charging for things..."

7 111. OrangeTwist retained control over billing and collecting the charges, how accounts
8 would be settled in the event of disputes, and the determination of which charges to write off.

9 Subject to Practice's oversight and ultimate authority, Manager will be
10 responsible, for and on behalf of Practice, as its agent, for billing and collecting the
11 charges made with respect to all medical services provided by Practice at the Practice
12 unless otherwise agreed in writing. The extent to which Manager attempts to collect
13 such charges, the methods of collection and the amount of settlements with respect to
14 disputed charges, and the determination of which charges are not collectible, will be
15 determined by Manager. ... (Appendix B, paragraph (b).)

16 112. OrangeTwist's exclusive special power of attorney also gave it the right to initiate
17 legal proceedings in the name of Practice to collect monies owed to Practice, to enforce the rights
18 of Practice as creditor under any contract or in connection with the rendering of any service, and
19 to contest adjustments and denials by governmental agencies as third-party payors. (Appendix D,
20 article 1.02(h).)

21 113. OrangeTwist controls the bookkeeping and accounting of the practice and the
22 business records belong to OrangeTwist.

23 Manager will provide all bookkeeping and accounting services necessary or
24 appropriate to the functioning of the Practice including maintenance, custody, and
25 supervision of all Business Records. Manager will use reasonable efforts to preserve
26 the confidentiality of patient medical records and use information contained in these
27 records only for the limited purposes necessary to perform the services set forth in
28 this Agreement. A breach of this confidentiality is not a default under this
29 Agreement. All Business Records are the property of Manager. Upon expiration or
30 termination of this [2019 MSA], Practice will retain all patient medical records and
31 patient files maintained by Practice. (Appendix B, paragraph (a))

32 Control over Salaries and Personnel

33 114. OrangeTwist has a say in BCOT's hiring of professional medical employees.

34 Practice will have final authority for the hiring, supervision, evaluation and
35 termination of its Practice Professionals (in consultation with Manager). Manager

1 will consult with and assist Practice in identifying, prequalifying, and recruiting new
2 Practice Professionals. (Article 2.03.)

3 115. The medical providers who perform medical treatments at OrangeTwist locations (not
4 the medical directors) are not employed, paid, and/or supervised by BCOT1.

5 116. OrangeTwist has input regarding and/or *de facto* complete control over professional
6 fees.

7 (a) The terms of the 2019 MSA provide that medical directors are paid \$1,500 per month,
8 per location and, further, "Upon request, Manager will provide research and analysis regarding
9 fees for Professional Services rendered by Practice's Practice Professionals." (Article 2.01(b).)

10 (b) When interviewed by the board, Dr. Palmer stated that he had no control over the
11 medical directors' salaries and that this control rested completely with OrangeTwist. Even
12 though he regarded the medical directors' and Chief Medical Director's salaries as too low, he
13 had no authority to increase it.

14 117. At the second board interview, Respondent said that he believed his salary as Chief
15 Medical Director was paid to him by OrangeTwist and, "to the best of [his] knowledge," medical
16 directors were paid by BCOT1. Respondent did not know where BCOT1 obtained the money to
17 pay all the medical directors' salaries.

18 118. The 2019 MSA requires BCOT1 to adopt personnel policies and procedures that are
19 consistent with OrangeTwist's policies and procedures. (Appendix B, clause (d).)

20 119. Per the terms of the 2019 MSA, BCOT1 agreed that it would "require all Practice
21 Professionals to execute and deliver to Manager powers of attorney, satisfactory in form and
22 substance to Manager, appointing Manager as attorney-in-fact for each of the purposes set forth in
23 this Agreement." (Article 2.05.)

24 Fee Splitting

25 120. As OrangeTwist's "management fee," BCOT1 was required to pay (i) \$45,750 per
26 month plus (ii) 12% of the amount by which Practice Revenue for the month exceeds \$200,000.
27 (Appendix A, paragraph (m).)

28 ////

1 121. For its (compelled) use of the OrangeTwist trademark, BCOT1 was required to pay
2 OrangeTwist a monthly "royalty equal to 20% of Practice Revenues." (Schedule B(M), Article
3 1.06.)

4 122. At the first board interview, Respondent was unaware that OrangeTwist earned any
5 percentage of BCOT1's revenue. When asked if BCOT1 paid a fee to use the name OrangeTwist
6 on the door, he replied that he believed there was but did not know the amount. Respondent did
7 not know how much money was paid to OrangeTwist each month.

8 Supervision of Medical Procedures Performed at OrangeTwist locations

9 123. As the supervising physician for medical directors, it was Respondent's responsibility
10 to ensure that the medical directors were providing appropriate patient care.

11 124. Respondent's corporation signed agreements with medical directors who would
12 provide medical services under the terms of BCOT1's medical director contracts. But the
13 medical directors provided oversight at locations using the OrangeTwist brand. No medical care
14 was provided by "Body Concepts by Orange Twist 1 Corp."

15 125. One of the medical directors was contracted to supervise two OrangeTwist locations,
16 one in northern California and the other in Las Vegas. All the medical directors supervise more
17 than one location.

18 126. In Board interviews with the medical directors, it was clear that they typically spend
19 very little time physically at their centers. In some instances, their physical visits to the centers
20 could be as seldom as once a month or once every two months.

21 127. Some procedures performed at OrangeTwist can lead to adverse outcomes.

22 128. Patients at OrangeTwist were required to have a good faith exam performed before
23 undergoing any treatment or a procedure by a physician, nurse practitioner, or physician assistant.

24 129. On or about March 4, 2019, OrangeTwist engaged the services of a telehealth
25 company (a professional medical corporation) as an independent contractor to provide persons
26 who would perform good faith exams at OrangeTwist.

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1 130. When no physician assistant or nurse practitioner is available at OrangeTwist, they
2 reportedly use providers employed by the telehealth company to perform the required good faith
3 exams. The telehealth company has no contractual obligation to BCOT1.

4 131. It is not clear that patients were aware that some care (such as good faith
5 examinations) was provided by the telehealth company (contracted by OrangeTwist), while other
6 care was provided by BCOT1 via physician extenders with BCOT1 medical director oversight.

7 132. It is further not clear that all the BCOT1 medical directors observed whether these the
8 medical procedures were performed appropriately by the physician extenders.

9 *Respondent, OrangeTwist FNP and Respondent's Exit From BCOT1:*

10 133. A Statement of Information for BCOT1, filed with the California Secretary of State
11 on or about October 1, 2020, lists Respondent as the Chief Executive Officer, Secretary, Chief
12 Financial Officer, and Director. His address is listed at 730 S. Allied Way, Suite C, El Segundo,
13 California. The document was signed by RF, Esq., and the agent for service of process was
14 Brittany Slater, the Chief Financial Officer of OrangeTwist, at the same address (El Segundo).

15 134. Effective March 1, 2021, ownership of BCOT1 was transferred to TP, M.D., for the
16 nominal price of ten dollars (\$10), although no money changed hands.

17 135. At the second board interview, Respondent explained that selling the company to TP,
18 M.D. was "not financial, it was [Respondent] moving the responsibilities over to someone else
19 that took it on... It's not worth anything." Respondent did not look at the corporate bank
20 account(s) at the time of transfer and had no idea what funds may have been in the account at that
21 time.

22 136. On or about March 18, 2022, a paralegal from the same firm as RF, Esq., filed a
23 Statement of Information for BCOT1 with the California Secretary of State. The Statement of
24 Information listed Respondent as the Chief Executive Officer, Secretary, Chief Financial Officer
25 and Director of BCOT1, whose type of business was described as "medical practice."

26 137. Respondent never notified the Board of his purchase and subsequent sale of BCOT1,
27 and he never applied for a FNP.

28 ////

1 138. On or about March 25, 2021, Dr. Palmer filed an application with the Board for the
2 cancellation of FNP 547154, which had been issued to Dr. Stevens as the owner of BCOT1 in
3 April 2017.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Aiding and Abetting the Unlicensed Practice of Medicine)**

6 139. Respondent is subject to disciplinary action under sections 2227 and 2234 of the
7 Code, as defined by sections 2052, subdivision (b), 2264, 2234, subdivision (a), 2400, and 2410,
8 of the Code, in that he aided and abetted the unlicensed practice of medicine by entering into an
9 agreement with and/or allowing a lay corporation to exert authority and/or control over his
10 medical practice, Body Concepts of Orange Twist 1 Corp, and/or as more particularly alleged in
11 paragraphs 28 through 138, above, which are hereby realleged and incorporated by this reference
12 as if fully set forth herein.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Violation of the Corporate Practice of Medicine Ban)**

15 140. Respondent is further subject to disciplinary action under sections 2227 and 2234 of
16 the Code, as defined by sections 2234, subdivision (a), 2286, 2400, 2402, 2406, and 2410, of the
17 Code, Corporations Code sections 13401 and 13408.5, and California Code of Regulations, title
18 16, sections 1343 and 1347, in that he violated, directly or indirectly, and/or assisted in or abetted
19 the violation of, the Moscone-Knox Professional Corporation Act and/or the ban on the corporate
20 practice of medicine, by entering into an agreement with and/or allowing a lay corporation to
21 exert authority and/or control over his medical practice, Body Concepts of Orange Twist 1 Corp,
22 and/or as more particularly alleged in paragraphs 28 through 138, above, which are hereby
23 realleged and incorporated by this reference as if fully set forth herein.

24 **THIRD CAUSE FOR DISCIPLINE**

25 **(Offering of Unearned Rebate)**

26 141. Respondent is further subject to disciplinary action under sections 2227 and 2234 of
27 the Code, as defined by section 650 of the Code, in that he offered and/or delivered a rebate,
28 refund, commission, preference, patronage dividend, discount, or other consideration as

1 compensation or inducement for referring patients, clients, or customers to his practice, as more
 2 particularly alleged in paragraphs 28 through 138, above, which are hereby realleged and
 3 incorporated by this reference as if fully set forth herein.

4 **FOURTH CAUSE FOR DISCIPLINE**

5 **(Use of a Fictitious Name Without A Fictitious Name Permit)**

6 142. Respondent is further subject to disciplinary action under sections 2227 and 2234 of
 7 the Code, as defined by sections 2285, 2415, and 2410, of the Code and California Code of
 8 Regulations, title 16, sections 1344, 1347, and 1350, in that he practiced medicine under the name
 9 OrangeTwist and/or Body Concepts by Orange Twist 1 Corp., without a fictitious-name permit
 10 obtained pursuant to Section 2415, as more particularly alleged in paragraphs 28 through 138,
 11 above, which are hereby realleged and incorporated by this reference as if fully set forth herein.

12 **FIFTH CAUSE FOR DISCIPLINE**

13 **(General Unprofessional Conduct)**

14 143. Respondent is further subject to disciplinary action under sections 2234 and 2410 of
 15 the Code, sections 13410 and 13408.5 of the Corporations Code, and the AMA Code of Ethics, in
 16 that he has engaged in conduct which breaches the rules or ethical code of the medical profession,
 17 or conduct that is unbecoming to a member in good standing of the medical profession, and which
 18 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 28
 19 through 142, above, which are hereby realleged and incorporated by this reference as if fully set
 20 forth herein.

21 **PRAYER**

22 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
 23 and that following the hearing, the Medical Board of California issue a decision:

- 24 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 105035,
 25 issued to Respondent Jaime Scott Schwartz, M.D.;
- 26 2. Revoking, suspending or denying approval of Respondent Jaime Scott Schwartz,
 27 M.D.'s authority to supervise physician assistants and advanced practice nurses;


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3. Ordering Respondent Jaime Scott Schwartz, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

5. Taking such other and further action as deemed necessary and proper.

DATED: ~~FEB 13 2023~~


REVI VARGHESE
Deputy Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

1/26/24

Oklahoma Board;

The question in the application was: Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?

The no response was incorrect. This was an oversight and I have provided an explanation to the Oklahoma Medical Board regarding the instance.

Thank you,



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JAN 26 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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JAIME S SCHWARTZ MD FACS
BEVERLY HILLS | DUBAI | PLASTIC SURGERY

240 S La Cienega Blvd
Beverly Hills, CA 90211
T: (310)882-5454
F: (310)747-5908

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FEB 07 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Georgetown Investigation

To Whom It May Concern,

During my 4th year of residency, I was doing a hand rotation at Curtis National Memorial Hand Center in Baltimore, MD. For the 4 months of the rotation I lived in an apartment across the street away from my house. This was also around the time all institutions were figuring out (and worried about ACGME repercussions about) the 80-hour work week. In plastic surgery, I found it difficult to properly document my work time since I would often go to the hospital early, leave late, get called back into the ER etc. To make matters worse, I also did not sign into the department's early morning conferences to prove that I was there. This was a complete oversight and I truly did not realize the possible implications for my department. Everything was reviewed and I was found to have broken an ACGME conduct code. I underwent remediation as well as was assigned a mentor. I successfully completed all that was asked of me. This was the last and only incident during my training.

Sincerely,



Jaime S. Schwartz, MD, FACS
Diplomate, American Board of Plastic Surgery
Fellow, American College of Surgeons
Associate Clinical Professor of Surgery
USC Keck School of Medicine
Division of Plastic and Reconstructive Surgery

41574
V



FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Verification of
Graduate Medical Education**



Institution: Georgetown University-Howard University

Affiliated University: Georgetown University Hospital

Address Line 1:

Address Line 2:

Country: US

City: Washington

State/Prov.: DC

Zip Code:

If name of institution was different when this individual attended, please note this name:

Verification For: Schwartz, Jaime Scott

Date of Birth:

Individual's Name on Record (If different from above):

Program Participation:

Important:

Report Incomplete Training Levels (year) separate from those that were successfully completed.

If the training level (years) is currently in progress, report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department or Specialty is rotating or transitional, please provide a schedule of rotations.

Program Type R Training Level: 6-6 Specialty/Subspecialty: Plastic Surgery
From: 07/01/2008 To: 06/30/2009
Successfully Completed? Yes
Accredited by: ACGME
Rotation Information Not Available

Program Type I Training Level: 1-1 Specialty/Subspecialty: Plastic Surgery
From: 06/17/2003 To: 06/24/2004
Successfully Completed? Yes
Accredited by: ACGME
Rotation Information Not Available

Program Type R Training Level: 2-5 Specialty/Subspecialty: Plastic Surgery
From: 06/25/2004 To: 06/30/2008
Successfully Completed? Yes
Accredited by: ACGME
Rotation Information Not Available

Unusual Circumstances

Check the correct response.

Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1. Did this individual ever take a leave of absence or extension from his/her training? No
If "Yes" provide start and end dates: From: To:
2. Was this individual ever placed on probation?..... No
3. Was this individual ever disciplined or placed under investigation?..... Yes
4. Were any negative reports for behavioral reason ever filed by instructors?..... Yes
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes

Please explain any "Yes" response from above:

3. There were issues of honesty and record-keeping that resulted in an investigation. The conclusion was reached that these issues would be treated as academic deficiencies. Dr. Schwartz's academic deficiencies were successfully remediated. 4. There were issues of honesty and record-keeping that resulted in an investigation. The conclusion was reached that these issues would be treated as academic deficiencies. Dr. Schwartz's academic deficiencies were successfully remediated. 5. There were issues of honesty and record-keeping that resulted in an investigation. The conclusion was reached that these issues would be treated as academic deficiencies. Dr. Schwartz's academic deficiencies were successfully remediated.

Attestation

Affix Institutional Seal Here.

If no seal is available, this form must be notarized.

Watermark

For FCVS internal use only.

**ELECTRONIC
SEAL
VERIFIED**

Completion attests the information above is an accurate account of this individual's records and is true and correct. Signature line must contain original signature or electronic typed signature of program director

Print Name: Stephen Baker

MD/DO: No

Signature: Stephen Baker

Title: Program Director

Date: 07/24/2018

Tel: (202) 444-1233 Fax:

Email: MGUHSurgicalEducation@gunet.georgetown.edu

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2023

Applicant Name: SCHWARTZ, JAIME SCOTT

MD 41574



Date Of Birth: [Redacted]

Place Of Birth (City, State): QUEENS, NY

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	GEORGETOWN UNIVERSITY	WASHINGTON	DC		9/1997	6/1999	MS - BIOPHYSICS AND PHYSIOLOGY		
UG	TULANE UNIVERSITY	NEW ORLEANS	LA		9/1995	6/1997	BS - CELLULAR AND MOLECULAR BIOLOGY		

Medical School Name	City	State	Country	Comments	From	To
Georgetown Univ Sch Of Med, Washington DC 20007	Washington	DC	United States		7/1999	5/2003

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
CLEVELAND CLINIC FOUNDATION PROGRAM	CLEVELAND	OH	UNITED S	PLASTIC SURGERY		7/2009	6/2010
GEORGETOWN UNIVERSITY-HOWARD UNIVERSITY	WASHINGTON	DC	UNITED S	PLASTIC SURGERY		7/2008	6/2009
GEORGETOWN UNIVERSITY-HOWARD UNIVERSITY	WASHINGTON	DC	UNITED S	PLASTIC SURGERY		6/2004	6/2008
GEORGETOWN UNIVERSITY-HOWARD UNIVERSITY	WASHINGTON	DC	UNITED S	PLASTIC SURGERY		6/2003	6/2004

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
CLEVELAND CLINIC FOUNDATION	ADJUNCT CLINICAL INSTRUCTOR		CLEVELAND	OH		9/2013	12/2018	
PIH HEALTH	SECTION CHAIR		WHITTIER	CA		8/2010	2/2014	
CLEVELAND CLINIC FOUNDATION	CLINICAL INSTRUCTOR		CLEVELAND	OH		7/2009	6/2010	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
MO	2023001783		U	1/18/23	
AZ	63759		U	2/7/23	
NC	2020-04308		U	10/11/20	
OH	35.093213		U	4/1/09	
NY	247201		U	1/3/08	
DC	MD036996		U	11/1/07	
CA	A-105035		U	7/30/08	

\$500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2023

MD Exam				
<u>Exam</u>	<u>State</u>	<u>Score</u>	<u>Date Taken</u>	<u>#</u>
USMLE				

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2023

Questions Answered 04/09/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Other: Lipedema

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

CAP Insurance

Name of Current Carrier and policy Holder

CAP Insurance

Will your professional liability insurance policy cover your practice in Oklahoma

No

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

Pending

I attest that all the above information is accurate as of April 19, 2023: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



RECEIVED

SEP 05 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Applicant's signature (must be signed in the presence of a notary)

[Handwritten signature]

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

Schwartz, Justin, J

Date of signature (must correspond to the date of notarization)

8/27/23

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of California, County of Los Angeles

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 28th day of August, 2023

Notary Public Signature [Signature] My Notary Commission Expires Sept. 29, 2026

41574
10

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

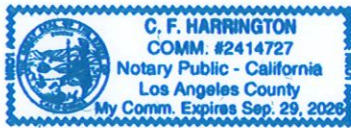
County of Los Angeles)

Subscribed and sworn to (or affirmed) before me on this 28th day

of August, 20 23, by _____

Jaime Scott Schwartz,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature [Handwritten Signature]

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

Oklahoma State Board of Medical Licensure and Supervision

containing 1 pages, and dated 08/28/2023.

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
 form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:
Page # 30-31 Entry # 1

Notary contact: 323-422-4214

Other

Affiant(s) Thumbprint(s) Describe: _____

RECEIVED

SEP 05 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

March 5, 2024

9489 0090 0027 6330 2024 00

Eric Wright, MD Applicant 42778
[REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73104 or virtually via Zoom.** The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(l): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Please confirm your attendance at this meeting either in person or electronically via Zoom. As this is a formal proceeding, proper attire is requested.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking[®]

[FAQs >](#)

Tracking Number:

[Remove X](#)

9489009000276330202400

[Copy](#)

[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item was delivered to an individual at the address at 3:49 pm on March 9, 2024 in CHARLESTON, SC 29492.

Get More Out of USPS Tracking:

[USPS Tracking Plus[®]](#)

Feedback

Delivered

Delivered, Left with Individual

CHARLESTON, SC 29492
March 9, 2024, 3:49 pm

[See All Tracking History](#)

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

[Text & Email Updates](#)



[Return Receipt Electronic](#)



[USPS Tracking Plus[®]](#)



[Product Information](#)



[See Less ^](#)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	42778	ERIC HAMILTON WRIGHT
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

012-01 Med Coll of GA, GA Hlth Sci Univ, Augusta, GA

Number of Licenses Previously Granted to Graduates of this Medical School:121

Application for: Resident _____ **Full License** Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS** Nov 2-27-24

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___/___/___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

5) REQUESTS SPECIFIC CONSIDERATION OF:

- DUE Georgia 2019 / UNSUPERVISED PROBATION ENDS MAY 2024

DID NOT RENEW GEORGIA MEDICAL LICENSE 9/2019

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 MD 42778 ERIC HAMILTON WRIGHT
 MEDICAL DOCTOR

Practice Address:

December 09, 2023
 TRIDENT MEDICAL CENTER
 9330 MEDICAL PLAZA DRIVE

NORTH CHARLESTON, SC 29406
 NOT OKLAHOMA

Status:

Res: MD

Received: 12/09/2023

Entered: 12/09/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 01/05/2024

AMA Rec: 01/05/2024

Board Action:

License #: 42778

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	06/14/07	9/28/23	1
Test 2:	USMLE 2CK	PASS	08/27/08	9/28/23	1
Test 3:	USMLE 2CS	PASS	11/05/08	9/28/23	2
	USMLE 3	PASS	11/15/10	9/28/23	1
Test AV:	Note: <i>PASS</i> means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: UNIVERSITY OF GEORGIA

City: ATHENS

Degree: BS

State: GA Country: UNITED STATES

From: 8/2000 To: 5/2004 Verified:

MEDICAL SCHOOL EDUCATION

Name: Med Coll of GA, GA Hlth Sci Univ, Augusta, GA

Foreign Name:

City: Augusta

Degree: MD

State/Country: United States of America

From: 8 / 2005

To: 5/ 2009 Diploma Ver'd:

Y

POST GRADUATE EDUCATION

Facility: UNIVERSITY OF NORTH CAROLINA

Specialty: EMERGENCY MEDICINE

Res. Fellowship: Residency

City: CHAPEL HILL

State: NC Country: UNITED STATES OF AM

Verified: 09/28/2023

From: 6 / 2009

To: 6 / 2012

ACGME Ver'd: 09/28/2023

Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 42778 ERIC HAMILTON WRIGHT
 MEDICAL DOCTOR

PRACTICE HISTORY

Employed: TRIDENT MEDICAL CENTER	Supervisor:		
City: NORTH CHARLESTON	State: SC	Country: UNITED STATES	
Specialty: EMERGENCY MEDICINE	From: 6/ 2014	To: /	Verified:
Comments: ATTENDING PHYSICIAN			

Employed: UNIVERSITY HOSPITAL	Supervisor:		
City: AUGUSTA	State: GA	Country: UNITED STATES	
Specialty: EMERGENCY MEDICINE	From: 8/ 2012	To: 6/ 2014	Verified:
Comments: ATTENDING PHYSICIAN			

Employed: NONE	Supervisor:		
City: AUGUSTA	State: GA	Country:	
Specialty: WAITING FOR MEDICAL SCHOOL TO BEGIN	From: 5/ 2004	To: 8/ 2005	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
PA	MD MD482987	A	10/5/23	12/31/24	12/6/23
SC	MD 36689	A	5/20/14	6/30/25	1/5/24
NC	MD 2011-01361	I	8/10/11	9/26/12	12/6/23
NC	TRAINING MD RTL09-0232	I	5/7/09	8/10/11	12/6/23
TX	MD U7777	A	11/10/23	11/30/25	1/5/24
RI	MD MD19558	A	10/26/23	6/30/24	12/6/23
GA	MD 68182	I	6/8/12	9/30/19	12/6/23
MA	MD 1017479	A	11/2/23	9/15/24	1/5/24
IL	MD 036.167314	A	10/10/23	7/31/26	12/6/23
NH	MD 25168	A	11/22/23	11/22/25	1/5/24
AK	MD 214970	A	11/9/23	5/9/24	12/6/23
AR	MD E-17442	A	12/8/23	9/30/24	1/5/24
MO	MD 20230505320	A	12/26/23	1/31/25	1/5/24
NY	MD 327199	A	12/19/23	11/30/25	1/5/24
UT	MD 13723034-1205	A	12/12/23	1/31/26	1/5/24
WA	MD MD62513789	A	12/29/23	9/15/24	1/5/24
WI	MD 83117-20	A	12/18/23	10/31/25	1/5/24

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
MD	42778	ERIC HAMILTON WRIGHT
MEDICAL DOCTOR		

DEFICIENCIES

Eric Hamilton Wright
As of December 8, 2023, 8:33 am

L.. Have you ever failed any part of a licensure/certification/registration examination?

Yes No

Failed USMLE Step 2 Clinical Skills (CS) on first attempt in 2008

I did not realize the Clinical Skills test required taking more than an HPI and subsequently did not obtain ROS, SH, FH, etc. Upon realizing this, I took the test again and passed.

P.. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?

Yes No

In May of 2019, I was stopped for traveling 60 mph in a 45 mph zone on a 6-lane highway. I had left the hospital and picked up a couple friends to drive them home as they had drinks with dinner. The officer noted that he smelled alcohol and I performed field sobriety tests to prove that I had not been drinking. Growing irritated with the officer after a 12 hour shift and what I perceived as his hostile and belligerent manner, I foolishly declined to take a breathalyzer. I was arrested in front of my friends who witnessed the event, and were quite shocked, as they had witnessed me performing the field sobriety tests. Blood testing was not subsequently performed. Confident I could prove my innocence with the help of the dash cam video and body camera footage of me performing and passing field sobriety testing, I eagerly awaited trial as the case was postponed time and again because of Covid. However, nearing the trial date, my attorney informed me that the dash cam video and body camera video footage had been erased. Again, both video records ??? vital evidence that could have exonerated me - were erased while in police custody. Although my attorney noted that my case was particularly strong and did offer to go to trial, he advised that I accept a lesser reckless driving charge in order to avoid any possibility of getting a DUI on my record, which he noted was his typical advice to any client with professional licenses. For the reckless driving charge, I paid a fine, performed community service, and fulfilled all the court requirements.

Q.. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?

Yes No

In May of 2019, I was stopped for traveling 60 mph in a 45 mph zone on a 6-lane highway. I had left the hospital and picked up a couple friends to drive them home as they had drinks with dinner. The officer noted that he smelled alcohol and I performed field sobriety tests to prove that I had not been drinking. Growing irritated with the officer after a 12 hour shift and what I perceived as his hostile and belligerent manner, I foolishly declined to take a breathalyzer. I was arrested in front of my friends who witnessed the event, and were quite shocked, as they had witnessed me performing the field sobriety tests. Blood testing was not subsequently performed. Confident I could prove my innocence with the help of the dash cam video and body camera footage of me performing and passing field sobriety testing, I eagerly awaited trial as the case was postponed time and again because of Covid. However, nearing the trial date, my attorney informed me that the dash cam video and body camera video footage had been erased. Again, both video records ??? vital evidence that could have exonerated me - were erased while in police custody. Although my attorney noted that my case was particularly strong and did offer to go to trial, he advised that I accept a lesser reckless driving charge in order to avoid any possibility of getting a DUI on my record, which he noted was his typical advice to any client with professional licenses. For the reckless driving charge, I paid a fine, performed community service, and fulfilled all the court requirements.

S.. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?

Yes No

As part of my probation I had to complete an assessment.

Eric Hamilton Wright
As of December 8, 2023, 8:33 am

State of: *South Carolina*

County of: *Berkeley*

RECEIVED

DEC 18 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

42778
W *[Signature]*

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 13 day of December, 2023, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.



[Signature]
Signature of Applicant
Julie Erickson
Notary
10-08-2023
My Commission Expires

JULIE ERICKSON
Notary Public, State of South Carolina
My Commission Expires 10/8/2031

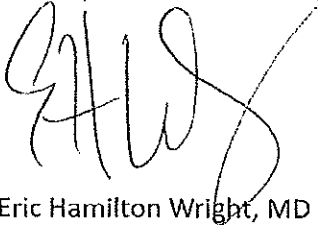
RECEIVED

DEC 18 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

42778
[Signature]

In May of 2019, I was stopped for traveling 60 mph in a 45 mph zone on a 6-lane highway. I had left the hospital and picked up a couple friends to drive them home as they had drinks with dinner. The officer noted that he smelled alcohol and I performed field sobriety tests to prove that I had not been drinking. Growing irritated with the officer after a 12 hour shift and what I perceived as his hostile and belligerent manner, I foolishly declined to take a breathalyzer. I was arrested in front of my friends, who witnessed the event, and were quite shocked, as they had witnessed me performing the field sobriety tests. Blood testing was not subsequently performed. Confident I could prove my innocence with the help of the dash cam video and body camera footage of me performing and passing field sobriety testing, I eagerly awaited trial as the case was postponed time and again because of Covid. However, nearing the trial date, my attorney informed me that the dash cam video and body camera video footage had been erased. Again, both video records – vital evidence that could have exonerated me - were erased while in police custody. Although my attorney noted that my case was particularly strong and did offer to go to trial, he advised that I accept a lesser reckless driving charge in order to avoid any possibility of getting a DUI on my record, which he noted was his typical advice to any client with professional licenses. For the reckless driving charge, I paid a fine, performed community service, and fulfilled all the court requirements.

A handwritten signature in black ink, appearing to read 'EHW', with a long horizontal stroke extending to the right.

Eric Hamilton Wright, MD

Georgia Composite Medical Board

PRIMARY SOURCE
12/5/23

Executive Director
Daniel R. Dorsey, MBA



Chairperson
William K. Bostock, DO

Vice Chairperson
Sreeni Gangasani, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • www.medicalboard.georgia.gov

December 06, 2023

RE: **Eric Wright**

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Composite Medical Board.

It is further certified that:

The license number is **68182** and was issued on **June 08, 2012**.

The current license status is **Lapsed**.

The license expiration date is **September 30, 2019**.

Board Actions: A review of public records indicates that no public board orders have been docketed.

Dated this day Wednesday, December 6, 2023.

Sincerely,

Daniel R. Dorsey
Executive Director

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/09/2023

Applicant Name: WRIGHT, ERIC HAMILTON

MD 42778



Date Of Birth: [Redacted]

Place Of Birth (City, State): CHATTANOOGA, TN

Sex: M

Race: Caucasian

Education								
Type Name	City	ST	Country	From	To	Degree	Comments	Veri
UG UNIVERSITY OF GEORGIA	ATHENS	GA		8/2000	5/2004	BS		

Medical School Name	City	State	Country	Comments	From	To
Med Coll of GA, GA Hlth Sci Univ, Augusta, GA	Augusta	GA	United States		8/2005	5/2009

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
UNIVERSITY OF NORTH CAROLINA	CHAPEL HILL	NC	UNITED S	EMERGENCY MEDICINE		6/2009 6/2012

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	To	Verif
TRIDENT MEDICAL CENTER	EMERGENCY MEDICINE		NORTH CHARLESTON	SC	6/2014		
UNIVERSITY HOSPITAL	EMERGENCY MEDICINE		AUGUSTA	GA	8/2012	6/2014	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
PA	MD482987		U	10/5/23	12/31/24
SC	36689		U	5/20/14	6/30/25
NC	2011-01361		U	8/10/11	9/26/12
NC	RTL09-0232		U	5/7/09	8/10/11
TX	U7777		U	11/10/23	
RI	MD19558		U	10/26/23	
GA	68182		U	6/8/12	9/30/19
MA	1017479		U	11/2/23	9/15/24
IL	036.167314		U	10/10/23	7/31/26
NH	25168		U	11/22/23	
AK	214970		U	11/9/23	

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

AS001/r

SD

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/09/2023

Questions Answered 12/08/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination? Failed USMLE Step 2 Clinical Skills (CS) on first attempt in 2008	Y
I did not realize the Clinical Skills test required taking more than an HPI and subsequently did not obtain ROS, SH, FH, etc. Upon realizing this, I took the test again and passed.	
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations? In May of 2019, I was stopped for traveling 60 mph in a 45 mph zone on a 6-lane highway. I had left the hospital and picked up a couple friends to drive them home as they had drinks with dinner. The officer noted that he smelled alcohol and I performed field sobriety tests to prove that I had not been drinking. Growing irritated with the officer after a 12 hour shift and what I perceived as his hostile and belligerent manner, I foolishly declined to take a breathalyzer. I was arrested in front of my friends, who witnessed the event, and were quite shocked, as they had witnessed me performing the field sobriety tests. Blood testing was not subsequently performed. Confident I could prove my innocence with the help of the dash cam video and body camera footage of me performing and passing field sobriety testing, I eagerly awaited trial as the case was postponed time and again because of Covid. However, nearing the trial date, my attorney informed me that the dash cam video and body camera video footage had been erased. Again, both video records ??? vital evidence that could have exonerated me - were erased while in police custody. Although my attorney noted that my case was particularly strong and did offer to go to trial, he advised that I accept a lessor reckless driving charge in order to avoid any possibility of getting a DUI on my record, which he noted was his typical advice to any client with professional licenses. For the reckless driving charge, I paid a fine, performed community service, and fulfilled all the court requirements.	Y
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol? In May of 2019, I was stopped for traveling 60 mph in a 45 mph zone on a 6-lane highway. I had left the hospital and picked up a couple friends to drive them home as they had drinks with dinner. The officer noted that he smelled alcohol and I performed field sobriety tests to prove that I had not been drinking. Growing irritated with the officer after a 12 hour shift and what I perceived as his hostile and belligerent manner, I foolishly declined to take a breathalyzer. I was arrested in front of my friends, who witnessed the event, and were quite shocked, as	Y

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/09/2023

they had witnessed me performing the field sobriety tests. Blood testing was not subsequently performed. Confident I could prove my innocence with the help of the dash cam video and body camera footage of me performing and passing field sobriety testing, I eagerly awaited trial as the case was postponed time and again because of Covid. However, nearing the trial date, my attorney informed me that the dash cam video and body camera video footage had been erased. Again, both video records ??? vital evidence that could have exonerated me - were erased while in police custody. Although my attorney noted that my case was particularly strong and did offer to go to trial, he advised that I accept a lessor reckless driving charge in order to avoid any possibility of getting a DUI on my record, which he noted was his typical advice to any client with professional licenses. For the reckless driving charge, I paid a fine, performed community service, and fulfilled all the court requirements.

R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol? <i>As part of my probation I had to complete an assessment.</i>	Y
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Other: Emergency Medicine

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

Medical Security Insurance, University Hospital

Name of Current Carrier and policy Holder

Allied World Surplus Line Insurance, Trident Medical Center

Will your professional liability insurance policy cover your practice in Oklahoma

No

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

Prior to Starting Practice in OK

I attest that all the above information is accurate as of December 08, 2023: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

RECEIVED

NOV 20 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



Eric W. Wright

Applicant's signature (must be signed in the presence of a notary)

Wright, Eric W.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

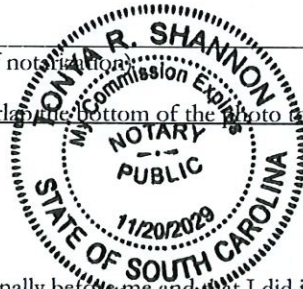
9/18/23

Date of signature (must correspond to the date of notary public)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of South Carolina, County of Charleston



I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 18 day of September, 2023

Notary Public Signature Janya R Shannon My Notary Commission Expires 11/20/2029

MD 42778

TS 18



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and Email to [REDACTED]

April 24, 2024

Aziz Ghaly MD Applicant 43048
[REDACTED]

9489 0090 0027 6330 2025 23

REQUEST FOR BOARD APPEARANCE

Your application for licensure to practice in the State of Oklahoma has been reviewed.

You have requested to appear before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00 a.m.** You may appear in person at the offices of the Oklahoma Medical Board of Licensure and Supervision 101 NE 50th Street Oklahoma City, OK 73105 or via Zoom.

You are appearing to discuss obtaining special licensure.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

493.4. Special License and Special Training License

- A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.
- B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.
- C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.
- D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.
- E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.
- F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.
- G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician.

435:10-11-3. Procedure for special licensure

- (a) Absent Board determination of **exceptional qualifications** and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.
- (b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.
- (c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43048	AZIZ SADEK GHALY
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

915-04 Ain Shams Univ, Fac Of Med, Abbasia, Cairo, Egypt (330-04 Pr 1/71)

Number of Licenses Previously Granted to Graduates of this Medical School:63

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Malpractice Issues
- US Graduate
- Graduated Medical School in 4 years or less

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___ / ___ / ___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43048 AZIZ SADEK GHALY
 MEDICAL DOCTOR

Practice Address:

January 30, 2024
 CEDARS SINAI MEDICAL CENTER
 2841 LOMITA BLVD
 SUITE 310
 TORRANCE, CA 90505
 NOT OKLAHOMA

Status:

Endorsed By: USMLE

Res: MD

Received: 01/30/2024

Entered: 01/30/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 02/23/2024

AMA Rec: 02/23/2024

Board Action:

License #: 43048

Sex: M

Ethnic Origin: 1

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	10/28/05	2/5/24	3
Test 2:	USMLE 2	PASS	8/27/96	2/5/24	2
Test 3:	USMLE 1	PASS	9/27/95	2/5/24	3

Note: **PASS** means higher than 75

Test AV:
Total Possible:
Okla Passing:
Total Score:

PRE-MED EDUCATION

School Name: AIN SHAMS UNIVERSITY FACULTY OF MEDICINE

City: CAIRO

State: **Country:** EGYPT

Degree: MBBS

From: 8/1984 **To:** 12/1990 **Verified:**

MEDICAL SCHOOL EDUCATION

Name: Ain Shams Univ, Fac Of Med, Abbasia, Cairo, Egypt (330-04 Pr 1/71)

Foreign Name:

City: Cairo

State/Country: Egypt

Degree: MBBS

From: 9 / 1984 **To:** 12/ 1990 **Diploma Ver'd:**

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43048 AZIZ SADEK GHALY
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: CEDARS-SINAI MEDICAL CENTER Res. Fellowship: Residency City: LOS ANGELES Verified: 02/05/2024 ACGME Ver'd: 02/05/2024 Comments:	Specialty: THORACIC SURGERY State: CA Country: UNITED STATES OF AM From: 7 / 2007 To: 6 / 2009
Facility: UNIVERSITY OF LOUISVILLE PROGRAM Res. Fellowship: Internship/Residency City: LOUISVILLE Verified: 02/05/2024 ACGME Ver'd: 02/05/2024 Comments:	Specialty: GENERAL SURGERY State: KY Country: UNITED STATES OF AM From: 7 / 2003 To: 12 / 2006
Facility: UNIVERSITY OF LOUISVILLE Res. Fellowship: Research City: LOUISVILLE Verified: 02/05/2024 ACGME Ver'd: Waived Comments:	Specialty: THORACIC SURGERY State: KY Country: UNITED STATES OF AM From: 7 / 2002 To: 6 / 2003
Facility: BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER Res. Fellowship: Residency City: BROOKLYN Verified: 02/05/2024 ACGME Ver'd: 02/05/2024 Comments:	Specialty: SURGICAL SERVICES State: NY Country: UNITED STATES OF AM From: 7 / 1999 To: 6 / 2002
Facility: BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER Res. Fellowship: Residency City: BROOKLYN Verified: 02/05/2024 ACGME Ver'd: 02/05/2024 Comments:	Specialty: ANESTHESIOLOGY State: NY Country: UNITED STATES OF AM From: 7 / 1998 To: 6 / 1999
Facility: THE CLEVELAND CLINIC Res. Fellowship: Fellowship/Research City: CLEVELAND Verified: Waived ACGME Ver'd: Waived Comments:	Specialty: CRITICAL CARE State: OH Country: UNITED STATES From: 3 / 1997 To: 2 / 1998
Facility: EL-TALABA HOSPITAL	Specialty:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43048 AZIZ SADEK GHALY
 MEDICAL DOCTOR

PRACTICE HISTORY

Employed: TORRANCE MEMORIAL MEDICAL CENTER **Supervisor:**
City: TORRANCE **State:** CA **Country:** UNITED STATES
Specialty: DIRECTOR, **From:** 10/ 2019 **To:** / **Verified:**
 CARDIOTHORACIC
 SURGERY
Comments: 3/7/24 - CURRENTLY WORKING (VB)

Employed: RUTGERS ROBERT WOOD JOHNSON **Supervisor:**
 MEDICAL SCHOOL
City: PISCATAWAY **State:** NJ **Country:** UNITED STATES
Specialty: ASSISTANT PROFESSOR **From:** 7/ 2013 **To:** 11/ 2019 **Verified:**
 OF SURGERY
Comments:

Employed: LOMA LINDA UNIVERSITY SCHOOL OF **Supervisor:**
 MEDICINE
City: LOMA LINDA **State:** CA **Country:** UNITED STATES
Specialty: ASSISTANT PROFESSOR **From:** 7/ 2010 **To:** 7/ 2013 **Verified:**
 OF SURGERY
Comments:

Employed: COLUMBIA UNIVERSITY COLLEGE OF **Supervisor:**
 PHYSICIANS AND SURG
City: NEW YORK **State:** NY **Country:** UNITED STATES
Specialty: ASSISTANT IN CLINICAL **From:** 8/ 2009 **To:** 6/ 2010 **Verified:**
 SURGERY
Comments:

Employed: IRELAND ARMY CLINIC **Supervisor:**
City: FORT KNOX **State:** KY **Country:** UNITED STATES
Specialty: PHYSICIAN **From:** 2/ 2007 **To:** 6/ 2007 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: LOUISVILLE **State:** KY **Country:** UNITED STATES
Specialty: N/A **From:** 12/ 2006 **To:** 2/ 2007 **Verified:**
Comments: SEEKING EMPLOYMENT

Employed: NONE **Supervisor:**
City: CLEVELAND **State:** OH **Country:** UNITED STATES
Specialty: N/A **From:** 3/ 1998 **To:** 7/ 1998 **Verified:**
Comments: RELOCATION/AWAITING TRAINING

Employed: NONE **Supervisor:**
City: CAIRO **State:** **Country:** EGYPT
Specialty: N/A **From:** 6/ 1997 **To:** 8/ 1997 **Verified:**
Comments: RELOCATION

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43048 AZIZ SADEK GHALY
 MEDICAL DOCTOR

Employed: MILITARY SERVICE City: CAIRO Specialty: MILITARY Comments:	Supervisor: State: Country: EGYPT From: 7/ 1992 To: 9/ 1993 Verified:
Employed: FERAN VALLEY HOSPITAL City: MT SINAI Specialty: NATIONAL HEALTH Comments:	Supervisor: State: Country: EGYPT From: 3/ 1992 To: 6/ 1992 Verified:
Employed: N/A City: CAIRO Specialty: N/A Comments: AWAITING TRAINING	Supervisor: State: Country: EGYPT From: 12/ 1990 To: 2/ 1991 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	MD MD 254940	I	9/22/09	1/31/24	2/23/24
CA	MD MD A 100549	A	6/27/07	11/30/24	2/23/24
KY	MD MD 40712	I	3/15/07	2/28/13	2/23/24
NJ	MD MD 25MA09333600	I	6/28/13	6/30/23	2/23/24

DEFICIENCIES

April 15, 2024

Oklahoma Board of Medical Licensure
101 NE 51st St
Oklahoma City, OK 73105

RE: Dr. Aziz Ghaly - Medical License Application

Oklahoma Board of Medical Licensure,

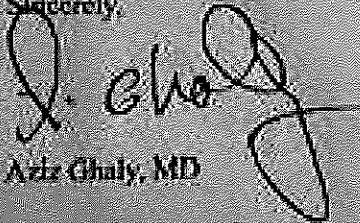
Please consider this my official response to your request for my medical license application. Please modify my response that stated "no" on the application regarding ever failing licensure/certification/registration examination. This was inadvertently answered incorrectly and should reflect a "yes" answer. Details of exams are listed below.

USMLE I completed 09/27/1995, third attempt.
USMLE II CK completed 08/27/1996, second attempt.
USMLE III completed 10/28/2005, third attempt.

If there are any questions or additional information needed, I can be reached at [REDACTED] or [REDACTED].

Thank you for your time and consideration of my application.

Sincerely,



Aziz Ghaly, MD

RECEIVED 4/17/24
MD 43048
LKC

Valeska Barr

From: Ghaly, Aziz, M.D. <[REDACTED]>
Sent: Thursday, March 7, 2024 12:08 PM
To: Valeska Barr
Subject: [EXTERNAL] Dr. Aziz Ghaly medical license application

Dear Ms. Barr:

I am writing this letter to explain why I completed the three USLME steps in more than 10 years (ten years and one month) which exceeds the Oklahoma state requirements. By this letter I am seeking a waiver from the ten years limit to obtain Oklahoma medical license.

After finishing my medical school in Egypt I started the process of obtaining my ECFMG certificate in order to apply for medical training in the US. I successfully passed step 1 and step 2 in two consecutive years (1995 and 1996) in Egypt as well as the required English exam. By doing this I satisfied all my required steps for ECFMG certifications and started to apply for residency. Since Step 3 examination is only offered on the US mainland and is not a required step to apply for medical residency position, it was not my focus at that time and I directed all my efforts to my residency training at its required exams. In addition, at that time I was not aware that some states have time limitation on finishing the licensing exams.

Over the following 12 years I was very busy with my residency training in Anesthesia, general surgery, Cardiothoracic Surgery, and finally my advanced training in heart transplant and mechanical assist devices as well as preparing for passing my boards for general surgery and my Cardiothoracic Surgery. Following that I had the time to direct my efforts to pass step 3.

Currently, I am an associate professor of surgery at Cedars Sinai Medical Center and director of cardiac surgery at Torrance memorial hospital in Los Angeles California.

I am currently board certified in Cardiothoracic Surgery and was recently re-certified for another 10 years. I am currently licensed in the state of California and had licenses in New York, Kentucky, and New Jersey.

I am seeking a position at Saint Francis hospital as surgical director of mechanical assist devices and advanced heart failure and for that reason I applied for Oklahoma state license.

Sincerely yours,

Aziz Ghaly, MD

Clinical Associate Professor
Cedars Sinai Medical Center
Director, Cardiothoracic Surgery
Torrance Memorial Medical Center
[REDACTED]

Aziz Ghaly, MD
Clinical Associate Professor
Smidt Heart Institute
Cedars Sinai Medical Center
Director, Cardiothoracic Surgery
Torrance Memorial Medical Center
[REDACTED]

Office: 310-784-8075
cell: [REDACTED]

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any

4/30/18
WB

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 01/30/2024

Foreign Graduate

Applicant Name: GHALY, AZIZ SADEK

MD 43048

Date Of Birth: [REDACTED]

Place Of Birth (City, State): CAIRO, EGYPT

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	AIN SHAMS UNIVERSITY FACULTY OF MEDICINE	CAIRO		EGYPT	8/1984	12/1990	MBBS		

Medical School Name	City	State	Country	Comments	From	To
Ain Shams Univ, Fac Of Med, Abbasia, Cairo, Egypt (330-04 Pr 1/71)	Cairo		Egypt		8/1984	12/1990

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
CEDARS-SINAI MEDICA	LOS ANGELES	CA	UNITED S	CARDIOTHORACIC SURGERY		7/2007 6/2009
UNIVERSITY OF LOUISVILLE PROGRAM	LOUISVILLE	KY	UNITED S	SURGERY		7/2003 12/2006
UNIVERSITY OF LOUISVILLE	LOUISVILLE	KY	UNITED S	THORACIC SURGERY		7/2002 6/2003
BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	BROOKLYN	NY	UNITED S	SURGERY		7/1999 6/2002
BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	BROOKLYN	NY	UNITED S	ANESTHESIOLOGY		7/1998 6/1999

Practice History							
Employer	Specialty	Supervisor	City	ST	Country	From To	Verif
TORRANCE MEMORIAL MEDICAL CENTER	DIRECTOR, CARDIOTHORACIC SURGERY		TORRANCE	CA		10/2019	0/0
RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL	ASSISTANT PROFESSOR OF SURGERY		PISCATAWAY	NJ		7/2013	11/2019
LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE	ASSISTANT PROFESSOR OF SURGERY		LOMA LINDA	CA		7/2010	7/2013
COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURG	ASSISTANT IN CLINICAL SURGERY		NEW YORK	NY		8/2009	6/2010

\$750

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:01/30/2024

Foreign Graduate

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
NY	MD 254940	MD	U	9/22/09	8/31/11
CA	MD A 100549	MD	U	7/27/07	11/30/24
KY	MD 40712	MD	U	3/15/07	2/28/13
NJ	MD 25MA09333E	MD	U	6/28/13	6/30/23

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:01/30/2024

Foreign Graduate

Questions Answered 01/26/2024	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:01/30/2024

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

Yes

If 'Yes', Name of practice:

Saint Francis health system

If so, Please identify with which category:

Hospital

Name of Previous Carrier and Policy Holder

BETA HEALTHCARE GROUP

Name of Current Carrier and policy Holder

PENDING

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of January 29, 2024: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



Applicant's signature (must be signed in the presence of a notary)

Ghaly, Aziz, S

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

01-24-2024

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of California, County of Los Angeles

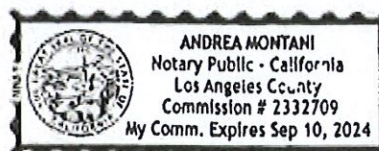
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 24 day of January, 2024

Notary Public Signature

My Notary Commission Expires

Sep 10, 2024



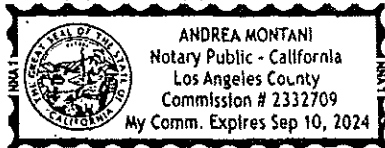
MD 43048
TS

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

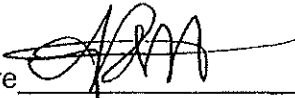
State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 24
day of January, 2024, by Aziz S. Ghaly

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature 

RECORDED

FEB 20 2024

OKLAHOMA COUNTY CLERK
TULSA, OKLAHOMA

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

**PRIMARY
SOURCE**

**Medical Professional
Information Profile**

This report provides credentialing information for:

Name: **Ghaly, Aziz Sadek**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **201578952**

Recipient: **OK - Oklahoma State Board
of Medical Licensure &
Supervision**

Delivery Date: **01/29/2024**

RECEIVED

FEB 05 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**

43048

MB

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release



I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Applicant's Signature (must be signed in the presence of Notary)

Applicant's Printed Last Name

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

Date of Signature (must correspond to date of notarization)

[Handwritten Signature]
GHALY
AZIZ S.
6/13/2019

KIM E. MOLTEG
NOTARY PUBLIC OF NEW JERSEY

My Commission Expires March 27, 2023

ID# 2371554

State of New Jersey County of Hudson

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph of the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 15th day of June, 2019.

Notary Public Signature: *[Handwritten Signature]*

My Notary Commission Expires: March 27, 2023

Please complete and mail this original document to the Federation of State Medical Boards at:

600 FULLER WOOD ROAD | BULESS, TX 76039 | TEL (817) 560-5000

© 2014 Federation of State Medical Boards
FCVS ID Number

FID Number
201578952

201 578 952

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Identity



fsmb

Biographic Information

Medical professional Name(s): **Ghaly, Aziz Sadek**
Ghaly, Aziz Sadek Aziz
Aziz, Aziz Sadek

Date of Birth: [REDACTED]
Place of Birth: **Cairo, Al Qahirah, EGYPT**

Contact Information

Home Address: [REDACTED]
UNITED STATES
Mobile Phone: [REDACTED]
Email: [REDACTED]
Email: [REDACTED]

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Ghaly Aziz Sadek
Last First Middle

FCVS ID Number: FCVS

Notary - Please complete the section below:

State of New Jersey County of Hudson

I certify that on the (date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

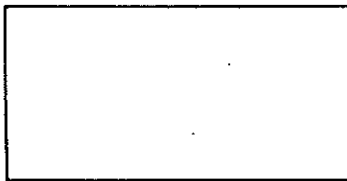
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 13th, of (Month) June, (Year) 2019.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) March / (Day) 27 / (Year) 2023

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.

Notary Stamp Here



KIM E. MOLTEG
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 27, 2023
10# 2371554
[Signature]

Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

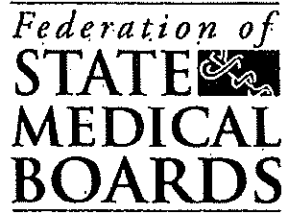
Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wisser Rd
Euless, TX 76039-3856

FCVS ID Number
FCVS

FID Number
201578952

201 578 952

PP



Provided By
Applicant

Written Explanation of Name

Name: Aziz Sadek Aziz

Explanation:

In Egypt they do not use the last name: only the first and middle.

Federation ID#: 201578952

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Chronology of Activities****fsmb**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
09/24/1984	12/01/1990	Medical Education	Ain Shams University Faculty of Medicine Cairo Al Qahirah EGYPT
12/02/1990	02/01/1991	Vacation	Vacation
02/01/1991	03/31/1992	PGT/Education	Ain Shams University Faculty of Medicine Cairo Al Qahirah EGYPT
03/01/1992	06/30/1992	Work	Feran Valley Hospital El Nour District Mount Sinai, Al Qahirah EGYPT
06/01/1992	09/01/1993	Military Service	
10/01/1993	05/31/1997	PGT/Education	El-Talaba Hospital Cairo Al Qahirah EGYPT
06/01/1997	08/01/1997	PGT/Education	New York New York UNITED STATES
08/01/1997	01/01/1998	Work	Cleveland Clinic Foundation, Division of Surgical Cleveland, Ohio UNITED STATES
01/01/1998	04/01/1998	PGT/Education	Kaplan International Program New York New York UNITED STATES
07/01/1998	06/30/1999	Postgraduate Training	Brookdale University Hospital and Medical Center Brooklyn New York UNITED STATES
07/01/1999	06/30/2002	Postgraduate Training	One Brooklyn Health System/Brookdale University Hospital and Medical Center Program Brooklyn New York UNITED STATES
07/01/2002	06/30/2003	Postgraduate Training	University of Louisville School of Medicine Louisville Kentucky UNITED STATES
07/01/2003	12/31/2003	Postgraduate Training	University of Louisville School of Medicine Program Louisville Kentucky UNITED STATES
01/01/2004	12/31/2005	Postgraduate Training	University of Louisville School of Medicine Program Louisville Kentucky UNITED STATES

Date
January 29, 2024

Ghaly, Aziz Sadek

FID
201578952

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities****fsmb**

01/01/2006	12/31/2006	Postgraduate Training	University of Louisville School of Medicine Program Louisville Kentucky UNITED STATES
02/01/2007	06/01/2007	Work	Ireland Army Hospital Fort Knox, Kentucky UNITED STATES
07/01/2007	06/30/2009	Postgraduate Training	Cedars-Sinai Medical Center Program Los Angeles California UNITED STATES

End of Chronology of Activities report for: Ghaly, Aziz Sadek

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Medical Education



fsmb

Medical Education

Medical School: Ain Shams University Faculty of Medicine

Location: Cairo, C
EGYPT

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.



Educational Commission for Foreign Medical Graduates (ECFMG®)
VERIFICATION OF MEDICAL EDUCATION
(This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Medical School Release Request Form has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) on behalf of the Federation Credentials Verification Service (FCVS), a division of the Federation of State Medical Boards of the United States, Inc. (FSMB) any and all information pertaining to his/her education at your institution. Please complete this Verification of Medical Education form and return it to ECFMG with the accompanying medical diploma endorsed with your medical institution's seal. If your institution also processes final medical school transcript requests, please attach the individual's final medical school transcript. If the transcript is not in English, please include an English translation, if possible. Enclosed is a self-addressed prepaid envelope.

RECEIVED

AUG 05 2009

CREDS

VERIFICATION OF MEDICAL EDUCATION

RE: Aziz Sadek Aziz Ghaly
E57627-2

AIN SHAMS UNIVERSITY
FACULTY OF MEDICINE
POB 38
ABBASIYA
CAIRO
EGYPT

If name of institution was different when this individual attended, please note this name below:



Premedical Education:

Years of education required for admission to your medical school: 12 years.

Credential/degree presented by the applicant for admission to your medical school: GENERAL SECONDARY EDUCATION CERTIFICATE.

Enrollment and Participation: Our records indicate that Aziz Sadek Aziz Ghaly attended our medical school for total of 240 weeks of medical education on the following dates:

From 24 / 9 / 1984 (dd/mm/yy) To ////// DEC 1990 (dd/mm/yy) WITH GRADE: (GOOD).

This individual:

Was awarded the degree of M.B.B.CH on //// DEC 1990
Day Month Year

OR

Was NOT awarded a degree because _____

(Please explain - attach additional pages if necessary).

Certification: By my signature, I, PROF. TAHER MOHAMED FARID, M.D., certify that the above information is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge.
(type/print name)



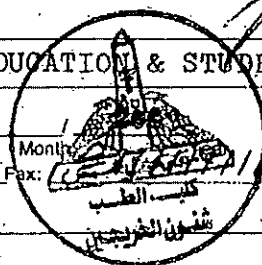
ORIGINAL SEAL

Signature: _____
Title: VICE DEAN, S FOR EDUCATION & STUDENTS AFFAIRS.

Date of Signature: 21 / 7 /
Day Month Year

Phone: ////////// Fax: //////////

Email: _____



Educational Commission for Foreign Medical Graduates (ECFMG®)
(continued)

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? Response YES NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
<u>Personal/Family</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Academic remediation</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Health</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Financial</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Participation in joint degree Program (e.g., MD/PhD)</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Participation in non-research special study (e.g., fellowship, international experience)</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Participation in non-degree research</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Other</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>Please Specify:</u>				

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? Response YES NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>
<u>Academic Probation</u>		
<u>Probation for unprofessional conduct/behavioral</u>		
<u>Probation for other reason</u>		
<u>Please specify reason:</u>		

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? Response YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

Educational Commission for Foreign Medical Graduates (ECFMG®)
(continued)

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? Response YES NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Applicant Reported
Unusual Circumstances**



Medical School

Medical Professional Name: Ghaly, Aziz Sadek

Ain Shams University Faculty of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Ghaly, Aziz Sadek



ASSIUT UNIVERSITY
FACULTY OF MEDICINE
CAIRO - EGYPT



Cairo 8 / 7/2009.

CERTIFICATE

This is to certify that Mr. / Mrs. / Miss ADIA SADEK ADI,
has graduated from this Faculty in DEC. 1990, and has
obtained the degree of M.B., B.Ch. with grade /GOOD/

The following are the subjects, number of hours (lectures and practical) for each subject he/she attended during his/her study at the faculty.

<u>1st Year</u>	Theoretical & Practical hours
- Biology	45
- Biophysics	25
- Chemistry & Biochemistry	75
- Physiology	120
- Histology	60
- Human Anatomy Including Embryology	120
- Behavioral Humanistic Sciences	30
- Community Medicine Including Biostatistics	30
- English Language	30
 <u>2nd Year :</u>	
- Physiology	140
- Histology	60
- Human Anatomy Including Embryology	140
- Biochemistry	100
- Behavioral Humanistic Sciences	30
- Community Medicine Including Biostatistics	30
- English Language	30
 <u>3rd Year :</u>	
- Pathology	200
- Pharmacology	150
- Microbiology	100
- Parasitology	60
- Community Medicine Including Biostatistics	30

General Surgery and General Medicine :

Practical training in the University Hospitals, 2 months (2 hours) 3 times weekly including : 85
HOURS

- History of the disease.
- General examination.

**CREDIT HOURS : ARE FIVE THOUSAND HOURS.
THE STUDENT HAS ATTENDED BESIDE THE CREDIT HOURS 600
HOURS
AS TRAINING COURSES IN DELIVARY ROOMS, OPERATING THEATRES
AND INTENSIVE CARE UNITS.**

4th Year :

	Theoretical course	Practical	HOURS
- General Medicine	50 hours	2 months	= 160
- General Surgery	50 hours	2 months	= 160
- Gynaecology & Obstetrics	40 hours	2 months	= 180
- Ophthalmology	40 hours	2 months	= 160
- Ear, Nose & Throat	20 hours	1 months	= 80
- Community Medicine Including Biostatistics	30 hours		
- Forensic Medicine	30 hours		

5th Year :

- General Medicine	60 hours	2 months	= 160
- General Surgery	60 hours	2 months	= 160
- Gynaecology & Obstetrics	50 hours	2 months	= 160
- Paediatrics	30 hours	2 months	= 160
- Community Medicine Including Biostatistics	30 hours	2 Weeks	= 40

6th Year :

- General Medicine	80 hours	4 months	= 320
- General Surgery	80 hours	4 months	= 320

General Medicine (Practical) Includes :

Chest Diseases Psychiatry Neurology, Tropical Medicine, Skin and Venereal Diseases, Physical Medicine, Cardiology and Vascular Diseases, Clinical Pathology Emergency Medicine, Radiology. **300**

General Surgery (Practical) Includes :

Orthopaedic Surgery , Urology, Neurosurgery Skin Graft , Thoracic Surgery, Cancer Surgery, Paediatric Surgery, Anaesthesia. **300**

This certificate is issued to be presented to the Universities and Hospitals
abroad

5000 HOURS.**REGISTRAR****DEAN****ORIGINAL SEAL**



Cairo 7 / 200 9.

CERTIFICATE

This is to certify that Mr./Mrs. / Miss Dr. Hany A. El.
 is a graduate of this Faculty and was awarded the degree of M.B., B.CH. with grade 200/
 in 1990.

The following are the grades he/ she obtained in the different subjects of examinations

1st YEAR EXAMINATION IN 200 :

Biophysics	<u>PASS</u>	Biology	<u>GOOD</u>
Chemistry & Biochemistry	<u>PASS</u>	Anatomy	<u>GOOD</u>
physiology.	<u>PASS</u>	Histology	<u>PASS</u>
Behavioral Humanistic Sciences	<u>GOOD</u>	Community Medicine	<u>GOOD</u>
English Language	<u>GOOD</u>	TOTAL	<u>GOOD</u>

2nd YEAR EXAMINATION IN MAY 85 200 :

Anatomy	<u>VERY GOOD</u>	Physiology	<u>PASS</u>
Biochemistry	<u>VERY GOOD</u>	Histology	<u>GOOD</u>
Behavioral Humanistic Sciences	<u>PASS</u>	Community Medicine	<u>VERY GOOD</u>
English Language	<u>VERY GOOD</u>	TOTAL	<u>GOOD</u>

3rd YEAR EXAMINATION MAY 87 200 :

Microbiology	<u>PASS</u>	Parasitology	<u>GOOD</u>
Pharmacology	<u>PASS</u>	Pathology	<u>GOOD</u>
Community Medicine	<u>VERY GOOD</u>	TOTAL	<u>GOOD</u>

FINAL M.B., B. CH. (4TH, 5TH, AND 6TH YEARS) EXAMINATION IN DEC. 1990 200 :

Ophthalmology	<u>PASS</u>	Ear, Nose & Throat	<u>VERY GOOD</u>
Forensic Medicine & Toxicology	<u>PASS</u>	Community Medicine	<u>PASS</u>
Gynaecology & Obstetrics	<u>PASS</u>	Pediatrics	<u>GOOD</u>
Community Medicine	<u>VERY GOOD</u>	Medicine	<u>GOOD</u>
Surgery	<u>VERY GOOD</u>	TOTAL	<u>GOOD</u>

This certificate is issued to be presented to THE UNIVERSITIES AND HOSPITALS ABROAD.
 Date and Place of Birth _____

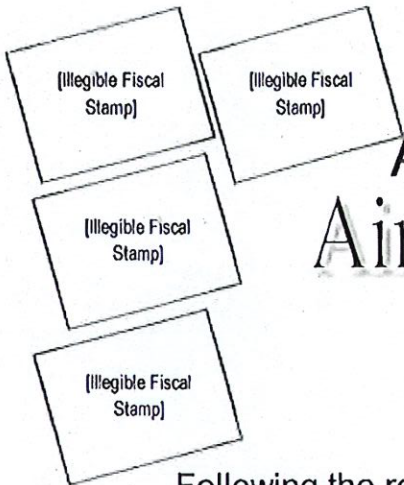
REGISTRAR



ORIGINAL SEAL

soed

Handwritten signature



Arab Republic of Egypt Ain Shams University

in lieu of lost

Following the review of final examination results of which the Faculty of Medicine approved in its Board's decision on February 10, 1991, the Council of the University has decided on May 2, 1991 to confer a

Bachelor of Medicine and Surgery Diploma

upon

Mr. Aziz Sadek Aziz,

son of Mr. Aziz Sadek Ghaly, who was born in Suez in [redacted] with a grade of "Good."

Cairo on Muharram 1421, corresponding to April 2000.

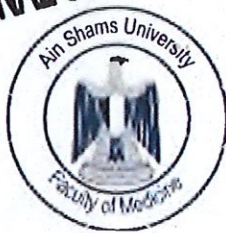
Dean of the College

[Signature]

University President

[Signature]

ORIGINAL SEAL



[Illegible]
4/24/2000

[Signature]
4/24/2000

Registered under the number:

Signature of the degree holder:



[Signature]

True Copy

[Signature]


7/15/2003



CERTIFICATE OF ACCURATE TRANSLATION
No. 05202013-302

Teneo Linguistics Company, LLC, a translation company based in Tarrant County, state of Texas (TX state vendor ID: 120511285800), hereby certifies that the attached is a true and accurate translation of the original submitted, completed to the best of our knowledge, ability and belief by a qualified and certified translator of the Arabic and English languages.*

Original language: Arabic
Target language: English
No. of pages: 1
Type of document: Diploma (Ghaly)
Date of translation: May 20, 2013

**Kimberly
Sowden**  Digitally signed by Kimberly Sowden
DN: cn=Kimberly Sowden, o=Teneo
Linguistics Company, ou,
email=kim@tlctranslation.com, c=US
Date: 2013.05.20 16:06:52 -05'00'

Kimberly Sowden
Project Manager

* Teneo Linguistics Co. does not warrant the authenticity of the original document.

6000 Western Place
Ste 403
Fort Worth, TX 76107

Tel. (817) 441 9974
Fax. (817) 231 0052



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfm.org

Issue Date: 29 Jan 2024

To: STATE BOARD OF LICENSURE & SUPERVISION
LISA CULLEN
DIRECTOR OF LICENSING
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on
all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 0-508-401-7

Applicant's Name: Aziz Sadek Aziz Ghaly

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 21 Mar 1997

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through:

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	28 Sep 1995	*	*
USMLE Step 2 CK	28 Aug 1996	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
ECFMG Clinical Skills Assessment	

Most Recent Passing Performance on English Test: Apr 1998

Name of Medical School and Country: Ain Shams University Faculty of Medicine, Cairo, EGYPT

Degree Year: 1993

Medical Education Credentials Status[†]: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: XQTIXPKWO

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

[†]Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Postgraduate Training****fsmb****Postgraduate Training****Accreditation ID: 0403531097****Institution: Brookdale University Hospital and Medical Center****Location: Brooklyn, NY
UNITED STATES****Accreditation ID: 4403521207****Institution: One Brooklyn Health System/Brookdale University Hospital and Medical Center
Program****Location: Brooklyn, NY
UNITED STATES****Accreditation ID: 4602021105****Institution: University of Louisville School of Medicine****Location: Louisville, KY
UNITED STATES****Accreditation ID: 4402021113****Institution: University of Louisville School of Medicine Program****Location: Louisville, KY
UNITED STATES****Accreditation ID: 4600531118****Institution: Cedars-Sinai Medical Center Program****Location: Los Angeles, CA
UNITED STATES****Credentials Analysis Information for Postgraduate Training****Issue:**

Brookdale University Hospital and Medical Center, Surgery verified Post Graduate training dated 07/01/2002 to 06/30/2003 that is not part of their program.

Solution:

FCVS reports only the information verified by the primary institution.

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Postgraduate Training

fsmb

Issue:

The Verification of Post Graduate Training Form completed by University of Louisville School of Medicine dated 07/01/2002 to 06/30/2003 may contain omissions, discrepancies, or otherwise not meet licensure requirements.

Solution:

FCVS has confirmed via ACGME that this research program was not accredited at the time of training. FCVS no longer obtains or reviews verification of non-accredited training programs; if received, it is included in the final profile as is.



Federation Credentials Verification Service (FCVS)
 400 Fuller Wisser Rd, Euless, TX 76039
 Tel: (817) 868-5098 Fax: (817) 868-5099 Email: fcvs@fsmb.org

Verification of Postgraduate Medical Education	
Institution: <u>Brookdale University Hospital and Medical Center</u> Specialty: <u>Anesthesiology</u> Address: <u>Brooklyn, NY</u>	Attention: <u>Program Director</u> Affiliated University: _____
Verification For:	Name: <u>Aziz Sadek Ghaly</u> DOB: [REDACTED] Individual's Name on Record (If different from above): _____
Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: <u>1</u> Specialty/Subspecialty: <u>Anesthesiology</u> <input type="checkbox"/> Internship From: <u>7/1/1998</u> To: <u>6/30/1999</u> <input checked="" type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship From: _____ To: _____ <input type="checkbox"/> Residency Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship From: _____ To: _____ <input type="checkbox"/> Residency Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper. ELECTRONIC SEAL VERIFIED	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain any "Yes" response from above:
Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Chris Paras, DO</u> Signature: _____ Title: <u>D.O.</u> Date of Signature: <u>8/16/2019</u> Tel: <u>718-240-5721</u> Fax: <u>718-240-10493</u> E-Mail: <u>CParas@bhmny.org</u>

unknown
 unknown
 unknown
 unknown
 unknown

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****fsmb****Graduate Medical Education**

Medical Professional Name: Ghaly, Aziz Sadek

Accreditation ID: 0403531097

Institution: Brookdale University Hospital and Medical Center

Specialty: Anesthesiology

Unusual Circumstances

Training Period: 7/1/1998 - 6/30/1999 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Ghaly, Aziz Sadek

The Brookdale Hospital Medical Center

*Having faithfully and satisfactorily performed the duties
and fulfilled the responsibilities and requirements*

Aziz S. Ghaly, M.D.

*is hereby awarded this certificate as evidence of successful
completion of the appointment as*

**Resident in Anesthesiology
July 1, 1998 to June 30, 1999**

Brooklyn, New York



[Signature]
Chairman, Board of Trustees

[Signature]
President and CEO

[Signature]
President, Medical Board

[Signature]
Senior VP for Medical Affairs

[Signature]
Chairman of Anesthesiology

04/24/2009 19:35 502--339-8322

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PAGE 02



Federation Credentials Verification Service (FCVS)
 400 Fuller Wear Rd, Euless, TX 76039
 Tel: (817) 868-5099 Fax: (817) 868-5099 Email: fcvs@fsmb.org

Verification of Postgraduate Medical Education	
Institution: <u>Brookdale University Hospital and Medical Center Program</u> Specialty: <u>Surgery</u> Address: <u>Brooklyn, NY</u>	Attention: Program Director Affiliated University: <u>New York Medical College</u>
Verification For: Name: <u>Aziz Sadek Ghaly</u> DOB: [REDACTED] Individual's Name on Record (if different from above): _____	
Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: <u>1</u> Specialty/Subspecialty: <u>Surgical Services</u> <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research From: <u>7/1/1999</u> To: <u>6/30/2002</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
PGY: <u>1</u> Specialty/Subspecialty: <u>Research year</u> <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input checked="" type="checkbox"/> Research From: <u>7/1/2002</u> To: <u>6/30/2003</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper. ELECTRONIC SEAL VERIFIED	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these 1. Did this individual ever take a leave of absence or break from his/her training? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Was this individual ever placed on probation? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain any "Yes" response from above:
Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Chris Paras, DO</u> Signature: _____ Title: <u>Designated Institutional Official</u> Date of Signature: <u>8/13/2019</u> Tel: <u>718-240-5122</u> Fax: <u>718-240-6443</u> E-Mail: <u>C.Paras@bmcnyc.org</u>

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Ghaly, Aziz Sadek

Accreditation ID: 4403521207

Institution: Brookdale University Hospital and Medical Center
Program

Specialty: Surgery

Unusual Circumstances

Training Period: 7/1/1999 - 6/30/2002 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Ghaly, Aziz Sadek

The Brookdale Hospital Medical Center

*Having faithfully and satisfactorily performed the duties
and fulfilled the responsibilities and requirements*

Aziz S. Ghaly, M.D.

*is hereby awarded this certificate as evidence of successful
completion of the appointment as*

**Resident in Surgical Services July 1, 1998 to June 30, 2002
Research Year July 1, 2002 to June 30, 2003**

Brooklyn, New York



[Signature]
Chairman, Board of Trustees

[Signature]
President and CEO

[Signature]
President, Medical Board

[Signature]
Senior VP for Medical Affairs

[Signature]
Director, Residency Training

[Signature]
Chairman of Surgical Services

04/24/2009 19:35 582--339-8322

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PAGE 93



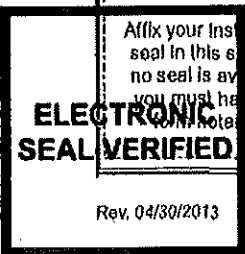
Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Road, Suite 300, Dallas, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Graduate Medical Education

Institution: <u>University of Louisville School of Medicine</u> Specialty: <u>Surgery/Thoracic Surgery</u> Address: <u>Louisville, KY</u>	Attention: <u>Program Director</u> Affiliated University: _____
Verification For:	Name: <u>Ghaly, Aziz Sadak Aziz</u> DOB: XXXXXXXXXX Individual's Name on Record (If different from above): _____
Program Participation: Important: Report Incomplete Training Levels (years) separate from those that were successfully completed. If the training level (year) is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: _____ (e.g., 1, 2, 3, etc.) Specialty/Subspecialty: <u>Thoracic Surgery</u> From: <u>7/1/2002</u> To: <u>6/30/2003</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input checked="" type="checkbox"/> Research <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Training Level: _____ (e.g., 1, 2, 3, etc.) Specialty/Subspecialty: _____ From: <u>/ /</u> To: <u>/ /</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Research <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	Training Level: _____ (e.g., 1, 2, 3, etc.) Specialty/Subspecialty: _____ From: <u>/ /</u> To: <u>/ /</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Research <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
Certification: Affix your Institutional seal in this space. If no seal is available, you must have this notarized.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Mark S. Slaughter, MD</u> Signature: <u>Mark Slaughter</u> Title of Signatory: <u>Program Director</u> Date of Signature: <u>4/30/13</u> (e.g., Program Director) Tel: _____ Fax: _____ E-Mail: _____

See P. My Notes - My comment expires 5-14-14



From: Jo Leen Walsh [mailto:jwalsh@ucsamd.com]
Sent: Monday, August 17, 2009 9:26 AM
To: Charla Modisette
Subject: FW: Dr. Aziz Ghaly

This is state that from July 1, 2002 to June 30, 2003, Dr. Aziz Ghaly was still enrolled at Brookdale; however, physically did a research program with the Division of Thoracic and Cardiovascular Surgery at the University of Louisville,

Thank you

Jo Leen Walsh
Administrative Assistant
University Cardiothoracic Surgical Associates (UCSA)
201 Abraham Flexner Way, Suite 1200
Louisville, KY 40202
502-561-2180
502-561-2190 (fax)

This message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable law. Any patient health information must be delivered immediately to intended recipient(s). If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at either the e-mail address or telephone number above and discard this e-mail.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****fsmb****Graduate Medical Education**

Medical Professional Name: Ghaly, Aziz Sadek

Accreditation ID: 4602021105

Institution: University of Louisville School of Medicine

Specialty: Thoracic Surgery

Unusual Circumstances

Training Period: 7/1/2002 - 6/30/2003 Fellowship/Research

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Ghaly, Aziz Sadek

Certificate of Completion

Department of Surgery, University of Louisville

Aziz Ghaly, M.D.

Successfully completed

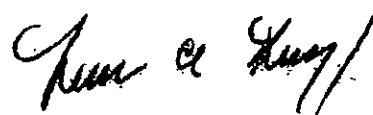
Research Fellowship

Division of Thoracic and Cardiovascular Surgery

2002 - 2003



Kelly M. McMasters, MD, PhD
Sam & Lolita Weakley Professor & Chairman
Department of Surgery



Laman A. Gray, Jr., M.D
Director, Division of Thoracic
and Cardiovascular Surgery

Verification of Postgraduate Medical Education

Institution: <u>University of Louisville School of Medicine</u> Address: <u>Department of Surgery</u> <u>Louisville, KY 40292</u>	Attention: Program Director Affiliated University: _____
Verification For:	Name: <u>Ghaly, Aziz Sadek Aziz</u> DOB: XXXXXXXXXX Individual's Name on Record (if different from above): _____
<p>Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed.</p> <p>If the postgraduate year is currently in progress report the expected completion date in the "To" field.</p> <p>Report Internships, Residencies and Fellowships separately.</p> <p>Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.</p>	PGY: <u>1</u> Specialty/Subspecialty: <u>General Surgery</u> <input checked="" type="checkbox"/> Internship From: <u>07/01/2003</u> To: <u>12/31/2003</u> <input type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
	PGY: <u>2-4</u> Specialty/Subspecialty: <u>General Surgery</u> <input type="checkbox"/> Internship From: <u>1/1/04</u> To: <u>12/31/2005</u> <input checked="" type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
	PGY: <u>5</u> Specialty/Subspecialty: <u>General Surgery</u> <input type="checkbox"/> Internship From: <u>01/01/2006</u> To: <u>12/31/2006</u> <input type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
<p>Unusual Circumstances: Check the correct response. Omitted responses require written explanation.</p> <p>If necessary, you may continue your explanation on a separate sheet of paper.</p>	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
<p>Certification:</p>	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>William G. Cheadle</u> Signature: <u>William G. Cheadle</u> Title: <u>Program Director</u> Date of Signature: <u>8/10/09</u> Tel: <u>502-852-1895</u> Fax: <u>502-852-8915</u> E-Mail: <u>wg.cheadle@louisville.edu</u>

**ELECTRONIC
SEAL
VERIFIED**

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****fsmb****Graduate Medical Education**

Medical Professional Name: Ghaly, Aziz Sadek

Accreditation ID: 4402021113

Institution: University of Louisville School of Medicine Program

Specialty: Surgery

Unusual Circumstances

Training Period: 7/1/2003 - 12/31/2003 Internship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

Unusual Circumstances

Training Period: 1/1/2004 - 12/31/2005 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

Unusual Circumstances

Training Period: 1/1/2006 - 12/31/2006 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Applicant Reported
Unusual Circumstances**

The logo for the Federation of State Medical Boards (fsmb) is located in the top right corner. It consists of the lowercase letters "fsmb" in a bold, sans-serif font, enclosed within a stylized shield shape. The shield has a serrated, gear-like border.

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?

No

End of Applicant Reported Unusual Circumstances report for: Ghaly, Aziz Sadek

**The University of Louisville School of Medicine
and Affiliated Hospitals**
Louisville, Kentucky

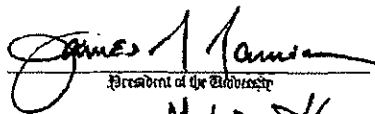

This is to certify that

Aziz S. Ghaly, M.D.


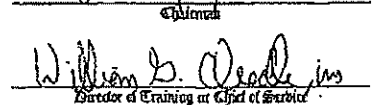
has served as

Resident in General Surgery

July 1, 2003 to December 31, 2006


President of the University

Deputy Dean School of Medicine




Chairman

Director of Training and Chief of Service

07/10

The University of Louisville School of Medicine and Affiliated Hospitals

Louisville, Kentucky

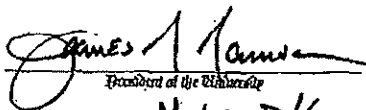
This is to certify that

Aziz S. Ghaly, M.D.

has served as

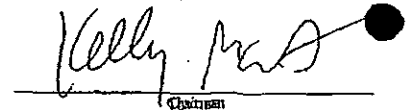
Chief Resident in General Surgery

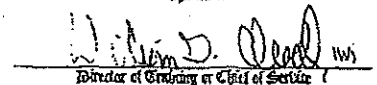
January 1, 2006 to December 31, 2006


James A. Hansen
President of the University


Mark P. [unclear]
Interim Dean School of Medicine




Kelly [unclear]
Chairman


William D. [unclear]
Director of Training or Chief of Service



Federation Credentials Verification Service (FCVS)

Federation Placo, P.O. Box 619850, Dallas, TX 75261-9850
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Postgraduate Medical Education

Institution: <u>Cedars-Sinai Medical Center</u>	Attention: <u>Program Director</u>
Address: <u>Department of Thoracic Surgery</u> <u>Los Angeles, CA 90048</u>	Affiliated University: _____

Verification For: Name: Ghaly, Aziz Sadek Aziz
DOB: [REDACTED]
Individual's Name on Record (if different from above): _____

Program Participation: Report incomplete postgraduate years (PGY) separate from those that were successfully completed

PGY: _____ Specialty/Subspecialty: _____
 Internship From: / / To: / /
 Residency Successfully Completed?: Yes No In Progress
 Chief Residency Accredited by: ACGME AOA LCGME RSC CFPC
 Fellowship RCPSC APPAP None of these
 Research

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately

PGY: _____ Specialty/Subspecialty: _____
 Internship From: / / To: / /
 Residency Successfully Completed?: Yes No In Progress
 Chief Residency Accredited by: ACGME AOA LCGME RSC CFPC
 Fellowship RCPSC APPAP None of these
 Research

Use one section per Department Specialty. If the Department Specialty is rotating or transitional, please provide a series of rotations

PGY: 7 Specialty/Subspecialty: Thoracic surgery
 Internship From: 7 / 1 / 07 To: 6 / 30 / 09
 Residency Successfully Completed?: Yes No In Progress
 Chief Residency Accredited by: ACGME AOA LCGME RSC CFPC
 Fellowship RCPSC APPAP None of these
 Research

Unusual Circumstances: Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper

1. Did this individual ever take a leave of absence or break from his/her training? Yes No
 2. Was this individual ever placed on probation? Yes No
 3. Was this individual ever disciplined or placed under investigation? Yes No
 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No
 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes No

Please explain any "Yes" response from above:

ELECTRONIC SEAL VERIFIED

Certification: Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Wen Cheng, MD Signature: [Signature]
 Title: Program Director Date of Signature: 6/25/09
 Tel: 310-423-3851 Fax: 310-423-0127 E-Mail: wen.cheng@shs.org

Affix your institutional seal in this space. If no seal is available, you must have this form notarized

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****fsmb****Graduate Medical Education**

Medical Professional Name: Ghaly, Aziz Sadek

Accreditation ID: 4600531118

Institution: Cedars-Sinai Medical Center Program

Specialty: Thoracic Surgery

Unusual Circumstances

Training Period: 7/1/2007 - 6/30/2009 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Ghaly, Aziz Sadek



Licensure / Examinations

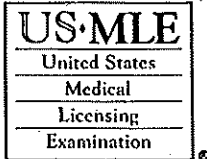


Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®)
Certified Transcript of Scores

This document was prepared by
 Federation of State Medical Boards of the United States, Inc. (FSMB)
 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 01/29/2024

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 479007

Examinee: Ghaly, Aziz Sadek

Examinee ID: 0-508-401-7

Alt Name(s): Ghaly, Aziz Sadek Aziz,
Aziz, Aziz Sadek

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/27/1995	Pass	179	(176)	
09/22/1994	Fail	163	(176)	
09/21/1993	Fail	156	(176)	

USMLE STEP 2*Clinical Knowledge (CK)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/27/1996	Pass	171	(170)	
03/05/1996	Fail	140	(167)	

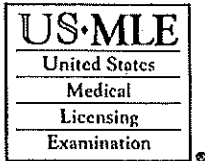
USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/28/2005	Pass	185	(184)	
05/11/1999	Fail	161	(177)	
12/02/1997	Fail	173	(177)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Ghaly, Aziz Sadek

Examinee ID: 0-508-401-7

Date of Birth: XXXXXXXXXX

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

ABMS[®] Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

[New Search](#) | [Search Results](#) | [Email For Feedback](#) | [Save Physician](#) | [Print Profile](#)

To become Board Certified, a physician must achieve expertise in a medical specialty or subspecialty that meets the profession-driven standards and requirements of one (or more) of the 24 ABMS certifying boards. To maintain Board Certification, the certifying boards may require physicians, depending on their date of initial certification, to participate in on-going programs of continuing learning and assessment (Maintenance of Certification) designed to help them remain current in an increasingly complex practice environment.

Aziz S. Ghaly (ABMSUID - 866702)

Viewed:4/9/2024 1:00:15 PM UTC

DOB: Private
Education: Year Unknown MD (Doctor of Medicine)
Address: Private

Individual NPI ¹: 1669538997

Show Active Medical License(s) ²:



American Board of Medical Specialties

Higher standards. Better care.®

Board Certification(s):

PRIMARY SOURCE



American Board of Thoracic Surgery

Thoracic and Cardiac Surgery - General

Status: Certified

Status	Duration	Occurrence	Start Date - End Date	Participating in MOC
Active	Time-Limited	Recertification	12/04/2020 - 12/31/2032	Yes
Expired	Time-Limited	Initial Certification	06/08/2012 - 12/31/2022	

Learn more about Thoracic Surgery MOC program

¹ NPI: Not for Primary Source Verification (PSV).

² State of Licensure provided by Federation of State Medical Boards (FSMB): Not for Primary Source Verification (PSV).



ETHICS · HONOR · SKILL

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Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

RECEIVED 4/9/2024

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2/8/24, 3:05 PM

PrintPage



Kentucky Board of Medical Licensure

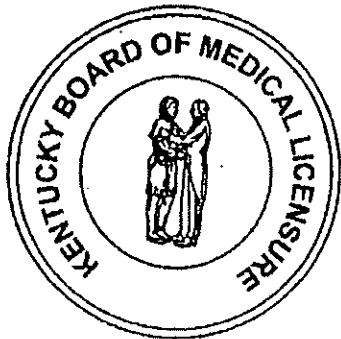


310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Phone (502)429-7150 Fax (502) 429-7158

Name: Aziz S. Ghaly M.D.
Address: [REDACTED]
Address 2: [REDACTED]
City, State, Zip: [REDACTED]
Phone: [REDACTED]
License: 40712
Status: Inactive Physician
Expiration: 2/28/2013 0:00:00
Practice County: Out of State
*Area of Practice: Thoracic Surgery
Type of Practice: Faculty
Year Licensed in KY: 3/15/2007 0:00:00
Medical School: Ain Shams University
Year Graduated: 1990
Board Action: None

PRIMARY SOURCE
2/12/24

*The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.



Dusty High
Verification
Coordinator
2-9-2024

43048
KS



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

AZIZ SADEK GHALY
RUTGERS RWJMS
MEB -512
1 ROBERT WOOD JOHNSON PL
NEW BRUNSWICK, NJ 08901-1928

Primary Office Address

SAME AS MAILING ADDRESS

RECEIVED

FEB 23 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Birth date



Phone (310) 423-5000

Physician's major professional activity

OFFICE BASED PRACTICE

PRIMARY SOURCE

Self-designated practice specialty

THORACIC SURGERY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1669538997	12/29/2006	NOT RPTD	NOT RPTD	NOT RPTD	02/16/2024

Current and/or historical medical school

43048
MB



US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: AIN SHAMS UNIVERSITY FACULTY OF MEDICINE

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	NOT REPORTED	Degree Date:	1990

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	CEDARS-SINAI MEDICAL CENTER
Sponsoring State:	CALIFORNIA
Specialty:	THORACIC SURGERY
Dates:	07/01/2007 - 06/30/2009
Status:	COMPLETED

Sponsoring Institution:	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
Sponsoring State:	KENTUCKY
Specialty:	GENERAL SURGERY
Dates:	07/01/2003 - 01/02/2007
Status:	COMPLETED



Sponsoring Institution: ONE BROOKLYN HEALTH SYSTEM
Sponsoring State: NEW YORK
Specialty: GENERAL SURGERY
Dates: 07/01/1999 - 06/30/2003
Status: PARTIALLY COMPLETED

Sponsoring Institution: ONE BROOKLYN HEALTH SYSTEM
Sponsoring State: NEW YORK
Specialty: ANESTHESIOLOGY
Dates: 07/01/1998 - 06/30/1999
Status: PARTIALLY COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF THORACIC SURGERY
Certificate: THORACIC AND CARDIAC SURGERY
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	12/04/2020	12/31/2032		RE-CERT	02/13/2024	Y
TIME LIMITED	Expired	06/08/2012	12/31/2022		INITIAL	02/13/2024	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.



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Current and/or historical medical licensure:

License Number	MD/ DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
A-100549	MD	CA	06/27/2007	11/30/2024		ACT	UNL	01/04/2024	AZIZ SADEK AZIZ GHALY
25MA09333600	MD	NJ	06/28/2013	06/30/2023		INA	UNL	08/14/2023	Aziz S Ghaly
40712	MD	KY	03/15/2007	02/28/2013		INA	UNL	04/02/2013	NRT
60254940	MD	NY	09/22/2009	08/31/2011		INA	UNL	09/07/2011	NRT
IP741	MD	KY	09/18/2003	06/30/2007		INA	RES	03/08/2007	NRT

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
[REDACTED]	C-0	22N 33N 4 5	Active	09/30/2024	Paid	02/21/2024	Cedars Sini Medical Center 127 S San Vicente Blvd # 3100 Los Angeles, CA 90048-3311

* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal



Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG certification

Applicant Number: 05084017

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfmg.org/>

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

FEB 20 2024
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY OK 73105
EVIDENCE OF STATUS – PART A

Full Legal Name: Aziz Sadek Ghaly
First Middle Last Maiden (If applicable)
Mailing Address: [Redacted]
Street Address or Post Office Box
[Redacted] Social Security #: [Redacted]
City State Zip Code Telephone Number

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Signature] Date 1/24/2024

Subscribed and sworn before me this 24 day of January, 2024

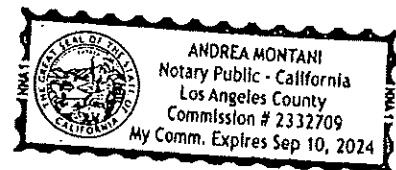
Notary Public [Signature]

Commission Number Sep 10, 2024

My commission expires # 2332709

NOTARY SEAL

43048
W

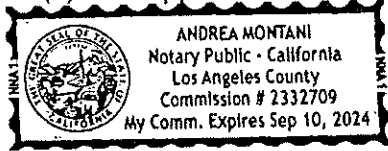


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 24
day of January, 2024, by Aziz Sadek Ghaly

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature [Handwritten Signature]

RECORDED

FEB 20 2024

OKLAHOMA COUNTY, OKLAHOMA

43048
CA

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
 101 NE 51ST STREET
 OKLAHOMA CITY OK 73105
 Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wiser Road Euless, TX 76039-3855 (817) 868-4000 www.FSMB.org

6. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.
7. **Evidence of Status Form** - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
8. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.

G. Temporary Licensure (59 O.S. § 493.3) – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:

1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Aziz Ghaly
 Name of Applicant (type or print)

Signature of Applicant

Date

~~Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. (59 O.S. § 492A(c); Okla. Admin. Code § 435:10-4-1(c))~~

Please return these signed instructions by mail to the address at the top of the page or email.

[REDACTED]

FEB 20 2024

MD 43048
 TS

Valeska Barr

From: Valeska Barr
Sent: Friday, February 23, 2024 3:52 PM
To: [REDACTED]
Subject: OK license application MD 43048 - Not eligible for OK license

Hello,

After reviewing your USMLE scores, you are not eligible for an Oklahoma license. All steps of the USMLE were not passed within 10 years.

Oklahoma Administrative Code section 435:10-4-6 is very clear:

(f) All steps of the licensure examination must be passed within ten (10) years unless otherwise prohibited by applicable law.

There is no exception to this rule.

Regretfully,

Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Valeska Barr, Assistant Director of Licensing



Oklahoma State Board of Medical Licensure & Supervision
101 NE 51st Street, Oklahoma City, OK 73105
Phone: 405-962-1400 ext. 131
Email: vbarr@okmedicalboard.org
Website: <http://www.okmedicalboard.org>

Lisa Cullen

From: Lisa Cullen
Sent: Thursday, March 21, 2024 12:21 PM
To: [REDACTED]
Subject: INELIGIBLE - OKLAHOMA MEDICAL LICENSE

Importance: High

Dr. Ghaly,

The Executive Team met and per the Oklahoma Administrative Code section 435:10-4-6(f) (below), you are ineligible for licensure in the state of Oklahoma. All steps of USMLE examination scores must be passed within ten (10) years. All application fees are non-refundable.

435:10-4-6. Medical licensure examination

(f) All steps of the licensure examination must be passed within ten (10) years unless otherwise prohibited by applicable law.

If I can be of further assistance, please let me know.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org

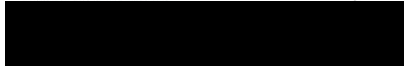


Oklahoma Board of Medical Licensure and Supervision

101 NE 51st Street
OKLAHOMA CITY, OK 73105-1821
(405) 962-1470
(405) 962-1440 FAX

04/09/2024

AZIZ SADEK GHALY



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP42110794
Password:Last 4 SSN

RE: MD Application #43048

Dear AZIZ GHALY,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Time Deficiency Form for: 12/1990 - 2/1991; 3/1992 - 10/1993; 5/1997 - 7/1998; 12/2006 - 7/2007 --
MUST USE TIME DEFICIENCY FORM
OTHER DEFICIENCIES: BOARD SECRETARY REQUESTION EXPLANATION OF FALSE "NO"
ANSWER IN APPLICATION REGARDING EVER FAILING
LICENSURE/CERTIFICATION/REGISTRATION EXAMINATION

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP42110794 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Valeska Barr

Valeska Barr

Dept. of Licensing

End

Lisa Cullen

From: Ghaly, Aziz, M.D. <[REDACTED]>
Sent: Wednesday, April 17, 2024 11:30 AM
To: Lisa Cullen
Subject: Re: [EXTERNAL] Re: FW: Oklahoma MD Application #43048 Deficiencies

Critical care

Thx

Aziz Ghaly, MD

Clinical Associate Professor

Smidt Heart Institute

Cedars Sinai Medical Center

Director, Cardiothoracic Surgery

Torrance Memorial Medical Center

[REDACTED]
Office: 310-784-8075

cell: [REDACTED]

On Apr 17, 2024, at 5:20 PM, Lisa Cullen <lcullen@okmedicalboard.org> wrote:

WARNING: New Sender

You have not previously corresponded with this sender.

On your time deficiency form, you listed research fellowship at the Cleveland Clinic. What was the specialty?

Your prompt response is appreciated.

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org

<image001.png>

43048
UKC

From: Amy Lahay <amy@medicallicensepro.com>
Sent: Wednesday, April 17, 2024 9:50 AM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Cc: Ghaly, Aziz, M.D. <[REDACTED]>
Subject: [EXTERNAL] Re: FW: Oklahoma MD Application #43048 Deficiencies

Good morning Lisa,

Please see attached response and time deficiency form from Dr. Aziz Ghaly. If there are any questions or anything additional needed, please let us know.

Thank you and have a wonderful day.

Best Regards,

Amy LaHay



Licensing Team Lead

p - (251) 517-0116

f - (251) 265-1225

amy@medicallicensepro.com

www.medicallicensepro.com

CONFIDENTIALITY NOTICE: The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

On Wed, Apr 10, 2024 at 1:14 PM Lisa Cullen <lcullen@okmedicalboard.org> wrote:

Please see the attached deficiency letter sent to you by Valeska Barr, Assistant Director of Licensing on April 9, 2024.

All deficiencies must be received via email to me at lcullen@okmedicalboard.org no later than Monday, April 22, 2024, at 4:30 p.m. Central Time.

If you have already submitted deficiencies to licensing@okmedicalboard.org you MUST forward the email(s) to me.

43048
UCC

Lisa Cullen

From: Lisa Cullen
Sent: Wednesday, April 10, 2024 1:14 PM
To: [REDACTED]
Subject: FW: Oklahoma MD Application #43048 Deficiencies
Attachments: MD43048Deficiency.pdf

Please see the attached deficiency letter sent to you by Valeska Barr, Assistant Director of Licensing on April 9, 2024.

All deficiencies must be received via email to me at lcullen@okmedicalboard.org no later than Monday, April 22, 2024, at 4:30 p.m. Central Time.

If you have already submitted deficiencies to licensing@okmedicalboard.org you MUST forward the email(s) to me.

Once your application is complete, you will receive a formal letter inviting you to attend the Medical Board meeting.

If you have any questions regarding your application you must contact me directly.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: Valeska Barr <vbarr@okmedicalboard.org>
Sent: Wednesday, April 10, 2024 11:13 AM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: FW: Oklahoma MD Application #43048 Deficiencies

Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Valeska Barr, Assistant Director of Licensing

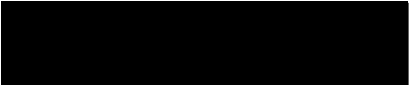
43048
UKC

RECEIVED

FEB 20 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSES
AND SUPERVISION

Aziz Ghaly, MD



Oklahoma Medical Board
101 NE 51st St.
Oklahoma City, OK 73105

Dear Oklahoma Medical Board,

I have submitted my application for medical licensure online. Requests for credential verification have started and you should be receiving those primary source documents shortly.

I have retained the services of Medical License Pro to assist me with the licensing process. As such, I authorize the Oklahoma Medical Board to release all information regarding my medical license process to Medical License Pro and its agents.


Please direct all correspondence to:

Amy LaHay
Medical License Pro
70 S. Section St., Suite #7
Fairhope, AL 36532
(251) 517-0116
amy@medicallicensepro.com

I have reviewed the application in its entirety and attest to its accuracy.

Thank you for your consideration of my application.

Sincerely,


Aziz Ghaly, MD

MD 43048
TS



State of Oklahoma Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and Email to [REDACTED]

April 24, 2024

9489 0090 0027 6330 2024 93

Muhammad Janjua MD Applicant 43155
[REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for licensure to practice in the State of Oklahoma has been reviewed.

You have requested to appear before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **May 16, 2024, at 9:00 a.m.** You may appear in person at the offices of the Oklahoma Medical Board of Licensure and Supervision 101 NE 50th Street Oklahoma City, OK 73105 or via Zoom.

You are appearing to discuss obtaining special licensure.

This is your opportunity to answer questions to the Board that requirements for licensure have been met through the content of your application as provided for in the law and rules of the Board.

493.4. Special License and Special Training License

- A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.
- B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.
- C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.
- D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.
- E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.
- F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.
- G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician.

435:10-11-3. Procedure for special licensure

- (a) Absent Board determination of *exceptional qualifications* and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.
- (b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.
- (c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43155	MUHAMMAD BURHAN UD DIN JANJUA
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

704-01 King Edward Med Coll, Univ Of Punjab, Lahore, Pakistan

Number of Licenses Previously Granted to Graduates of this Medical School:148

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ____ / ____
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43155 MUHAMMAD BURHAN UD DIN JANJUA
 MEDICAL DOCTOR

Practice Address:

February 15, 2024

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
 660 S EUCLID AVE
 MCC BUILDING 8TH FLRCAMPUS BOX 8057
 ST. LOUIS, MO 63110
 NOT OKLAHOMA

Status:

Res: MD

Received: 02/15/2024

Entered: 02/15/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 03/13/2024

AMA Rec: 03/13/2024

Board Action:

License #: 43155

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	04/27/05	2/28/24	1
Test 2:	USMLE 3	PASS	05/10/11	2/28/24	1
Test 3:	USMLE 2CS	PASS	08/03/10	2/28/24	2
	USMLE 2CK	PASS	08/09/06	2/28/24	1

Test AV: Note: **PASS** means higher than 75

Total Possible:

Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: ISLAMABAD MEDICAL COLLEGE FOR BOYS G10/4

City: ISLAMABAD

State: Country: PAKISTAN

Degree: HIGHER SECONDARY SCHOOL
CERTIFICATE

From: 4/1993 To: 10/1995 Verified:

MEDICAL SCHOOL EDUCATION

Name: King Edward Med Coll, Univ Of Punjab, Lahore, Pakistan

Foreign Name:

City: Lahore

State/Country: Pakistan

Degree: MD - DIPLOMA AWAR

From: 2 / 1996

To: 6 / 2001

Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 MD 43155 MUHAMMAD BURHAN UD DIN JANJUA
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility:UT SOUTHWESTERN MEDICAL CENTER TEXAS **Specialty:**NEUROSURGERY / PEDIATRIC
 NEUROSURGERY

Res. Fellowship: Fellowship
City: DALLAS **State:**TX **Country:**UNITED STATES OF AMER
Verified: 03/14/2024 **From:** 7 / 2018 **To:** 6 / 2019

ACGME Ver'd:
Comments: NON ACGME ACCREDITED /NOT INCLUDED IN FCVS

Facility:UNIVERSITY OF PENNSYLVANIA/SHRINERS
 HOSPITAL **Specialty:**NEUROSURGERY/SPINE
 SURGERY/ORTHOSPINE

Res. Fellowship: Fellowship
City: PHILADELPHIA **State:**PA **Country:**UNITED STATES OF AMER
Verified: 03/18/2024 **From:** 8 / 2017 **To:** 7 / 2018

ACGME Ver'd:
Comments: NON ACGME ACCREDITED / NOT INCLUDED IN FCVS

Facility:NEW YORK UNIVERSITY SCHOOL OF MEDICINE **Specialty:**ORTHOPEDIC SURGERY OF THE
 SPINE

Res. Fellowship: Fellowship
City: NEW YORK **State:**NY **Country:**UNITED STATES OF AMER
Verified: 02/27/2024 **From:** 8 / 2016 **To:** 7 / 2017

ACGME Ver'd:
Comments: NON ACGME ACCREDITED

Facility:WEILL CORNELL MEDICAL COLLEGE **Specialty:**NEUROLOGICAL SURGERY

Res. Fellowship: Fellowship
City: NEW YORK **State:**NY **Country:**UNITED STATES OF AMER
Verified: 03/18/2024 **From:** 6 / 2015 **To:** 6 / 2016

ACGME Ver'd:
Comments: NON ACGME ACCREDITED / NOT INCLUDED IN FCVS

Facility:WASHINGTON UNIVERSITY SCHOOL OF
 MEDICINE **Specialty:**THORACIC RESEARCH

Res. Fellowship: Research
City: ST. LOUIS **State:**MO **Country:**UNITED STATES OF AMER
Verified: 02/28/2024 **From:** 7 / 2012 **To:** 6 / 2014

ACGME Ver'd:
Comments: NON ACGME ACCREDITED

Facility:SHIFA INTERNATIONAL HOSPITAL **Specialty:**NEUROLOGICAL SURGERY

Res. Fellowship:
City: ISLAMABAD **State:** **Country:**PAKISTAN
Verified: Waived **From:** 6 / 2007 **To:** 3 / 2011

ACGME Ver'd:
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43155 MUHAMMAD BURHAN UD DIN JANJUA
 MEDICAL DOCTOR

Facility: PNS HAFEEZ HOSPITAL Res. Fellowship: City: ISLAMABAD Verified: Waived ACGME Ver'd: Comments:	Specialty: GENERAL SURGERY State: Country: PAKISTAN From: 11 / 2006 To: 5 / 2007
Facility: SHIFA INTERNATIONAL HOSPITAL Res. Fellowship: City: ISLAMABAD Verified: Waived ACGME Ver'd: Comments:	Specialty: GENERAL SURGERY State: Country: PAKISTAN From: 2 / 2004 To: 8 / 2006
Facility: SHIFA INTERNATIONAL HOSPITAL Res. Fellowship: City: ISLAMABAD Verified: Waived ACGME Ver'd: Comments:	Specialty: GENERAL SURGERY State: Country: PAKISTAN From: 7 / 2003 To: 1 / 2004
Facility: SHIFA INTERNATIONAL HOSPITAL Res. Fellowship: City: ISLAMABAD Verified: Waived ACGME Ver'd: Comments:	Specialty: INTERNAL MEDICINE State: Country: PAKISTAN From: 2 / 2002 To: 6 / 2003

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43155 MUHAMMAD BURHAN UD DIN JANJUA
 MEDICAL DOCTOR

PRACTICE HISTORY

Employed: WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
City: ST. LOUIS **State:** MO **Country:** UNITED STATES
Specialty: ASSISTANT PROFESSOR OF NEUROLOGICAL SURGERY **From:** 11 / 2021 **To:** / **Verified:**
Comments: 3/14/2024:CURRENTLY WORKING HERE(SJ)
 ASSISTANT PROFESSOR OF NEUROLOGICAL SURGERY

Employed: MERCY HOSPITAL SYSTEM
City: ROCKFORD **State:** IL **Country:** UNITED STATES
Specialty: NEUROLOGICAL SURGERY **From:** 8 / 2019 **To:** 8 / 2021 **Verified:**
Comments: TRAUMA NEUROSURGEON

Employed: ARKANSAS NEUROLOGICAL INSTITUTE
City: LITTLE ROCK **State:** AR **Country:**
Specialty: RESEARCH FELLOW **From:** 12 / 2014 **To:** 6 / 2015 **Verified:**
Comments:

Employed: WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
City: ST. LOUIS **State:** MO **Country:** UNITED STATES OF AMERICA
Specialty: RESEARCH FELLOW **From:** 7 / 2014 **To:** 11 / 2014 **Verified:**
Comments:

Employed: WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
City: ST. LOUIS **State:** MO **Country:** UNITED STATES
Specialty: RESEARCH FELLOW **From:** 7 / 2012 **To:** 6 / 2014 **Verified:**
Comments:

Employed: WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
City: ST. LOUIS **State:** MO **Country:** UNITED STATES OF AMERICA
Specialty: RESEARCH FELLOW **From:** 1 / 2012 **To:** 6 / 2012 **Verified:**
Comments:

Employed: VA MEDICAL CENTER ST. LOUIS
City: ST. LOUIS **State:** MO **Country:** UNITED STATES
Specialty: RESEARCH FELLOW **From:** 4 / 2011 **To:** 12 / 2011 **Verified:**
Comments:

Employed: NONE
City: LAHORE **State:** **Country:** PAKISTAN
Specialty: WAITING FOR THE MEDICAL DIPLOMA **From:** 7 / 2001 **To:** 1 / 2002 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43155 MUHAMMAD BURHAN UD DIN JANJUA
 MEDICAL DOCTOR

Employed: NONE	Supervisor:
City: ISLAMABAD	State:
Specialty: UNEMPLOYED	Country: PAKISTAN
Comments:	From: 10 / 1995 To: 2 / 1996 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	MD 2014012729	I	4/27/14	6/30/15	3/13/24
PA	MD MD461817	A	7/13/17	12/31/24	3/13/24
IL	MD 036150378	A	8/1/19	7/31/26	3/13/24
TX	MD BP10062767	I	7/1/18	6/30/19	3/13/24
NY	MD P97980	A	6/30/15	6/30/18	4/18/24
MO	MD 2021039566	A	9/27/21	1/31/25	3/13/24
TN	MD 0000064678	A	4/8/22	7/31/25	3/13/24

DEFICIENCIES

Seema Jayachand

From: muhammad burhan -ud-din janjua <[REDACTED]>
Sent: Thursday, March 14, 2024 3:07 PM
To: Seema Jayachand
Subject: [EXTERNAL] Re: Oklahoma MD Application #43155 Deficiencies
Attachments: Oath_MD43155.pdf

Hello, Ms Jayachand,

Thank you for your prompt reply.

Please find the duly signed Oath attached.

RECEIVED
MAR 14 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

OTHER DEFICIENCIES: BOARD SECRETARY IS REQUESTING YOU TO SEND AN EXPLANATION REGARDING USMLE FAILURE

1: To the best of my knowledge, I only mentioned the exam certification in my application. I want to clarify that I had no intention of hiding the fact that I passed USMLE Step 2CS exam on second attempt. This was because I was jet lagged and could not keep up with allocated time for that exam. I retook the exam and passed with good score. Rest of all my other exams including USMLE Step1, Step 2CK, and Step 3 were passed in first attempt. The information about this is readily available through FCVS/ECFMG, and there was no benefit for me in trying to conceal this fact.

I understand the importance of transparency, and I sincerely apologize for any confusion that may have arisen. Please be assured that I am fully committed to providing accurate and the complete information.

If you have any further questions or concerns, please don't hesitate to reach out to me. Thank you for your understanding.

ARE YOU CURRENTLY WORKING FOR WASHINGTON UNIVERSITY SCHOOL OF MEDICINE?

Yes, I am currently working for the Department of Neurosurgery at Washington University School of Medicine. I am an Assistant Professor of Neurosurgery. This is an academic appointment while you work for the allied hospitals attached with the department under the University.

I have reached out to the programs regarding the post graduate verifications.

Thank you again for taking care of my application.

Sincerely,

Janjua

(C) [REDACTED]

On Thursday, March 14, 2024 at 08:10:12 AM CDT, Seema Jayachand <sjayachand@okmedicalboard.org> wrote:

43155
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Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/15/2024

Foreign Graduate

Applicant Name: JANJUA, MUHAMMAD BURHAN UD DIN

MD 43155

Date Of Birth: [REDACTED]

Place Of Birth (City, State): LAHORE, PAKISTAN

Sex: M

Race: Asian/Pacific Islander

Education

Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	ISLAMABAD MEDICAL COLLEGE FOR BOYS G10/4	ISLAMABAD		PAKISTAN	4/1993	10/1995	HIGHER SECONDARY SCHOOL CERTIFICATE		

Medical School Name	City	State	Country	Comments	From	To
King Edward Med Coll, Univ Of Punjab, Lahore, Pakistan	Lahore		Pakistan		2/1996	6/2001

Post-Graduate

Facility	City	St	Country	Specialty	Comments	From	To
UT SOUTHWESTERN MEDICAL CENTER TEXAS	DALLAS	TX	UNITED S'	NEUROLOGICAL SURGERY AND PEDIATRIC NEUROSURGERY	NOT INCLUDE	7/2018	6/2019
UNIVERSITY OF PENNSYLVANIA	PHILADELPHIA	PA	UNITED S'	NEUROLOGICAL SURGERY AND ORTHOPEDIC SURGERY SPINE	NOT INCLUDE	8/2017	7/2018
NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	NY	UNITED S'	ORTHOPEDIC SPINE SURGERY	NON ACGME /	8/2016	7/2017
WEILL CORNELL MEDICAL COLLEGE	NEW YORK	NY	UNITED S'	NEUROLOGICAL SURGERY	NOT INCLUDE	6/2015	6/2016
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	ST. LOUIS	MO	UNITED S'	CARDIOTHORACIC SURGERY	NON ACGME /	7/2012	6/2014
SHIFA INTERNATIONAL HOSPITAL	ISLAMABAD		PAKISTAN	NEUROLOGICAL SURGERY		6/2007	3/2011
PNS HAFEEZ HOSPITAL	ISLAMABAD		PAKISTAN	GENERAL SURGERY		11/2006	5/2007
SHIFA INTERNATIONAL HOSPITAL	ISLAMABAD		PAKISTAN	GENERAL SURGERY		2/2004	8/2006
SHIFA INTERNATIONAL HOSPITAL	ISLAMABAD		PAKISTAN	GENERAL SURGERY		7/2003	1/2004
SHIFA INTERNATIONAL HOSPITAL	ISLAMABAD		PAKISTAN	INTERNAL MEDICINE		2/2002	6/2003

Practice History

Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	ASSISTANT PROFESSOR OF NEUROLOGICAL SURGERY		ST. LOUIS		MO	11/2021		
MERCY HOSPITAL SYSTEM	NEUROLOGICAL SURGERY		ROCKFORD		IL	8/2019	8/2021	
ARKANSAS NEUROLOGICAL INSTITUTE	RESEARCH FELLOW		LITTLE ROCK		AR	12/2014	6/2015	

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/15/2024

Foreign Graduate

WASHINGTON UNIVERSITY RESEARCH FELLOW SCHOOL OF MEDICINE		ST. LOUIS	MO	7/2014	11/2014
WASHINGTON UNIVERSITY RESEARCH FELLOW SCHOOL OF MEDICINE		ST. LOUIS	MO	7/2012	6/2014
WASHINGTON UNIVERSITY RESEARCH FELLOW SCHOOL OF MEDICINE		ST. LOUIS	MO	1/2012	6/2012
VA MEDICAL CENTER ST. LOUIS RESEARCH FELLOW		ST. LOUIS	MO	4/2011	12/2011
NONE	WAITING FOR THE MEDICAL DIPLOMA	LAHORE	PAKISTA N	7/2001	1/2002
NONE	UNEMPLOYED	ISLAMABAD	PAKISTA N	10/1995	2/1996

Other/ Out-Of-State Licenses

State	License #	Profession	Status	Issue Date	Exp Date
MO	2014012729	MD	I	4/27/14	6/30/15
PA	MD461817	MD	A	7/13/17	12/31/24
IL	036150378	MD	A	8/1/19	7/31/26
TX	BP10062767	MD	I	7/1/18	6/30/19
NY	P97980		U	6/30/15	6/30/18
MO	2021039566	MD	A	9/27/21	1/31/25
TN	0000064678	MD	A	4/8/22	7/31/25

MD Exam

Exam	State	Score	Date Taken	#
USMLE 1		PASS	04/27/05	1
USMLE 3		PASS	05/10/11	1
USMLE 2CS		PASS	08/03/10	2
USMLE 2CK		PASS	08/09/06	1

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/15/2024

Foreign Graduate

Questions Answered 02/09/2024		Response
A.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
E.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
O.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:02/15/2024

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

In certain cases with the use of Telephone, or Telehealth Video call if, necessary

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Only in those states where I have licenses if, really necessary for the patient care

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

Yes

If 'Yes', Name of practice:

Oklahoma State University Hospital

If so, Please identify with which category:

Hospital

Name of Previous Carrier and Policy Holder

Washington University School of Medicine

Name of Current Carrier and policy Holder

Oklahoma State University Medical Center

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of February 14, 2024: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

RECEIVED
MAR 14 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



[Handwritten Signature]

Applicant's signature (must be signed in the presence of a notary)

Janjua, Muhammad B

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

03/14/2024

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of Illinois, County of ST CLAIR

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 14 day of MARCH, 2024

Notary Public Signature *[Signature]* My Notary Commission Expires NOV 8 2025

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FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

**PRIMARY
SOURCE**

**Medical Professional
Information Profile**

This report provides credentialing information for:

Name: **Janjua, Muhammad Burhan
Ud Din**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **203107495**

Recipient: **OK - Oklahoma State Board
of Medical Licensure &
Supervision**

Delivery Date: **02/22/2024**

RECEIVED

FEB 28 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**

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FEDERATION CREDENTIALS
VERIFICATION SERVICE

Affidavit and Release

Federation of
**STATE
MEDICAL
BOARDS**

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary:
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Applicant's Signature (must be signed in the presence of a notary)

[Handwritten Signature]
JANJUA

Applicant's Printed Last Name

MUHAMMAD, B

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

3/10/2015

Date of Signature (must correspond to date of notarization)

State of Arkansas, County of Pulaski

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of March, 2015.

Notary Public Signature: *[Handwritten Signature]*

My Notary Commission Expires: September 13, 2023

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000

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335762

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Identity



Biographic Information

Medical professional Name(s): **Janjua, Muhammad Burhan Ud Din**

Date of Birth:



Place of Birth:

Lahore, Punjab, PAKISTAN

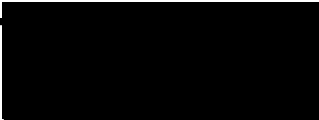
Contact Information

Home Address:



UNITED STATES

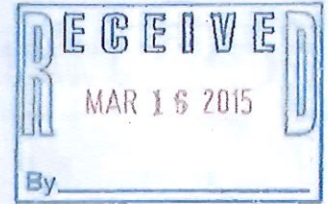
Mobile Phone:



Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.



CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: JANJUA MUHAMMAD BURHAN UDDIN
Last First Middle

FCVS ID Number: 335762

Notary – Please complete the section below:

State of Arkansas County of Pulaski

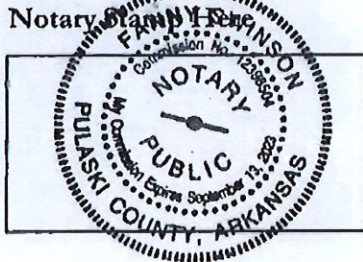
I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 10, of (Month) March, (Year) 2015.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) September / (Day) 13 / (Year) 2023

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd., Suite 300
Euless, TX 76039-3856

335762 BC, PP

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities**

01/02/2012	06/30/2012	Work	Washington University School of Medicine 660 S Euclid Avenue Campus Box# 8054 St. Louis, Missouri UNITED STATES
07/01/2012	06/30/2013	Postgraduate Training	Washington University/B-JH/SLCH Consortium Program St Louis Missouri UNITED STATES
07/01/2013	06/30/2014	Postgraduate Training	Washington University/B-JH/SLCH Consortium Program St Louis Missouri UNITED STATES
07/01/2014	11/30/2014	Work	Washington University School of Medicine 660 S Euclid Avenue Camps Box 8057 Saint Louis, Missouri UNITED STATES
12/01/2014	06/01/2015	PGT/Education	Saint Vincent Health System Little Rock Arkansas UNITED STATES
07/01/2015	06/30/2016	Postgraduate Training	Weill Cornell Medical College/NYP Hospital Cornell Campus New York New York UNITED STATES
07/01/2016	07/28/2016	Work	Allen Hospital/NYP Columbia Hospital 5141 Broadway (at 220th Street) New York, New York UNITED STATES
08/01/2016	07/31/2017	Postgraduate Training	NYU Grossman School of Medicine/Hospital for Joint Diseases Program New York New York UNITED STATES
08/01/2017	07/08/2018	Postgraduate Training	University of Pennsylvania/Pennsylvania Hospital Philadelphia Pennsylvania UNITED STATES
07/01/2018	06/30/2019	Postgraduate Training	UT Southwestern Medical College Dallas Texas UNITED STATES

End of Chronology of Activities report for: Janjua, Muhammad Burhan Ud
Din

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Medical Education



Medical Education

Medical School: University of The Punjab, King Edward Medical College

Location: Lahore, PB
PAKISTAN

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Medical Education

Federation of STATE MEDICAL BOARDS

Page 1

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials Verification Service 400 Fuller Wisser Rd Suite 300 Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: King Edward Medical University

Address Line 1: Chairman Academic Council

Address Line 2: Nelagumbad

City: Lahore State/Province: Zip Code (Postal Code): 54000 Country: PK

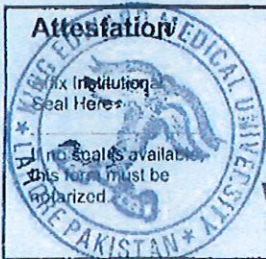
If name of institution was different when this individual attended, please note this name below:

Premedical Education:

Years of education required for admission to your medical school: 12 YEARS Credential/degree presented by the applicant for admission to your medical school: F.Sc (Pre-Medical)

Enrollment and Participation: Our records indicate that JANJUA MUHAMMAD BURHAN UD DIN (type/print individual's name: Last, First, Middle, Suffix) attended our medical school for total of 161 weeks of medical education on the following dates: From: 02/10/90 To: 06/04/2001

This individual Was awarded the degree of MBBS on 06/04/2001 (graduation date) Was NOT awarded a degree because: (please explain - additional page if necessary)



Watermark For FCVS internal use only. SEAL VERIFIED

Name: DR. MURTAZA HAIDER Signature: [Signature] Title: DEPUTY REGISTRAR Date of Signature: 11/06/2015 Phone: 04237354005

335762 335762 2207 2207 203107495



FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Verification of
Medical Education**



Page 2

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? YES NO

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the interruption/extension was approved or unapproved:

Personal/Family _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Academic remediation _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Health _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Financial _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD) _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience) _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Participation in non-degree research _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>
Other _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	Approved <input type="checkbox"/>	Unapproved <input type="checkbox"/>

Please Specify:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

Academic Probation _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___
Probation for unprofessional conduct/behavioral _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___
Probation for other reason _____	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements:

335762

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203107495

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL (817) 868-5000 FAX (817) 868-5099



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Applicant Reported Unusual Circumstances



Medical School

Medical Professional Name: Janjua, Muhammad Burhan Ud Din

University of The Punjab, King Edward Medical College

Unusual Circumstances

- Did you have any interruption(s) or extension(s) in your medical education? No
- Were you ever placed on probation? No
- Were you ever disciplined or placed under investigation? No
- Were any negative reports for behavioral reasons ever filed by instructors? No
- Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Janjua, Muhammad Burhan Ud Din

OFFICE OF THE VICE-CHANCELLOR
KING EDWARD MEDICAL UNIVERSITY
 (FORMERLY KING EDWARD MEDICAL COLLEGE)
 LAHORE - PAKISTAN.

Tel. Off. : 042-7354005, 9211145-54/01, Fax: 042-7233796

E-mail : kemcol@brain.net.pk

Web Page : http://www.kemc.edu



ALTAPETE

No: 16838

Date: 2-7-15

TO WHOM IT MAY CONCERN

- | | |
|------------------------|--|
| 1. Name of applicant: | Mr. Muhammad Burhan ud Din Janjua |
| 2. Father's Name: | Muhammad Abdullah Janjua |
| 3. Date of admission: | 10.02.1996 |
| 4. Basis of admission: | F.Sc. (Pre-Medical) |
| 5. Date of graduation: | 04.06.2001 |
| 6. Date of Birth | [REDACTED] |
| 7. University Reg.No: | 95-m-7 |

SUBJECT SATISFACTORILY COMPLETED

Dates of attendance	Description title of each course	Indicate semester hours equivalent	Grade or Marks
10.02.96 to 31.10.96 & 01.11.96 to 31.07.97	Anatomy & Histology including Neuroanatomy & Embryology	1056	Passed the 1st Professional MBBS Examination held in September 1997, securing 699/1100 marks.
15.11.97 to 31.07.98	Physiology Biochemistry	500 338	
19.10.98 to 15.06.99	Pharmacology & Therapeutics. Forensic Medicine & Toxicology.	350 200	Passed the 2nd Professional MBBS Examination held in September 1998, securing 310/500 marks.
10.11.99 to 05.10.2000	Pathology (General & Special) including Bacteriology, Serology & Immunology Community Medicine including family practice	375 145	Passed the 3rd Professional MBBS Examination held in September 1999, securing 352/600 marks.
	Medicine	835	Passed the Final Professional MBBS Examination held in January 2001, securing 1003/1600 marks.
	Surgery	835	
	Obst. & Gynae.	545	
	Ophthalmology	204	
	Otorhinolaryngology	204	
	Paediatrics	102	
	Orthopaedics	148	
	Psychiatry	59	
	Cardiology	38	
	Cardiac Surgery	38	
	Dermatology	38	
	Neurology	38	
	Neurosurgery	38	
	T.B. & C.D.	59	
	Radiology	21	
	Radiotherapy	27	
	Anaesthesia	64	
	Paediatrics Surgery	38	

His conduct and character while under training in this University were good.

**SEAL
VERIFIED**



Muhammad Masood
 Vice Chancellor,
 King Edward Medical University,
 Lahore.

2207

335762

335762

56.a.7

32677

1156

Serial No MB

رول نمبر
ROLL NUMBER

رجسٹرڈ نمبر
REGISTERED NUMBER

UNIVERSITY OF THE PUNJAB

پنجاب یونیورسٹی



2000



2000

This is to Certify

تصدیق کی جا رہی ہے

that
son/daughter of
of the

Muhammad Durban ud Din Janjua
Muhammad Abdullah Janjua
King Edward Medical College, Lahore

محمد برہان الدین جنجوعہ
محمد عبداللہ جنجوعہ
نگ ایڈ ورڈ میڈیکل کالج - لاہور

پن / بٹ
او

has obtained the Degree of
**Bachelor of Medicine and Bachelor of
Surgery**

کی جا رہی

جنوری 2001

نے اس یونیورسٹی کے امتحان سے نکلے

ATTESTED

ایم - بی - بی - ایس

in this University at the Examination held
on January, 2001 and that he/she is authorized
to practice Medicine, Obstetrics and Surgery.

Signature
King Edward Medical University, Lahore

کی ڈگری حاصل کی تھی اس ڈگری کی رو سے مہتمم
امیٹورکس اور سرجری میں معالج کی اجازت ہے۔

اسے حاصل کرنے کی تاریخ 2001/1-01

Marks obtained 1003/1800

Signature
CHANGELLOR

چانسلر

SEAL
VERIFIER

2207



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfm.org

Issue Date: 22 Feb 2024

To: STATE BOARD OF LICENSURE & SUPERVISION
LISA CULLEN
DIRECTOR OF LICENSING
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

State Board Code:
037

Please include this number on
all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 0-672-005-6

Applicant's Name: Muhammad Burhan Ud Din Janjua

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 07 Jan 2011

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	27 Apr 2005	*	*
USMLE Step 2 CK	09 Aug 2006	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
USMLE Step 2 CS	03 Aug 2010

Name of Medical School and Country: King Edward Medical University, Lahore, PAKISTAN

Degree Year: 2002

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: TK7OIW5JM7

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

†Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Postgraduate Training

Accreditation ID:	4602821051
Institution:	Washington University/B-JH/SLCH Consortium Program
Location:	St Louis, MO UNITED STATES
Accreditation ID:	None
Institution:	Weill Cornell Medical College/NYP Hospital Cornell Campus
Location:	New York, NY UNITED STATES
Accreditation ID:	2673521011
Institution:	NYU Grossman School of Medicine/Hospital for Joint Diseases Program
Location:	New York, NY UNITED STATES
Accreditation ID:	None
Institution:	University of Pennsylvania/Pennsylvania Hospital
Location:	Philadelphia, PA UNITED STATES
Accreditation ID:	None
Institution:	UT Southwestern Medical College
Location:	Dallas, TX UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:

The Medical Professional reported training from 08/01/2016 to 07/31/2017 as accredited. The Institution confirmed this training as non-accredited.

Solution:

FCVS no longer obtains or reviews verification of non-accredited training programs; if received, it is included in the final profile as is.

Issue:

The Medical Professional reported training from 07/01/2012 to 06/30/2014 as accredited. The Institution confirmed this training as non-accredited.

Solution:

FCVS no longer obtains or reviews verification of non-accredited training programs; if received, it is included in the final profile as is.

Issue:

The Verification of Post Graduate Training Form from University of Pennsylvania/Pennsylvania Hospital dated 08/01/2017 to 07/08/2018 reported in the Chronology of Activities is not included in the Profile.

Solution(s):

FCVS does not obtain verification of non-accredited training programs.

Issue:

The Verification of Post Graduate Training Form from UT Southwestern Medical College dated 07/01/2018 to 06/30/2019 reported in the Chronology of Activities is not included in the Profile.

Solution(s):

FCVS does not obtain verification of non-accredited training programs.

Issue:

The Verification of Post Graduate Training Form from Weill Cornell Medical College/NYP Hospital Cornell Campus dated 07/01/2015 to 06/30/2016 reported in the Chronology of Activities is not included in the Profile.

Solution(s):

FCVS does not obtain verification of non-accredited training programs.



Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Road, Suite 300, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Graduate Medical Education

Institution: <u>Washington University/B-JH/SLCH Consortium</u>	Attention: <u>Program Director</u>
Specialty: <u>Surgery/Thoracic Surgery</u>	Affiliated University: <u>Washington University School of Medicine</u>
Address: <u>St Louis, MO</u>	

Verification For:	Name: <u>Janjua, Muhammad Burhan Ud Din</u> DOB: XXXXXXXXXX Individual's Name on Record (If different from above): _____
-------------------	--

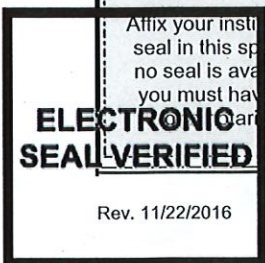
Program Participation: Important: Report Incomplete Training Levels (years) separate from those that were successfully completed.	Training Level: <u>N/A</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input checked="" type="checkbox"/> Research	Specialty/Subspecialty: <u>Thoracic Research</u> From: <u>07/01/2012</u> To: <u>06/30/2013</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input checked="" type="checkbox"/> None of these
--	---	--

If the training level (year) is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately.	Training Level: <u>N/A</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input checked="" type="checkbox"/> Research	Specialty/Subspecialty: <u>Thoracic Research</u> From: <u>07/01/2013</u> To: <u>06/30/2014</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input checked="" type="checkbox"/> None of these
---	---	--

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: _____ (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: _____ From: <u> / / </u> To: <u> / / </u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
--	---	---

Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
--	---

Certification:	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).
-----------------------	---



Name: <u>Marc R. Moon, MD</u> Title of Signatory: <u>Program Director</u> (e.g., Program Director) Tel: <u>314-362-0993</u> Fax: <u>314-747-0917</u>	Signature: <u>Marc R. Moon, MD</u> Date of Signature: <u>11-30-16</u> E-Mail: <u>moonm@wudosis.wustl.edu</u>
---	--

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Janjua, Muhammad Burhan Ud Din

Accreditation ID: 4602821051

Institution: Washington University/B-JH/SLCH Consortium Program

Specialty: Thoracic Surgery

Unusual Circumstances

Training Period: 7/1/2012 - 6/30/2013 Fellowship/Research

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

Unusual Circumstances

Training Period: 7/1/2013 - 6/30/2014 Fellowship/Research

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

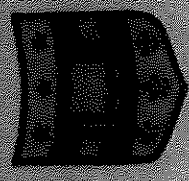
Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Janjua, Muhammad Burhan Ud Din

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS



This is to certify that

Muhammad Burhan Tanjua, MD

Served as a

RESEARCH FELLOW

*in the Division of Cardiothoracic Surgery
Department of Surgery*

From July 1, 2012 to June 30, 2014

Ma. Ch...

Ma. R. A. Loom, MD
Chief, Cardiac Surgery
Joseph C. Barnhart Professor of Cardiothoracic Surgery

June 30, 2014

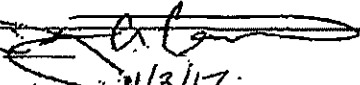
Ralph E. Barnhart, Jr. MD

Chief, Division of Cardiothoracic Surgery
John M. Stuenkel Professor of Surgery



Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Road, Suite 300, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Graduate Medical Education	
Institution: <u>New York University School of Medicine/Hospital for</u> Specialty: <u>Orthopaedic Surgery</u> Address: <u>New York, NY</u>	Attention: <u>Program Director</u> Affiliated University: <u>New York University</u>
Verification For:	Name: <u>Janjua, Muhammad Burhan Ud Din</u> DOB: XXXXXXXXXX Individual's Name on Record (if different from above): _____
Program Participation: Report Incomplete Training Levels (years) separate from those that were successfully completed. If the training level (year) is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: <u>6</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Orthopaedic Surgery of the spine</u> From: <u>08/1/2016</u> To: <u>7/31/2017</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input checked="" type="checkbox"/> None of these
Training Level: _____ (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: _____ From: <u> / /</u> To: <u> / /</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Training Level: _____ (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: _____ From: <u> / /</u> To: <u> / /</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
Certification: After your institutional seal in this space, you must have this printed.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Jeffrey Goldstein, MD</u> Signature:  Title of Signatory: <u>Program Director</u> Date of Signature: <u>2/13/17</u> Tel: <u>214-513-7711</u> Fax: _____ E-Mail: <u>Jeffrey.Goldstein@nyumc.org</u>

Rev. 11/21/2016

FCVS ID: 335762

FID: 203107495

CODE: 108969

ELECTRONIC SEAL VERIFIED

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****fsmb****Graduate Medical Education**

Medical Professional Name: Janjua, Muhammad Burhan Ud Din

Accreditation ID: 2673521011

Institution: New York University School of Medicine/Hospital for
Joint Diseases Program

Specialty: Orthopaedic Surgery/Orthopaedic Surgery of the Spine

Unusual Circumstances

Training Period: 8/1/2016 - 7/31/2017 Fellowship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Janjua, Muhammad Burhan Ud Din

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 02/22/2024

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 654053

Examinee: Janjua, Muhammad Burhan Ud Din

Examinee ID: 0-672-005-6

Alt Name(s):

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/27/2005	Pass	218	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/09/2006	Pass	212	(182)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
08/03/2010	Pass	
04/21/2010	Fail	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/10/2011	Pass	194	(187)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Janjua, Muhammad Burhan Ud Din

Examinee ID: 0-672-005-6

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Form 2 (MD)

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

PRIMARY SOURCE

Email form to: Licensing@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name Muhammad Burhan Ud Din Janjua

Institution: Weill Cornell Medical Center City/State New York, NY

Training Level: _____ Specialty/Subspecialty Neurosurgery/Pediatric neurosurgery From: 07/01/2015 To: 06/30/2016
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACPNF ACGME LCGME RSC CFPC RCPSC None of these

Training Level: _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

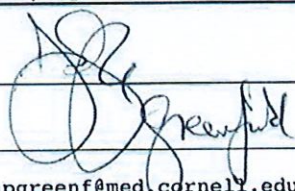
Training Level: _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

Training Level: _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

1. Did this individual ever take a leave of absence or break from his/her training? YES NO
2. Was this individual ever placed on probation? YES NO
3. Was this individual ever disciplined or placed under investigation? YES NO
4. Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please attach separate document for "YES" response(s) from above

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Jeffrey P Greenfield, MD PhD Signature 
 Title of Signatory: Professor of Neurosurgery Signature Date 3-19-24
 Phone: 212 746 2363 Fax: _____ E-Mail: jpgreenf@med.cornell.edu

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Form 2 (MD)

**PRIMARY
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Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name Muhammad Burhan Ud Din Janjua

Institution: University of Pennsylvania/Shriners Hospital City/State Philadelphia PA

Training Level: (e.g. 1, 2, 3, etc.)	<u>Neurosurgery/Spine Surgery/Orthospine</u>	From: <u>08/01/2017</u>	To: <u>07/31/2018</u>
Specialty/Subspecialty		Successfully Completed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research			
Accredited By:	<input type="checkbox"/> ACGME <input checked="" type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input checked="" type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	From: / /	To: / /
		Successfully Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research			
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these		

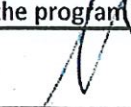
Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	From: / /	To: / /
		Successfully Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research			
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	From: / /	To: / /
		Successfully Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research			
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these		

- Did this individual ever take a leave of absence or break from his/her training? YES NO
- Was this individual ever placed on probation? YES NO
- Was this individual ever disciplined or placed under investigation? YES NO
- Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please attach separate document for "YES" response(s) from above

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Steven W Hwang, MD FAANS Signature 

Title of Associate Professor Of Neurosurgery Signature Date 3/18/24

Phone: 215.430.4026 Fax: 215.430.4136 E-Mail: sthwang@shrinenet.org

Revised 03/2024

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Form 2 (MD)

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

PRIMARY
SOURCE

Email form to: Licensing@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name Muhammad Burhan Ud Din Janjua

Institution: UT Southwestern Medical Center City/State Dallas Texas

Training Level: (e.g. 1, 2, 3, etc.)	<u>Neurosurgery/Pediatric neurosurgery</u>	From: <u>07/04/2018</u>	To: <u>06/30/2019</u>
	Specialty/Subspecialty		
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input checked="" type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed?		<input checked="" type="checkbox"/> YES
			<input type="checkbox"/> NO
			<input type="checkbox"/> IN PROGRESS
Accredited By: <input checked="" type="checkbox"/> ACPNF <input checked="" type="checkbox"/> ACGME			
<input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these			

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	From: / /	To: / /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed?		<input type="checkbox"/> YES
			<input type="checkbox"/> NO
			<input type="checkbox"/> IN PROGRESS
Accredited By: <input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these			

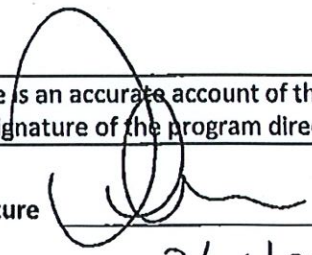
Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	From: / /	To: / /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed?		<input type="checkbox"/> YES
			<input type="checkbox"/> NO
			<input type="checkbox"/> IN PROGRESS
Accredited By: <input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these			

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	From: / /	To: / /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed?		<input type="checkbox"/> YES
			<input type="checkbox"/> NO
			<input type="checkbox"/> IN PROGRESS
Accredited By: <input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these			

- Did this individual ever take a leave of absence or break from his/her training? YES NO
- Was this individual ever placed on probation? YES NO
- Was this individual ever disciplined or placed under investigation? YES NO
- Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please attach separate document for "YES" response(s) from above

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Dale M Swift, MD Signature 

Title of Signatory: Associate Professor of Neurosurgery Signature Date 3/14/23

Phone: 214.456.6639 Fax: 214.456.6696 E-Mail: Dale.Swift@UTSouthwestern.edu

Revised 03/2024

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AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

PRIMARY SOURCE

Name and Mailing Address

MUHAMMAD BURHAN UD DIN JANJUA



Primary Office Address

WASHINGTON UNIVERSITY IN ST LOUIS
660 S EUCLID AVE
SAINT LOUIS, MO 63110-1093

Phone UNKNOWN

Birth date



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MAR 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Physician's major professional activity

NOT CLASSIFIED

Self-designated practice specialty

UNSPECIFIED (primary)

UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1295140820	06/23/2014	NOT RPTD	NOT RPTD	NOT RPTD	02/16/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

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Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

Applicant Number: 06720056

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.



THE NEW YORK STATE EDUCATION DEPARTMENT / 89 WASHINGTON AVENUE / ALBANY, NY 12234-1000

Office of the Professions
Division of Professional Licensing Services
Certifications & verifications Unit, 483 EBA, Education Building, Albany, NY 12234
Tel. (518) 474-3817 ext. 390
Fax (518) 486-2694
E-mail: oprau@mail.nysed.gov

To Whom It May Concern:

In New York State, a permit is different than a license. The terminology "good standing" is only applied to a professional license.

The "good standing" of the permit holder would have to be verified with the supervisor listed on the permit or with the Institution at which the permit is issued.

If a license applicant has moral character issues on the application, a "permit" will not be issued without review.

If you have any questions, please contact us at (518) 474-3817, Extension 390.


Certification & Verification Unit

PRIMARY
SOURCE

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APR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY,
NY 12234
Office of The Professions, Certification & Verification Unit, 89 Washington Ave, 4th Floor, Albany, NY
12234-1000
Tel. 518-474-3817
Fax 518-474-1449
E-mail: oprau@mail.nysed.gov
Internet: www.op.nysed.gov

4/11/2024

NYU LANGONE MEDICAL CENTER
333 E 33RD STREET
NEW YORK, NY 10016

To Whom It May Concern:

This is to notify you that **Limited Permit Number P97980** for the practice of
MEDICINE was issued on 06/30/2017 to MUHAMMAD JANJUA

To practice at:

NYU LANGONE MEDICAL CENTER

This permit expire(s)(d) on 06/29/2018

ORIGINAL PERMIT ISSUED 06/30/2015 EXPIRED 06/29/2016 RENEWED
06/30/2016 EXPIRED 06/29/2017

Education Credentials Specialist

Sandra Beth Barsallo



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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

EVIDENCE OF STATUS – PART A

Full Legal Name: Muhammad Burhan Ud Din Janjua Maiden (If applicable)
First Middle Last
Mailing Address: [Redacted]
Street Address or Post Office Box
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
City State Zip Code Telephone Number Social Security #

**PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545)** (issued by a foreign service post) or **Certification of Report of Birth (DS1350)** (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:**
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence:**
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Handwritten Signature] Date 02/19/2024
Subscribed and sworn before me this 19th day of February, 2024

Notary Public [Handwritten Signature]
Commission Number 922692
My commission expires 12/14/2024

**RECEIVED 2/19/2024
MD43155
SJ**

NOTARY SEAL

LEANDER SPEARMAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 14, 2024

From: [REDACTED]
To: [Seema Jayachand](#)
Subject: [EXTERNAL] Re: OKLAHOMA MD LICENSE APPLICATION - TIME DEFICIENCY FORM AND EXPLANATIONS
Date: Thursday, March 14, 2024 12:28:23 AM
Attachments: [TIME DEFICIENCY FORM REVISED MD43155.pdf](#)

Hello, Ms Jayachand,

Thanks for your email. Please find the requested information in deficiency form attached with postgraduate training as you have suggested. I have also filled the time deficiency listed for the time period of 10/1995 to 02/1996.

Application Instructions

1. OATH - I will forwarding you the Oath form. I am sorry, I missed it. I will be forwarding it to you very soon.
2. Time Deficiency Form for: 10/1995-2/1996 MUST USE TIME DEFICIENCY FORM FOR - please find it in the attached time deficiency form.

EXPLANATIONS

3. OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR WASHINGTON UNIVERSITY SCHOOL OF MEDICINE?

Yes. I am working as an Assistant Professor in the Department of Neurosurgery at the Washington University School of Medicine. I am working as an independent Neurosurgeon.

4. Verify License from NY P97980 - I have requested the NYSED for the License verification with Seal to be sent directly to the Oklahoma State Medical Board.

5. Regarding below postgraduate training verifications, I have emailed my program directors Form 2 to be directly sent over to the Oklahoma State Medical Board.

PostGrad - Form 2 WEILL CORNELL MEDICAL COLLEGE

PostGrad - Form 2 UNIVERSITY OF PENNSYLVANIA

PostGrad - Form 2 UT SOUTHWESTERN MEDICAL CENTER TEXAS

Thank you for taking care of my application. I really appreciate your time and help.

Best regards,
Janjua

Muhammad Burhan Ud Din Janjua, MD
Assistant Professor
Department of Neurosurgery
Washington University School of Medicine
St. Louis MO 63110
(C) [REDACTED]

On Wednesday, March 13, 2024 at 11:28:57 AM CDT, Seema Jayachand <sjayachand@okmedicalboard.org> wrote:

Dr. Janjua,

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MD43155
SJ

TIME DEFICIENCY FORM

Name:	Muhammad Burhan Ud Din Janjua	Application #	43155
-------	-------------------------------	---------------	-------

We must account *for any/all time from your 18th birthday to present.* Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
07	2015	06	2016	Weill Cornell Medical Center	NY	NY	Fellowship
08	2016	07	2017	NYU Langone Medical Center/Hospital for Joint Diseases	NY	NY	Fellowship
08	2017	07	2018	University of Pennsylvania/Shriners Hospital	Philadelphia	PA	Fellowship
07	2018	06	2019	UT Southwestern Medical Center	Dallas	TX	Fellowship

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
07	2016	07	2016	Columbia University/Allen Hospital	NY	NY	Visiting Fellow
12	2014	06	2015	Arkansas Neuroscience Institute	Little Rock	AR	Fellow/Research
07	2014	11	2014	Washington University School of Medicine	St Louis	MO	Fellow/Research
07	2012	06	2014	Washington University School of Medicine	St Louis	MO	Fellow/Research
01	2012	06	2012	Washington University School of Medicine	St Louis	MO	Fellow/Research
04	2011	12	2011	VA Medical Center	St Louis	MO	Fellow/Research

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
10	1995	02	1996	Stay at Home parent for Medical School Prep	Islamabad	Federal	

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MD43155
SJ

Oklahoma Board of Medical Licensure and Supervision

101 NE 51st Street
OKLAHOMA CITY, OK 73105-1821
(405) 962-1470
(405) 962-1440 FAX

03/13/2024

MUHAMMAD BURHAN UD DIN JANJUA



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP28079075
Password:Last 4 SSN

RE: MD Application #43155

Dear MUHAMMAD JANJUA,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Application Instructions
OATH
Time Deficiency Form for: 10/1995-2/1996 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR WASHINGTON UNIVERSITY SCHOOL OF MEDICINE?
Verify License from NY P97980
PostGrad - Form 2 WEILL CORNELL MEDICAL COLLEGE
PostGrad - Form 2 UNIVERSITY OF PENNSYLVANIA
PostGrad - Form 2 UT SOUTHWESTERN MEDICAL CENTER TEXAS

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:
<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is **AP28079075** (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

ALHAJ, GEORGE SAMER	
Practice Address: MEDICAL WELLNESS AND HEALTH LLC 2124 SHADOWLAKE DRIVE BLDG O OKLAHOMA CITY OK 73159 Address last updated on 8/28/2023	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2026 Fee History: 08/23/23 \$200.00 07/28/22 \$200.00 08/11/21 \$200.00
Phone #: (405) 378-0600 Fax #: (405) 576-3104 County: CLEVELAND License: 22845 Dated: 9/16/2002 Expires: 9/1/2024 License Type: Medical Doctor Specialty: General Practice Pain Management (Anesthesiology) NPI #: 1851368898	Hospital Privileges: Surgical Hospital of Oklahoma Oklahoma City, OK References: No reference on file

Other Licenses

The License Status and Expiration date listed below are verified only at the time of **initial** Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
210084	MA	Inactive				Entered By Physician

Education History

School	Type	From	To	Degree	Verified
JOOL JAMMAL, LATTAKIA, SYRIA		10/1984	9/1987	DIPLOMA	04/02/02

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Tichreen, Fac Of Med, Lattakia, Syria	9/1987	11/1993		Y		8/13/2002	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA, USA	PAIN MANAGEMENT	7/2001	6/2002	Y		07/30/02		N
YALE NEW HAVEN HOSPITAL, NEW HAVEN, CT, USA	ANESTHESIOLOGY	7/1998	7/2001	Y		04/11/02	04/02/02	N
MERIDIA HURON HOSPITAL, EAST CLEVELAND, OH, USA	GENERAL SURGERY	7/1997	7/1998	Y		04/15/02	04/02/02	N

National Verifications

Type	Date Primary Source Verified
------	------------------------------

ECFMG # 05421839	8/5/2002
Federation Clearance	4/5/2002
AMA Profile	4/3/2002

Certifications

Certification
AMERICAN BOARD OF ANESTHESIOLOGY
AMERICAN BOARD OF ANESTHESIOLOGY - Pain Medicine

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	9/27/95	8/6/2002
USMLE 2	8/27/96	8/6/2002
USMLE 3	5/13/97	8/6/2002

Practice History

Employer	Specialty	Supervisor	From	To	Verified
THE PAIN MANAGEMENT SOLUTION PLLC, OKLAHOMA CITY, OK	ANESTHESIOLOGY/PAIN MANAGEMENT		6/2010	11/2022	
UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY, OK, USA	ANESTHESIOLOGY		7/2003		
UNIVERSITY OF OKLAHOMA , OKLAHOMA CITY, OK, USA	ANESTHESIOLOGY		7/2003		
NONE, DETROIT, MI, USA	INTERVIEW & CLINICAL OBSERVATION		11/1996	6/1997	4/2/2002
SCHOOL KAPLAN, SOUTHFIELD, MI, USA	ENGLISH STUDENT		1/1995	10/1996	4/2/2002
HOSPITAL AL ASSAD, LATTAKIA, SYRIA	INTERNSHIP		11/1993	11/1994	4/2/2002

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
4/3/2023	Complaint Citation		

Board Filings and/or Orders
05/04/2023
04/03/2023
04/03/2023

License Verification and Disclaimer

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. Initial licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

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Technical issues: supportservices@okmedicalboard.org or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
GEORGE SAMER ALHAJ, M.D.)
LICENSE NO. MD 22845,)
)
Defendant.)

FILED

APR - 3 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 21-11-6075

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against George Samer Alhaj, M.D. (“Defendant”), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1 *et seq.*
2. In Oklahoma, Defendant holds medical license no. 22845.
3. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma and occurred within the boundaries of the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

4. On November 20, 2021, Board staff learned, via a news report, that murder charges had been filed against the Defendant. The allegations involve the death of patient, C.W., who died on January 21, 2019, allegedly due to the Defendant’s prescribing. Defendant has been charged with Murder in the 2nd degree, or in the alternative, Manslaughter in the 2nd degree, in Kay County case number CF-2021-655.
5. The medical record for C.W., as well as for two other deceased patients, R.W. and G.M., were subpoenaed and obtained. Also obtained were the Medical Examiner reports for each patient.

6. Expert review was had and the expert found numerous issues which were problematic, dangerous and/or fell outside the standard of care.
7. Among the concerns noted by the expert were the following: Defendant did not take a multidisciplinary approach to pain management in spite of mentioning the need to do repeatedly. Defendant had an extraordinary emphasis on doing procedures as soon as possible then using opioids in whatever doses he saw fit and continue those opioids even when it became clear they were not working. Very few restorative measures were taken. Defendant continued to give what seemed like as many injections as possible, as often as possible whether there were signs of improvement or not. Further, it is clear that Defendant would routinely copy records from visit to visit without actually recording meaningful entries.
8. While Defendant repeatedly noted the need to determine the cause of the patient's pain, there is little to no indication that such investigations ever took place. This is especially concerning where patients were not responding favorably to the high doses of opiates being prescribed. In fact, Defendant often ignored warning signs and red flags of addiction.
9. The Medical Examiner report for C.W. determined the cause of death was mixed drug toxicity due to oxymorphone, morphine and zolpidem. The Medical Examiner report for G.M. determined the cause of death was acute Fentanyl intoxication. The Medical Examiner report for R.W. determined the cause of death was multiple drug toxicity.

III. VIOLATIONS

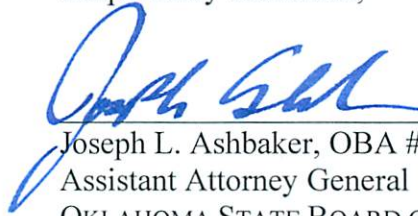
10. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public, in violation of 59 O.S. §509(8) and Okla. Admin. Code § 435:10-7-4(11).
 - b. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner, in violation of 59 O.S. §509(12) and Okla. Admin. Code § 435:10-7-4(2).
 - c. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, in violation of 59 O.S. §509(16)(a).
 - d. Indiscriminate or excessive prescribing, dispensing or administering of Controlled or Narcotic drugs, in violation of Okla. Admin. Code § 435:10-7-4(1).
 - e. Conduct likely to deceive, defraud, or harm the public, in violation of Okla. Admin. Code § 435:10-7-4(11).

- f. Gross or repeated negligence in the practice of medicine, in violation of Okla. Admin. Code § 435:10-7-4(15).

IV. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant’s professional license, including an assessment of costs and attorney’s fees incurred in this action as provided by law.

Respectfully submitted,



Joseph L. Ashbaker, OBA # 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
405.962.1400
joe.ashbaker@oag.ok.gov

VERIFICATION

I, Melissa Davis, RN, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

- 1. I have read the above Complaint regarding **GEORGE SAMER ALHAJ, MD,** and,
- 2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Melissa Davis, RN
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Executed this 28th day of March, 2023, in Oklahoma County, State of Oklahoma.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

APR - 3 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
GEORGE SAMER ALHAJ, M.D.)
LICENSE NO. MD 22845,)
)
Defendant.)

Case No. 21-11-6075

CITATION

YOU ARE HEREBY NOTIFIED that on the 30th day of March 2023, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(4), (8), (16)(a), (18); Okla. Admin. Code §§ 435:10-7-4(1), (2), (6), (11), (26).

On **June 29, 2023**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 30th day of March 2023.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

FILED

APR - 5 2023

RETURN OF SERVICE
PROOF OF SERVICE

CASE # 21--11-6075

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

DEERAY GARCIA - PROCESS
SERVER 405-519-1441 -
oslps@yahoo.com

I certify that I received the foregoing summons AND PETITION 03 day of APRIL 2023 and that I delivered a copy of said Summons with a copy of the Petition attached to the following named Defendant's in OKLAHOMA. _____ County at the address and on the date set forth opposite each name, to-wit:

Name of Defendant

GEORGE ALJAH 6209 LAKEWOOD RIDGE EDMOND,OK.

Address

Date of Service

04-03- 23 3:00
PM

SERVED VERIFIED COMPLAINT,CITATION SCHEDULING ORDER

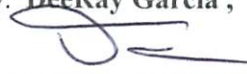
USUAL PLACE OF RESIDENCE OR EMPLOYMENT

CORPORATION RETURN

FEES

Fee for service \$ 75.00 Mileage \$ _____ Total \$ 75.00
Dated this 04 day of APRIL, 2023

By: **DeeRay Garcia**, PPS # 2021-75

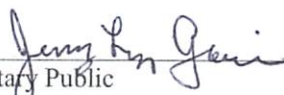


Subscribed and sworn before me this 04 day
Of APRIL 2023

My Commission Expires _____

Commission Number _____




Notary Public



LEO/nw

IN AND BEFORE THE OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

APR 24 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, <i>ex rel.</i>)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
vs.)
)
GEORGE SAMER ALHAJ, M.D.)
LICENSE NO. MD 22845)
)
Defendant.)

No. 21-11-6075

ANSWER TO VERIFIED COMPLAINT

Comes now the Defendant George Samer Alhaj, M.D., license number MD 22845, and herein responds to the allegations, statements and inferences contained in the Assistant Attorney General's Verified Complaint filed with the Oklahoma State Board of Medical Licensure and Supervision on April 3, 2023. In response to this Complaint, Dr. Alhaj affirmatively denies all allegations, statements, claims and inferences of improper and unprofessional conduct by him toward patients C.W., R.W., and G.M. Specifically, this Defendant responds to the Attorney General's Verified Complaint as follows:

I. JURISDICTION

1. Paragraphs 1, 2 and 3 are admitted.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

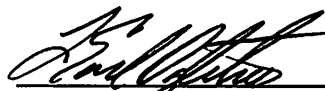
2. With respect to paragraphs 4 and 6 of the Attorney General's Complaint, this Defendant is without knowledge sufficient to admit or deny said statements and therefore must deny the same.
3. Dr. Alhaj admits that he received Subpoenas for medical records of C.W., R.W. and G.M.
4. Specific to paragraphs 7 and 8 of the Attorney General's Complaint, Dr. Alhaj is not in possession of any expert report from the Attorney General's Office reflecting a qualified expert witness review, qualifications, and/or opinions. Dr. Alhaj specifically denies the accuracy of the alleged findings of any reviewing qualified expert witness, as stated in these paragraphs. Further, Dr. Alhaj demands the identity, review file, reports and the pre-hearing deposition of any "expert" who will verify the accuracy of statements contained in the Attorney General's Complaint.
5. With respect to paragraph 9 of the Attorney General's Complaint, Dr. Alhaj has received possession of the Medical Examiner's report for C.W. and G.M. and admits the accuracy of the Complaints' statement of the Medical Examiner's findings in those reports; however, Dr. Alhaj denies the accuracy of the Medical Examiner's conclusions for C.W. and G.M. With respect to statements, claims, and allegations specific to R.W., Dr. Alhaj has not received copies of the medical examiner reports for those patients and can neither admit or deny the accuracy of the Attorney General's statements.

III. VIOLATIONS

6. Paragraph 10 of the Attorney General's Complaint is denied. Dr. Alhaj demands strict proof of all allegations of unprofessional conduct and all evidence the Attorney General claims supports those allegations.

WHEREFORE, Dr. Alhaj respectfully demands the Attorney General's Complaint be dismissed and the Board of Medical Licensure make an evidentiary finding that the statements, claims, and allegations contained in the Attorney General's Complaint are not supported by the evidence.

WIGGINS SEWELL & OGLETREE



L. Earl Ogletree OBA No. 18435
3100 Oklahoma Tower
210 Park Avenue
Oklahoma City, OK 73102
405/232-1211
405/235-7025 (fax)
eogletree@wsolaw.net

Attorney for Defendant,
George Samer Alhaj, M.D.

Certificate of Service

On this 24 day of April, 2023, true and correct copy of the within and foregoing Answer to Verified Complaint was hand delivered to the following counsel of record:

Mr. Joseph L. Ashbaker
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
405/962-1400
joe.ashbaker@oag.ok.gov

Attorney for Plaintiff



L. Earl Ogletree

VERIFICATION

STATE OF OKLAHOMA)
) No. 21-11-6075
OKLAHOMA COUNTY)

I, George S. Alhaj, of lawful age and being first duly sworn upon my oath, state: That I am a named Defendant in the above-entitled cause of action; that I have read the within and foregoing Answer to Verified Complaint; and that same is true and correct to my best knowledge and belief.

[Signature]
George Samer Alhaj, M.D.

Subscribed and sworn to before me this 24 day of April, 2023.



[Signature]
Notary Public

My Commission Expires:

08/07/2023



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

BHARGAVA, AJAY	
Practice Address: 4302 SW LEE BLVD LAWTON OK 73505-1012 Address last updated on 12/6/2023 Phone #: (580) 357-0058 Fax #: (580) 248-7667 County: COMANCHE License: 15053 Dated: 1/18/1985 Expires: 1/1/2025 License Type: Medical Doctor Specialty: Gastroenterology Internal Medicine NPI #: 1174624845	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2025 Fee History: 12/06/23 \$200.00 12/11/22 \$200.00 12/01/21 \$200.00 Hospital Privileges: Southwestern Medical Center Lawton, OK References: No reference on file

Other Licenses

The License Status and Expiration date listed below are verified only at the time of initial Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
146232	NY	Active				Entered By Physician

Education History

School	Type	From	To	Degree	Verified
GOVERNMENT COLLEGE, CHANDIGARH, INDIA		7/1966	5/1968		
SENIOR MODAL SCHOOL, CHANDIGARH, INDIA		6/1954	3/1965		

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Armed Forces Med Coll, Univ Of Pune, Pune, Maharashtra, India	6/1968	1/1974		Y			N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
STRONG MEMORIAL HOSPITAL, ROCHESTER, NY, USA	GASTROENTEROLOGY	7/1981	6/1983					N
MUHLENBERG HOSPITAL, PLAINFIELD, NJ, USA	INTERNAL MEDICINE	7/1979	6/1981					N
LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, NY, USA	INTERNAL MEDICINE	7/1978	6/1979					N
SAFDARJANG HOSPITAL, NEW DELHI, INDIA	INTERNAL MEDICINE	1/1974	1/1977					N

Certifications

Certification
ABPS - Internal Medicine
AMERICAN BOARD OF INTERNAL MEDICINE
AMERICAN BOARD OF INTERNAL MEDICINE - Gastroenterology

Practice History

Employer	Specialty	Supervisor	From	To	Verified
PRIVATE PRACTICE, LAWTON, OK, USA	INTERNAL MED & GE		2/1985		
THOMPSON HOSPITAL, ROCHESTER, NY, USA	EMERGENCY ROOM//INTERNAL MEDI.		7/1983	10/1984	
GENESSE MEMORIAL HOSPITAL, BATAVIA, NY, USA	INTERNAL MEDICINE		7/1983	1/1985	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
4/21/2023	Complaint Citation		
3/10/2005	Public Letter of Concern		
6/15/2004	Complaint Citation		

Board Filings and/or Orders

[02/14/2024](#)
[12/04/2023](#)
[04/21/2023](#)
[04/21/2023](#)
[03/10/2005](#)
[06/09/2004](#)
[06/09/2004](#)

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Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
AJAY BHARGAVA, M.D.,)
LICENSE NO. MD 15053,)
)
Defendant.)

FILED

APR 21 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Ajay Bhargava, M.D. (“Defendant”), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds medical license No. 15053, issued 01/18/1985 by the Oklahoma Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board originally received a complaint alleging inappropriate behavior with a patient by Defendant, a physician specializing in gastroenterology. In investigating the accusation, Board staff became concerned regarding the appropriateness of Defendant’s controlled dangerous substance prescriptions and record keeping of medical documentation related thereto, as well as other treatment.
4. Based on these concerns, Board staff subpoenaed medical records for five (5) of Defendant’s patients, which were provided to an expert for review. The expert determined that Defendant had consistently practiced outside the scope of his specialization and had

prescribed narcotics together with other medications such as antipsychotics in a manner inconsistent with or in violation of the appropriate standard(s) of care.

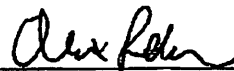
III. VIOLATIONS

5. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, in violation of 59 O.S. 509(16)(a) and Okla. Admin. Code § 435:10-7-4(2).
 - b. Prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with pertinent licensing board standard, in violation of 59 O.S. 509(16)(b) and Okla. Admin. Code § 435:10-7-4(2).
 - c. Indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs, in violation of Okla. Admin. Code § 435:10-7-4(1).
 - d. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner, in violation of 59 O.S. 509(12).
 - e. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, in violation of 59 O.S. § 509(18).
 - f. Improper management of medical records, in violation of Okla. Admin. Code § 435:10-7-4(36).
 - g. Failure to maintain adequate medical records to support diagnosis, procedure, treatment or prescribed medications, in violation of 59 O.S. § 509(21) and Okla. Admin. Code § 435:10-7-4(41).

V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,




Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL

LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Ajay Bhargava, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 4-19-23



County, State of Execution

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
AJAY BHARGAVA, M.D.,)
LICENSE NO. MD 15053,)
)
Defendant.)

FILED

APR 21 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

CITATION

YOU ARE HEREBY NOTIFIED that on the 19th day of April 2023, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(12), (16)(a), (16)(b), (18), (21); and Okla. Admin. Code §§ 435:10-7-4(1), (2), (36), (41).

On **June 29, 2023**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 19th day of April 2023.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA *ex rel.*)
THE OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE AND)
SUPERVISION,)
)
Plaintiff,)
)
vs.)
)
AJAY BHARGAVA, M.D.)
)
LICENSE NO. M.D. 15053,)
)
Defendant.)

FILED
MAY 22 2023
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

ANSWER TO VERIFIED COMPLAINT

Defendant, Ajay Bhargava, M.D. (“Dr. Bhargava”), for his Answer to the Verified Complaint (the “Complaint”) filed by the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the “Board”), denies each and every allegation therein except as specifically hereinafter admitted. For further answer, Dr. Bhargava states as follows:

1. The allegations in Paragraph 1 of the Complaint state a legal conclusion to which no response is required. Otherwise, Dr. Bhargava states that the Board is authorized to license and oversee physicians as outlined by statute.

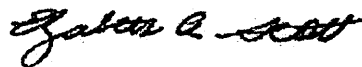
2. Dr. Bhargava states that he holds medical license no. 15053 conferred to him by the State of Oklahoma and that he practices medicine in the State of Oklahoma as alleged in Paragraph 2 of the Complaint. Dr. Bhargava denies all remaining allegations in Paragraph 2 and demands strict proof thereof.

3. Dr. Bhargava denies that he engaged in any inappropriate behavior or unprofessional conduct as alleged in any complaint received by the Board as alleged in Paragraph 3 of the Complaint. Dr. Bhargava is without sufficient information or belief to admit or deny the remaining allegations in Paragraph 3 and demands strict proof thereof.

4. Dr. Bhargava admits that he provided medical records for 5 patients specifically selected by the Board staff to the Board investigator pursuant to Board subpoena. Dr. Bhargava is without sufficient information or belief to admit or deny whether or not Board staff provided these records to an expert for review and what the expert allegedly determined. Dr. Bhargava denies that he has practiced outside the scope of his specialization or that there is any such legal limitation. Dr. Bhargava is board certified in internal medicine and is not limited in any way to practice only the specialty of gastroenterology. As a fully licensed Oklahoma allopathic physician, Dr. Bhargava's scope of practice is not limited. Dr. Bhargava denies all remaining allegations in Paragraph 4 of the Complaint and demands strict proof thereof.

5. Dr. Bhargava denies that he is guilty of unprofessional conduct as alleged in Paragraph 5 of the Complaint and demands strict proof thereof.

Respectfully submitted,



Elizabeth A. "Libby" Scott, OBA #12470

Brian Self, OBA #33363

-Of the Firm-

CROWE & DUNLEVY

A Professional Corporation

Braniff Building

324 N. Robinson, Suite 100

Oklahoma City, OK 73102
(405) 235-7700
(405) 239-6651 (Facsimile)

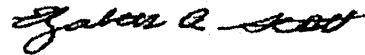
**ATTORNEY FOR DEFENDANT
AJAY BHARGAVA, M.D.**

CERTIFICATE OF SERVICE

This will certify that on the 22nd day of May, 2023, a true and correct copy of the above and foregoing instrument was served via mail to the following:

Alex Pedraza, , OBA No. 33584
Assistant Attorney General
Oklahoma State Board of Medical
Licensure and Supervision
313 N.E. 21st Street
Oklahoma City, OK 73105

Attorney for the Plaintiff



Elizabeth A. Scott

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

FEB 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

Plaintiff,)

v.)

Case No. 22-06-6139

AJAY BHARGAVA, M.D.,)
LICENSE NO. MD 15053,)

Defendant.)

**SUPERSEDING ORDER OF CONTINUANCE
AND NOTICE OF HEARING**

The undersigned Secretary for the Oklahoma State Board of Medical Licensure and Supervision (“Board”), in consideration of an agreement of the parties, enters the following orders:

1. In Oklahoma, Defendant holds medical license no. 15053, originally issued January 18, 1985.
2. On April 21, 2023, a Verified Complaint and Citation were filed on behalf of the Board. Hearing on the Verified Complaint was originally set for June 29, 2023.
3. Since then, this matter has been continued three times; twice by the Board Secretary upon joint request of the parties and once by the Board en banc upon request of Defendant, all times for good cause shown.
4. The Parties request an additional and anticipated final continuance of the hearing on the Verified Complaint to the May 16, 2024, Board meeting.
5. This request for continuance is not being made for purposes of delay, making the continuance reasonable and in the interest of justice.
6. The Board Secretary finds that the ends of justice served by the granting of such continuance outweigh the best interest of the public and the Defendant in a speedy hearing, and continuance is thereby **GRANTED**, to the **May 16, 2024**, Board meeting.
7. This matter is rescheduled for hearing at Board meeting on **May 16, 2024**. All deadlines are reset to the Scheduling Order for the May 16, 2024, Board meeting, to be forthcoming.

8. Please take notice that Plaintiff's Verified Complaint will be heard by the Board at the May 16, 2024, Board meeting, which will begin at 9:00 a.m. The meeting will take place at the office of the Board, 101 N.E. 51st Street, Oklahoma City, Oklahoma 73105-1821.

Dated this 14th day of February 2024.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Certificate of Service

This is to certify that on the 14th day of February 2024, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

Ajay Bhargava
4302 SW Lee Blvd
Lawton, OK 73505

Defendant

U.S. Certified Mail, and Email

Elizabeth Scott
CROWE & DUNLEVY
324 N. Robinson, Suite 100
Oklahoma City, OK 73102
elizabeth.scott@crowedunlevy.com

Attorney for Defendant,

Ajay Bhargava, MD

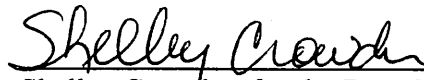
E-Mail

Alex Pedraza
STATE OF OKLAHOMA
OFFICE OF ATTORNEY GENERAL
313 N.E. 21st Street
Oklahoma City, OK 73105

Alex.Pedraza@oag.ok.gov

Attorney for Plaintiff,

***Oklahoma State Board of Medical
Licensure and Supervision***



Shelley Crowder, for the Board



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

TRAVIS, KAYLA DEANN	
Practice Address: No Current Practice Address Address last updated on 3/20/2024 Phone #: Fax #: County: NOT OKLAHOMA License: 3298 Dated: 10/2/2009 Expires: 10/31/2025 License Type: Respiratory Care Practitioner Specialty: NPI #:	Status: Active Status Class: Fully Licensed Restricted to: CME Year: 0 Fee History: 03/26/24 \$30.00 10/31/23 \$100.00 10/29/21 \$100.00 Hospital Privileges: None listed References: No reference on file

Education History

School	Type	From	To	Degree	Verified
SEWARD COUNTY COMMUNITY COLLEGE, LIBERAL, KS		8/2007	7/2009	AS/RESP	
BODY BUSINESS COLLEGE, DURANT, OK		8/2003	5/2007	MASSAGE	
SEWARD COUNTY COMMUNITY COLLEGE, LIBERAL, KS		8/2001	5/2003	AS	
BALKO HIGH SCHOOL, BALKO, OK		8/1998	5/2001		

Practice History

Employer	Specialty	Supervisor	From	To	Verified
LINCARE, Clinton, OK	Health care specialist / CRT		3/2011		
SOUTHWEST MEDICAL CENTER, Liberal, KS	RT		1/2009	9/2010	
INDEPENDENT OPPORTUNITY, WOODWARD, OK	HEALTH AID		5/2007	9/2010	
VARIOUS, POTTSBORO, SHERMAN, DENISON, TX	EMPLOYED		1/2005	1/2007	
BONHAM STATE BANK/US POSTAL SVC, BONHAM, BELLS, TX	EMPLOYED		1/2003	9/2006	
SCCC/SHELTER INS/CRAZYHORSE, LIBERAL, KS	EMPLOYED		12/2001	12/2002	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
3/14/2024	Complaint Citation		

Board Filings and/or Orders
03/14/2024 03/14/2024

License Verification and Disclaimer

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. **Initial** licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

Please note that the NPI numbers listed on search results are provided by licensees themselves and are not verified by the Medical Board. *APRN license information listed under "Supervisees" is obtained from Board of Nursing once a month and is listed here for supervisor/supervisee cross reference purpose only and hence not be construed as full verification of APRN license. APRN's license verification must be made through State Board of*

Nursing.

No responsibility is assured or implied for errors or omissions created by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

For information regarding those categories not included in the database and/or concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time, contact the OSBMLS at:

Issues related to verification data: licensing@okmedicalboard.org or Phone: (405) 962-1400 ext. 170

Technical issues: supportservices@okmedicalboard.org or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

MAR 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
KAYLA BOSTON, RC,)
LICENSE NO. RC 3298,)
)
Defendant.)

Case No. 24-03-6305

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Kayla Boston (“Defendant”), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of respiratory care practitioners in the State of Oklahoma. 59 O.S. § 2026, *et seq.* and Okla. Admin. Code 435:45-1-1 *et seq.*
2. In Oklahoma, Defendant holds Oklahoma License No. RC 3298 issued by the Board. The act(s) and/or omission(s) complained of herein were made while Defendant was licensed to practice respiratory care by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. Defendant was, pursuant to Okla. Admin. Code § 435:45-5-1(f), to complete twelve (12) hours of continuing respiratory care education (CRCE) hour between the dates of November 1, 2021 and October 31, 2023.
4. At 4:018 pm on October 31, 2023, Defendant submitted an application for renewal of her Oklahoma Respiratory Therapy license. In doing so, Defendant certified that she had obtained twelve (12) hours of Board approved continuing education and that she had the original documentation in her possession to verify the same.

5. Defendant's licensing file was selected for a random CRCE audit pursuant to Okla. Admin. Code § 435:45-5-1(k).
6. An email was sent to Defendant on or about November 8, 2023 informing her of said audit and requesting her to submit proof of continuing education hours she had completed to date. Subsequent emails were sent on November 15, 2023 and December 6, 2023.
7. Defendant did not submit proof of having completed any hours of CRCE. Further, Defendant did not send any response to the emails sent to her and she did not provide any contact information in her licensing file.
8. Further, Okla. Admin. Code § 435:45-5-1(l) states:

“(l) Compliance.
(1) Licensees selected for audit must submit verification of meeting the continuing education requirement.
(2) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.
(3) A license obtained through misrepresentation shall result in Board action.”
9. The foregoing act(s) and/or omission(s) constitute unprofessional conduct as defined under the Respiratory Care Practice Act and corresponding regulations, as detailed herein.

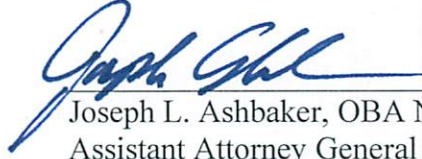
III. VIOLATIONS

10. Based on the foregoing, Defendant is guilty of violating the following relevant provisions of law:
 - a. Obtaining or attempting to obtain a license, certificate or documents of any form as a respiratory care practitioner by fraud or deception, in violation of Okla. Admin. Code § 435:45-5-3(8);
 - b. Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board, in violation of Okla. Admin. Code § 435:45-5-3(21).

IV. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,

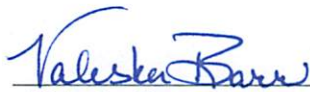


Joseph L. Ashbaker, OBA No. 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.962.1400
Email: Joe.ashbaker@oag.ok.gov

VERIFICATION

I, Valeska Barr, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Kayla Boston, RC.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Valeska Barr, Assistant Director of
Licensing,
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date:

3/14/2024

Oklahoma

County, State of Execution

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

MAR 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

Plaintiff,)

v.)

Case No. 24-03-6305

KAYLA BOSTON, RC,)
LICENSE NO. RC 3298,)

Defendant.)

CITATION

YOU ARE HEREBY NOTIFIED that on the 14th day of March 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Respiratory Care Practice Act at 59 O.S. § 2040(6), (9); and Okla. Admin. Code §§ 435:45-5-3(14), (21).

On **May 16, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

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THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 14th day of March 2024.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION



March 20, 2024

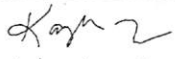
Dear SHELLEY CROWDER:

The following is in response to your request for proof of delivery on your item with the tracking number:
9489 0090 0027 6405 1959 89.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	March 20, 2024, 10:46 am
Location:	FOSS, OK 73647
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail Restricted Delivery Return Receipt Electronic

Recipient Signature

Signature of Recipient:	 Kayla Travis
Address of Recipient:	21279 E 1030 RD, FOSS, OK 73647

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

UNITED STATES POSTAL SERVICE

CERTIFIED MAIL



9489 0090 0027 6405 1959 89

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RESTRICTED DELIVERY



Board of Medical Licensure & Supervision
State of Oklahoma

101 N.E. 51st Street
Oklahoma City, Oklahoma 73105-1821

RESTRICTED DELIVERY

Kayla Boston, RC
21279 E. 1030 RD.
Foss, Ok 73647

RESTRICTED DELIVERY



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

KAPLAN, STANLEY 	
Practice Address: INTEGRIS BASS BAPTIST HEALTH CENTER 600 S MONROE ST SUITE 8A ENID OK 73701 Address last updated on 8/25/2023 Phone #: Fax #: County: GARFIELD License: 40182 Dated: 9/27/2022 Expires: 9/1/2024 Temp. Lic. Issued: 9/8/2022 Temp. Lic. Expires: 11/17/2022 License Type: Medical Doctor Specialty: Internal Medicine Pulmonary Critical Care Medicine Critical Care Medicine (Internal Medicine) NPI #: 1720216385	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2025 Fee History: 08/25/23 \$200.00 08/11/22 \$750.00 Hospital Privileges: None listed References: No reference on file

Other Licenses

The License Status and Expiration date listed below are verified only at the time of **initial** Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
ME127286	FL	Active	1/31/2024	8/12/2022		Primary Source Verified
330627	LA	Active	5/31/2023	8/19/2022		Primary Source Verified
248919	MA	Inactive	5/2/2022	8/25/2022		Primary Source Verified
TD101091	ME	Inactive	2/14/2011	8/12/2022		Primary Source Verified
2022026466	MO	Active	1/31/2023	8/19/2022		Primary Source Verified
252702	NY	Active	4/30/2023			Primary Source Verified

39930	OK	Active	9/14/2022			Primary Source Verified
MD442356	PA	Inactive	12/31/2014	8/12/2022		Primary Source Verified
87252	SC	Active	6/30/2023	8/12/2022		Primary Source Verified
0101274252	VA	Active	5/31/2024	8/12/2022		Primary Source Verified

Education History

School	Type	From	To	Degree	Verified
PACE UNIVERSITY, NEW YORK, NY, UNITED STATES		9/1996	6/2000	BACHELOR OF SCIENCE-BIOLOGY	
ABRAHAM LINCOLN HIGH SCHOOL, BROOKLYN, NY, UNITED STATES		9/1992	6/1996	HIGH SCHOOL DIPLOMA	

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
St George's Univ, Sch Of Med, St George's, Grenada	8/2001	5/2005	MD	Y	8/15/2022	8/15/2022	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI (MORNINGSI, NEW YORK, NY, UNITED STATES OF AMERICA	PULMONARY DISEASE AND CRITICAL CARE MEDICINE	7/2008	6/2011	Y	08/15/22		08/15/22	N
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PROGRAM, NEW YORK, NY, UNITED STATES OF AMERICA	INTERNAL MEDICINE	7/2005	6/2008	Y	08/15/22		08/15/22	N

National Verifications

Type	Date Primary Source Verified
ECFMG # 06509632	8/15/2022
Federation Clearance	8/19/2022
AMA Profile	8/19/2022

Certifications

Certification
AMERICAN BOARD OF INTERNAL MEDICINE
AMERICAN BOARD OF INTERNAL MEDICINE - Critical Care Medicine
AMERICAN BOARD OF INTERNAL MEDICINE - Pulmonary Disease

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	7/24/03	8/15/2022
USMLE 2CK	9/23/04	8/15/2022
USMLE 2CS	10/27/04	8/15/2022
USMLE 3	4/19/07	8/15/2022

Practice History

Employer	Specialty	Supervisor	From	To	Verified
EQUUM MEDICAL ACUTE CARE TELEHEALTH, NEW YORK, NY, UNITED STATES – CRITICAL CARE PHYSICIAN	CRITICAL CARE PHYSICIAN		7/2021		
ST. LUKE'S HOSPITAL, NEW BEDFORD, MA, UNITED STATES – CRITICAL CARE PHYSICIAN/DIRECTOR	CRITICAL CARE PHYSICIAN/DIRECTOR		6/2014	1/2016	

SOUTHCOAST PHYSICIAN GROUP, FALL RIVER, MA, UNITED STATES	PULMONOLOGIST/STAFF INTENSIVIST		10/2011		
CREDENTIALING/WAITING FOR EMPLOYMENT TO BEGIN, FALL RIVER, MA, UNITED STATES	CREDENTIALING/WAITING FOR EMPLOYMENT TO BEGIN		7/2011	9/2011	
GAP YEAR: WORK & TRAVEL, NEW YORK, NY, UNITED STATES – I WORKED AT A WATER TESTING COMPANY AND TRAVELED TO EUROPE BETWEEN MY UNDERGRAD AND MED SCHOOL.	GAP YEAR: WORK & TRAVEL		7/2000	7/2001	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
3/14/2024	Complaint Citation		

Board Filings and/or Orders

[03/14/2024](#)
[03/14/2024](#)

License Verification and Disclaimer

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Issues related to verification data: licensing@okmedicalboard.org or Phone: (405) 962-1400 ext. 170

Technical issues: supportservices@okmedicalboard.org or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

MAR 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
STANLEY KAPLAN, M.D.,)
LICENSE NO. MD 40182,)
)
Defendant.)

Case No. 24-02-6295

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision ("Board"), for its Verified Complaint against Stanley Kaplan, M.D. ("Defendant"), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over this subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of allopathic physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds medical license No. 40182, issued 09/27/2022 by the Board. The acts and/or omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of criminal and unprofessional conduct by Defendant as detailed herein.
4. On September 19, 2023, Defendant pled guilty to one count of securities fraud, in violation of 15 U.S.C. § 78j(b), 17 C.F.R. § 240.10b-5, 17 C.F.R. § 240.10b-5-2 and 18 U.S.C. § 2 in the United States District Court for the Southern District of New York, case no. 1:23-cr-00320-GHW-3. Violation of the foregoing provisions of law are punishable by a term of imprisonment of not more than twenty (20) years and therefore classified as Class C felony offenses under federal law. *See* 15 U.S.C. § 78ff(a); 18 U.S.C. § 3559(a)(3). Defendant was subsequently sentenced on January 12, 2024, to a term of imprisonment of five (5)

months followed by three (3) years supervised release, ordered to forfeit \$472,053.61 (proceeds traceable to the offense) and assessed an additional \$100.

5. Defendant, through counsel, subsequently reported his judgement and sentence as described above to the Board, received February 13, 2024.


III. VIOLATIONS

6. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Conviction or confession of, or plea of guilty, nolo contendere, no context or Alford plea to a felony or any offense involving moral turpitude, in violation of 59 O.S. § 509(5) and Okla. Admin. Code § 435:10-7-4(10).
 - b. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public, in violation of 59 O.S. § 509(8) and Okla. Admin. Code § 435:10-7-4(11).
 - c. The violation, or attempted violation, direct or indirect, of any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice, in violation of 59 O.S. § 509(13).
7. Additionally, while the Board is entitled to take disciplinary action at its discretion for the above-described unprofessional conduct, the Board is obligated to revoke Defendant's license to practice medicine for Defendant's felony conviction, pursuant to 59 O.S. § 513(A)(3) and Okla. Admin. Code § 435:5-1-5.2(b).

V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,



Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Stanley Kaplan, MD.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date:

3-14-24



County, State of Execution

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

MAR 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
STANLEY KAPLAN, M.D.,)
LICENSE NO. MD 40182,)
)
Defendant.)

Case No. 24-02-6295

CITATION

YOU ARE HEREBY NOTIFIED that on the 14th day of March 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(5), (8), (13); Okla. Admin. Code §§ 435:10-7-4(10), (11).

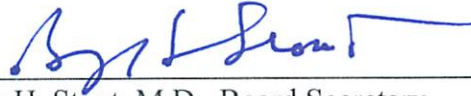
On **May 16, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 14th day of March 2024.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Alex Pedraza

From: Rachel Klubeck <rachel@jpcannonlawfirm.com>
Sent: Tuesday, April 16, 2024 10:06 AM
To: Alex Pedraza
Cc: Jennifer Bauder
Subject: Re: [EXTERNAL] Kaplan; Case No. 24-02-6295

Yes, I received it and we accept service.

Appreciate you!

On Tue, Apr 16, 2024 at 10:02 AM Alex Pedraza <Alex.Pedraza@oag.ok.gov> wrote:

Rachel,

I just want to confirm you received the email below last week following our telephone conversation, and that you agree to accept service of the Complaint and Citation on Dr. Kaplan's behalf.

Thank you,

Alex Pedraza

Assistant Attorney General

Oklahoma Office of the Attorney General

313 NE 21st Street

Oklahoma City, OK 73105

(405) 522-5264

Alex.Pedraza@oag.ok.gov

DISCLAIMER - NOTICE: To the extent that this e-mail provides legal advice or expresses a legal opinion, such e-mail is not an official Attorney General Opinion; rather, it is the opinion of the author. This electronic transmission and any attachments may contain confidential, proprietary, or protected information, including but not limited to law enforcement sensitive information, medical information protected by federal and state privacy laws, information that is protected by the attorney-work-product rule, or communication that is subject to the attorney-client privilege. It is intended solely for the named recipient(s). If you have received this electronic transmission or any attachments in error, please contact the sender immediately and destroy all copies of



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

NWOKOLO, OKEY	
Practice Address: 1515 NORTH CLASSEN BLVD OKLAHOMA CITY OK 73106 Address last updated on 9/14/2023 Phone #: (405) 232-0529 Fax #: (405) 235-2832 County: OKLAHOMA License: 19613 Dated: 11/17/1995 Expires: 11/1/2024 License Type: Medical Doctor Specialty: Pediatrics NPI #: 1821052762	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: YES CME Year: 2024 Fee History: 09/14/23 \$200.00 10/07/22 \$200.00 10/09/21 \$200.00 Hospital Privileges: INTEGRIS Baptist Medical Center Oklahoma City, OK INTEGRIS Deaconess Campus (fmly Deaconess Hospital) Oklahoma City, OK INTEGRIS Southwest Medical Center Oklahoma City, OK References: No reference on file

Other Licenses

The License Status and Expiration date listed below are verified only at the time of **initial** Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
	LA	Active				Entered By Physician

Supervisees

Supervisee	Type	License Number	Status	Time
NGOZI NWOKOLO	APRN	79899	Contact Nursing Board	
PORSHA RICHARDSON	APRN	83097	Contact Nursing Board	

Education History

School	Type	From	To	Degree	Verified
MERCHANTS OF LIGHT SCHOOL, OBA, NIGERIA		1/1970	6/1974	SCHOOL CERT	

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Nigeria, Fac Of Med, Enugu State, Nigeria	9/1974	6/1980	M.B.B.S.	Y		9/18/1995	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
TEXAS TECH UNIVERSITY HSC, EL PASO, TX, USA	PEDIATRICS	7/1993	9/1994	Y		09/18/95	10/16/95	N

HARLEM HOSPITAL, NEW YORK, NY, USA	PEDIATRICS	7/1991	6/1993	Y		10/27/95	10/23/95	N
UNKNOWN, ENUGU, NIGERIA	INTERNSHIP	7/1980	6/1981	Y		09/19/95		N

National Verifications

Type	Date Primary Source Verified
ECFMG # 4318226	11/11/1911
Federation Clearance	10/2/1995
AMA Profile	10/11/1995

Certifications

Certification
AMERICAN BOARD OF PEDIATRICS

Exams

Exam	Date Taken	Date Primary Source Verified
FLEX 1	121992	
FLEX 2		

Practice History

Employer	Specialty	Supervisor	From	To	Verified
SELF EMPLOYED, OKLAHOMA CITY, OK, USA	PEDIATRICS		9/1998		
OKLAHOMA PEDIATRICS, OKLAHOMA CITY, OK, USA	PEDIATRICS		7/1997	9/1998	
CARL ALBERT INDIAN HEALTH FAC, ADA, OK, USA	PEDIATRICS		10/1994	7/1997	
BOLORI CLINIC, MAIDUGURI, FF, NIGERIA	MEDICINE		7/1986	1/1989	
UNIVERSITY OF MAIDUGURI, MAIDUGURI, FF, NIGERIA	MEDICINE		7/1982	6/1986	
NATIONAL SERVICE, MAIDUGURI, FF, NIGERIA	MEDICINE		7/1981	6/1982	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
2/14/2024	Complaint Citation		

Board Filings and/or Orders

[02/14/2024](#)
[02/14/2024](#)

License Verification and Disclaimer

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. Initial licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

Please note that the NPI numbers listed on search results are provided by licensees themselves and are not verified by the Medical Board. APRN license information listed under "Supervisees" is obtained from Board of Nursing once a month and is listed here for supervisor/supervisee cross reference purpose only and hence not be construed as full verification of APRN license. APRN's license verification must be made through State Board of Nursing.

No responsibility is assured or implied for errors or omissions created by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

For information regarding those categories not included in the database and/or concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time, contact the OSBMLS at:

Issues related to verification data: licensing@okmedicalboard.org or Phone: (405) 962-1400 ext. 170

Technical issues: supportservices@okmedicalboard.org or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

FEB 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

Plaintiff,)

v.)

OKEY NWOKOLO, M.D.,)
LICENSE NO. MD 19613,)

Defendant.)

Case No. 23-10-6273

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Okey Nwokolo, M.D. (“Defendant”), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds medical license No. 19613, issued on 11/17/1995 by the Board. The acts and/or omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board originally received notice of allegations of unprofessional conduct relating to Defendant’s practice from the U.S. Drug Enforcement Agency (“DEA”). A Board Investigator subsequently accompanied DEA agents to an inspection of Defendant’s facility, where it was determined that Defendant’s supervisee, Ngozi Nwokolo, advanced practice register nurse (“APRN”), had written at least five (5) prescriptions for controlled dangerous substances (“CDS”) with an expired Oklahoma Bureau of Narcotics and Dangerous Drugs (“OBN”) registration number. It was determined that Ngozi Nwokolo, whose APRN practice Defendant supervises, allowed her OBN registration, no. 61826, to become inactive for the period of December 2, 2021, through September 20, 2023, nearly

two (2) years. Defendant, as the allopathic physician supervising Ngozi Nwokolo, APRN, had and has duty to provide adequate supervision of his supervisee and accordingly knew or should have known that supervisee Ngozi Nwokolo, APRN's OBN registration number was expired and that she was legally precluded from writing prescriptions for CDS during this time.

III. VIOLATIONS

4. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Aiding or abetting, directly or indirectly, the practice of medicine by any person not duly authorized under the laws of this state, in violation of 59 O.S. 509(14).

V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,



Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

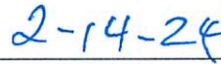
I Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Okey Nwokolo, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date:



County, State of Execution

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

FEB 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
OKEY NWOKOLO, M.D.,)
LICENSE NO. MD 19613,)
)
Defendant.)

Case No. 23-10-6273

CITATION

YOU ARE HEREBY NOTIFIED that on the 14th day of February 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(14).

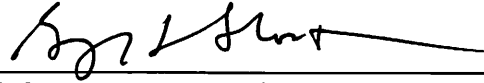
On **May 16, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 14th day of February 2024.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

AFFIDAVIT OF SERVICE

State of Oklahoma

County of Oklahoma

District Court

Case Number: NO-23-10-6273

Plaintiff: **STATE OF OKLAHOMA, ex rel. OKLAHOMA STATE MEDICAL BOARD OF MEDICAL LICENSURE AND SUPERVISION**

vs.

Defendant: **OKEY NWOKOLO, MD. LICENCES 19613**

FILED

FEB 27 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

For:
OKLAHOMA MEDICAL BOARD
101 NE 51ST STREET
OKC, OK 73105

Received by DeeRay Garcia dba OSLPS on the 26th day of February, 2024 at 1:00 pm to be served on **OKEY NWOKOLO MD, 1515 NORTH CLASSEN, OKLAHOMA CITY, Oklahoma County, OK 73106.**

I, DeeRay Garcia dba OSLPS, being duly sworn, depose and say that on the **26th day of February, 2024 at 1:30 pm, I:**


INDIVIDUALLY/PERSONALLY served by delivering a true copy of the **CITATION and VERIFIED COMPLAINT** with the date and hour of service endorsed thereon by me, to: **OKEY NWOKOLO MD** at the address of: **1515 NORTH CLASSEN, OKLAHOMA CITY, Oklahoma County, OK 73106**, and informed said person of the contents therein, in compliance with state statutes.

I certify that I am over the age of 18, have no interest in the above action, and am a Certified Process Server, in good standing, in the judicial circuit in which the process was served.
<DeeRay Garcia>>

Subscribed and Sworn to before me on the 26th day of February, 2024 by the affiant who is personally known to me.



NOTARY PUBLIC



DeeRay Garcia dba OSLPS
Process Server 21--2021-75
2/26/2024

Date

OSLPS PROCESS SERVICE
5609 NW 112th St.
Oklahoma City, OK 73162
(405) 519-1441

Our Job Serial Number: OSL-2024000048
Ref: LIC# M.D. 19613

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

MAR - 5 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, ex rel. OKLAHOMA)
STATE BOARD OF MEDICAL LICENSURE)
AND SUPERVISION,)

Plaintiff,)

vs.)

Case No.: 23-10--6273

OKEY NWOKOLO, M.D., LICENSE NO.)
MD 19613,)

Defendant.)

DEFENDANT’S ANSWER TO THE VERIFIED COMPLAINT

COMES NOW, the Defendant, above-named, by and through his counsel of record, E. Ed Bonzie and for his Answer to Plaintiff’s Verified Complaint alleges and states as follows:

1. Defendant admits to the allegations in paragraph 1 of Plaintiff’s Complaint that this Board has jurisdiction over the subject matter and is the duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 O.S. sec. 480, et seq. and Oklahoma Admin. Code 435:5-1-1, et seq.

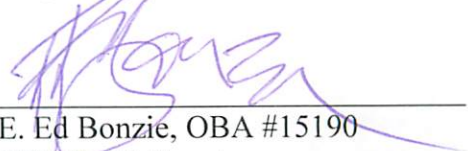
2. Defendant admits to the allegations paragraph 2 of Plaintiff’s Complaint..

3. Defendant denies the allegations in paragraph 3 of Plaintiff’s Complaint.

4. Defendant denies the allegations in paragraph 4 of Plaintiff’s Complaint.

WHEREFORE, the Defendant requests that this Honorable Board denies Plaintiff’s requests and the relief sought in its Complaint.

Respectfully Submitted,




E. Ed Bonzie, OBA #15190
8201 S. Walker Avenue
Oklahoma City, Oklahoma 73139
405-631-1021 Telephone
405-616-2488 Facsimile
Email: ed@edbonzielaw.com
ATTORNEY FOR DEFENDANT

CERTIFICATE OF SERVICE

This is to certify that on this 29th day of February 2024, a true and correct copy of the above and foregoing was sent by mail to the following:

Alex A. Pedraza, Esq
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105



E. Ed Bonzie



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

SIMMONS, DONALD RAE	
	
Practice Address: 400 S.E FRANK PHILLIPS BLVD BARTLESVILLE OK 74003 Address last updated on 2/10/2024	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2027 Fee History: 02/10/24 \$200.00 02/01/23 \$200.00 01/03/22 \$200.00
Phone #: (918) 333-3136 Fax #: (918) 333-3169 County: TULSA License: 31041 Dated: 3/12/2015 Expires: 3/1/2025 License Type: Medical Doctor Specialty: Family Medicine NPI #: 1578556601	Hospital Privileges: None listed References: No reference on file

Other Licenses

The License Status and Expiration date listed below are verified only at the time of initial Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
L2010	TX	Active				Entered By Physician

Supervisees

Supervisee	Type	License Number	Status	Time
JENNIFER CONANT	APRN	40892	Contact Nursing Board	
JOAN JOHNSON	APRN	60108	Contact Nursing Board	
MELISSA KNAPP	APRN	17063	Contact Nursing Board	
ASHLEY TURNER	APRN	4620	Contact Nursing Board	
JOHANNA LEIGHANN WEIR	PA	1668	Primary	

Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF TEXAS AT AUSTIN, AUSTIN, TX, UNITED STATES		8/1991	6/1995	BACHELORS OF SCIENCE IN BIOCHEMISTRY	02/03/15

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	8/1995	6/1999	DOCTOR OF MEDICINE	Y	12/1/2014	12/1/2014	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
AUSTIN MEDICAL EDUCATION PROGRAM, AUSTIN, TX, UNITED STATES OF AMERICA	FAMILY PRACTICE	6/2001	6/2002	Y	02/03/15		11/04/14	N
AUSTIN MEDICAL EDUCATION PROGRAM, AUSTIN, TX, UNITED STATES OF AMERICA	FAMILY PRACTICE	6/2000	6/2001	Y	02/03/15		11/04/14	N
AUSTIN MEDICAL EDUCATION PROGRAM, AUSTIN, TX, UNITED STATES OF AMERICA	FAMILY PRACTICE	6/1999	6/2000	Y	02/03/15		11/04/14	N

National Verifications

Type	Date Primary Source Verified
Federation Clearance	2/2/2015
AMA Profile	11/4/2014

Certifications

Certification
AMERICAN BOARD OF FAMILY MEDICINE

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	6/10/97	2/2/2015
USMLE 2	8/25/98	2/2/2015
USMLE 3	11/6/00	2/2/2015

Practice History

Employer	Specialty	Supervisor	From	To	Verified
GENERATIONS FAMILY MEDICAL CLINIC, BARTLESVILLE, OK, UNITED STATES	FAMILY MEDICINE		11/2023		
MUENSTER MEMORIAL HOSPITAL, MUENSTER, TX, UNITED STATES – I WAS EMPLOYED IN A TRADITIONAL FAMILY PRACTICE COVERING CLINIC, HOSPITAL AND ER	FAMILY PRACTICE		12/2011	8/2014	
GOOD SHEPHERD GLENN GARRETT CLINIC, LINDEN, TX, UNITED STATES – I WAS IN A TRADITIONAL FAMILY PRACTICE- CLINIC, HOSPITAL, ER	FAMILY PRACTICE		3/2009	9/2011	
GLENN GARRETT CLINIC ASSOCIATION, LINDEN, TX, UNITED STATES – I WAS A CLINIC PROVIDER AND OWNER- MY LOCAL HOSPITAL PURCHASED MY CLINIC	FAMILY PRACTICE		6/2002	3/2009	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
9/7/2023	Complaint Citation		

Board Filings and/or Orders
12/20/2023 10/12/2023 09/07/2023 09/07/2023

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. **Initial** licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

Please note that the NPI numbers listed on search results are provided by licensees themselves and are not verified by the Medical Board. *APRN license information listed under "Supervisees" is obtained from Board of Nursing once a month and is listed here for supervisor/supervisee cross reference purpose only and hence not be construed as full verification of APRN license. APRN's license verification must be made through State Board of Nursing.*

No responsibility is assured or implied for errors or omissions created by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

For information regarding those categories not included in the database and/or concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time, contact the OSBMLS at:

Issues related to verification data: licensing@okmedicalboard.org or Phone: (405) 962-1400 ext. 170

Technical issues: supportservices@okmedicalboard.org or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
DONALD RAE SIMMONS, M.D.,)
LICENSE NO. MD 31041,)
)
Defendant.)

FILED
SEP 07 2023
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 23-05-6222

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Donald Rae Simmons, M.D. (“Defendant”), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds medical license No. 31041, issued 03/12/2015 by the Oklahoma Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein occurred while Defendant was licensed to practice medicine by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board originally received information from the managing physician of Defendant’s former employer that Defendant was and had been engaged in a sexual relationship with a patient. Defendant subsequently admitted to having been engaged in a sexual relationship with the patient to the Board investigator. Defendant thereafter self-reported this unprofessional conduct to the Board.

III. VIOLATIONS

4. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:

- a. Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient, in violation of 59 O.S. § 509(17).
- b. Commission of any act of sexual abuse, misconduct, or exploitation related or unrelated to the licensee's practice of medicine and surgery, in violation of Okla. Admin. Code § 435:10-7-4(23).
- c. Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board, in violation of Okla. Admin. Code § 435:10-7-4(39).

V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,




Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

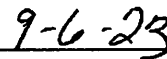
I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Donald Rae Simmons, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date:



County, State of Execution

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
DONALD RAE SIMMONS, M.D.,)
LICENSE NO. MD 31041,)
)
Defendant.)

FILED

SEP 07 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 23-05-6222

CITATION

YOU ARE HEREBY NOTIFIED that on the 7th day of September 2023, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(17) and Okla. Admin. Code §§ 435:10-7-4(23), (39).

On **November 16, 2023**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 7th day of September 2023.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION


AFFIDAVIT OF SERVICE

Case: 23-05-6222	Court: The Oklahoma State Board of Medical Licensure and Supervision	County: Oklahoma, OK	Job: 9595341 (23-05-6222)
Plaintiff / Petitioner: State of Oklahoma Board of Medical Licensure and Supervision		Defendant / Respondent: Donald Rae Simmons M.D. License No. MD 31041	
Received by: Tawnia McGuire		For: Legal Choice Process Service LLC	
To be served upon: Donald Rae Simmons, MD			

I, Tawnia McGuire, being duly sworn, depose and say: I am over the age of 18 years and not a party to this action, and that within the boundaries of the state where service was effected, I was authorized by law to make service of the documents and informed said person of the contents herein

Recipient Name / Address: Donald Rae Simmons, MD, Home: 2624 SE Huntington Dr, Bartlesville, OK 74006
Manner of Service: Personal/Individual, Sep 25, 2023, 10:52 am CDT
Documents: Verified Complaint, Citation, Scheduling Order - November 2023, Plaintiff's Preliminary Witness and Exhibits List, (Received Sep 18, 2023 at 1:15pm CDT)

Additional Comments:
 1) Successful Attempt: Sep 25, 2023, 10:52 am CDT at Home: 2624 SE Huntington Dr, Bartlesville, OK 74006 received by Donald Rae Simmons, MD.



 Tawnia McGuire

 Tawnia McGuire

 9184072554

09/25/2023
 Date

Subscribed and sworn to before me by the affiant who is personally known to me.


 Notary Public

 9/25/23 4 APR 2026
 Date Commission Expires

FILED
 OCT - 2 2023
 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE & SUPERVISION



IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
DONALD RAE SIMMONS, M.D.,)
LICENSE NO. MD 31041,)
)
Defendant.)

FILED

DEC 20 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 23-05-6222

**ORDER OF CONTINUANCE
AND NOTICE OF HEARING**

The undersigned Secretary for the Oklahoma State Board of Medical Licensure and Supervision (“Board”), in consideration of an agreement of the parties, enters the following orders:

1. In Oklahoma, Defendant holds medical license No. 31041, originally issued March 12, 2015.
2. On September 7, 2023, a Verified Complaint and Citation were filed against Defendant on behalf of the Board. Hearing on the Verified Complaint was set for November 16, 2023.
3. On October 12, 2023, upon request of the parties, the undersigned Board Secretary issued an Order continuing this matter to the January 18, 2024, Board meeting.
4. Since then, the parties have conferred and determined additional time is necessary to finalize a resolution in this matter. Accordingly, the parties have requested an subsequent continuance of the hearing on the Verified Complaint to the May 16, 2024, Board meeting.
5. This request for continuance is not being made for purposes of delay, making the continuance reasonable and in the interest of justice.
6. The Board finds that the ends of justice served by the granting of such continuance outweigh the best interest of the public and the Defendant in a speedy hearing, and continuance is thereby **GRANTED**, to the **May 16, 2024**, Board meeting.
7. This matter is rescheduled for hearing at Board meeting on **May 16, 2024**. All deadlines are reset to the Scheduling Order for the May 16, 2024, Board meeting, included herewith.

8. Please take notice that Plaintiff's Verified Complaint will be heard by the Board at the May 16, 2024, Board meeting, which will begin at 9:00 a.m. The meeting will take place at the office of the Board, 101 N.E. 51st Street, Oklahoma City, Oklahoma 73105-1821.

Dated this 20th day of December 2023.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Certificate of Service

This is to certify that on the 20th day of December 2023, a true and correct copy of this Order was transmitted as indicated, postage prepaid, as well as by electronic mail, to the following:

U.S. Certified Mail and E-mail

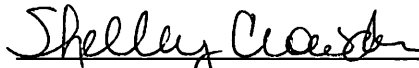
Ms. Lauren Lindsey
HOISINGTON & LINDSEY, PLLC
408 N.W. 7th Street
Oklahoma City, OK 73102
lauren@hospitaldefense.com

***Attorney for Defendant,
Donald Rae Simmons, MD***

E-mail

Mr. Alex Pedraza
STATE OF OKLAHOMA
OFFICE OF ATTORNEY GENERAL
313 N.E. 21st Street
Oklahoma City, OK 73105
Alex.Pedraza@oag.ok.gov

***Attorney for Plaintiff,
Oklahoma State Board of Medical
Licensure and Supervision***



Shelley Crowder, for the Board



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, April 24, 2024 12:02 PM CDT

Wallet Card

TANNER, LARRY SIDNEY	
Practice Address: 3315 KETHLEY 1519 N.OKLAHOMA AVE SHAWNEE OK 74804 Address last updated on 1/25/2024 Phone #: (405) 919-4191 Fax #: County: POTTAWATOMIE License: 1807 Dated: 10/5/1991 Expires: 1/31/2025 License Type: Physical Therapist Specialty: NPI #: 1336368018	Status: Active Status Class: Fully Licensed Restricted to: CME Year: 2026 Fee History: 12/05/23 \$90.00 12/26/22 \$90.00 12/06/21 \$90.00 Hospital Privileges: None listed References: No reference on file

Education History

School	Type	From	To	Degree	Verified
LANGSTON UNIVERSITY, LANGSTON, OK		8/1989	5/1991	BS/PT	
OKLAHOMA STATE UNIVERSITY T.I., OKLAHOMA CITY, OK		1/1981	12/1981		
OKLAHOMA CITY COMMUNITY COLLEGE, OKLAHOMA CITY, OK		1/1981	7/1989		
ROSE STATE COLLEGE, MIDWEST CITY, OK		8/1980	5/1985		
MINOT HIGH SCHOOL, MINOT, ND		8/1964	5/1968	GED	

Practice History

Employer	Specialty	Supervisor	From	To	Verified
SELF, CHOCTAW, OK, USA	PT		5/2003		
FUNCTIONAL REHAB, OKLAHOMA CITY, OK, USA	NONE REPORTED		10/1995	5/2003	
REHAB SYSTEMS INC, OKLAHOMA CITY, OK, USA	NONE REPORTED		8/1993	10/1995	
MIDWEST CITY HOSPITAL, MIDWEST CITY, OK, USA	PT		6/1991	8/1993	
SOUTH COMMUNITY HOSPITAL, OKLAHOMA CITY, OK, USA	NONE REPORTED		1/1988	6/1991	
MOORE MUNICIPAL HOSPITAL, MOORE, OK, USA	NONE REPORTED		10/1987	2/1988	
SELF EMPLOYED, MINOT, ND, USA	MUSICIAN		5/1968	12/1987	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
2/8/2024	Complaint Citation		

Board Filings and/or Orders
02/08/2024 02/08/2024

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Technical issues: supportservices@okmedicalboard.org or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
LARRY SIDNEY TANNER, PT,)
LICENSE NO. PT 1807,)
)
Defendant.)

FILED

FEB - 8 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 23-11-6281

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Larry Sidney Tanner (“Defendant”), alleges and states as follows:

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 887.1, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds physical therapist license No. 1807, issued 10/05/1991 by the Oklahoma Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein occurred while Defendant was licensed to practice physical therapy by the State of Oklahoma and was in fact practicing physical therapy.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board received a complaint on October 24, 2023, from the Director of Rehabilitation Services at Defendant’s former place of employment informing Board staff that a patient had complained that Defendant had engaged in inappropriate physical contact with said patient. Complainant further provided that Defendant resigned shortly after being confronted with the allegation, despite denying the same. The Board investigator subsequently subpoenaed Defendant’s former employer’s investigation records regarding the matter and conducted interviews with knowledgeable individuals, including the patient. The Board’s investigation revealed that on or about October 6, 2023, Defendant engaged

in inappropriate physical contact of a sexual nature with a physical therapy patient during a physical therapy session. Thereafter, Defendant gave the patient his personal phone number and Google Chat ID and told the patient to contact him. Defendant then engaged the patient in communication of a sexual nature following the inappropriate interaction until the patient became significantly uncomfortable and wished to have no contact with Defendant.

III. VIOLATIONS

4. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient, in violation of Okla. Admin. Code § 435:20-5-8(6).
 - b. While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature, in violation of Okla. Admin. Code § 435:20-5-8(25).

V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,

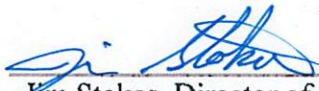


Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

I, Jim Stokes, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Larry Sidney Tanner; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Jim Stokes, Director of Investigations
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 2/8/24

County, State of Execution

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
LARRY SIDNEY TANNER, PT,)
LICENSE NO. PT 1807,)
)
Defendant.)

FILED

FEB - 8 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 23-11-6281

CITATION

YOU ARE HEREBY NOTIFIED that on the 8th day of February 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Physical Therapy Practice Act at 59 O.S. § 887.5; Okla. Admin. Code §§ 435:20-5-8(6), (25).

On **May 16, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 8th day of February 2024.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

AFFIDAVIT OF SERVICE

State of Oklahoma

County of Oklahoma

District Court

Case Number: 23-11-6281 Court Date: 5/16/2024 9:00 am

Plaintiff: **STATE OF OKLAHOMA, ex, rel OF MEDICAL LICENSURE AND SUPERVISION**

vs.

Defendant: **LARRY SIDNEY TANNER PT**

FILED

FEB 15 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

For:
OKLAHOMA MEDICAL BOARD
101 NE 51ST STREET
OKC, OK 73105

Received by OSLPS PROCESS SERVICE on the 13th day of February, 2024 at 1:00 pm to be served on **LARRY SIDNEY TANNER PT, 3315 KETHLEY, 1519 N. OKLAHOMA AVE, SHAWNEE, POTT County, OK 74804.**


I, OSLPS PROCESS SERVICE, being duly sworn, depose and say that on the **14th day of February, 2024 at 2:55 pm, I:**

INDIVIDUALLY/PERSONALLY served by delivering a true copy of the **VERIFIED COMPLAINT and CITATION** with the date and hour of service endorsed thereon by me, to: **LARRY SIDNEY TANNER PT** at the address of: **3315 KETHLEY, 1519 N. OKLAHOMA AVE, SHAWNEE, POTT County, OK 74804**, and informed said person of the contents therein, in compliance with state statutes.

I certify that I am over the age of 18, have no interest in the above action, and am a Certified Process Server, in good standing, in the judicial circuit in which the process was served.
<DeeRay Garcia>>

Subscribed and Sworn to before me on the 14th day of February, 2024 by the affiant who is personally known


NOTARY PUBLIC

OSLPS PROCESS SERVICE
Process Server
2/14/24

Date

OSLPS PROCESS SERVICE
5609 NW 112th St.
Oklahoma City, OK 73162
(405) 519-1441

Our Job Serial Number: OSL-2024000028