

Minutes

The Physician Assistant Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on January 30, 2024, in accordance with the Oklahoma Open Meeting Act. Advance notice of this regularly scheduled meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023. The notice and agenda were posted on the Board's website on January 22, 2024, at 3:47 p.m. pursuant to 25 O.S. § 311(A)(9).

Committee Members present:

Jeffrey Burke, PA-C, FHRS, CEPS, CCDS, Chair
Saura Douglas, PA-C
Don Flinn, PA-C
Jonathan Stone, DO
Leroy Young, DO

Committee Member(s) absent:

Louis Cox, MD
Lee Schoeffler, MD

Program Director(s) present:

Mark Perdue, MHS, PA-C, NSU PA Program Director
Gary Perez, PA, OU-OKC, PA Program Director
Shannon Ijams, MPAS, PA-C, OU-Tulsa, PA Program Director

Program Director(s) Absent:

Bobby Bosse, PA-C, MHS, OCU PA Program Director
Amy Harrison, MHS, PA-C, OSU PA Program Director

Others present included:

Lyle Kelsey, Executive Director
Sandra Harrison, JD, Deputy Director
Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Mr. Burke called the meeting to order at 3:00 p.m. Barbara Smith called roll to confirm a quorum for purposes of the record.

Following Committee review, Dr. Stone moved to approve the regular meeting minutes of October 24, 2023, and the special meeting minutes of November 14, 2023, November 29, 2023, and December 12, 2023, as written. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative with Mr. Perez ABSTAINING.

ELIZABETH HILL appeared virtually in support of her application for Physician Assistant licensure. She last practiced in July of 2017 and her NCCPA certification is active through December 31, 2025. She is currently not licensed in any other state. She plans to return to practice on a part-time basis in a med spa. She has maintained her CME requirements during the time she has not practiced as well as participating in shadowing. Ms. Barr advised the Committee that the applicant submitted 100 CME hours which were completed in 2023. Her file

is complete. Following discussion, Ms. Ijams moved to recommend the application for licensure. Mr. Flinn seconded the motion and the vote is recorded below:

Jeffrey Burke, PA-C:	No
Saura Douglas, PA-C:	Yes
Don Flinn, PA-C:	Yes
Jonathan Stone, DO:	No
Leroy Young, DO:	No
Mark Perdue, PA-C:	Yes
Gary Perez, PA-C:	Yes
Shannon Ijams, PA-C:	Yes

The motion carried.

Ms. Barr advised the Committee that **DENNIS NEWSOME** did not need to appear in support of his application for Physician Assistant licensure. His application is incomplete. Following review, Mr. Flinn moved to recommend approval of the application for Physician Assistant licensure. Ms. Douglas seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Ms. Ijams moved to recommend approval of the incomplete application(s) for Physician Assistant licensure pending completion of the file(s) as indicated on *Attachment #1* hereto. Dr. Stone seconded the motion and the vote was unanimous in the affirmative.

Ms. Douglas moved to recommend approval of the complete application(s) for reinstatement of Physician Assistant licensure as indicated on *Attachment #1* hereto. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

Ms. Douglas moved to 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. Dr. Stone seconded the motion and the vote was unanimous in the affirmative.

Ms. Ijams moved to recommend approval of the complete application(s) for Physician Assistant licensure as indicated on *Attachment #1* hereto. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

Next, Barbara Smith provided an update on the status of the proposed amended administrative rules (Okla. Admin. Code 435:15 Physician Assistants.) See: *Attachment #2*.

There being no further business, Mr. Burke moved to adjourn the meeting. The time was 3:35 p.m.

**PHYSICIAN ASSISTANT ADVISORY COMMITTEE
JANUARY 30, 2024**

INCOMPLETE PHYSICIAN ASSISTANT APPLICATIONS

PA 5209	YILDIRIM, PATRICIA GUNES
PA 5211	VOGEL, BRITTNI
PA 5214	ARD, KAITLAND
PA 5215	POTEMPA, COURTNEY KIM
PA 5217	TAKHAR, GAGAN
PA 5220	WEBER, LINA MICHELLE
PA 5221	MALE VAN RENSBURG, FELICIA
PA 5222	FRESCURA, JOSEPH WILLIAM
PA 5224	FREDERICK, KRISTINA
PA 5226	TAYLOR, BRIAN
PA 5228	CAMISE, CASSANDRA LEANA
PA 5231	THURMAN, ALI SHAE
PA 5232	JIMENEZ, ELIZABETH CHRISTINE
PA 5233	TAYLOR, NATHANIEL J
PA 5234	FLEMING, DAVID L
PA 5235	ATTERBURY, DUSTY JAMES
PA 5236	LAFORGE, TARA MICHELLE
PA 5237	WILSON, TEYONKA T
PA 5238	WHITE, NATALIE
PA 5239	RUMLEY, ANGELICA
PA 5240	RANADA, MEI LENE THAI
PA 5241	LYON, SHANNON MARIE
PA 5242	LIDDELL, RYAN ELIZABETH
PA 5243	JACKSON, JAMIE ELIZABETH
PA 5244	MARTIN, ANGELICA PASCONE
PA 5245	SCHULZ, HEIDI MARIE
PA 5246	KLOSE, MICHAEL ALLEN
PA 5247	DAWSON, CETH LEE

COMPLETE PHYSICIAN ASSISTANT REINSTATEMENT APPLICATION

PA 1070	MATTHEWS, JOSHUA FRAME
PA 4458	KLINE, JONATHAN DANIEL
PA 4934	LAIRD, ELLERY

INCOMPLETE PHYSICIAN ASSISTANT REINSTATEMENT APPLICATION

PA 925	DUBE, DAVID THOMAS
PA 2777	BOOKSTON, GREGORY
PA 3168	ANWAR, AREEBAH MIAN
PA 4617	HARE, ROSE

**PHYSICIAN ASSISTANT ADVISORY COMMITTEE
JANUARY 30, 2024**

COMPLETE PHYSICIAN ASSISTANT APPLICATIONS

PA 5207	MASSARO, AUBREY MARIE
PA 5208	CLIFTON, PHILIP NATHANIEL
PA 5210	GALLARDO, ERIKA TAYLOR
PA 5212	FRITSCH, JAMIE
PA 5213	BURNS, CAROLINE ELIZABETH
PA 5216	STANTON, ZACHARY THOMAS
PA 5218	SWINT, JOHN WILLIAM III
PA 5219	NGUYEN, THANH-THAO T.
PA 5223	RICHARDS, TRISTAN CYRUS
PA 5225	WILSON, TATIANA V
PA 5227	REDDICK, MICHELLE RENEE
PA 5229	GREGG, DANIELLE MARIE
PA 5230	NGUYEN, NHU QUYNH

**Current Proposed Timeline for
Adoption of PA Proposed Administrative Rules**

November 14, 2023 - PA Committee Special Meeting to gather input from MD rep and Pharmacy Board on proposed rule amendments

November 29, 2023 – Additional PA Committee Special Meeting to gather input from MD rep, Pharmacy Board reps, and OBNDD/PMP reps on proposed rule amendments

December 12, 2023 – PA Committee Special Meeting to act on proposed rule amendments

Assuming proposed rules are approved by PA Committee:

December 22, 2023 – Submit Notice of Rulemaking Intent (NRI) *no later than this date*

January 16, 2024 – Publication of NRI in The Register

January 16, 2024 – February 16, 2024 – 30-day written public comment period runs

***JANUARY 18, 2024 – (Regular) Medical Board Meeting.** No discussion regarding proposed PA amended rules will be held at this time.

***FEBRUARY 22, 2024 – (Special) Medical Board Meeting** with public hearing on rules to be held *during* the meeting. After the public comments are heard, the Board will then discuss and act upon the proposed rules.

If proposed rule amendments are adopted by Medical Board:

March 1, 2024 - File rules within (10) days of adoption *but not later than close of business on March 1, 2024.*

****Denotes meetings of the Oklahoma Medical Board***

**RULE IMPACT STATEMENT
PROPOSED PERMANENT RULE**

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 15. PHYSICIAN ASSISTANTS**

PROPOSED RULES:

Subchapter 1. General Provisions

435:15-1-1.1. Definitions [AMENDED]

Subchapter 3. Licensure of Physician Assistants

435:15-3-1. Qualification; application [AMENDED]

435:15-3-13. ~~Supervising Delegating~~ physician; ~~alternatives~~ [AMENDED]

435:15-3-17. Continuing education for renewal [AMENDED]

435:15-3-19. Locum tenens [REVOKED]

Subchapter 5. Regulation of Practice

435:15-5-10. Prescriptions [AMENDED]

435:15-5-11. Discipline [AMENDED]

Subchapter 11. Prescriptive Guidelines and Drug Formulary

435:15-11-1. Prescriptive and dispensing authority [AMENDED]

435:15-11-2. Drug formulary [AMENDED]

PURPOSE OF PROPOSED RULE:

The proposed rule amendments add a definition for “Delegating physician” and expand the definition for “On-site.” The proposed amendments allow a physician to serve as the delegating physician for an unlimited number of PAs if the delegating physician physically practices at least 50% of the time in the state of Oklahoma during a calendar year. However, it restricts a physician from serving as the delegating physician for more than a total of six physician assistants at any one time who are delegated outpatient schedule II prescribing authority. The proposed revisions also make amendments to the PA prescription authority by, including but not limited to, allowing PAs to prescribe Schedule II drugs while removing the limitation of writing prescriptions only “on site” and authorizing prescriptions for non-controlled medications to be written for up to a 100-day supply with three refills. Additionally, the rules propose amended application and practice agreement requirements, and revoke the requirements for practicing locum tenens in Oklahoma in harmony with current law. The rules also eliminate the requirement for an inclusive formulary relating to the prescribing ability of PAs.

CLASSES AFFECTED:

The classes of persons most likely to be affected by the proposed amendments are Physicians, Physician Assistants and those members of the public receiving care provided from a Physician Assistant. No information on cost impact has been received by the agency from private or public entities to date.

PERSONS BENEFITTED:

The classes of persons most likely to benefit from the proposed amendments are Physician Assistants and those members of the public receiving care provided from a Physician Assistant.

PROBABLE ECONOMIC IMPACT:

1. On affected classes: There will be little or no impact due to the proposed changes in these rules.
2. On political subdivision: There will be little or no impact due to the proposed changes in these rules.

3. Fees: There will be little or no impact due to the proposed changes in these rules.

PROBABLE COST TO THE AGENCY:

Minimal administrative only. No additional personnel or budget expenses are anticipated.

WILL THE RULE IMPACT POLITICAL SUBDIVISIONS:

No economic impact, or a need for cooperation from political subdivisions, is anticipated.

SMALL BUSINESS IMPACT:

There is no anticipated adverse impact on small business, with reference to Sections 303 (A) (4) and 304 (b) (6) of the APA.

ALTERNATIVE METHODS AND COSTS OF COMPLIANCE:

There are no apparent alternative methods for compliance. The Agency does not anticipate any additional costs of administration due to implementation of these rule changes.

PUBLIC HEALTH/ SAFETY CONCERNS:

There will be no adverse impact or concerns with public safety or environment that will result for this proposed rule change.

Prepared: 01.12.2024

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 15. PHYSICIAN ASSISTANTS**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions

435:15-1-1.1. Definitions [AMENDED]

Subchapter 3. Licensure of Physician Assistants

435:15-3-1. Qualification; application [AMENDED]

435:15-3-13. ~~Supervising~~ Delegating physician; ~~alternatives~~ [AMENDED]

435:15-3-19. Locum tenens [REVOKED]

Subchapter 5. Regulation of Practice

435:15-5-10. Prescriptions [AMENDED]

435:15-5-11. Discipline [AMENDED]

Subchapter 11. Prescriptive Guidelines and Drug Formulary

435:15-11-1. Prescriptive and dispensing authority [AMENDED]

435:15-11-2. Drug formulary [AMENDED]

SUMMARY:

The proposed rule amendments add a definition for “Delegating physician” and expand the definition for “On-site.” The proposed amendments allow a physician to serve as the delegating physician for an unlimited number of PAs if the delegating physician physically practices at least 50% of the time in the state of Oklahoma during a calendar year. However, it restricts a physician from serving as the delegating physician for more than a total of six physician assistants at any one time who are delegated outpatient schedule II prescribing authority. The proposed revisions also make amendments to the PA prescription authority by, including but not limited to, allowing PAs to prescribe Schedule II drugs while removing the limitation of writing prescriptions only “on site” and authorizing prescriptions for non-controlled medications to be written for up to a 100-day supply with three refills. Additionally, the rules propose amended application and practice agreement requirements, and revoke the requirements for practicing locum tenens in Oklahoma in harmony with current law. The rules also eliminate the requirement for an inclusive formulary relating to the prescribing ability of PAs.

AUTHORITY:

59 O.S. § 519, et seq.; Oklahoma Board of Medical Licensure and Supervision

COMMENT PERIOD:

Persons wishing to present their views in writing may do so by 5:00 p.m. on February 16, 2024 at the following address: Oklahoma Board of Medical Licensure and Supervision, Attn: Barbara Smith, 101 NE 51st Street, Oklahoma City, Oklahoma 73105 or via email at bsmith@okmedicalboard.org. No written comments will be accepted after the conclusion of the written comment period.

PUBLIC HEARING:

A public hearing will be held at 9:00 a.m. on Thursday, February 22, 2024, at the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, Oklahoma. Anyone who wishes to speak will be required to sign in at the door no later than 9:15 a.m.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

N/A

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Oklahoma Board of Medical Licensure and Supervision website at www.okmedicalboard.org under the Physician Assistant tab or you may request a copy in person at 101 NE 51st Street, Oklahoma City, Oklahoma.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be prepared and will be available in the Oklahoma Board of Medical Licensure and Supervision office at the address listed above and on the Board's website at www.okmedicalboard.org under the Physician Assistant tab after January 31, 2024.

CONTACT PERSON:

Lyle R. Kelsey, Executive Director, (405) 962-1400, lkelsey@okmedicalboard.org

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 15. PHYSICIAN ASSISTANTS
SUBCHAPTER 1. GENERAL PROVISIONS**

435:15-1-1.1. Definitions

(a) The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

~~"Alternate supervising physician" means a physician who has been delegated the duties of a supervising physician pursuant to 435:15-3-13(e).~~

(1) **"Board"** means the State Board of Medical Licensure and Supervision.

(2) **"Clinically inactive"** means a person that was issued a physician assistant license by any jurisdiction or was employed as a physician assistant by a federal employer and within the past twenty-four (24) months has not:

(A) practiced as a physician assistant; or

(B) been employed by an accredited physician assistant educational program.

(3) **"Committee"** means the Physician Assistant Committee.

(4) **"Delegating physician"** means an individual holding a license in good standing as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises physician assistants and delegates decision making pursuant to the practice agreement.

(5) **"On-site"** means the following as it relates to the usage of Schedule II drugs:

(A) Hospital in-patients;

(B) Emergency room;

(C) Surgicenters licensed by the State Health Department; ~~or~~

(D) Medical clinics or offices in cases of emergency as defined by the ~~supervising~~ delegating physician;

(E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy;

(F) Skilled Nursing Facility;

(G) Long term acute care hospital;

(H) Hospice facility;

(I) Prisons; or

(J) Any other setting authorized by the delegating physician.

~~"Primary supervising physician" means a physician meeting the requirements of 435:15-3-13(a) who is not an alternate supervising physician with respect to the same physician-assistant.~~

(b) The terms defined under 59 O.S. § 519.2 shall apply to this chapter.

SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

435:15-3-1. Qualification; application

(a) **Qualifications.** No license shall be issued unless an applicant:

(1) Submits an application and other information pursuant to subsections (b) and (c) and remits the required fee;

(2) Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to

2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs. The board may also issue a license to an applicant who does not meet the educational requirement specified in this section, but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;

(3) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

(4) Jurisprudence examination.

(A) Has responded correctly to seventy-five (75) percent or greater questions on a jurisprudence examination prepared by the board staff. The examination shall include:

(i) The Physician Assistant Act; and

(ii) Significant state statutes or rule impacting physician assistant practice.

(B) The board shall supply the applicant with a copy of the statutes, rules, or other material from which the examination is based while the applicant is completing the examination.

(C) An applicant that does not meet the requirement under subsection (4)(i)(A) after three attempts shall meet with the secretary of the board to create a study plan prior to reexamination;

(5) Does not hold a license or registration as a physician assistant that is currently under discipline, revocation, suspension, or probation relating to practice as a physician assistant. The board may waive this paragraph (6);

(6) Pursuant to 59 O. S. § 519.4, be of good moral character; and

(7) For a renewal application, has met the continuing medical education requirements pursuant to 435:15-3-17.

(b) Application.

(1) No health care services may be performed by a physician assistant unless a current license is on file with and approved by the State Board of Medical Licensure and Supervision. The applicant shall complete an application form approved by the board and such additional forms necessary for the board to consider the application and the qualifications of the applicant.

(A) All practice agreements and any amendments shall be filed with the State Board of Medical Licensure and Supervision within ten (10) business days of being executed.

(B) Practice agreements may be filed electronically.

(C) The State Board of Medical Licensure and Supervision shall not charge a fee for filing or amendments of practice agreements.

(2) A physician assistant may have practice agreements with multiple allopathic or osteopathic physicians. Each physician shall be in good standing with the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners.

Pursuant to 59 O.S. § 519.6, the application shall include:

(A) A description of the physician's practice,

(B) Methods of supervising and utilizing the physician assistant, and

(C) Names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.

(3) Renewal.

(A) An application for renewal shall include any changes from the most recent

application submitted to the board not previously submitted.

(B) An applicant for renewal shall submit the examination under subsection (a)(4).

(C) An application for renewal shall be submitted not later than March 31 of each calendar year.

(D) A license shall expire if a renewal application is not submitted by March 31.

(E) A renewal application submitted between April 1 and May 31 must be accompanied by the late fee pursuant to 435:1-1-7(a)(2)(E).

(F) An application after May 31 shall be considered an initial application.

(4) Return to practice.

(A) Application. This subsection (a)(4) shall apply to an applicant that is clinically inactive.

(B) In addition to complying with the provision of this section 435:15-3-1, an applicant under this subsection (a)(4) shall:

(i) Complete a reentry plan approved by the board or a board designee; and

(ii) Comply with any practice conditions approved by the board.

(c) **Other information.** An applicant shall submit or make available any other information the board deems necessary to evaluate the applicant.

435:15-3-13. Supervising Delegating physician; alternatives

(a) **Qualifications.**

(1) Pursuant to 59 O.S. § 519.2, a supervising delegating physician must be licensed as a physician by either the:

(A) State Board of Medical Licensure and Supervision, or

(B) State Board of Osteopathic Examiners.

(2) A license under subsection (a)(1) must be unrestricted.

(3) The board may waive the requirement under (a)(2) if the board determines the restriction will not impede the ability of the supervising delegating physician to supervise delegate decision making to a physician assistant.

(b) **Review.** A supervising delegating physician shall review the care provided to each patient receiving health care services by a physician assistant with a temporarily approved license.

(c) **Physician assistants supervised.**

(1) A supervising delegating physician shall not serve as the supervising delegating physician for more than a total of six (6) physician assistants and/or advanced practice nurses regarding their prescriptive authority if the delegating physician physically practices outside the state of Oklahoma greater than fifty percent of the time during a calendar year.

(2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or supervising physician of a state institution, correctional facility, or hospital. A delegating physician must physically practice in the state greater than 50% of the time in order to delegate outpatient schedule II prescriptive authority to a physician assistant. A delegating physician shall not serve as the delegating physician for more than a total of 6 physician assistants at any one time who are delegated outpatient schedule II prescriptive authority. This section does not apply to on-site administration of schedule IIs as defined in OAC 435:15-1-1.1.

(3) On the request of an applicant or supervising delegating physician, the board may waive the requirement under subsection (c)(1), (c)(2).

- (d) ~~A physician assistant may have more than one (1) supervising physician.~~
- (e) **Alternate supervising physician.** The duties of a primary supervising physician may be delegated to an alternate supervising physician that:
- (1) ~~Meets the requirements of this section 435:15-3-13; and~~
 - (2) ~~Has a practice that is reasonably similar to the primary supervising physician.~~

435:15-3-19. Locum tenens

The Secretary of the Board may grant temporary approval to any physician and physician assistant for an application to practice on a short term basis as a locum tenens in any patient care setting provided the following requirements are met:

- (1) ~~The physician assistant must possess a current license issued by the Board.~~
- (2) ~~The application to practice meets all other requirements established by the Committee and Board.~~
- (3) ~~The temporary approval of an application to practice as a locum tenens shall be for a period of not more than one calendar month in any one calendar year period.~~
- (4) ~~The supervising physician shall provide written protocols or direct orders governing the patient care delivered by the physician assistant.~~
- (5) ~~The supervising physician shall review the care given to every patient seen by the physician assistant during the locum tenens and countersign every patient chart within 24 hours of the care being rendered.~~

SUBCHAPTER 5. REGULATION OF PRACTICE

435:15-5-10. Prescriptions

The following apply to a physician assistant who has been delegated prescriptive authority that has been approved by the board:

- (1) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.
- (2) Prescriptions for Schedules II, III, IV and V drugs may be issued in accordance with 63 O.S. § 2-309I. for up to a 30-day supply with no refills. The physician assistant will access relevant prescription monitoring information from the central repository pursuant to 63 O.S § 2-309D. In order for a physician assistant to prescribe a controlled substance, the physician assistant must be currently registered with the federal Drug Enforcement Administration and the Oklahoma Bureau of Narcotics and Dangerous Drugs.
- (3) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. For the purposes of this provision, as well as 59 O.S. § 519.6~~(D)~~(E)(2), "on-site" shall mean a:
 - (A) hospital,
 - (B) emergency room,
 - (C) surgicenter licensed by the department of health, or
 - (D) medical clinics or offices,
 - (E) state-owned Veterans Administration long-term care facilities with an in-house pharmacy,
 - (F) skilled nursing facility,

- (G) long term acute care hospital,
 - (H) hospice facility,
 - (I) prisons, or
 - (J) any other setting authorized by the delegating physician.
- (4) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.

435:15-5-11. Discipline

- (a) **Prohibited acts.** No person shall:
- (1) fraudulently or deceptively obtain or attempt to obtain a license;
 - (2) fraudulently or deceptively use a license;
 - (3) act contrary to this chapter 15, the Physician Assistant Act, or other laws or regulations governing licensed health professionals or any stipulation or agreement of the board;
 - (4) violate any provision of the Medical Practice Act or the rules promulgated by the Board.
- (b) **Grounds for action.** The board may take an action under subsection (c) when a person:
- (1) acts contrary to subsection (a);
 - (2) is convicted of a felony;
 - (3) is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely practice as a physician assistant;
 - (4) has been adjudicated as mentally incompetent;
 - (5) is physically or mentally unable to engage safely in practice as a physician assistant;
 - (6) is negligent in practice as a physician assistant or demonstrates professional incompetence;
 - (7) violates patient confidentiality, except as required by law;
 - (8) engages in conduct likely to deceive, defraud or harm the public;
 - (9) engages in unprofessional or immoral conduct;
 - (10) prescribes, sells, administers, distributes, orders or gives away any drug classified as a controlled substance:
 - (A) for other than medically accepted therapeutic purposes,
 - (B) in excess of the amount considered good medical practice, or
 - (C) in excess of the maximum limits authorized under 63 O.S. § 2-309I.
 - (11) has committed an act of moral turpitude;
 - (12) is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as defined in this section;
 - (13) fails to cooperate with an investigation conducted by the board; or
 - (14) represents himself or herself as a physician.
- (c) **Actions.** The board, on finding grounds exist under subsection (b) and pursuant to the Administrative Procedures Act, 75 O.S. § 250 *et seq.*, may:
- (1) refuse to grant a license;
 - (2) administer a public or private reprimand;
 - (3) revoke, suspend, limit or otherwise restrict a license;
 - (4) require a physician assistant to submit to the care or counseling or treatment of a health professional designated by the board;
 - (5) impose corrective measures;

- (6) impose a civil penalty or fine;
 - (7) suspend enforcement of its finding thereof and place the physician assistant on probation with the right to vacate the probationary order for noncompliance; or
 - (8) restore or reissue, at its discretion, a license, and remove any disciplinary or corrective measure that it may have imposed.
- (d) The board may prohibit a physician who willfully and knowingly allows or participates with a physician assistant who acted contrary to this chapter 15 from supervising delegating decision making to a physician assistant.

SUBCHAPTER 11. PRESCRIPTIVE AND DISPENSING AUTHORITY

435:15-11-1. Prescriptive and dispensing authority

- (a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising delegating physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue ~~written and oral~~ prescriptions and orders for medical supplies, orders for home health pursuant to 63 O.S. § 1-1961, et seq., services and drugs, including controlled medications in Schedules II, III, IV, and V pursuant to 63 O.S. §2-312, and 59 O.S. § 519.6E, as delegated by the supervising delegating physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).
- (b) Any prescription for a pure form or combination of the following generic classes of drugs, listed in 435:15-11-2, may be prescribed, unless the drug or class of drugs is listed as excluded. Written prescriptions for drugs or classes of drugs that are excluded may be transmitted, only with the direct order of the supervising delegating physician.
- (c) Prescriptions for non-controlled medications may be written for up to a ~~30~~ 100-day supply with ~~two (2)~~ three (3) refills of ~~an agent prescribed for a new or established diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.~~
- (d) Prescriptions for Schedules II, III, IV and V controlled medications may be written in accordance with 63 O.S. § 2-309I for up to a 30-day supply. No refills of the original prescription are allowed. No out-patient schedule II drugs may be prescribed by a physician assistant until a separate agreement is filed with the Oklahoma State Medical Board of Licensure and Supervision. Within this schedule II agreement, methods of supervision and collaboration will be defined by the delegating physician. A separate schedule II agreement would need to be filed for each delegating physician to delegate out-patient schedule II prescriptive authority to the physician assistant. To be eligible to prescribe out-patient schedule IIs, the physician assistant must earn 6 hours of approved Category 1 CME regarding substance abuse. In order for a physician assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.
- (e) 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 supervising delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising delegating physician. In order for a physician assistant to prescribe and order a

Schedule II controlled substance for immediate or ongoing administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(f) A prescription issued by a physician assistant, ~~whether written or oral~~, shall be the joint responsibility of the physician assistant and ~~supervising~~ delegating physician. The ~~supervising~~ delegating physician shall be responsible for the formulation and/or approval of all orders and protocols which allow the physician assistant to issue prescriptions. Questions concerning a prescription may be directed either to the ~~supervising~~ delegating physician whose name shall appear on the prescription blank or to the physician assistant.

~~(g) All new drug entities will be restricted from the Drug Formulary, listed in 435:15-11-2, and added, if at all, only after review and approval by the Oklahoma State Board of Pharmacy and the Committee, and subsequent approval by the Board. This restriction shall not apply to modifications of current generic drugs included on the Drug Formulary.~~

(h)(g) Physician Assistants may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples directly to patients in accordance with ~~written~~ policies established by the ~~supervising~~ delegating physician.

435:15-11-2. Drug formulary

(a) Physician Assistants in accordance with the Physician Assistant Act may prescribe medications that are within the scope of physician assistant practice, under the supervision of a licensed ~~supervising~~ delegating physician and the Physician Assistant Drug Formulary. The Drug Formulary shall list drugs or categories of drugs that shall or shall not be prescribed by the physician assistant or prescribed only under certain criteria. The Drug Formulary is consistent with categories as classified in the American Hospital Formulary Service Information Book (current).

(b) The Committee will, at least on an annual basis and in a timely manner, review the structure and content of the Physician Assistant Drug Formulary and make such revisions as it deems necessary. Any proposed changes must be reviewed and approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy before becoming effective. Copies of the formulary shall be made available to any licensed pharmacy in the State of Oklahoma upon request. The Board assumes that all ~~supervising~~ delegating physicians and physician assistants are completely familiar with the law and rules governing prescriptive authority of physician assistants.

(c) All drugs in categories listed in 435:15-11-2(d) as defined by the American Hospital Formulary Service Information Book (current) may be prescribed by physician assistants, except as noted in section 435:15-11-2(e).

(d) Inclusionary formulary

- (1) Antihistamine agents
- (2) Anti-infectives
- (3) Autonomic agents
- (4) Blood formation and coagulation agents
- (5) Cardiovascular agents
- (6) Central nervous system agents
- (7) Diagnostic agents
- (8) Electrolyte, caloric and water balance agents

- (9) Enzymes
- (10) Expectorants, antitussives and mucolytic agents
- (11) Eye, ear, nose and throat preparations
- (12) Gastrointestinal agents
- (13) Hormone and synthetic substitutes
- (14) Local anesthetics
- (15) Skin and mucous membrane agents
- (16) Smooth muscle relaxants
- (17) Vitamins
- (18) Miscellaneous therapeutic agents

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5252	TEHILLA S BENABOU

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Time Deficiency Form for: 5/2019-9/2020, 8/2023-PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5253 BETHANY MARIE STRUCKMEYER
Physician Assistant

Practice Address:

January 11, 2024
REGENMD WELLNESS
900 ASHWOOD PKWY, STE 425

ATLANTA, GA 30338
NOT OKLAHOMA

Status:
Res:
Received: 01/11/2024
Entered: 01/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/08/2024
AMA Rec:
Board Action:
License #: 5253
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: FRANCIS MARION UNIVERSITY
City: FLORENCE **State:** SC **Country:** UNITED STATES
Degree: MSPA **From:** 8/2016 **To:** 12/ 2018 **Verified:**

School Name: GEORGIA GWINNETT COLLEGE
City: LAWRENCEVILLE **State:** GA **Country:** UNITED STATES
Degree: BS **From:** 8/2012 **To:** 5/ 2016 **Verified:**

School Name: ATHENS CHRISTIAN SCHOOL
City: ATHENS **State:** GA **Country:** UNITED STATES
Degree: HS DIPLOMA **From:** 8/2008 **To:** 5/ 2012 **Verified:**

PRACTICE HISTORY

Employed: RegenMD Wellness **Supervisor:**
City: ATLANTA **State:** GA **Country:** UNITED STATES
Specialty: LEAD PHYSICIAN ASSISTANT **From:** 12 /2020 **To:** / **Verified:**
Comments:

Employed: Young Minds Psychiatry **Supervisor:**
City: ATLANTA **State:** GA **Country:** UNITED STATES
Specialty: PHYSICIAN ASSISTANT **From:** 1 /2019 **To:** 12 /2020 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5253 BETHANY MARIE STRUCKMEYER
 Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NY	PA 31119	A	12/5/23	11/30/26	2/8/24
FL	PA PA9118202	A	11/9/23	1/31/26	2/8/24
AL	PA PA.2272	A	10/19/23	12/31/24	2/8/24
GA	Physician Assistant 9135	A	2/7/19	2/28/25	2/8/24
UT	PA 13616075-1206	A	10/3/23	5/31/26	2/8/24
SC	PA 5073	A	10/4/23	12/31/25	2/8/24
WA	PA PA61487520	A	10/13/23	2/17/24	2/8/24
MT	PA MED-PAC-LIC-131807	A	12/5/23	10/31/25	2/8/24
IL	PA 85010042	A	9/12/23	3/1/24	2/8/24
VA	PA 110009626	A	10/5/23	2/28/25	2/8/24
OH	PA 50.008463RX	A	10/2/23	10/2/25	2/8/24
WV	PA 2831	A	1/8/24	3/31/25	2/8/24
CO	PA PA.0008349	A	1/10/24	1/31/26	2/8/24

DEFICIENCIES

Extended Background Check

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR REGENMD WELLNESS?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5255 DIAN ZHANG
 Physician Assistant

Practice Address:
 January 11, 2024

Status:
Res:
Received: 01/11/2024
Entered: 01/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/09/2024
AMA Rec:
Board Action:
License #: 5255
Sex: F
Ethnic Origin: 6

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK	Country: UNITED STATES		
Degree: MASTER OF SCIENCE -PA		From: 10/2020	To: 8/ 2023	Verified:	
<hr/>					
School Name: UNIVERSITY OF FLORIDA					
City: GAINESVILLE		State: FL	Country: UNITED STATES		
Degree:		From: 8/2013	To: 6/ 2016	Verified:	
<hr/>					
School Name: FLORIDA STATE UNIVERSITY					
City: TALLAHASSEE		State: FL	Country: UNITED STATES		
Degree:		From: 7/2012	To: 8/ 2013	Verified:	
<hr/>					
School Name: F. W. BUCHHOLZ HIGH SCHOOL					
City: GAINESVILLE		State: FL	Country: UNITED STATES		
Degree:		From: 8/2009	To: 5/ 2012	Verified:	
<hr/>					
School Name: WESTMINSTER SCHOOLS OF AUGUSTA					
City: AUGUSTA		State: GA	Country: UNITED STATES		
Degree:		From: 8/2008	To: 5/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5255 DIAN ZHANG
 Physician Assistant

PRACTICE HISTORY

Employed: Mercy Rehabilitation Hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: NURSE AID **From:** 3 /2018 **To:** 8 /2020 **Verified:**
Comments: PRACTICED HIGH QUALITY PATIENT CARE AND COLLABORATED WITH VARIOUS
 HEALTH CARE STAFFS AS A NURSE AID

Employed: Parkland Nursing and Rehabilitation Center **Supervisor:**
City: GAINESVILLE **State:** FL **Country:** UNITED STATES
Specialty: CNA **From:** 5 /2016 **To:** 10 /2016 **Verified:**
Comments: PRACTICED HIGH QUALITY BEDSIDE PATIENT CARE AS A CNA

Employed: G&D Import/Export, LLC **Supervisor:**
City: GAINESVILLE **State:** FL **Country:** UNITED STATES
Specialty: HEALTH AND PRODUCT CONSULTANT **From:** 6 /2015 **To:** / **Verified:**
Comments: AS A HEALTH AND PRODUCT CONSULTANT CONSULTED CUSTOMERS ON AND
 TRANSLATED VARIOUS PRODUCT INFORMATION

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Time Deficiency Form for: 10/2016 - 3/2018, 8/2023 - PRESENT (MUST USE TIME DEFICIENCY FORM);
 ALSO ARE YOU STILL WORKING AT G & D IMPORT/EXPORT FROM 6/2015 - PRESENT? (MUST USE
 TIME DEFICIENCY FORM TO CLARIFY EMPLOYMENT DATES)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5256 SAVANNAH JAN TURNER
 Physician Assistant

Practice Address:
 January 12, 2024
 SANA BENEFITS
 310 COMAL ST
 BUILDING A, SUITE 200#242
 AUSTIN, TX 78702
 NOT OKLAHOMA

Status:
Res:
Received: 01/12/2024
Entered: 01/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/09/2024
AMA Rec:
Board Action:
License #: 5256
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER, D					
City: DALLAS		State: TX		Country: UNITED STATES	
Degree: MASTER OF PHYSICIAN ASSISTANT STUDIES (MPAS)		From: 5/2006	To: 12/ 2008	Verified:	
<hr/>					
School Name: TEXAS A&M UNIVERSITY					
City: COLLEGE STATION		State: TX		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE (BS)		From: 8/2003	To: 5/ 2006	Verified:	
<hr/>					
School Name: SEAGOVILLE HIGH SCHOOL					
City: DALLAS		State: TX		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/1999	To: 5/ 2003	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5256	SAVANNAH JAN TURNER

Physician Assistant

DEFICIENCIES

Evidence of Status

OATH

PHOTO

OTHER DEFICIENCIES: FCVS/ ARE YOU CURRENTLY WORKING FOR SANA BENEFITS & UT
SOUTHWESTERN MEDICAL CENTER?/ PLEASE GIVE US YOUR JOB TITLES FOR ALL JOBS LISTED
Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5257 JULIAN DAVID HERNANDEZ CARVAJAL
 Physician Assistant

Practice Address:
 February 12, 2024

NOT OKLAHOMA

Status:
Res:
Received: 01/13/2024
Entered: 01/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/12/2024
AMA Rec:
Board Action:
License #: 5257
Sex: M
Ethnic Origin: 5

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: DES MOINES UNIV OSTEO MED CTR PHYSICIAN ASSISTANT					
City: DES MOINES		State: IA		Country: UNITED STATES	
Degree: MPAS		From: 6/2014		To: 5/ 2016 Verified:	
<hr/>					
School Name: POINT LOMA NAZARENE UNIVERSITY					
City: SAN DIEGO		State: CA		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE, BIOLOGY-CHEMISTRY		From: 6/2009		To: 5/ 2013 Verified:	
<hr/>					
School Name: SADDLEBACK COLLEGE					
City: ORANGE COUNTY		State: CA		Country: UNITED STATES	
Degree: ASSOCIATE OF ARTS, GENERAL EDUCATION		From: 5/2007		To: 5/ 2009 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5257 JULIAN DAVID HERNANDEZ CARVAJAL
 Physician Assistant

PRACTICE HISTORY			
Employed: Southeast Iowa Regional Medical Center City: WEST BURLINGTON Specialty: PA Comments: EMERGENCY DEPARTMENT PHYSICIAN ASSISTANT	Supervisor: State: IA Country: UNITED STATES From: 4 /2022 To: / Verified:		
Employed: University of Wisconsin Swedish American Hospital City: ROCKFORD Specialty: PA Comments: EMERGENCY DEPARTMENT PHYSICIAN ASSISTANT	Supervisor: State: IL Country: UNITED STATES From: 4 /2022 To: / Verified:		
Employed: Expeditionary Medical Facility Great Lakes One, De City: ROCK ISLAND ARSENAL Specialty: NEED JOB TITLE Comments: MEDICAL PROVIDER	Supervisor: State: IL Country: UNITED STATES From: 9 /2017 To: / Verified:		
Employed: Genesis Medical Center City: DAVENPORT Specialty: PA Comments: EMERGENCY DEPARTMENT PHYSICIAN ASSISTANT	Supervisor: State: IA Country: UNITED STATES From: 8 /2016 To: 3 /2022 Verified:		
Employed: Expeditionary Medical Facility Dallas One City: DES MOINES Specialty: ADMINISTRATIVE LEADING PETTY OFFICER Comments:	Supervisor: State: IA Country: UNITED STATES From: 5 /2014 To: 9 /2017 Verified:		
Employed: Operational Health Support Unit City: SAN DIEGO Specialty: LEADING PETTY OFFICER Comments:	Supervisor: State: CA Country: UNITED STATES From: 5 /2012 To: 5 /2014 Verified:		
Employed: 4 th Medical Logistics Company City: MIRAMAR Specialty: OPERATIONAL LOGISTICS MANAGER Comments:	Supervisor: State: CA Country: UNITED STATES From: 5 /2009 To: 5 /2012 Verified:		
Employed: 1 st Combat Engineer Battalion, Battalion Aid Stat City: CAMP PENDLETON Specialty: ACUTE SERVICES MANAGER Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 /2008 To: 6 /2009 Verified:		
Employed: 2nd Battalion 4 th Marines, First Marine Division City: CAMP PENDLETON Specialty: FIELD MEDICAL SERVICE TECHNICIAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 3 /2006 To: 7 /2008 Verified:		
Employed: Naval Health Clinic City: CAMP FUJI Specialty: NEED JOB TITLE	Supervisor: State: Country: JAPAN From: 4 /2004 To: 2 /2006 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5257	JULIAN DAVID HERNANDEZ CARVAJAL
Physician Assistant		

Comments: UNDER MINIMAL CLINICIAN SUPERVISION, GATHERED THE HISTORY AND PHYSICAL EXAMINATION DURING URGENT CAR

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NV	PA PA2881	A	10/10/23	6/30/25	2/12/24
WA	PA PA 61456947	A	7/27/23	1/31/26	2/12/24
IL	PA 085.009092	A	7/19/22	3/1/24	2/12/24
IA	PA 083662	A	7/14/16	9/30/24	2/12/24

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 1/2002- 4/2004; NEED JOB TITLE FOR EXPEDITIONARY MEDICAL & ARE YOU CURRENTLY WORKING THERE?; ARE YOU CURRENTLY PRACTICING AT SW IOWA REG & UNIVERSITY OF WISCONSIN?; NEED START DATE AND JOB TITLE FOR ONE MEDICAL IN ENID, OK- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING STATEMENT REGARDING WHY YOU ANSWERED "NO" TO EVER HAVING BEEN SUBJECT TO INVESTIGATION, PROBATION, OR DISCIPLINARY ACTION FROM A HOSPITAL, TRAINING PROGRAM, OR PROFESSIONAL SCHOOL

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5258 ELIZABETH RUTH WYNDHAM
 Physician Assistant

Practice Address:
 January 16, 2024

NOT OKLAHOMA

Status:
Res:
Received: 01/16/2024
Entered: 01/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/12/2024
AMA Rec:
Board Action:
License #: 5258
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF KENTUCKY					
City: LEXINGTON		State: KY		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES			From: 1/2002	To: 8/ 2004	Verified:
<hr/>					
School Name: GARDNER-WEBB UNIVERSITY					
City: BOILING SPRINGS		State: NC		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE			From: 8/1997	To: 12/ 2001	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5258 ELIZABETH RUTH WYNDHAM
Physician Assistant

PRACTICE HISTORY			
Employed: MDTriage City: PHOENIX Specialty: PA Comments: WORK AS A REMOTE PA NAVIGATOR FOR SUTTER HEALTH IN CA, SUPPORTING FAMILY AND INTERNAL MEDICINE	Supervisor: State: AZ Country: UNITED STATES From: 3 /2023 To: 1 /2024 Verified:		
Employed: Rume Health City: HUNTINGTON BEACH Specialty: PA Comments: WORKED AS A PA AS A TELEMEDICINE PROVIDER WITH COVID CARE	Supervisor: State: CA Country: UNITED STATES From: 2 /2022 To: 2 /2023 Verified:		
Employed: University of Kentucky, College of Health Sciences City: LEXINGTON Specialty: PA FACULTY Comments: WORKED AS PART TIME FACULTY AND PEDIATRIC CLERKSHIP PRECEPTOR FOR THE UK PA PROGRAM	Supervisor: State: KY Country: UNITED STATES From: 8 /2021 To: 7 /2023 Verified:		
Employed: Arbicare City: ATLANTA Specialty: CASE REVIEWER Comments: DID REMOTE UTILIZATION REVIEW FOR WORKERS COMP CASES	Supervisor: State: GA Country: UNITED STATES From: 6 /2021 To: 8 /2021 Verified:		
Employed: Vault Health City: NEW YORK Specialty: REMOTE COVID TEST SUPERVISOR Comments: WORKED AS A REMOTE COVID TEST SUPERVISOR	Supervisor: State: NY Country: UNITED STATES From: 11 /2020 To: 3 /2022 Verified:		
Employed: Steady MD City: ST LOUIS Specialty: NEED JOB TITLE Comments: WORKED AS A REMOTE TELEMEDICINE PROVIDER AS PART OF THEIR TRUE PILL, WELL AT HOME PROJECT	Supervisor: State: MO Country: UNITED STATES From: 10 /2020 To: 11 /2021 Verified:		
Employed: Sound Physicians City: LEXINGTON Specialty: PA Comments: WORKED AS A PRN PA FOR HOSPITALIST GROUP	Supervisor: State: KY Country: UNITED STATES From: 9 /2020 To: 3 /2023 Verified:		
Employed: University of Kentucky, College of Health Sciences City: LEXINGTON Specialty: LAB ASSISTANT Comments: WORKED AS A LAB ASSISTANT IN THE PA PROGRAM	Supervisor: State: KY Country: UNITED STATES From: 8 /2020 To: 5 /2021 Verified:		
Employed: Shriners Hospital for Children Medical Center City: LEXINGTON Specialty: PA Comments: WORKED AS A PT PA IN A PEDIATRIC ORTHOPEDIC OUTPATIENT CLINIC	Supervisor: State: KY Country: UNITED STATES From: 8 /2018 To: 2 /2021 Verified:		
Employed: Lexington Clinic City: LEXINGTON Specialty: PA Comments: WORKED AS A PA IN A FAMILY PRACTICE SETTING	Supervisor: State: KY Country: UNITED STATES From: 8 /2015 To: 8 /2023 Verified:		
Employed: Nursefinders	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5258 ELIZABETH RUTH WYNDHAM
 Physician Assistant

City: CHARLOTTE Specialty: Comments: WORKED AS A CNA FOR A NURSING TEMP AGENCY AT VARIOUS FACILITIES	State: NC Country: UNITED STATES From: 6 /2011 To: 3 /2003 Verified:
Employed: Medworks City: LEXINGTON Specialty: PA Comments: WORKED PRN AS A WORKERS COMP PA	Supervisor: State: KY Country: UNITED STATES From: 9 /2009 To: 11 /2013 Verified:
Employed: Team Health City: KNOXVILLE Specialty: PA Comments: WORKED AS A PA IN ST JOSEPH EMERGENCY DEPTS	Supervisor: State: TN Country: UNITED STATES From: 4 /2009 To: 1 /2024 Verified:
Employed: Keightley and Parsley, PSC City: LEXINGTON Specialty: PA Comments: WORKED AS PA IN AN ST JOSEPH HEALTH EMERGENCY DEPARTMENT	Supervisor: State: KY Country: UNITED STATES From: 9 /2004 To: 3 /2009 Verified:
Employed: University of Kentucky Chandler Medical Center City: LEXINGTON Specialty: NURSE CARE TECH Comments: WORKED AS A NURSE CARE TECHNICIAN IN THE ER	Supervisor: State: KY Country: UNITED STATES From: 6 /2002 To: 12 /2003 Verified:
Employed: Johns Hopkins University City: ST. MARY'S CITY Specialty: NEED JOB TITLE Comments: WORKED AS A TA TO THE BIOMEDICAL SCIENCES COURSE AS PART OF THE CTY SUMMER PROGRAM	Supervisor: State: MD Country: UNITED STATES From: 7 /2001 To: 8 /2001 Verified:
Employed: Johns Hopkins University City: CLINTON Specialty: HEALTH ASSISTANT Comments: WORKED AS A HEALTH ASSISTANT IN THE CTY SUMMER PROGRAM	Supervisor: State: NY Country: UNITED STATES From: 6 /2000 To: 8 /2000 Verified:
Employed: Interim Healthcare Staffing City: CHARLOTTE Specialty: CNA Comments: WORKED AS A CNA TO FILL IN OPEN SHIFTS AT VARIOUS FACILITIES	Supervisor: State: NC Country: UNITED STATES From: 11 /1999 To: 5 /2001 Verified:
Employed: Cleveland Regional Medical Center City: SHELBY Specialty: CNA Comments: WORKED PART TIME AS A CNA AND UNIT SECRETARY	Supervisor: State: NC Country: UNITED STATES From: 6 /1998 To: 1 /2000 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5258	ELIZABETH RUTH WYNDHAM
Physician Assistant		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	PA 61420	A	7/26/22	12/31/25	2/12/24
KY	PA PA865	A	12/16/04	3/31/25	2/12/24
UT	PA 13134017-1206	A	11/22/22	5/31/24	2/12/24
FL	PA-TLHT TPPA326	A	3/24/22		2/12/24
WA	PA PA61524317	A	2/9/24	12/1/24	2/12/24
AZ	PA				
TN	PA				
MO	PA				

DEFICIENCIES

Verify License from TN

Verify License from MO

Transcript

OTHER DEFICIENCIES: DO YOU HAVE AN PA LICENSE FOR AZ, MO, OR TN?/ NEED CLARIFICATION FOR NURSEFINDERS (APP LISTS 6/11-3 /03)

Verify License from AZ

Time Deficiency Form for: 12/1996- 8/1997; NEED JOB TITLES FOR JOHN HOPKINS UNIVERSITY IN MARYLAND, AND STEADYMD; NEED START DATE AND JOB TITLE FOR ONE MEDICAL- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5259 RACHAEL MICHELLE OSPINA
 Physician Assistant

PRE-MED EDUCATION			
School Name: UNIVERSITY OF TEXAS RIO GRANDE VALLEY	City: EDINBURG	State: TX	Country: UNITED STATES
Degree: MASTER IN PHYSICIAN ASSISTANT STUDIES		From: 1/2016	To: 5/2016 Verified:
School Name: MIAMI DADE COLLEGE, MEDICAL CAMPUS	City: MIAMI	State: FL	Country: UNITED STATES
Degree: BACHELOR OF APPLIED SCIENCE - PHYSICIAN ASSISTANT		From: 8/2013	To: 12/2014 Verified:
School Name: MIAMI DADE COLLEGE	City: MIAMI	State: FL	Country: UNITED STATES
Degree: ASSOCIATE OF SCIENCE		From: 8/2011	To: 8/2013 Verified:
School Name: WEST VIRGINIA UNIVERSITY	City: MORGANTOWN	State: WV	Country: UNITED STATES
Degree: NA		From: 1/2009	To: 5/2009 Verified:
School Name: FULLERTON COLLEGE	City: FULLERTON	State: CA	Country: UNITED STATES
Degree: NA		From: 1/2009	To: 5/2009 Verified:
School Name: UNIVERSITY OF NEW ENGLAND	City: BIDDEFORD	State: ME	Country: UNITED STATES
Degree: NA		From: 1/2007	To: 1/2008 Verified:
School Name: BROWARD COLLEGE	City: DAVIE	State: FL	Country: UNITED STATES
Degree: NA		From: 1/2006	To: 12/2006 Verified:
School Name: FLORIDA ATLANTIC UNIVERSITY	City: DAVIE	State: FL	Country: UNITED STATES
Degree: N/A		From: 8/2005	To: 12/2007 Verified:
School Name: BROWARD COLLEGE	City: DAVIE	State: FL	Country: UNITED STATES
Degree: AA IN NURSING		From: 8/2003	To: 12/2005 Verified:
School Name: PLANTATION HIGH SCHOOL	City: PLANTATION	State: FL	Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA		From: 8/1999	To: 6/2003 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5259 RACHAEL MICHELLE OSPINA
Physician Assistant

PRACTICE HISTORY

Employed: Oscar Medical Group	Supervisor:
City: PLANTATION	State: FL Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT - INTERNAL MEDICINE	From: 1 / 2022 To: / Verified:
Comments:	

Employed: RGPMD, LLC	Supervisor:
City: PEMBROKE PINES	State: FL Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT - INTERNAL MEDICINE	From: 2 / 2017 To: 1 / 2022 Verified:
Comments:	

Employed: CCG of South Florida	Supervisor:
City: CORAL SPRINGS / PLANTATION	State: FL Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT - INTERNAL MEDICINE	From: 6 / 2016 To: 11 / 2016 Verified:
Comments:	

Employed: South Florida Wellness & Clinical Research Ins	Supervisor:
City: MARGATE	State: FL Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT - INTERNAL MEDICINE	From: 12 / 2014 To: 4 / 2016 Verified:
Comments:	

Employed: Drs. Juan Loy and Alex Hsu - Internal Medicine	Supervisor:
City: MARGATE	State: FL Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT	From: 8 / 2014 To: 4 / 2016 Verified:
Comments:	

Employed: Externship- Skin and Cancer Associates	Supervisor:
City: PLANTATION	State: FL Country: UNITED STATES
Specialty: SHADOW/EXTERNSHIP BEFORE ENTERING PA SCHOOL	From: 1 / 2011 To: 7 / 2011 Verified:
Comments:	

Employed: Externship - Cleveland Clinic Florida	Supervisor:
City: WESTON	State: FL Country: UNITED STATES
Specialty: SHADOW/EXTERNSHIP BEFORE ENTERING PA SCHOOL	From: 12 / 2010 To: 12 / 2010 Verified:
Comments:	

Employed: NONE	Supervisor:
City: PLANTATION	State: FL Country: UNITED STATES
Specialty: BREAK TO RECOVER FROM MEDICAL ILLNESS	From: 1 / 2010 To: 11 / 2010 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5259 RACHAEL MICHELLE OSPINA
 Physician Assistant

Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Physician Assistant PA9107531	A	9/19/13	1/31/26	2/14/24
GA	Physician Assistant 11584	A	4/27/23	2/28/25	2/14/24
AZ	Physician Assistant 9642	A	3/16/23	5/3/25	2/14/24
NY	Physician Assistant 030679	A	9/13/23	8/31/26	2/14/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 1/2008-1/2009, 5/2009-1/2010 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR OSCAR MEDICAL GROUP?

Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5261	ALEXANDER WICKER
Physician Assistant		

Practice Address:
January 23, 2024

Status:
Res:
Received: 01/23/2024
Entered: 01/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/21/2024
AMA Rec:
Board Action:
License #: 5261
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: HOFSTRA	State: NY	Country: UNITED STATES	
City: HEMPSTEAD	From: 9/2008	To: 12/ 2010	Verified:
Degree: PA			

PRACTICE HISTORY			
Employed:	Supervisor:		
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5261 ALEXANDER WICKER
 Physician Assistant

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	PA 62861	A	6/12/23	5/31/25	2/21/24
CT	PA 006018	A	2/16/23	5/31/24	2/21/24
FL	PA PA9117738	A	8/17/23	1/31/26	2/21/24
IA	PA 120834	A	6/13/23	9/30/25	2/21/24
MI	PA 5601011718	A	6/29/23	6/29/25	2/21/24
MT	PA 133866	A	2/5/24	10/31/25	2/21/24
NJ	PA 25MP00302200	A	2/4/13	8/31/25	2/21/24
NY	PA 014621	A	2/7/11	4/30/25	2/21/24
UT	PA 13322933-1206	A	4/7/23	5/31/24	2/21/24
VT	PA 055-0031746	A	2/8/24	1/31/26	2/21/24
WA	PA PA61387096	A	3/10/23	5/18/24	2/21/24

DEFICIENCIES

Application Instructions

Time Deficiency Form for: 5/1998-9/2008, 12/2010-PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: FCVS/ DO YOU HAVE ANY PRACTICE HISTORY IN CA, CT,FL,IA,MI,MT,NJ,NY,UT,VT & WA AS A PA?/ WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A PA?

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5263	TRAVIS LYNN WEST
Physician Assistant		

Practice Address:
February 23, 2024

Status:
Res:
Received: 01/27/2024
Entered: 01/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/23/2024
AMA Rec:
Board Action:
License #: 5263
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF NEBRASKA MEDICAL CENTER					
City: LINCOLN		State: NE	Country: UNITED STATES		
Degree: MASTERS OF PHYSICIAN ASSISTANT		From: 5/2010	To: 5/ 2011	Verified:	
<hr/>					
School Name: WICHITA STATE UNIVERSITY					
City: WICHITA		State: KS	Country: UNITED STATES		
Degree: B.S.		From: 8/1996	To: 6/ 2001	Verified:	
<hr/>					
School Name: ALLEN COUNTY COMMUNITY COLLEGE					
City: IOLA		State: KS	Country: UNITED STATES		
Degree: ASSOCIATES OF SCIENCE		From: 9/1994	To: 5/ 1996	Verified:	
<hr/>					
School Name: IOLA HIGH SCHOOL					
City: IOLA		State: KS	Country: UNITED STATES		
Degree: DIPLOMA HS		From: 8/1990	To: 5/ 1994	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5263 TRAVIS LYNN WEST
 Physician Assistant

PRACTICE HISTORY

Employed: Action Urgent Care City: SAN JOSE Specialty: URGENT CARE Comments:	Supervisor: State: CA Country: UNITED STATES From: 2 /2023 To: 8 /2023 Verified:
---	--

Employed: Locumtenens.com City: SAN JOSE Specialty: URGENT CARE Comments:	Supervisor: State: CA Country: UNITED STATES From: 12 /2022 To: 2 /2023 Verified:
--	---

Employed: Barton Associates City: OAKLAND Specialty: ER Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 /2022 To: 11 /2022 Verified:
--	--

Employed: Anderson County Hospital City: GARNETT Specialty: ER Comments:	Supervisor: State: KS Country: UNITED STATES From: 1 /2014 To: 7 /2022 Verified:
---	--

Employed: Allen County Regional Hospital City: IOLA Specialty: ER Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 /2004 To: 1 /2014 Verified:
--	--

Employed: Medicine Lodge Memorial Hospital City: MEDICINE LODGE Specialty: FAMILY PRACTICE, INPATIENT, OUTPATIENT, ER Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 /2002 To: 8 /2004 Verified:
---	--

Employed: Commanche County Hospital City: COLDWATER Specialty: FAMILY PRACTICE, INPATIENT, OUTPATIENT, ER Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 /2001 To: 9 /2002 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Physician Assistant PA-61591	A	8/31/22	8/31/24	2/21/24
KS	PA TEMP T0225321	I		12/8/01	10/25/23
KS	Physician Assistant 15-00806	A	12/8/01	1/31/25	10/25/23

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5263	TRAVIS LYNN WEST

Physician Assistant

DEFICIENCIES

PHOTO

Form 1

Transcript

Application Instructions

OTHER DEFICIENCIES: NEED JOB TITLES FOR ALL JOBS LISTED STARTING WITH COMMANCHE COUNTY HOSPITAL IN 9/2001/ WHAT DEGREE DID YOU GET AT WICHITA STATE UNIVERSITY? / RECEIVED BACKGROUND CHECK. WHAT IS CURRENT ADDRESS?

OATH

Time Deficiency Form for: 5/1994 - 9/1994, 8/2023 - PRESENT (MUST USE TIME DEFICIENCY FORM)

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5265	LAUREE DANIELLE CAMERON
Physician Assistant		

Practice Address:

January 29, 2024
 PERFORMANCE REJUVENATION LLC
 106 AUSTIN AVE, SUITE 102

 WEATHERFORD, TX 76086
 NOT OKLAHOMA

Status:
Res:
Received: 01/29/2024
Entered: 01/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/23/2024
AMA Rec:
Board Action:
License #: 5265
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ROSALIND FRANKLIN UNIVERSITY					
City: NORTH CHICAGO		State: IL		Country: UNITED STATES	
Degree: MASTER OF SCIENCE PHYSICIAN ASSISTANT STUDIES			From: 5/1996	To: 6/ 1998	Verified:
<hr/>					
School Name: COLORADO STATE UNIVERSITY					
City: FORT COLLINS		State: CO		Country: UNITED STATES	
Degree: BACHELOR OF ARTS			From: 8/1989	To: 5/ 1992	Verified:
<hr/>					
School Name: AIMS COMMUNITY COLLEGE					
City: GREELEY		State: CO		Country: UNITED STATES	
Degree: ASSOCIATE OF ARTS			From: 9/1985	To: 5/ 1989	Verified:
<hr/>					
School Name: THOMPSON VALLEY HIGH SCHOOL					
City: LOVELAND		State: CO		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA			From: 8/1982	To: 5/ 1985	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5265 LAUREE DANIELLE CAMERON
Physician Assistant

PRACTICE HISTORY			
Employed: Performance Rejuvenation LLC City: WEATHERFORD Specialty: Comments: SPORTS MED/WELLNESS - IV VITAMIN INFUSIONS, EVAL/TREAT SPORTS MED INJURIES, PRP, TRIGGER POINT INS	Supervisor: State: TX Country: UNITED STATES From: 9 / 2020 To: / Verified:		
Employed: Unemployed City: BARTONVILLE Specialty: SETTING UP BUSINESS Comments: SPENT SEVERAL MONTHS PUTTING TOGETHER MY OWN BUSINESS	Supervisor: State: TX Country: UNITED STATES From: 6 / 2020 To: 9 / 2020 Verified:		
Employed: Epic Healthcare and Physical Medicine City: FLOWER MOUND Specialty: Comments: REGENERATIVE MEDICINE - EVAL/TREAT WITH PLATELET RICH PLASMA, TRIGGER POINT INJECTIONS, HA INJECTION	Supervisor: State: TX Country: UNITED STATES From: 11 / 2018 To: 6 / 2020 Verified:		
Employed: Tennessee Orthopaedic Clinics City: KNOXVILLE Specialty: Comments: EVAL/TREAT ORTHO PATIENTS - SPORTS MED, TOTAL JOINTS, TRAUMA. CLINIC/HOSPITAL SURGERY ASSIST	Supervisor: State: TN Country: UNITED STATES From: 5 / 2014 To: 11 / 2018 Verified:		
Employed: Methodist Medical Center City: OAK RIDGE Specialty: Comments: OCCUPATIONAL MEDICINE - HEALTHCARE PROVIDER FOR HOSPITAL EMPLOYEES, MED SURVEILLANCE EXAMS, DOT PE	Supervisor: State: TN Country: UNITED STATES From: 5 / 2011 To: 5 / 2014 Verified:		
Employed: Tennessee Orthopaedic Clinics City: KNOXVILLE Specialty: Comments: EVAL/TREAT PATIENTS IN SPORTS MED, TOTAL JOINTS, AND SPINE IN CLINIC AND HOSPITAL. ASSIST SURGERY	Supervisor: State: TN Country: UNITED STATES From: 12 / 2009 To: 5 / 2011 Verified:		
Employed: ETPP Health Services/K25 DOE City: OAK RIDGE Specialty: PHYSICIAN ASSISTANT Comments: CLINIC OPERATIONS MANAGER/PHYSICIAN ASSISTANT MANAGED DAILY OPERATIONS OF OCCUPATIONAL MED CLINIC	Supervisor: State: TN Country: UNITED STATES From: 10 / 2004 To: 12 / 2009 Verified:		
Employed: Rocky Flats Environmental Closure Project City: GOLDEN Specialty: Comments: PERFORMED MEDICAL SURVEILLANCE PHYSICALS, WORKMANS COMP, HEALTH AND SAFETY PROGRAMS	Supervisor: State: CO Country: UNITED STATES From: 3 / 2002 To: 10 / 2004 Verified:		
Employed: Panorama Orthopaedics City: GOLDEN Specialty: PHYSICIAN ASSISTANT Comments: ORTHOPEDIC PA CLINIC AND HOSPITAL SETTINGS. SPORTS MED, TRAUMA, TOTAL JOINTS AND SPINE.	Supervisor: State: CO Country: UNITED STATES From: 3 / 2001 To: 3 / 2002 Verified:		
Employed: Family Care Southwest City: LITTLETON Specialty: PHYSICIAN ASSISTANT	Supervisor: State: CO Country: UNITED STATES From: 3 / 2001 To: 3 / 2002 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5265 LAUREE DANIELLE CAMERON
 Physician Assistant

Comments: PART-TIME EVALUATE AND TREAT PATIENTS IN A FAMILY PRACTICE SETTING

Employed: Unemployed **Supervisor:**
City: LITTLETON **State:** CO **Country:** UNITED STATES
Specialty: RELOCATING **From:** 1 /2001 **To:** 3 /2001 **Verified:**
Comments: MY FAMILY MOVED BACK TO COLORADO FROM ILLINOIS, SO I TOOK TIME OFF FOR THE MOVE.

Employed: Southern Illinois University Physician Assistant
 S
City: CARBONDALE **State:** IL **Country:** UNITED STATES
Specialty: **From:** 8 /1999 **To:** 8 /2000 **Verified:**
Comments: ADJUNCT FACULTY FACILITATING DIDACTIC STUDIES FOR SECOND YEAR PHYSICIAN ASSISTANT STUDENTS.

Employed: Sarah Bush Lincoln Health Systems **Supervisor:**
City: MATTOON **State:** IL **Country:** UNITED STATES
Specialty: PHYSICIAN ASSISTANT **From:** 6 /1998 **To:** 1 /2001 **Verified:**
Comments: PHYSICIAN ASSISTANT WORKING IN PRIMARY CARE, OCCUPATIONAL MEDICINE AND ORTHOPEDICS. CLINIC/HOSPITAL

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TN	Physician Assistant 1150	I	5/24/04	4/30/21	2/23/24
CO	Physician Assistant 1341	I	12/11/00	1/31/06	2/23/24
TX	Physician Assistant PA12030	A	5/29/18	2/28/26	2/23/24
IL	Physician Assistant 085001117	I	1/11/99	3/1/02	2/23/24

DEFICIENCIES

Time Deficiency Form for: 5/1985 - 9/1985, 5/1992 - 6/1996 (MUST USE TIME DEFICIENCY FORM)
 OTHER DEFICIENCIES: ARE YOU STILL PRACTICING AT PERFORMANCE REJUVENATION?/ NEED JOB TITLES FOR: SOUTHERN ILLINOIS UNIVERSITY, FAMILY CARE SOUTHWEST, ROCK FLATS ENVIRONMENTAL CLOSURE PROJECT, TENNESSEE ORTHOPAEDIC, EPIC HEALTHCARE & PHYSICAL MEDICINE, PERFORMANCE REJUVENATION

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5270	KATIE ZUECH
Physician Assistant		

PRACTICE HISTORY					
Employed:				Supervisor:	
City:	State:	Country:			
Specialty:	From:	/	To:	/	Verified:
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Time Deficiency Form for: 5/2020-5/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS NCCPA Application Instructions

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
PA 5271 FERENZA THOMPSON
Physician Assistant

Practice Address:
February 13, 2024
EPIPHANY DERMATOLOGY
3111 AZALEA PARK DR
MUSKOGEE, OK 74401
MUSKOGEE

Status:
Res:
Received: 02/13/2024
Entered: 02/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/08/2024
AMA Rec:
Board Action:
License #: 5271
Sex: F
Ethnic Origin: 5

Endorsed By: NCCPA
Orig Issued: Orig. Lic. Exp:

Table with columns: Test, Score, Date Taken, Date Verified, Attempts. Rows include Test 1, Test 2, Test 3, Test AV, Total Possible, Okla Passing, Total Score.

PRE-MED EDUCATION

School Name: DESALES UNIVERSITY
City: CENTER VALLEY State: PA Country: UNITED STATES
Degree: PHYSICIAN ASSISTANT STUDIES From: 8/2006 To: 8/ 2008 Verified:

School Name: MESSIAH COLLEGE
City: GRANTHAM State: PA Country: UNITED STATES
Degree: BACHELOR OF SCIENCE From: 8/2002 To: 8/ 2006 Verified:

School Name: HAMBURG AREA HIGH SCHOOL
City: HAMBURG State: PA Country: UNITED STATES
Degree: DIPLOMA From: 8/1999 To: 5/ 2002 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5271 FERENZA THOMPSON
 Physician Assistant

PRACTICE HISTORY

Employed: Epiphany Dermatology City: MUSKOGEE Specialty: PA Comments: 3/19/24 - STILL WORKING HERE (KS)	Supervisor: State: OK Country: UNITED STATES From: 2 /2024 To: / Verified:
--	--

Employed: Franklin Pierce University City: ROUND ROCK Specialty: PA Comments: 3/19/24 - STILL WORKING HERE (KS)	Supervisor: State: TX Country: UNITED STATES From: 9 /2022 To: / Verified:
--	--

Employed: Touro University Nevada City: HENDERSON Specialty: PA Comments:	Supervisor: State: NV Country: UNITED STATES From: 1 /2020 To: 11 /2022 Verified:
--	---

Employed: Emerus City: THE WOODLANDS Specialty: PA Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2018 To: 1 /2020 Verified:
---	---

Employed: UNTHSC City: FORT WORTH Specialty: PA Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2016 To: 1 /2020 Verified:
--	--

Employed: Emcare City: CLEARWATER Specialty: PA Comments:	Supervisor: State: FL Country: UNITED STATES From: 9 /2009 To: 12 /2015 Verified:
--	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AZ	Physician Assistant 10028	A	10/27/23	11/13/24	3/8/24
FL	Physician Assistant PA9104996	A	5/13/09	1/31/26	3/8/24
CT	Physician Assistant 2196	I	10/21/08	8/31/09	3/8/24
TX	Physician Assistant PA10790	I	11/4/16	2/28/20	3/8/24
UT	Physician Assistant 13507051-1206	A	7/21/23	5/31/26	3/8/24
NV	Physician Assistant PA2306	A	7/21/20	6/30/25	3/8/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5271	FEROZA THOMPSON

Physician Assistant

DEFICIENCIES

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWER

Application Instructions

OATH

Time Deficiency Form for: 8/2008 - 9/2009 (MUST USE TIME DEFICIENCY FORM)

PHOTO

OTHER DEFICIENCIES: FILE IS IN BD SEC OFFICE

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5272	ANNA NICOLE POWELL SULLIVAN
Physician Assistant		

Practice Address:
February 20, 2024

NOT OKLAHOMA

Status:
Res:
Received: 02/20/2024
Entered: 02/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 5272
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ELON UNIVERSITY					
City: ELON		State: NC	Country: UNITED STATES		
Degree: MPAS		From: 1/2019	To: 2/ 2021	Verified:	
<hr/>					
School Name: UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL					
City: CHAPEL HILL		State: NC	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE (BS)		From: 8/2013	To: 5/ 2017	Verified:	
<hr/>					
School Name: MIDDLE CREEK HIGH SCHOOL					
City: APEX		State: NC	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2009	To: 6/ 2013	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5272 ANNA NICOLE POWELL SULLIVAN
 Physician Assistant

PRACTICE HISTORY			
Employed: Sana Benefits City: AUSTIN Specialty: NEED JOB TITLE Comments: PROVIDE INFO	Supervisor: State: TX Country: UNITED STATES From: 1 /2024 To: / Verified:		
Employed: Health Zone Medical Center City: SMITHFIELD Specialty: NEED JOB TITLE Comments: PROVIDE INFO	Supervisor: State: NC Country: UNITED STATES From: 7 /2023 To: 1 /2024 Verified:		
Employed: WakeMed Cary Hospital City: CARY Specialty: NEED JOB TITLE Comments: ASSISTED NURSES WITH PROCEDURES SUCH AS FOLEY AND IV INSERTION, AND ASSISTED PATIENTS IN ANY NEEDS.	Supervisor: State: NC Country: UNITED STATES From: 8 /2015 To: 3 /2018 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NC	PA 0010-11205	A	4/12/21	6/19/24	3/14/24
CO	PA PA.0008475	A	3/6/24	1/31/26	3/14/24

DEFICIENCIES
 Application Instructions
 Time Deficiency Form for: 3/2018- 1/2019; 2/2021- 7/2023; NEED JOB TITLES FOR ALL PROFESSIONS ON APPLICATION; ARE YOU CURRENTLY WORKING AT SANA BENEFITS?- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR CO?/ WHEN WAS THE LAST TIME YOU PRACTICED AS A PA?
 Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5273 CLARA CAUGHEL
 Physician Assistant

Practice Address:
 March 14, 2024

NOT OKLAHOMA

Status:
Res:
Received: 02/21/2024
Entered: 02/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 5273
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: NOVA SOUTHEASTERN UNIVERSITY					
City: JACKSONVILLE		State: FL	Country: UNITED STATES		
Degree: MPAS	From: 5/2013	To: 8/ 2015	Verified:		
School Name: FLORIDA STATE UNIVERSITY					
City: TALLAHASSEE		State: FL	Country: UNITED STATES		
Degree:	From: 8/2008	To: 5/ 2012	Verified:		
School Name: TRINITY PREP SCHOOL					
City: WINTER PARK		State: FL	Country: UNITED STATES		
Degree:	From: 8/2004	To: 5/ 2008	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5273 CLARA CAUGHEL
 Physician Assistant

PRACTICE HISTORY

Employed: QC Kinetix **Supervisor:**
City: ASHEVILLE **State:** NC **Country:** UNITED STATES
Specialty: PA **From:** 1 /2020 **To:** / **Verified:**
Comments: PHYSICIAN ASSISTANT WORKING WITH QCK CORPORATE

Employed: Carolina Mountain Emergency Medicine of
 Team Healt **Supervisor:**
City: ASHEVILLE **State:** NC **Country:** UNITED STATES
Specialty: PA **From:** 5 /2019 **To:** 8 /2020 **Verified:**
Comments: EMERGENCY PHYSICIAN ASSISTANT PRACTICING IN ED AT MISSION HOSPITAL

Employed: Florida Emergency Physicians of Team Health **Supervisor:**
City: ORLANDO **State:** FL **Country:** UNITED STATES
Specialty: PA **From:** 9 /2015 **To:** 5 /2019 **Verified:**
Comments: EMERGENCY PHYSICIAN ASSISTANT, PRACTICED IN FLORIDA HOSPITAL/ADVENT
 HEALTH HOSPITAL EDS

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NC	PA 0010-08894	A	2/25/19	8/8/24	3/14/24
AR	PA PA-1132	A	12/15/22	8/31/24	3/14/24
SC	PA PA.3538	A	11/6/23	12/31/25	3/14/24
FL	PA PA9109129	I	10/6/15	1/31/20	3/14/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 5/2012- 5/2013; ARE YOU CURRENTLY PRACTICING WITH QC KINETIX?-

MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR AR OR SC?

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5274	TIMMON H RYAN
Physician Assistant		

Practice Address:
 February 22, 2024
 CALDWELL REGIONAL MEDICAL CENTER
 761 W 175TH ST S

 CALDWELL, KS 67022-8301
 NOT OKLAHOMA

Status:
Res:
Received: 02/22/2024
Entered: 02/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 5274
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION			
School Name: WICHITA STATE UNIVERSITY		State: KS	Country: UNITED STATES
City: WICHITA		From: 5/2021	To: 7/ 2023 Verified:
Degree: MASTERS IN PHYSICIAN ASSOCIATE			
School Name: KANSAS STATE UNIVERSITY		State: KS	Country: UNITED STATES
City: MANHATTAN		From: 8/2013	To: 12/ 2017 Verified:
Degree: NUTRITION AND HEALTH			
School Name: TIMBER CREEK HIGH SCHOOL		State: FL	Country: UNITED STATES
City: ORLANDO		From: 10/2011	To: 6/ 2013 Verified:
Degree:			
School Name: ANDOVER HIGH SCHOOL		State: KS	Country: UNITED STATES
City: ANDOVER		From: 8/2009	To: 12/ 2011 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5274 TIMMON H RYAN
 Physician Assistant

PRACTICE HISTORY

Employed: Prairie Health and Wellness City: WICHITA Specialty: MEDICAL ASSISTANT / PHLEBOTOMIST Comments:	Supervisor: State: KS Country: UNITED STATES From: 4 /2018 To: 5 /2021 Verified:
---	--

Employed: Meadowlark Hill Retirement Home City: MANHATTAN Specialty: CNA IN DEMENTIA / ALZHEIMER'S UNIT Comments:	Supervisor: State: KS Country: UNITED STATES From: 5 /2016 To: 4 /2018 Verified:
---	--

Employed: Immaculate cleaning services City: MANHATTAN Specialty: Comments: WORKED ON CLEANING TEAM TO CLEAN RESIDENTAIL AND COMMERCIAL PROPERITES	Supervisor: State: KS Country: UNITED STATES From: 1 /2014 To: 4 /2018 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	PA 15-02803	A	9/1/23	1/31/25	3/14/24

DEFICIENCIES

Extended Background Check
 Time Deficiency Form for: 7/2023- PRESENT MUST USE TIME DEFICIENCY FORM FOR
 EXPLANATIONS
 OTHER DEFICIENCIES: FORM5 RECEIVED IS MISSING DELEGATING SUPERVISOR'S NAME AND
 DETAILS. PLEASE SEND US AN UPDATED FORM5.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5275 EMILY KATHLYN LINKER
 Physician Assistant

Practice Address:
 February 24, 2024
 SANA CARE
 310 COMAL ST
 BUILDING A, SUITE 200, #242
 AUSTIN, TX 78702
 NOT OKLAHOMA

Status:
Res:
Received: 02/24/2024
Entered: 02/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 5275
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TEXAS TECH HEALTH SCIENCES CENTER		State: TX	Country: UNITED STATES
City: MIDLAND		From: 5/2018	To: 8/ 2020 Verified:
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES			
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: STILLWATER		From: 8/2013	To: 8/ 2017 Verified:
Degree: BACHELOR OF SCIENCE (BS)			
School Name: ASCENSION ACADEMY		State: TX	Country: UNITED STATES
City: AMARILLO		From: 8/2009	To: 5/ 2013 Verified:
Degree:			

PRACTICE HISTORY			
Employed: Sana		Supervisor:	
City: AUSTIN		State: TX	Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT		From: 12 /2023	To: / Verified:
Comments:			
Employed: Bent Tree Family Physicians		Supervisor:	
City: FRISCO		State: TX	Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT		From: 11 /2020	To: 12 / 2023 Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5275	EMILY KATHLYN LINKER
Physician Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PA PA13896	A	9/29/20	2/28/26	3/14/24
OH	PA 50.008678RX	A	2/21/24	2/21/26	3/14/24

DEFICIENCIES

Application Instructions

Time Deficiency Form for: 8/2017-5/2018 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: RECEIVED BACKGROUND CHECK. WHAT IS CURRENT MAILING ADDRESS?/

ARE YOU CURRENTLY WORKING FOR SANA?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5276 BLAKE SQUIRES
 Physician Assistant

Practice Address:

February 24, 2024

RADIOLOGY IMAGING ASSOCIATES
 4021 AVENUE B

SCOTTSBLUFF, NE 69361
 NOT OKLAHOMA

Status:
Res:
Received: 02/24/2024
Entered: 02/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 5276
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: BARRY UNIVERSITY
City: MIAMI SHORES **State:** FL **Country:** UNITED STATES
Degree: PHYSICIAN ASSISTANT **From:** 8/2018 **To:** 12/2020 **Verified:**

School Name: BRIGHAM YOUNG UNIVERSITY
City: PROVO **State:** UT **Country:** UNITED STATES
Degree: BS IN EXERCISE SCIENCE **From:** 1/2013 **To:** 12/2014 **Verified:**

School Name: BRIGHAM YOUNG UNIVERSITY - IDAHO
City: REXBURG **State:** ID **Country:** UNITED STATES
Degree: **From:** 4/2010 **To:** 12/2012 **Verified:**

School Name: MCKINNEY NORTH HIGH SCHOOL
City: MCKINNEY **State:** TX **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2003 **To:** 5/2007 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5276 BLAKE SQUIRES
Physician Assistant

PRACTICE HISTORY					
Employed: Radiology Imaging Associates City: SCOTTSBLUFF Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: NE Country: UNITED STATES From: 3 /2021 To: / Verified:				
Employed: None City: MIAMI Specialty: STUDYING FOR PANCE Comments: STUDYING FOR PANCE/CREDENTIALING WITH RADIOLOGY IMAGING ASSOCIATES	Supervisor: State: FL Country: UNITED STATES From: 1 /2021 To: 3 /2021 Verified:				
Employed: Sonora Quest Laboratories City: PHOENIX Specialty: LAB SPECIMEN PROCESSOR Comments:	Supervisor: State: AZ Country: UNITED STATES From: 1 /2018 To: 8 /2018 Verified:				
Employed: Olive Grove Assisted Living City: PHOENIX Specialty: CAREGIVER Comments:	Supervisor: State: AZ Country: UNITED STATES From: 2 /2017 To: 12 /2017 Verified:				
Employed: DaVita City: PHOENIX Specialty: PATIENT CARE TECHNICIAN Comments:	Supervisor: State: AZ Country: UNITED STATES From: 7 /2015 To: 1 /2017 Verified:				
Employed: Grifols Biomat City: MESA Specialty: PHLEBOTOMIST Comments:	Supervisor: State: AZ Country: UNITED STATES From: 1 /2015 To: 7 /2015 Verified:				
Employed: Grifols Biomat City: PROVO Specialty: PHLEBOTOMIST Comments:	Supervisor: State: UT Country: UNITED STATES From: 8 /2013 To: 12 /2014 Verified:				
Employed: Mission service for LDS church City: ORLANDO Specialty: 2-YEAR PROSELYTING AND SERVICE MISSION Comments: 2-YEAR PROSELYTING AND SERVICE MISSION FOR LDS CHURCH	Supervisor: State: FL Country: UNITED STATES From: 4 /2008 To: 4 /2010 Verified:				
Employed: Countrywide/Bank of America City: PLANO Specialty: CUSTOMER SERVICE REPRESENTATIVE Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2007 To: 3 /2008 Verified:				

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NE	Physician Assistant 2568	A	2/2/21	10/1/25	3/14/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5276	BLAKE SQUIRES

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR RADIOLOGY IMAGING ASSOCIATES?

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5277 TRAVIS FALLON GASKILL
 Physician Assistant

PRACTICE HISTORY

Employed: Capital Regional Medical Center **Supervisor:**
City: LARGO **State:** MD **Country:** UNITED STATES
Specialty: CARDIAC SURGERY PHYSICIAN **From:** 6 /2022 **To:** / **Verified:**
 ASSISTANT
Comments: 3/14/2024:CURRENTLY WORKING HERE(SJ)

Employed: Luminus Health **Supervisor:**
City: ANNAPOLIS **State:** MD **Country:** UNITED STATES
Specialty: LEAD CARDIAC SURGERY PHYSICIAN **From:** 9 /2020 **To:** 4 /2022 **Verified:**
 ASSISTANT
Comments:

Employed: Suburban Hospital **Supervisor:**
City: BETHESDA **State:** MD **Country:** UNITED STATES
Specialty: **From:** 5 /2018 **To:** 9 /2020 **Verified:**
Comments: CARDIO-THORACIC PHYSICIAN ASSISTANT, ALSO DID TRAUMA PHYSICIAN ASSISTANT
 PRN

Employed: Lehigh Valley Heart and Lung surgeons **Supervisor:**
City: ALLENTOWN **State:** PA **Country:** UNITED STATES
Specialty: CARDIO-THORACIC PHYSICIAN **From:** 7 /2009 **To:** 5 /2018 **Verified:**
 ASSISTANT
Comments:

Employed: long view surgical group **Supervisor:**
City: LONGVIEW **State:** WA **Country:** UNITED STATES
Specialty: GENERAL SURGICAL PHYSICIAN **From:** 10 /2007 **To:** 7 /2009 **Verified:**
 ASSISTANT
Comments:

Employed: AMR **Supervisor:**
City: VANCOUVER **State:** WA **Country:** UNITED STATES
Specialty: PARAMEDIC **From:** 5 /2000 **To:** 8 /2007 **Verified:**
Comments:

Employed: LIFE STAR RESPONSE **Supervisor:**
City: COLUMBIA **State:** MD **Country:** UNITED STATES
Specialty: CRITICAL CARE PARAMEDIC **From:** 8 /1998 **To:** 5 /2000 **Verified:**
Comments:

Employed: SHOCK TRAUMA **Supervisor:**
City: BALTIMORE **State:** MD **Country:** UNITED STATES
Specialty: TRAUMA TECH **From:** 2 /1997 **To:** 8 /1998 **Verified:**
Comments:

Employed: US ARMY **Supervisor:**
City: NA **State:** AP **Country:** UNITED STATES
Specialty: ARMY MEDIC **From:** 2 /1993 **To:** 11 /1996 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5277 TRAVIS FALLON GASKILL
 Physician Assistant

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
PA	PA-C MA053875	I	6/8/09	12/31/18	3/14/24
MD	PA-C C06794	A	4/5/18	6/30/25	3/14/24
NC	PA-C 0010-13833	A	12/21/23	11/12/24	3/14/24
WA	PA-C PA10005294	I	9/27/07	11/12/10	3/14/24

DEFICIENCIES

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5278 KRISTEN SPENCER
 Physician Assistant

Practice Address:
 March 14, 2024

Status:
Res:
Received: 03/02/2024
Entered: 03/02/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 5278
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: NOVA SOUTHEASTERN					
City: DAVIE		State: FL	Country: UNITED STATES		
Degree:		From: 5/2012	To: 8/ 2014	Verified:	
School Name: XAVIER UNNIVERSITY					
City: CINCINNATI		State: OH	Country: UNITED STATES		
Degree: BIOLOGY		From: 8/2007	To: 5/ 2011	Verified:	
School Name: NOTRE DAME ACADEMY					
City: PARK HILLS		State: KY	Country: UNITED STATES		
Degree:		From: 8/2003	To: 5/ 2007	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5278 KRISTEN SPENCER
 Physician Assistant

PRACTICE HISTORY

Employed: norton healthcare City: LOUISVILLE Specialty: WORKING AS GI PA Comments:	Supervisor: State: KY Country: UNITED STATES From: 7 /2018 To: / Verified:
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Employed: Christ Hospital City: CINCINNATI Specialty: WORKED AS A INPATIENT GI PA Comments:	Supervisor: State: OH Country: UNITED STATES From: 9 /2015 To: 5 /2018 Verified:
--	--

Employed: johns hopkins City: BALTIMORE Specialty: PA Comments: WORKED AS A HOSPITALIST PHYSICIAN ASSISTANT, COMPLETING A ONE YEAR MOCK INTERNAL MEDICINE RESIDENCY	Supervisor: State: MD Country: UNITED STATES From: 9 /2014 To: 9 /2015 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KY	physician assistant PA2363	A	6/21/18	3/31/25	3/14/24
MD	PA C05643	I	12/4/14	6/30/17	3/14/24
OH	PA 50.004470RX	I	9/11/15	1/31/20	3/14/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 5/2011-5/2012 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: FCVS/ ARE YOU CURRENTLY WORKING FOR NORTON HEALTHCARE?

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5279 LAYNE VICTORIA MCLAIN
 Physician Assistant

Practice Address:
 March 08, 2024
 QC KINETIX
 9716 RIVERSIDE PKWY SUITE 101

 TULSA, OK 74137
 TULSA

Status:
Res:
Received: 03/08/2024
Entered: 03/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/15/2024
AMA Rec:
Board Action:
License #: 5279
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: HARDING UNIVERSITY					
City: SEARCY			State: AR	Country: UNITED STATES	
Degree: MASTER OF PHYSICIAN ASSISTANT STUDIES			From: 8/2011	To: 12/ 2013	Verified:
<hr/>					
School Name: HARDING UNIVERSITY					
City: SEARCY			State: AR	Country: UNITED STATES	
Degree: EXERCISE SCIENCE			From: 8/2007	To: 5/ 2011	Verified:
<hr/>					
School Name: HARRISON HIGH SCHOOL					
City: HARRISON			State: AR	Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA			From: 8/2002	To: 5/ 2007	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5279 LAYNE VICTORIA MCLAIN
 Physician Assistant

PRACTICE HISTORY

Employed: Everest Rehabilitation Hospital **Supervisor:**
City: ROGERS **State:** AR **Country:** UNITED STATES
Specialty: PHYSICAL MEDICINE & REHAB **From:** 1 /2021 **To:** 12 /2021 **Verified:**
 PA
Comments:

Employed: Integrated Rehab Consultants **Supervisor:**
City: ROGERS **State:** AR **Country:** UNITED STATES
Specialty: PHYSICAL MEDICINE AND REHAB PA **From:** 8 /2020 **To:** 8 /2021 **Verified:**
Comments:

Employed: Mercy River Valley Orthopedics **Supervisor:**
City: FORT SMITH **State:** AR **Country:** UNITED STATES
Specialty: ORTHOPEDIC PHYSICIAN ASSISTANT **From:** 2 /2014 **To:** 4 /2020 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Physician Assistant PA-537	A	2/1/14	8/31/24	3/8/24

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Time Deficiency Form for: 4/2020-8/2020, 12/2021-PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 PHOTO
 OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A PA?
 Form 1
 Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5280 CHRISTOPHER R ALVIAR
 Physician Assistant

Practice Address:

March 09, 2024
 SYNERGENX LOW T CENTER
 14101 N. EASTERN AVENUE
 SUITE B
 EDMOND, OK 73013
 OKLAHOMA

Status:

Res:
Received: 03/09/2024
Entered: 03/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/15/2024
AMA Rec:
Board Action:
License #: 5280
Sex: M
Ethnic Origin: 4

Endorsed By: NCCPA**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: UNIVERSITY OF NEBRASKA MEDICAL CENTER
City: OMAHA **State:** NE **Country:** UNITED STATES
Degree: MPAS **From:** 1/2011 **To:** 1/ 2012 **Verified:**

School Name: UNIVERSITY OF NEBRASKA MEDICAL CENTER
City: OMAHA **State:** NE **Country:** UNITED STATES
Degree: BS SCIENCE **From:** 1/2010 **To:** 1/ 2011 **Verified:**

School Name: REGIS UNIVERSITY
City: DENVER **State:** CO **Country:** UNITED STATES
Degree: MBA **From:** 12/2001 **To:** 12/ 2003 **Verified:**

School Name: MOUNT SAINT MARY COLLEGE
City: NEWBURGH **State:** NY **Country:** UNITED STATES
Degree: BA PSYCHOLOGY **From:** 1/1998 **To:** 5/ 2001 **Verified:**

School Name: SAVANNA HIGH SCHOOL
City: ANAHEIM **State:** CA **Country:** UNITED STATES
Degree: **From:** 9/1993 **To:** 6/ 1994 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5280 CHRISTOPHER R ALVIAR
 Physician Assistant

PRACTICE HISTORY			
Employed: SynergenX City: SAN ANTONIO Specialty: PHYSICIAN ASSISTANT,CENTER DIRECTOR,REGIONAL DIREC Comments: PHYSICIAN ASSISTANT CENTER DIRECTOR REGIONAL DIRECTOR	Supervisor: State: TX Country: UNITED STATES From: 2 /2019 To: / Verified:		
Employed: US Army City: FT. CAMPBELL Specialty: MEDIC: 5/19/1997-1/20/2012; PA:1/21/2012-7/31/2019 Comments: MEDIC: 5/19/1997-1/20/2012 PHYSICIAN ASSISTANT: 1/21/2012-7/31/2019	Supervisor: State: KY Country: UNITED STATES From: 5 /1997 To: 7 /2019 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Physician Assistant PA11977	A	3/30/18	8/31/25	3/15/24

DEFICIENCIES
 Evidence of Status
 Visa Type (if non-US citizen)
 Visa Expiration Date (if non-US citizen)
 Application Instructions
 OATH
 Time Deficiency Form for: 6/1994-5/1997 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR SYNERGENX?
 Form 1
 Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5281 ABEL JOSUE ARZU
 Physician Assistant

Practice Address:
 March 13, 2024
 MERCY CLINIC PRIMARY CARE
 1060 SW 4TH STREET

 MOORE, OK 73160
 CLEVELAND

Status:
Res:
Received: 03/13/2024
Entered: 03/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5281
Sex: M
Ethnic Origin: 4

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF THE CUMBERLANDS NKY CAMPUS					
City: FLORENCE		State: KY		Country: UNITED STATES	
Degree: MS PA		From: 10/2021		To: 3/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF SOUTH FLORIDA					
City: TAMPA		State: FL		Country: UNITED STATES	
Degree:		From: 8/2016		To: 8/ 2020 Verified:	
<hr/>					
School Name: HAMPSHIRE COLLEGE					
City: AMHERST		State: MA		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/ 2016 Verified:	
<hr/>					
School Name: MIAMI NORTHWESTERN HIGH SCHOOL					
City: MIAMI		State: FL		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2009		To: 5/ 2013 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5281 ABEL JOSUE ARZU
 Physician Assistant

PRACTICE HISTORY

Employed: HealthTrust Workforce Solutions City: SUNRISE Specialty: TRAVEL CNA Comments:	Supervisor: State: FL Country: UNITED STATES From: 12 /2020 To: 10 /2021 Verified:
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Employed: HealthTrust Workforce Solutions City: SUNRISE Specialty: TRAVEL CNA Comments:	Supervisor: State: FL Country: UNITED STATES From: 12 /2020 To: 10 /2021 Verified:
--	--

Employed: Endocrinology, Diabetes & Metabolism City: WESLEY CHAPEL Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: FL Country: UNITED STATES From: 1 /2019 To: 1 /2021 Verified:
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Employed: Advent Health Tampa City: TAMPA Specialty: PATIENT CARE TECHNICIAN Comments:	Supervisor: State: FL Country: UNITED STATES From: 5 /2016 To: 1 /2021 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Visa Type (if non-US citizen)
 Visa Expiration Date (if non-US citizen)
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: FCVS / ADDRESS ON BACKGROUND CHECK DOES NOT MATCH APPLICATION. WHAT IS YOUR CURRENT ADDRESS?
 Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 2281 MICHELLE JENNINGS
 Physician Assistant

Practice Address:
 February 29, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 02/29/2024
Entered: 02/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 2281
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: 07/25/2013 **Orig. Lic. Exp:** 03/31/2016

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		0			
Okla Passing:		0			
Total Score:		0			

PRE-MED EDUCATION					
School Name: INTERSERVICE PHYSICIAN ASSISTANT PROGRAM					
City: FT SAM HOUSTON		State: TX	Country: UNITED STATES		
Degree: MS	From: 11/2009	To: 9/ 2011	Verified:		
School Name: PALO ALTO COMMUNITY COLLEGE					
City: SAN ANTONIO		State: TX	Country: UNITED STATES		
Degree: AS	From: 9/2002	To: 12/ 2008	Verified:		
School Name: PIERCE COLLEGE					
City: TOCOMA		State: WA	Country: UNITED STATES		
Degree: AS	From: 8/1991	To: 8/ 1995	Verified:		
School Name: KENTON SENIOR HIGH					
City: KENTON		State: OH	Country: UNITED STATES		
Degree: GENERAL	From: 8/1983	To: 7/ 1987	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 2281 MICHELLE JENNINGS
 Physician Assistant

PRACTICE HISTORY

Employed: Hunt Regional Medical Partners	Supervisor:	
City: EMORY	State: TX	Country: UNITED STATES
Specialty: PA	From: 6 /2015	To: / Verified:
Comments: PA FOR RURAL HEALTH, FAMILY MEDICINE, URGENT CARE.		

Employed: Delta Locums	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: PA	From: 3 /2015	To: 6 /2015 Verified:
Comments: PA FOR LOCUM TENENS FOR FAMILY MEDICINE, INTERNAL MEDICINE, URGENT CARE.		

Employed: Choctaw Indian health	Supervisor:	
City: HUGO	State: OK	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 3 /2014	To: 3 /2015 Verified:
Comments: FAMILY MEDICINE, URGENT CARE RURAL HEALTH		

Employed: MEDICAL CENTER SOUTHEASTERN OKLAHOMA	Supervisor:	
City: SOPER	State: OK	Country: UNITED STATES
Specialty: PA	From: 10 /2013	To: 9 /2014 Verified:
Comments:		

Employed: 1400 BRYAN DRIVE SUITE 206	Supervisor:	
City: DURANT	State: OK	Country: UNITED STATES
Specialty: PA	From: 10 /2013	To: 3 /2014 Verified:
Comments:		

Employed: MEDICAL CENTER UROLOGY	Supervisor:	
City: DURANT	State: OK	Country: UNITED STATES
Specialty: PA	From: 9 /2013	To: 3 /2014 Verified:
Comments:		

Employed: MEDICAL CENTER UROLOGY	Supervisor:	
City: DURANT	State: OK	Country: UNITED STATES
Specialty: PA	From: 6 /2013	To: 10 /2013 Verified:
Comments:		

Employed: Patient's Choice	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: PHYSICIAN ASSISTANT	From: 12 /2011	To: 3 /2015 Verified:
Comments: FOR INNER CITY CLINIC		

Employed: US Army	Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES
Specialty: PA	From: 6 /2002	To: / Verified:
Comments: WORK AS PA IN THE OKLAHOMA ARMY NATIONAL GUARD		

Employed: US Army	Supervisor:	
City: FT SAM HOUSTON	State: TX	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 11 /1986	To: 6 /2002 Verified:
Comments:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	2281	MICHELLE JENNINGS
Physician Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PA PA07522	A	12/9/14	8/31/24	3/14/24
OK	PA 2281	I	7/25/13	3/31/16	3/14/24

DEFICIENCIES

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE: "YES" ANSWER ON APPLICATION
 OTHER DEFICIENCIES: NEED EXPLANATION HOW YOU PRACTICED AS A PA WITH THE NATIONAL
 GUARD PRIOR TO OK LICENSURE/ ARE YOU CURRENTLY WORKING FOR HUNT REGIONAL
 MEDICAL PARTNERS & US ARMY ?/ PLEASE GIVE US YOUR JOB TITLES FOR YOUR JOBS AT
 CHOCTAW INDIAN HEALTH AND US ARMY (FROM 11/1986-6/2002)/ IS YOU CURRENT LAST NAME
 "JENNINGS" OR "VANFOSSEN"?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 4984 YOSEF CHIZIKIYAHU SEEWALD
 Physician Assistant

Practice Address:
 February 09, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 02/09/2024
Entered: 02/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/06/2024
AMA Rec:
Board Action: AP
License #: 4984
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: 02/27/2023 **Orig. Lic. Exp:** 03/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TOURO MANHATTAN PA PROGRAM					
City: NEW YORK		State: NY		Country: UNITED STATES	
Degree: MPAS		From: 8/2012	To: 6/ 2015	Verified:	
School Name: YESHIVA UNIVERSITY MANHATTAN CAMPUS					
City: NEW YORK		State: NY		Country: UNITED STATES	
Degree: BS/MS		From: 6/2011	To: 6/ 2015	Verified:	
School Name: YESHIVA UNIVERSITY					
City: NEW YORK		State: NY		Country: UNITED STATES	
Degree: BA		From: 9/2008	To: 1/ 2011	Verified:	
School Name: RAMBAM MESIVTA					
City: LAWRENCE		State: NY		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2004	To: 5/ 2008	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 4984 YOSEF CHIZIKIYAHU SEEWALD
 Physician Assistant

PRACTICE HISTORY

Employed: Forest Hills Dermatology/ Med Elite Healthcare Gro	Supervisor:
City: QUEENS	State: NY Country: UNITED STATES
Specialty: DERMATOLOGY PA	From: 9 /2015 To: / Verified:
Comments:	

Employed: NONE	Supervisor:
City: QUEENS	State: NY Country: UNITED STATES
Specialty: UNEMPLOYED	From: 7 /2015 To: 8 /2015 Verified:
Comments: PREPARING FOR EMPLOYMENT	

Employed: Women's League Community Services	Supervisor:
City: BROOKLYN	State: NY Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 1 /2010 To: 1 /2012 Verified:
Comments: DIRECT CARE PROVIDER - NON CLINICAL	

Employed: NONE	Supervisor:
City: NEW YORK	State: NY Country: UNITED STATES
Specialty: SUMMER BREAK	From: 6 /2008 To: 8 /2008 Verified:
Comments: PREPARING FOR UNDERGRAD	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 4984 YOSEF CHIZIKIYAHU SEEWALD
 Physician Assistant

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CO	PA PA.0008280	A	11/21/23	1/31/26	3/6/24
NE	PA 3027	A	12/28/23	10/1/25	3/6/24
IA	PA 120910	A	9/12/23	9/30/25	3/6/24
AR	PA PA-1203	A	10/6/23	1/31/25	3/6/24
VA	PA 0110009757	A	1/2/24	1/31/25	3/6/24
WY	PA- TEMP PT1117	I	4/21/23	8/4/23	3/6/24
TX	PA PA17045	A	8/29/23	8/31/25	3/6/24
ME	PA PA2455	I	12/6/22	1/31/24	3/6/24
PA	PA MA062687	A	7/27/21	12/31/24	3/6/24
GA	PA 10465	A	7/1/21	1/31/25	3/6/24
OH	PA 50.006499RX	A	6/30/20	6/30/24	3/6/24
WA	PA PA61503424	A	12/1/23	1/15/25	3/6/24
NV	PA PA2920	A	11/30/23	6/30/25	3/6/24
NM	PA PA2023-0217	I	7/7/23	3/1/24	3/6/24
FL	PA PA9112254	A	6/24/19	1/31/26	3/6/24
NJ	PA 25MP00375600	A	9/9/15	8/31/25	3/6/24
OR	PA PA213974	A	3/16/23	12/31/25	3/6/24
NY	PA 018860	A	7/16/15	12/31/26	3/6/24
ND	PA PAC0989	I	1/25/23	12/31/23	3/6/24
MS	PA PA00706	A	3/2/23	6/30/24	3/6/24
CA	PA 62529	A	3/22/23	1/31/25	3/6/24
AK	PA 203167	A	5/22/23	12/31/24	3/6/24
CT	PA 005535	A	1/3/22	1/31/25	3/6/24
IL	PA 085.009397	I	11/15/22	3/1/24	3/6/24
AL	PA PA.2302	A	1/18/24	12/31/24	3/6/24
MD	PA C09240	A	1/17/24	6/30/25	3/6/24
OK	PA 4984	I	2/27/23	3/31/23	3/6/24
SD	PA				
WY	PA PA1117	A	8/4/23	12/31/24	3/6/24

DEFICIENCIES

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PHYSICIAN ASSISTANT?

Verify License from SD

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: ARE YOU CURRENTLY PRACTICING AT FOREST HILLS/MED ELITE?

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 1853 CARL RONALD BERG
 Physician Assistant

Practice Address:
 March 14, 2024
 KADIVAR FAMILY MEDICINE

 916SW 38TH ST. SUITE D
 LAWTON, OK 73505
 COMANCHE

Status: I
Res: RI
Received: 02/22/2024
Entered: 02/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 03/14/2024
AMA Rec:
Board Action:
License #: 1853
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA Certification
Orig Issued: 10/29/2009 **Orig. Lic. Exp:** 03/31/2016

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: UNIVERSITY OF NEBRASKA COM			
City: OMAHA / USAF SHEPPARD AFB-TX	State: NE	Country: UNITED STATES	
Degree: BS/PA	From: 6/1974	To: 7/1976	Verified:
School Name: F.T. NICHOLLS HIGH SCHOOL			
City: NEW ORLEANS	State: LA	Country: UNITED STATES	
Degree:	From: 9/1959	To: 6/1961	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 1853 CARL RONALD BERG
 Physician Assistant

PRACTICE HISTORY

Employed: KADIVAR FAMILY MEDICINE		Supervisor:	
City: LAWTON	State: OK	Country: UNITED STATES	
Specialty: PA	From: 3 / 2024	To: /	Verified:
Comments: 916 SW 38TH ST, STED LAWTON OK 73505 580-699-7699			

Employed: Lone Star Circle of Care		Supervisor:	
City: BASTROP	State: TX	Country: UNITED STATES	
Specialty: PA	From: 3 / 2016	To: 12 / 2023	Verified:
Comments:			

Employed: CLINIC		Supervisor:	
City: LAWTON	State: OK	Country: UNITED STATES	
Specialty: PA	From: 12 / 2010	To: 3 / 2016	Verified:
Comments:			

Employed: HEART AND VASCULAR CENTER		Supervisor:	
City: LAWTON	State: OK	Country: UNITED STATES	
Specialty: PA	From: 10 / 2009	To: 3 / 2013	Verified:
Comments:			

Employed: AMARILLO HEART GROUP		Supervisor:	
City: AMARILLO	State: TX	Country: UNITED STATES	
Specialty: PA	From: 7 / 2006	To: 8 / 2009	Verified:
Comments:			

Employed: TEXOMA CARDIOLOGY ASSOCIATES		Supervisor:	
City: TEXOMA	State: TX	Country: UNITED STATES	
Specialty: PA	From: 5 / 2005	To: 7 / 2006	Verified:
Comments:			

Employed: SOUTH CAROLINA HEART CENTER		Supervisor:	
City: UNKNOWN	State: SC	Country: UNITED STATES	
Specialty: PA	From: 6 / 2003	To: 5 / 2005	Verified:
Comments:			

Employed: YUMA CARIOLGY ASSOCIATES		Supervisor:	
City: YUMA	State: AZ	Country: UNITED STATES	
Specialty: PA	From: 11 / 2000	To: 6 / 2003	Verified:
Comments:			

Employed: AMARILLO HEART GROUP		Supervisor:	
City: AMARILLO	State: TX	Country: UNITED STATES	
Specialty: PA	From: 11 / 1994	To: 11 / 2000	Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 1853 CARL RONALD BERG
 Physician Assistant

Employed: MEMPHIS HEART GROUP City: MEMPHIS Specialty: PA Comments:	Supervisor: State: TN Country: UNITED STATES From: 6 / 1990 To: 11 / 1994 Verified:
Employed: HOUMA HEART CLINIC City: HOUMA Specialty: PA Comments:	Supervisor: State: LA Country: UNITED STATES From: 11 / 1986 To: 6 / 1990 Verified:
Employed: FAMILY PRACTICE City: MESA Specialty: PA Comments:	Supervisor: State: AZ Country: UNITED STATES From: 5 / 1982 To: 11 / 1986 Verified:
Employed: US AIR FORCE City: VARIOUS Specialty: CAPT Comments:	Supervisor: State: Country: UNITED STATES From: 6 / 1961 To: 5 / 1982 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Physician Assistant 1853	I	10/29/09	3/31/16	3/14/24
AZ	PA 2378	I	10/3/00	10/1/04	3/14/24
TX	PA PA00578	A	11/1/94	2/28/26	3/14/24
SC	PA 833	I	6/24/03	12/31/05	3/14/24
TN	PA 226	I	8/1/90	6/30/95	3/14/24
AZ	PA 1212	I	6/14/83	2/1/89	3/14/24
LA	PA PA.A10078	I	12/10/87	12/31/90	3/14/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 2349 KELSEY PAIGE HAUGHTON
 Physician Assistant

Practice Address:

March 11, 2024
 CONSERVATIVE CARE OCCUPATIONAL HEALTH
 4330 SE 29TH ST
 SUITE 3018
 DEL CITY, OK 73115
 OKLAHOMA
 UNITED STATES

Status: I
Res: RI
Received: 01/05/2024
Entered: 01/05/2024
Temp Issued: 03/11/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec: 02/05/2024
AMA Rec:
Board Action:
License #: 2349
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: 04/01/2014 **Orig. Lic. Exp:** 03/31/2019

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	.				
Test 2:					
Test 3:					
Test AV:					
Total Possible:	0				
Okla Passing:	0				
Total Score:	0				

PRE-MED EDUCATION					
School Name: OUHSC	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	From: 6/2011	To: 11/ 2013 Verified:
Degree: MASTER'S OF HEALTH SCIENCE					
School Name: CONNORS STATE COLLEGE	City: WARNER	State: OK	Country: UNITED STATES	From: 1/2011	To: 5/ 2011 Verified:
Degree: PART-TIME; NO DEGREE EARNED					
School Name: NORTHEASTERN STATE UNIVERSITY	City: TALEQUAH	State: OK	Country: UNITED STATES	From: 8/2010	To: 12/ 2010 Verified:
Degree: PART-TIME; NO DEGREE					
School Name: EVANGEL UNIVERSITY	City: SPRINGFIELD	State: MO	Country: UNITED STATES	From: 8/2006	To: 5/ 2010 Verified:
Degree: BACHELOR'S OF SCIENCE IN BIOLOGY					
School Name: POTEAU SENIOR HIGH SCHOOL	City: POTEAU	State: OK	Country: UNITED STATES	From: 8/2002	To: 5/ 2006 Verified:
Degree: HIGH SCHOOL DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 2349 KELSEY PAIGE HAUGHTON
 Physician Assistant

PRACTICE HISTORY					
Employed: CONSERVATION CARE OCCUPATIONAL HEALTH			Supervisor: GARRY MOFFITT, MD 22562		
City: DEL CITY	State: OK	Country: UNITED STATES			
Specialty: PA	From: 3 /2024	To: /	Verified:		
Comments: 4330 SE 29TH ST, STE 3018 DEL CITY, OK 73115 405-670-8100					
Employed: Conservative Care Occupational Health (formerly kn			Supervisor:		
City: EPPING	State: ND	Country: UNITED STATES			
Specialty: PA	From: 9 /2020	To: /	Verified:		
Comments: 2/5/24 - STILL WORKING HERE (KS)					
Employed: Arkansas Occupational Health Clinic (now dba CCOH)			Supervisor:		
City: SPRINGDALE	State: AR	Country: UNITED STATES			
Specialty: PA	From: 7 /2018	To: 9 /2020	Verified:		
Comments: I HAVE WORKED FOR AOC (NOW DBA CCOH) FROM 07/2018 UNTIL 09/2020 WHEN THEY TRANSFERRED ME TO ND.					
Employed: POTEAU HEALTH & WELLNESS CENTER INC			Supervisor: BRUCE DARROW, MD 9385		
City: POTEAU	State: OK	Country:			
Specialty: PA	From: 8 /2016	To: 3 /2019	Verified:		
Comments:					
Employed: STIGLER HEALTH & WELLNESS CENTER			Supervisor: MARCELLA JONES, DO 5877		
City: STIGLER	State: OK	Country:			
Specialty: PA	From: 3 /2016	To: 8 /2016	Verified:		
Comments:					
Employed: STIGLER HEALTH & WELLNESS CENTER			Supervisor: TRACY M BAKER, MD 26593		
City: STIGLER	State: OK	Country:			
Specialty: PA	From: 1 /2014	To: 3 /2016	Verified:		
Comments:					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
ND	Physician Assistant PAC0826	A	3/27/20	12/31/25	1/19/24
AR	Physician Assistant PA-786	A	5/11/18	7/31/24	2/5/24
OK	PA 2349	I	4/1/14	3/31/19	2/5/24
DEFICIENCIES					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5248 ALLISON ANN PENNYBAKER
Physician Assistant

Practice Address:

February 16, 2024
ALLERGY CLINIC OF TULSA
9311 S MINGO RD

TULSA, OK 74133
TULSA

Status:
Res:
Received: 01/03/2024
Entered: 01/03/2024
Temp Issued: 03/11/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5248
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION				
School Name: HARDING UNIVERSITY City: SEARCY Degree: MPAS	State: AR From: 8/2021	Country: UNITED STATES To: 12/ 2023	Verified:	
School Name: THE UNIVERSITY OF TULSA City: TULSA Degree: BACHELORS IN SCIENCE, PRE-MED	State: OK From: 8/2017	Country: UNITED STATES To: 5/ 2021	Verified:	
School Name: EAGLE POINT CHRISTIAN ACADEMY City: SAPULPA Degree: HIGH SCHOOL DIPLOMA	State: OK From: 8/2013	Country: UNITED STATES To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5248 ALLISON ANN PENNYBAKER
 Physician Assistant

PRACTICE HISTORY					
Employed: ALLERGY CLINIC OF TULSA City: TULSA Specialty: PA Comments: 934 S MINGO RD TULSA, OK 74133 918-307-1613	Supervisor: JAMES LOVE, MD 19665 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified: 2/12/2024				
Employed: Marshalls City: TULSA Specialty: TEMP STOCKER Comments: FOR HOLIDAY SEASON	Supervisor: State: OK Country: UNITED STATES From: 12 /2023 To: 3 /2024 Verified:				
Employed: ProScribe City: TULSA Specialty: SCRIBE Comments: SCRIBE FOR ST JOHN TULSA ED AND TRAUMA ROOM; SCRIBE TRAINER	Supervisor: State: OK Country: UNITED STATES From: 10 /2019 To: 5 /2021 Verified:				
Employed: Reasors City: SAND SPRINGS Specialty: CASHIER AND CUSTOMER SERVICE CLERK Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2014 To: 4 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5251 ELIZABETH SUE MARTINEZ
 Physician Assistant

Practice Address:

March 05, 2024
 HILLCREST MEDICAL CENTER
 1120 S UTICA AVE

TULSA, OK 74104
 TULSA

UNITED STATES

Endorsed By: NCCPA CERTIFICATION

Status:

Res:
Received: 01/10/2024
Entered: 01/10/2024
Temp Issued: 03/05/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5251
Sex: F
Ethnic Origin: 1

Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTERS IN PHYSICIAN ASSISTANT		From: 6/2021		To: 12/ 2023 Verified:	
<hr/>					
School Name: DRURY UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree: BACHELOR DEGREE IN HEALTH CARE MANAGEMENT		From: 1/2018		To: 5/ 2020 Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES IN BIOLOGY		From: 8/2015		To: 5/ 2017 Verified:	
<hr/>					
School Name: OWASSO HIGH SCHOOL					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/ 2015 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5251 ELIZABETH SUE MARTINEZ
 Physician Assistant

PRACTICE HISTORY

Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: PA Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-1100	Supervisor: DARREN THOMAS, MD 22449 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified: 2/9/2024
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Employed: St. Francis South City: TULSA Specialty: CERTIFIED SURGICAL TECHNOLOGIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2018 To: 8 /2022 Verified:
--	--

Employed: Atwoods City: OWASSO Specialty: DEPARTMENT HEAD, SERVICE DESK, AND CASH OFFICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2014 To: 6 /2018 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5254 ALEXANDRIA HEINZE
 Physician Assistant

Practice Address:
 February 08, 2024

Status:
Res:
Received: 01/11/2024
Entered: 01/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/08/2024
AMA Rec:
Board Action:
License #: 5254
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: UNIVERSITY OF TEXAS MEDICAL BRANCH		State: TX	Country: UNITED STATES
City: GALVESTON		From: 7/2021	To: 8/ 2023 Verified:
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES			
School Name: UNIVERSITY OF CENTRAL OKLAHOMA		State: OK	Country: UNITED STATES
City: EDMOND		From: 1/2017	To: 8/ 2020 Verified:
Degree: BIOLOGY			
School Name: TEXAS A&M UNIVERSITY		State: TX	Country: UNITED STATES
City: COLLEGE STATION		From: 8/2012	To: 12/ 2016 Verified:
Degree: BUSINESS ADMINISTRATION			

PRACTICE HISTORY			
Employed: NONE		Supervisor:	
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES
Specialty: CAREGIVER TO SICK PARENT		From: 8 /2023	To: 2 / 2024 Verified:
Comments:			
Employed: SSM MID-DEL FAMILY PHYSICIANS		Supervisor:	
City: MIDWEST CITY		State: OK	Country: UNITED STATES
Specialty: SCRIBE		From: 5 /2020	To: 6 / 2021 Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5254	ALEXANDRIA HEINZE
Physician Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	pharmacy technician 22835	I	3/30/17	8/31/21	2/12/24
TX	Physician Assistant PA17465	A	12/19/23	3/18/24	2/8/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5260 HARRISON CLAY MARTIN
 Physician Assistant

Practice Address:

March 07, 2024
 INTEGRIS BAPTIST MEDICAL CENTER
 3300 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112
 OKLAHOMA

UNITED STATES

Status:
Res:
Received: 01/19/2024
Entered: 01/19/2024
Temp Issued: 03/07/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5260
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: UNIVERSITY OF TEXAS HEALTH SCIENCE AT SAN ANTONIO			
City: SAN ANTONIO	State: TX	Country: UNITED STATES	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES	From: 5/2021	To: 12/ 2023	Verified:
<hr/>			
School Name: OKLAHOMA CHRISTIAN UNIVERSITY			
City: EDMOND	State: OK	Country: UNITED STATES	
Degree: BACHELORS DEGREE	From: 8/2017	To: 5/ 2021	Verified:
<hr/>			
School Name: COLLIN COUNTY COMMUNITY COLLEGE			
City: MCKINNEY	State: TX	Country: UNITED STATES	
Degree: ASSOCIATES DEGREE	From: 8/2016	To: 7/ 2018	Verified:
<hr/>			
PRACTICE HISTORY			
Employed: INTEGRIS BAPTIST MEDICAL CENTER	Supervisor: MOBOLAJI OLULADE, MD 29128		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PA	From: 3 /2024	To: /	Verified:
Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3011			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5260	HARRISON CLAY MARTIN

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5262 AARON ABRAHAM
 Physician Assistant

Practice Address:
 February 02, 2024

Status:
Res:
Received: 01/26/2024
Entered: 01/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5262
Sex: M
Ethnic Origin: 6

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OSU CENTER FOR HEALTH SCIENCES					
City: TULSA			State: OK	Country: UNITED STATES	
Degree: MPAS			From: 7/2021	To: 10/ 2023	Verified:
<hr/>					
School Name: OSU CENTER FOR HEALTH SCIENCES					
City: TULSA			State: OK	Country: UNITED STATES	
Degree: MASTER'S IN BIOMEDICAL SCIENCE			From: 8/2016	To: 5/ 2018	Verified:
<hr/>					
School Name: THE UNIVERSITY OF TULSA					
City: TULSA			State: OK	Country: UNITED STATES	
Degree:			From: 8/2011	To: 5/ 2016	Verified:
<hr/>					
School Name: CASCIA HALL PREPARATORY SCHOOL					
City: TULSA			State: OK	Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA			From: 8/2007	To: 5/ 2011	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5262 AARON ABRAHAM
 Physician Assistant

PRACTICE HISTORY					
Employed:	Oklahoma Medicaid	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: PERSONAL CARE ASSISTANT	From: 12 /2020	To: 6 /2021	Verified:	
Comments:	WORKED AS PERSONAL CARE ASSISTANT FOR TWO INDIVIDUALS.				
Employed:	Makers4Medicine	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: DIRECTOR OF CUSTOMER SUPPORT	From: 6 /2020	To: 8 /2020	Verified:	
Comments:	DIRECTOR OF CUSTOMER SUPPORT - RESPOND TO CUSTOMER INQUIRIES; CHECK AND PACKAGE ORDERS FOR SHIPPING.				
Employed:	Tulsa Bone and Joint	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: PHYSICAL THERAPY TECHNICIAN	From: 6 /2019	To: 5 /2020	Verified:	
Comments:	PHYSICAL THERAPY TECHNICIAN. HELP PTS BY AIDING PATIENTS WITH EXERCISES AND ORGANIZING CLINIC.				
Employed:	Bacone College	Supervisor:			
	City: MUSKOGEE	State: OK	Country: UNITED STATES		
	Specialty: ADJUNCT PROFESSOR OF BIOLOGY	From: 1 /2019	To: 5 /2019	Verified:	
Comments:					
Employed:	Tulsa Community College	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: ADJUNCT PROFESSOR	From: 8 /2018	To: 5 /2019	Verified:	
Comments:	ADJUNCT PROFESSOR OF INTRODUCTORY BIOLOGY FOR MAJORS				
Employed:	BioZ Technologies	Supervisor:			
	City: MUSKOGEE	State: OK	Country: UNITED STATES		
	Specialty: MANAGER OF BUSINESS DEVELOPMENT	From: 6 /2018	To: 6 /2021	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5264 MARCOS JOSUE PENA
 Physician Assistant

Practice Address:

February 27, 2024
 STIGLER HEALTH AND WELLNESS CENTER, INC - S,
 1630 SOUTH KERR BLVD

SALLISAW, OK 74955
 SEQUOYAH

UNITED STATES

Status:

Res:
Received: 01/27/2024
Entered: 01/27/2024
Temp Issued: 03/05/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5264
Sex: M
Ethnic Origin: 4

Endorsed By: NCCPA

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ATSU					
City: SANTA MARIA CALIFORNIA		State: CA	Country: UNITED STATES		
Degree: MPAS		From: 10/2021	To: 9/ 2023	Verified:	
<hr/>					
School Name: VENTURA COUNTY COMMUNITY COLLEGE					
City: VENTURA COUNTY		State: CA	Country: UNITED STATES		
Degree: NONE		From: 3/2017	To: 9/ 2017	Verified:	
<hr/>					
School Name: UNIVERSITY OF CALIFORNIA IRVINE					
City: IRVINE		State: CA	Country: UNITED STATES		
Degree: BACHELOR'S DEGREE IN BIOMEDICAL ENGINEERING		From: 1/2005	To: 6/ 2010	Verified:	
<hr/>					
School Name: VENTURA COUNTY COMMUNITY COLLEGE					
City: VENTURA		State: CA	Country: UNITED STATES		
Degree: ASSOCIATE DEGREE / TRANSFER		From: 6/2000	To: 8/ 2004	Verified:	
<hr/>					
School Name: RIO MESA HIGH SCHOOL					
City: OXNARD		State: CA	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 9/1996	To: 6/ 2000	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5264 MARCOS JOSUE PENA
 Physician Assistant

PRACTICE HISTORY					
Employed:	STIGLER HEALTH AND WELLNESS CENTER - SALLISAW	Supervisor:	RODNEY MCDONALD, MD 28165		
	City: SALLISAW	State: OK	Country: UNITED STATES		
	Specialty: PA	From: 3 / 2024	To: /	Verified:	
Comments:	1630 S KERR BLVD SALLISAW, OK 74955 918-967-3368				
Employed:	NONE	Supervisor:			
	City: CHINO VALLEY	State: AZ	Country: UNITED STATES		
	Specialty: UNEMPLOYED	From: 9 / 2023	To: 3 / 2024	Verified:	
Comments:					
Employed:	Center for Heath Research - California Polytechnic	Supervisor:			
	City: SAN LUIS OBISPO	State: CA	Country: UNITED STATES		
	Specialty: PHLEBOTOMIST & RESEARCH ASSISTANT	From: 5 / 2017	To: 10 / 2022	Verified:	
Comments:					
Employed:	DCH Audi of Oxnard	Supervisor:			
	City: OXNARD	State: CA	Country: UNITED STATES		
	Specialty: SALES CONSULTANT	From: 6 / 2016	To: 3 / 2017	Verified:	
Comments:					
Employed:	Nusil/Trelyst Laboratories	Supervisor:			
	City: CARPINTERIA	State: CA	Country: UNITED STATES		
	Specialty: LABORATORY TECHNICIAN	From: 1 / 2016	To: 7 / 2016	Verified:	
Comments:					
Employed:	AGQ Laboratories	Supervisor:			
	City: OXNARD	State: CA	Country: UNITED STATES		
	Specialty: LABORATORY TECHNICIAN, INSTRUMENTATION MEASURING.	From: 6 / 2015	To: 1 / 2016	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5266 TAEOR BROOKE BAETZ
 Physician Assistant

Practice Address:

January 30, 2024
 PREMIER PULMONARY AND SLEEP MEDICINE
 5012 S US HWY 75
 SUITE 200
 DENISON, TX 75020
 NOT OKLAHOMA

Status:
Res:
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/23/2024
AMA Rec:
Board Action:
License #: 5266
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: WICHITA STATE UNIVERSITY	City: WICHITA	State: KS	Country: UNITED STATES		
Degree: MASTER OF PHYSICIAN ASSOCIATE	From: 6/2021	To: 7/ 2023	Verified:		
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY	City: STILLWATER	State: OK	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE IN NUTRITIONAL SCIENCES	From: 8/2018	To: 5/ 2020	Verified:		
<hr/>					
School Name: NORTHERN OKLAHOMA COLLEGE	City: TONKAWA	State: OK	Country: UNITED STATES		
Degree: ASSOCIATE OF SCIENCE	From: 8/2016	To: 5/ 2018	Verified:		
<hr/>					
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES		
Degree:	From: 8/2015	To: 5/ 2016	Verified:		
<hr/>					
School Name: FRONTIER HIGH SCHOOL	City: RED ROCK	State: OK	Country: UNITED STATES		
Degree:	From: 8/2012	To: 5/ 2016	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5266 TAELOE BROOKE BAETZ
 Physician Assistant

PRACTICE HISTORY					
Employed:	Premier Pulmonary Critical Care and Sleep Medicine	Supervisor:			
City:	DENISON	State:	TX	Country:	UNITED STATES
Specialty:	PHYSICIAN ASSISTANT	From:	10 /2023	To:	/
Comments:		Verified:			
<hr/>					
Employed:	BestCare Family Medicine of Texoma	Supervisor:			
City:	SHERMAN	State:	TX	Country:	UNITED STATES
Specialty:	FAMILY MEDICINE PHYSICIAN ASSISTANT	From:	8 /2023	To:	9 /2023
Comments:		Verified:			
<hr/>					
Employed:	AMC Urgent Care Plus	Supervisor:			
City:	STILLWATER	State:	OK	Country:	UNITED STATES
Specialty:	MEDICAL ASSISTANT/ MEDICAL RECEPTIONIST	From:	12 /2019	To:	5 /2021
Comments:		Verified:			
<hr/>					
Employed:	B&V BodyWorks Gym	Supervisor:			
City:	STILLWATER	State:	OK	Country:	UNITED STATES
Specialty:	COMMERCIAL GYM EMPLOYEE	From:	6 /2018	To:	12 /2019
Comments:		Verified:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Physician Assistant PA17153	A	9/26/23	2/28/25	2/23/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5267 ANNA ELIZABETH BRADDOCK
 Physician Assistant

Practice Address:
 January 31, 2024
 OREGON UROLOGY INSTITUTE
 2400 HARTMAN LN
 2400 HARTMAN LN
 SPRINGFIELD, OR 97477
 NOT OKLAHOMA

Status:
Res:
Received: 01/31/2024
Entered: 01/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 02/26/2024
AMA Rec:
Board Action:
License #: 5267
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTERS OF SCIENCE OF PHYSICIAN ASSISTANT STUDIES		From: 1/2020	To: 5/ 2022	Verified:	
<hr/>					
School Name: UNIVESITY OF LEEDS					
City: LEEDS		State:		Country: UNITED KINGDOM	
Degree: MASTER OF SCIENCE OF INTERNATIONAL HEALTH		From: 9/2017	To: 7/ 2018	Verified:	
<hr/>					
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: BS OF BIOMEDICAL SCIENCE		From: 8/2014	To: 5/ 2017	Verified:	
<hr/>					
School Name: ALTUS HIGH SCHOOL					
City: ALTUS		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2010	To: 5/ 2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5267 ANNA ELIZABETH BRADDOCK
 Physician Assistant

PRACTICE HISTORY

Employed: Oregon Urology Insitute **Supervisor:**
City: SPRINGFIELD **State:** OR **Country:** UNITED STATES
Specialty: PA **From:** 7 /2022 **To:** / **Verified:**
Comments: 2/26/2024:CURRENTLY WORKING HERE(SJ)

Employed: Scribe America **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: MEDICAL SCRIBE AT OU PHYSICIANS **From:** 8 /2018 **To:** 12 /2019 **Verified:**
Comments:

Employed: Scribe America **Supervisor:**
City: MIDWEST CITY **State:** OK **Country:** UNITED STATES
Specialty: MEDICAL SCRIBE **From:** 9 /2015 **To:** 8 /2017 **Verified:**
Comments: MEDICAL SCRIBE AT MIDWEST CITY EMERGENCY DEPARTMENT.

Employed: None **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SUMMER BREAK **From:** 5 /2015 **To:** 9 /2015 **Verified:**
Comments: SUMMER BREAK AND THEN ATTENDING UNDERGRADUATE CLASSES

Employed: Michael Kors **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SALES REPRESENTATIVE **From:** 11 /2014 **To:** 5 /2015 **Verified:**
Comments:

Employed: Okahoma City University **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: STUDENT WORKER IN OCU **From:** 5 /2014 **To:** 8 /2014 **Verified:**
 PRESIDENTS OFFICE.
Comments:

Employed: Oklahoma City Zoo **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: VISITOR SERVICES **From:** 5 /2014 **To:** 8 /2014 **Verified:**
 REPRESENTATIVE
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OR	Physician Assistant PA211508	A	5/26/22	12/31/25	2/26/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5268 CASSANDRA PORTER
 Physician Assistant

Practice Address:
 February 27, 2024
 OU MEDICAL CENTER
 700 NE 13TH ST

 OKLAHOMA CITY, OK
 OKLAHOMA

Status:
Res:
Received: 02/01/2024
Entered: 02/01/2024
Temp Issued: 03/13/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec: 02/27/2024
AMA Rec:
Board Action:
License #: 5268
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: UNIVERSITY OF SAINT FRANCIS		State: IN	Country: UNITED STATES		
City: FORT WAYNE		From: 5/2009	To: 8/ 2011	Verified:	
Degree: PHYSICIAN ASSISTANT					
<hr/>					
School Name: UNIVERSITY OF SAINT FRANCIS		State: IN	Country: UNITED STATES		
City: FORT WAYNE		From: 1/2007	To: 5/ 2009	Verified:	
Degree: ASSOCIATE OF SCIENCE					
<hr/>					
School Name: BUTLER UNIVERSITY		State: IN	Country: UNITED STATES		
City: INDIANAPOLIS		From: 8/2006	To: 12/ 2006	Verified:	
Degree:					
<hr/>					
School Name: NORTHROP HIGH SCHOOL		State: IN	Country: UNITED STATES		
City: FORT WAYNE		From: 8/2002	To: 5/ 2006	Verified:	
Degree: DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5268 CASSANDRA PORTER
Physician Assistant

PRACTICE HISTORY			
Employed: OU MEDICAL CENTER City: OKLAHOMA CITY Specialty: PA Comments: 700 NE 13TH ST OKC, OK 405-271-4700	Supervisor: THOMAS P. LEHMAN, MD20240 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: Community Health Network City: INDIANAPOLIS Specialty: PA Comments: 3/8/24 - STILL WORKING HERE (KS)	Supervisor: State: IN Country: UNITED STATES From: 12 /2023 To: / Verified:		
Employed: University of Pittsburgh Medical Center City: WILLIAMSPORT Specialty: PA Comments:	Supervisor: State: PA Country: UNITED STATES From: 7 /2023 To: 9 /2023 Verified:		
Employed: Beacon Memorial Hospital City: SOUTH BEND Specialty: PA Comments:	Supervisor: State: IN Country: UNITED STATES From: 3 /2022 To: 5 /2023 Verified:		
Employed: Parkview Medical Center City: PUEBLO Specialty: PA Comments:	Supervisor: State: CO Country: UNITED STATES From: 9 /2021 To: 12 /2021 Verified:		
Employed: Penn State Holy Spirit Camp Hill Center City: CAMP HILL Specialty: LOCUMS PA Comments:	Supervisor: State: PA Country: UNITED STATES From: 5 /2021 To: 9 /2021 Verified:		
Employed: Novant Health City: CHARLOTTE Specialty: PA Comments:	Supervisor: State: NC Country: UNITED STATES From: 11 /2020 To: 4 /2021 Verified:		
Employed: Front Range Orthopedics and Spine City: LONGMONT Specialty: PA Comments:	Supervisor: State: CO Country: UNITED STATES From: 5 /2016 To: 10 /2020 Verified:		
Employed: Boulder Bone and Joint City: BOULDER Specialty: PA Comments:	Supervisor: State: CO Country: UNITED STATES From: 7 /2015 To: 4 /2016 Verified:		
Employed: Orthopedics Northeast City: FORT WAYNE Specialty: PA Comments:	Supervisor: State: IN Country: UNITED STATES From: 4 /2013 To: 6 /2015 Verified:		
Employed: Emergency Medicine of Indiana	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5268 CASSANDRA PORTER
 Physician Assistant

City: FORT WAYNE Specialty: PA Comments:	State: IN Country: UNITED STATES From: 12 / 2011 To: 4 / 2013 Verified:
Employed: NONE	
City: FT WAYNE Specialty: WAITING CREDENTIALS/LICENSE Comments:	Supervisor: State: IN Country: UNITED STATES From: 8 / 2011 To: 12 / 2011 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NC	PA 0010-10708	A	10/14/20	9/2/24	2/27/24
PA	PA MA062531	A	5/18/21	12/31/24	2/27/24
IN	PA 1000155A	A	11/22/11	6/30/24	2/27/24
CA	PA 60073	A	9/16/11	9/30/25	2/27/24
FL	PA PA9114619	I	7/6/21	1/31/22	2/27/24
OH	PA 50.007163RX	A	9/21/21	9/1/25	1/29/24
CO	PA PA.0004348	A	7/31/15	1/31/26	2/27/24
IN	PA 10001355B	I	1/25/13	6/30/16	2/27/24
IN	PA 10001355C	A	3/12/14	6/30/24	2/27/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5269 AARON RHYS NORRIS
Physician Assistant

Practice Address:

February 23, 2024
WARREN CLINIC NEUROSURGERY
6475 S YALE AVE
STE 308
TULSA, OK 74136
TULSA

UNITED STATES

Status:
Res:
Received: 02/08/2024
Entered: 02/08/2024
Temp Issued: 03/11/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec: 03/05/2024
AMA Rec:
Board Action:
License #: 5269
Sex: M
Ethnic Origin: 4

Endorsed By: NCCPA
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: ALDERSON BROADDUS UNIVERSITY
City: PHILIPPI **State:** WV **Country:** UNITED STATES
Degree: MPAS **From:** 5/2019 **To:** 8/ 2021 **Verified:**

School Name: MONTGOMERY COLLEGE
City: ROCKVILLE **State:** MD **Country:** UNITED STATES
Degree: **From:** 6/2016 **To:** 8/ 2016 **Verified:**

School Name: UNIVERSITY OF MARYLAND, COLLEGE PARK
City: COLLEGE PARK **State:** MD **Country:** UNITED STATES
Degree: BACHELOR'S OF SCIENCE **From:** 8/2010 **To:** 12/ 2013 **Verified:**

School Name: SALISBURY UNIVERSITY
City: SALISBURY **State:** MD **Country:** UNITED STATES
Degree: **From:** 8/2009 **To:** 5/ 2010 **Verified:**

School Name: WALT WHITMAN HIGH SCHOOL
City: BETHESDA **State:** MD **Country:** UNITED STATES
Degree: **From:** 8/2005 **To:** 5/ 2009 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5269 AARON RHYS NORRIS
 Physician Assistant

PRACTICE HISTORY			
Employed: WARREN CLINIC NEUROSURGERY City: TULSA Specialty: PA Comments: 6475 S YALE AVE, STE 308 TULSA, OK 74136 918-499-4000	Supervisor: SCOTT DULL, MD 26851 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: Panorama Orthopedics and Spine Clinic City: DENVER Specialty: PHYSICIAN ASSISTANT Comments: ORTHOPEDIC SPINE SURGERY	Supervisor: State: CO Country: UNITED STATES From: 1 /2022 To: 4 /2024 Verified:		
Employed: SpecialtyCare City: FAIRFAX Specialty: SURGICAL NEUROPHYSIOLOGIST Comments: ; FULL TIME AND PER DIEM	Supervisor: State: VA Country: UNITED STATES From: 10 /2018 To: 1 /2024 Verified:		
Employed: Flagstar Football City: FAIRFAX Specialty: FLAG FOOTBALL REFEREE Comments:	Supervisor: State: VA Country: UNITED STATES From: 10 /2018 To: 5 /2019 Verified:		
Employed: Romanian Christian Enterprises City: ARAD Specialty: CARETAKER Comments: CARETAKER FOR SPECIAL NEED ORPHANS IN PECICA AND ARAD, ROMANIA	Supervisor: State: Country: ROMANIA From: 6 /2018 To: 9 /2018 Verified:		
Employed: Precedent Spine City: BUFFALO Specialty: SURGICAL NEUROPHYSIOLOGIST Comments: SURGICAL NEUROPHYSIOLOGIST (TRAVELER) WORKING IN BUFFALO, NY AND PORTLAND, OR	Supervisor: State: NY Country: UNITED STATES From: 9 /2016 To: 6 /2018 Verified:		
Employed: University of Maryland Medical Center City: BALTIMORE Specialty: SURGICAL NEUROPHYSIOLOGIST Comments:	Supervisor: State: MD Country: UNITED STATES From: 6 /2014 To: 4 /2016 Verified:		
Employed: Physiotherapy Associates City: LAUREL Specialty: PHYSICAL THERAPY TECH Comments:	Supervisor: State: MD Country: UNITED STATES From: 12 /2013 To: 5 /2014 Verified:		
Employed: Kerry McCoy's Wrestling Camps City: COLLEGE PARK Specialty: WRESTLING COACH; CAMP COUNSELOR Comments:	Supervisor: State: MD Country: UNITED STATES From: 7 /2011 To: 9 /2011 Verified:		
Employed: Suburban Solutions City: WHEATON Specialty: CREW LEADER Comments: CREW LEADER; MOVER; TRUCK DRIVER WORKED SUMMERS (MAY-AUGUST) FROM 2010-2013	Supervisor: State: MD Country: UNITED STATES From: 6 /2010 To: 8 /2013 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5269 AARON RHYS NORRIS
 Physician Assistant

<p>Employed: Kids Sports Leagues City: BETHESDA Specialty: COACH Comments:</p>	<p>Supervisor: State: MD Country: UNITED STATES From: 9 /2006 To: 11 /2009 Verified:</p>
<p>Employed: Georgetown Aquatics City: BETHESDA Specialty: LIFEGUARD Comments: POOL OPERATOR; LIFEGUARD WORKED SUMMERS (JUNE-AUGUST) EVERY SUMMER FROM 2005-2010</p>	<p>Supervisor: State: MD Country: UNITED STATES From: 6 /2005 To: 8 /2010 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CO	Physician Assistant 7090	A	11/9/21	1/31/26	2/8/24

<u>DEFICIENCIES</u>



SNU Physician Assistant Program

Refining
CHARACTER

Creating
CULTURE

Serving
CHRIST

SNU 1899
PROFESSIONAL & GRADUATE STUDIES

The graphic features a red background with a white text box on the left containing the program name. On the right, there is a photograph of medical professionals in white coats and scrubs walking away from the camera down a hallway. The text 'Refining CHARACTER', 'Creating CULTURE', and 'Serving CHRIST' is overlaid on the right side of the image. The SNU logo is in the bottom right corner.

1

Southern Nazarene University



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



The slide features a large heading for Southern Nazarene University. Below the heading is a photograph of a brick university building with a central tower, set against a cloudy sky. To the right of the photo is a bulleted list of facts about the university. At the bottom right is the SNU 1899 logo.

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

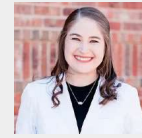
Meet the Team



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

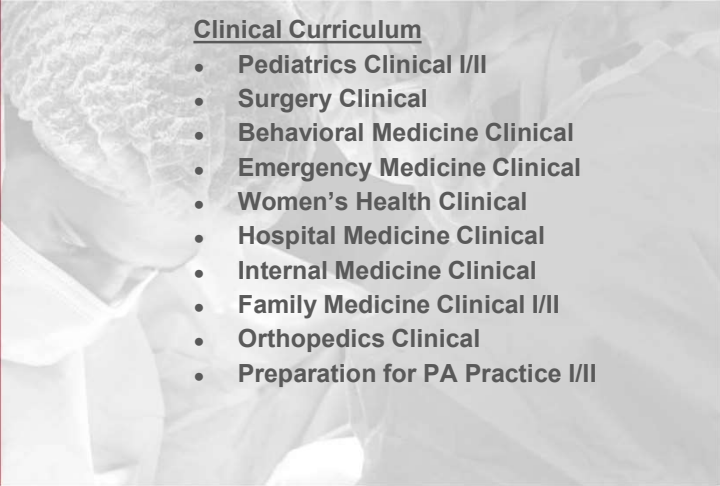
Program Curriculum

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



Amended: August 26, 2020

**STATE OF OKLAHOMA
PHYSICIAN ASSISTANT ACT
Title 59 O.S., Sections 519 - 524**

INDEX

- 519. Repealed
- 519.1. Short title
- 519.2. Definitions
- 519.3. Physician Assistant Committee--Powers and duties
- 519.4. Licensure requirements
- 519.5. Repealed
- 519.6. Filing of application to practice--Services performed--Posting of public notice
- 519.7. Temporary approval of application to practice
- 519.8. License renewal--Fees
- 519.9. Preexisting certificates
- 519.10. Violations--Penalties
- 519.11. Construction of act
- 520. Repealed
- 521. Exceptions
- 522. Repealed
- 523. Repealed
- 524. Abortion--Infant prematurely born alive--Right to medical treatment

Section 519. Repealed

Section 519.1. Short title

The provisions of this act shall be known and may be cited as the "Physician Assistant Act".

Added by Laws 1993, c. 289, § 1, emerg. eff. June 3, 1993.

Section 519.2. Definitions

As used in the Physician Assistant Act:

1. "Board" means the State Board of Medical Licensure and Supervision;
2. "Committee" means the Physician Assistant Committee;
3. "Practice of medicine" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants so long as such services are within the physician assistants' skill, form a component of the physician's scope of practice, and are provided with physician supervision, including authenticating by signature any form that may be authenticated by the delegating physician's signature with prior delegation by the physician;
4. "Patient care setting" means and includes, but is not limited to, a physician's office, clinic, hospital, nursing home, extended care facility, patient's home, ambulatory surgical center, hospice facility or any other setting authorized by the delegating physician;
5. "Physician assistant" means a health care professional, qualified by academic and clinical education and licensed by the State Board of Medical Licensure and Supervision, to practice medicine with physician supervision;
6. "Delegating physician" means an individual holding a license in good standing as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises physician assistants and delegates decision making pursuant to the practice agreement;
7. "Supervision" means overseeing or delegating the activities of the medical services rendered by a physician assistant through a practice agreement between a medical doctor or osteopathic physician performing procedures or directly or indirectly involved with the treatment of a patient, and the physician assistant working jointly toward a common goal of providing services. Delegation shall be defined by the practice agreement. The physical presence of the delegating physician is not required as long as the delegating physician and

physician assistant are or can be easily in contact with each other by telecommunication. At all times a physician assistant shall be considered an agent of the delegating physician;

8. "Telecommunication" means the use of electronic technologies to transmit words, sounds or images for interpersonal communication, clinical care (telemedicine) and review of electronic health records; and

9. "Practice agreement" means a written agreement between a physician assistant and the delegating physician concerning the scope of practice of the physician assistant to only be determined by the delegating physician and the physician assistant based on the education, training, skills and experience of the physician assistant. The agreement shall involve the joint formulation, discussion and agreement on the methods of supervision and collaboration for diagnosis, consultation and treatment of medical conditions.

Added by Laws 1993, c. 289, § 2, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 1, emerg. eff. April 7, 1997; Amended by Laws 1998, c. 128, § 2, eff. November 1, 1998; Amended by Laws 2001, SB 32, c. 385, § 2, eff. November 1, 2001.

Section 519.3. Physician Assistant Committee--Powers and duties

A. There is hereby created the Physician Assistant Committee, which shall be composed of seven (7) members. Three members of the Committee shall be physician assistants appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma Academy of Physician Assistants. One member shall be a physician appointed by the Board from its membership. One member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board. One member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership. One member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of said board.

B. The term of office for each member of the Committee shall be five (5) years.

C. The Committee shall meet at least quarterly. At the initial meeting of each calendar year, the Committee members shall elect a chair. The chair or his or her designee shall represent the Committee at all meetings of the Board. Four members shall constitute a quorum for the purpose of conducting official business of the Committee.

D. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to promulgate rules, which are in accordance with the provisions of Section 519.1 et seq. of this title, governing the requirements for licensure as a physician assistant, as well as to establish standards for training, approve institutions for training, and regulate the standards of practice of a physician assistant after licensure, including the power of revocation of

a license.

E. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to investigate all complaints, hold hearings, subpoena witnesses and initiate prosecution concerning violations of Section 519.1 et seq of this title. When such complaints involve physicians licensed by the State Board of Osteopathic Examiners, the State Board of Osteopathic Examiners shall be officially notified of such complaints.

F.1. The Committee shall advise the Board on all matters pertaining to the practice of physician assistants.

2. The Committee shall review and make recommendations to the Board on all applications for licensure as a physician assistant and all applications to practice which shall be approved by the Board. When considering applicants for licensure, to establish standards of training or approve institutions for training, the Committee shall include the Director, or designee, of all Physician Assistant educational programs conducted by institutions of higher education in the state as members.

3. The Committee shall assist and advise the Board in all hearings involving physician assistants who are deemed to be in violation of Section 519.1 et seq. of this title or the rules of the Board.

Added by Laws 1993, c. 289, § 3, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 2, emerg. eff. April 07,1997; Amended by Laws 1998, c. 128, § 3, eff. November 01,1998.

Section 519.4. Licensure requirements

To be eligible for licensure as a physician assistant pursuant to the provisions of Section 519.1 et seq. of this title an applicant shall:

1. Be of good moral character;
2. Have graduated from an accredited physician assistant program recognized by the State Board of Medical Licensure and Supervision; and
3. Successfully pass an examination for physician assistants recognized by the Board.

Added by Laws 1993, c. 289, § 4, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 3, emerg. eff. April 07,1997.

Section 519.5. Repealed

Section 519.6. Filing of application to practice--Services performed--Posting of public

notice

A. No health care services may be performed by a physician assistant unless a current license is on file with and approved by the State Board of Medical Licensure and Supervision. All practice agreements and any amendments shall be filed with the State Board of Medical Licensure and Supervision within ten (10) business days of being executed. Practice agreements may be filed electronically. The State Board of Medical Licensure and Supervision shall not charge a fee for filing or amendments of practice agreements.

B. A physician assistant may have practice agreements with multiple allopathic or osteopathic physicians. Each physician shall be in good standing with the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners.

C. The delegating physician need not be physically present nor be specifically consulted before each delegated patient care service is performed by a physician assistant, so long as the delegating physician and physician assistant are or can be easily in contact with one another by means of telecommunication. In all patient care settings, the delegating physician shall provide appropriate methods of participating in health care services provided by the physician assistant including:

a. being responsible for the formulation or approval of all orders and protocols, whether standing orders, direct orders or any other orders or protocols, which direct the delivery of health care services provided by a physician assistant, and periodically reviewing such orders and protocols,

b. regularly reviewing the health care services provided by the physician assistant and any problems or complications encountered,

c. being available physically or through telemedicine or direct telecommunications for consultation, assistance with medical emergencies or patient referral,

d. reviewing a sample of outpatient medical records. Such reviews shall take place at a site agreed upon between the delegating physician and physician assistant in the practice agreement which may also occur using electronic or virtual conferencing; and

e. that it remains clear that the physician assistant is an agent of the delegating physician; but, in no event shall the delegating physician be an employee of the physician assistant.

D. In patients with newly diagnosed complex illnesses, the physician assistant shall contact the delegating physician within forty-eight (48) hours of the physician assistant's initial examination or treatment and schedule the patient for appropriate evaluation by the delegating physician as directed by the physician. This delegating physician shall determine which conditions qualify as complex illnesses based on the clinical setting and the skill and experience

of the physician assistant.

E. 1. A physician assistant under the direction of a delegating physician may prescribe written and oral prescriptions and orders. 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.

2. 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. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples and may distribute professional samples to patients.

F. A physician assistant may perform health care services in patient care settings as authorized by the delegating physician.

G. Each physician assistant licensed under the Physician Assistant Act shall keep his or her license available for inspection at the primary place of business and shall, when engaged in professional activities, identify himself or herself as a physician assistant.

H. A physician assistant shall be bound by the provisions contained in Sections 725.1 through 725.5 of Title 59 of the Oklahoma Statutes.

Added by Laws 1993, c. 289, § 6, emerg. eff. June 3, 1993; Amended by Laws 1998, c. 128, § 4, eff. November 1, 1998; Amended by Laws 2001, SB 32, c. 385, § 3, eff. November 1, 2001.

Section 519.7. Temporary approval of application to practice

A. The Secretary of the State Board of Medical Licensure and Supervision is authorized to grant temporary approval of a license to any physician assistant who has filed a license which meets the requirements set forth by the Board. Such temporary licensure approval shall be reviewed at the next regularly scheduled meeting of the Board. The temporary approval may be approved, extended or rejected by the Board. If rejected, the temporary approval shall expire immediately.

B. The State Board of Medical Licensure and Supervision will collect the following data and publish a report compiling such data on an annual basis:

1. Whether the physician assistant practices at the same location as the delegating physician;

2. The type of facility in which the physician assistant practices;
3. Number of physicians the physician assistant has a practice agreement with;
4. Number of physician assistants physicians have a practice agreement with;
5. Number of years a physician assistant has been practicing; and
6. Number of licensed physician assistants in Oklahoma.

Added by Laws 1993, c. 289, § 7, emerg. eff. June 3, 1993; Amended by Laws 2001, SB 32, c. 385, § 4, eff. November 1, 2001.

Section 519.8. License renewal--Fees

A. Licenses issued to physician assistants shall be renewed annually on a date determined by the State Board of Medical Licensure and Supervision. Each application for renewal shall document that the physician assistant has earned at least twenty (20) hours of continuing medical education during the preceding calendar year. Such continuing medical education shall include not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction.

B. The Board shall promulgate, in the manner established by its rules, fees for the following:

1. Initial licensure;
2. License renewal;
3. Late license renewal; and
4. Disciplinary hearing.

Added by Laws 1993, c. 289, § 8, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 5, eff. April 07,1997.

Section 519.9. Preexisting certificates

Any person who holds a certificate as a physician assistant from the State Board of Medical Licensure and Supervision prior to June 3, 1993, shall be granted licensure as a physician assistant under the provisions of Section 519.1 et seq. of this title.

Added by Laws 1993, c. 289, § 9, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 6, eff. April 07, 1997; Laws 1997, c. 47, § 6 Repealed by Laws 1997, c. 250, § 15, eff. November 1, 1997; Amended by Laws 1997, c. 250, § 14, eff. November 01, 1997.

Section 519.10. Violations--Penalties

Any person not licensed under the Physician Assistant Act is guilty of a misdemeanor and is subject to penalties applicable to the unlicensed practice of medicine if he or she:

1. Holds himself or herself out as a physician assistant;
2. Uses any combination or abbreviation of the term “physician assistant” to indicate or imply that he or she is a physician assistant; or
3. Acts as a physician assistant without being licensed by the State Board of Medical Licensure and Supervision.

Any unlicensed physician shall not be permitted to use the title “physician assistant” or to practice as a physician assistant unless he or she fulfills the requirements of Section 419.1 et seq. of this title.

Added by Laws 1993, c. 289, § 10, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 7, emerg. eff. April 07, 1997.

Section 519.11. Construction of act

A. Nothing in the Physician Assistant Act shall be construed to prevent or restrict the practice, services or activities of any persons of other licensed professions or personnel supervised by licensed professions in this state from performing work incidental to the practice of their profession or occupation, if that person does not represent himself as a physician assistant.

B. Nothing stated in the Physician Assistant Act shall prevent any hospital from requiring the physician assistant or the delegating physician to meet and maintain certain staff appointment and credentialing qualifications for the privilege of practicing as, or utilizing, a physician assistant in the hospital.

C. Nothing in the Physician Assistant Act shall be construed to permit a physician assistant to practice medicine or prescribe drugs and medical supplies in this state except when such actions are performed under the supervision and at the direction of a physician or physicians approved by the State Board of Medical Licensure and Supervision.

D. Nothing herein shall be construed to require licensure under the Physician Assistant Act of a physician assistant student enrolled in a physician assistant educational

program accredited by the Accreditation Review Commission on Education for the Physician Assistant.

E. Notwithstanding any other provision of law, no one who is not a physician licensed to practice medicine in this state may perform acts restricted to such physicians pursuant to the provisions of Section 1-731 of Title 63 of the Oklahoma Statutes. This paragraph is inseverable.

Added by Laws 1993, c. 289, § 11, emerg. eff. June 3, 1993.

Section 520. Repealed

Section 521. Exceptions

No health care services may be performed under this act in any of the following areas:

(a) The measurement of the powers or range of human vision, or the determination of the accommodation and refractive states of the human eye or the scope of its functions in general, or the fitting or adaptation of lenses or frames for the aid thereof.

(b) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training or orthoptics.

(c) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye. Nothing in this section shall preclude the performance of routine visual screening.

Section 521.1

Notwithstanding any other provision of law or regulation, a physician assistant shall be considered to be a primary care provider when the physician assistant is practicing in the medical specialties required for a physician to be a primary care provider.

Section 521.2

A. Payment for services within the physician assistant's scope of practice by a health insurance plan shall be made when ordered or performed by the physician assistant, if the same service would have been covered if ordered or performed by a physician. An in-network physician assistant shall be authorized to bill for and receive direct payment for the medically necessary services the physician assistant delivers.

B. To ensure accountability and transparency for patients, payers and the health care system, an in-network physician assistant shall be identified as the rendering professional in the billing and claims process when the physician assistant delivers medical or surgical services to

patients.

C. No insurance company or third-party payer shall impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than existing physician assistant state laws or regulations.

Section 521.3

A. A physician assistant licensed in this state or licensed or authorized to practice in any other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster may render such care that the physician assistant is able to provide.

B. A physician assistant so responding who voluntarily and gratuitously, and other than in the ordinary course of employment or practice, renders emergency medical assistance shall not be liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting gross, willful or wanton negligence.

Section 521.4

Nothing in the Physician Assistant Act shall be construed to permit a physician assistant to:

1. Provide health care services independent of physician supervision; or
2. Maintain or operate an independent practice without a practice agreement between a physician assistant and a delegating physician.

Laws 1972, c. 220, § 3, emerg. eff. April 7, 1972.

Section 522. Repealed

Section 523. Repealed

Section 524. Abortion - Infant prematurely born alive – Right to medical treatment

The rights to medical treatment of an infant prematurely born alive in the course of an abortion shall be the same as the rights of an infant of similar medical status prematurely born.

Laws 1977, c. 10, § 1, emerg. eff. March 11, 1977.

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
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**OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 15. PHYSICIAN ASSISTANTS**

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*(*This is an unofficial copy of Chapter 15 of Title 435 of the Oklahoma Administrative Code.
Official copies may be obtained from the Office of Administrative Rules.)*

SUBCHAPTER 1. GENERAL PROVISIONS

Section

435:15-1-1. Purpose

435:15-1-1.1. Definitions

435:15-1-2. License required

435:15-1-1. Purpose

The rules in this chapter set the criteria for qualifying, applying, and practicing as a physician assistant.

435:15-1-1.1. Definitions

(a) The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"**Alternate supervising physician**" means a physician who has been delegated the duties of a supervising physician pursuant to 435:15-3-13(e).

"**Board**" means the State Board of Medical Licensure and Supervision.

"**Clinically inactive**" means a person that was issued a physician assistant license by any jurisdiction or was employed as a physician assistant by a federal employer and within the past twenty-four (24) months has not:

(A) practiced as a physician assistant; or

(B) been employed by an accredited physician assistant educational program.

"**Committee**" means the Physician Assistant Committee.

"**On-site**" means the following as it relates to the usage of Schedule II drugs:

(A) Hospital in-patients;

(B) Emergency room;

(C) Surgicenters licensed by the State Health Department; or

(D) Medical clinics or offices in cases of emergency as defined by the supervising physician

(E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy.

"**Primary supervising physician**" means a physician meeting the requirements of 435:15-3-13(a) who is not an alternate supervising physician with respect to the same physician assistant.

(b) The terms defined under 59 O.S. § 519.2 shall apply to this chapter.

435:15-1-2. License required

A physician assistant must possess a license issued by the Board prior to practicing such profession.

SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

Section

- 435:15-3-1. Qualification; application
- 435:15-3-2. Qualifications; examination; character (REVOKED)
- 435:15-3-3. Approval to supervise more than two PA's (RENUMBERED)
- 435:15-3-4. Application for second Physician's Assistant (REVOKED)
- 435:15-3-5. Transfer of certificate; temporary certification; display of certificate (REVOKED)
- 435:15-3-6. Registry of qualifications (REVOKED)
- 435:15-3-7. Re-certification (REVOKED)
- 435:15-3-8. Back-up or alternate supervising physician (REVOKED)
- 435:15-3-9. Temporarily delegated supervision (REVOKED)
- 435:15-3-10. Continuing education for renewal (RENUMBERED)
- 435:15-3-11. License renewal period; reinstatement (RENUMBERED)
- 435:15-3-12. Review; Temporary authorization to practice
- 435:15-3-13. Supervising physician; alternatives
- 435:15-3-14. Temporary approval of an application to practice by a Licensed Physician Assistant (REVOKED)
- 435:15-3-15. Approval to supervise more than two PA's (REVOKED)
- 435:15-3-16. Alternate supervising physician (REVOKED)
- 435:15-3-17. Continuing education for renewal
- 435:15-3-18. License renewal period; reinstatement (REVOKED)
- 435:15-3-19. Locum tenens

435:15-3-1. Qualification; application

(a) **Qualifications.** No license shall be issued unless an applicant:

- (1) Submits an application and other information pursuant to subsections (b) and (c) and remits the required fee;
- (2) Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs. The board may also issue a license to an applicant who does not meet the educational requirement specified in this section, but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;
- (3) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;
- (4) Jurisprudence examination.
 - (A) Has responded correctly to seventy-five (75) percent or greater questions on a jurisprudence examination prepared by the board staff. The examination shall include:
 - (i) The Physician Assistant Act; and

(ii) Significant state statutes or rule impacting physician assistant practice.
 (B) The board shall supply the applicant with a copy of the statutes, rules, or other material from which the examination is based while the applicant is completing the examination.

(C) An applicant that does not meet the requirement under subsection (4)(i) after three attempts shall meet with the secretary of the board to create a study plan prior to reexamination;

(5) Does not hold a license or registration as a physician assistant that is currently under discipline, revocation, suspension, or probation relating to practice as a physician assistant. The board may waive this paragraph (6);

(6) Pursuant to 59 O. S. § 519.4, be of good moral character; and

(7) For a renewal application, has met the continuing medical education requirements pursuant to 435:15-3-17.

(b) Application.

(1) The applicant shall complete an application form approved by the board and such additional forms necessary for the board to consider the application and the qualifications of the applicant.

(2) Pursuant to 59 O.S. § 519.6, the application shall include:

(A) A description of the physician's practice,

(B) Methods of supervising and utilizing the physician assistant, and

(C) Names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.

(3) Renewal.

(A) An application for renewal shall include any changes from the most recent application submitted to the board not previously submitted.

(B) An applicant for renewal shall submit the examination under subsection (a)(4).

(C) An application for renewal shall be submitted not later than March 31 of each calendar year.

(D) A license shall expire if a renewal application is not submitted by March 31.

(E) A renewal application submitted between April 1 and May 31 must be accompanied by the late fee pursuant to 435:1-1-7(a)(2)(E).

(F) An application after May 31 shall be considered an initial application.

(4) Return to practice.

(A) Application. This subsection (a)(4) shall apply to an applicant that is clinically inactive.

(B) In addition to complying with the provision of this section 435:15-3-1, an applicant under this subsection (a)(4) shall:

(i) Complete a reentry plan approved by the board or a board designee; and

(ii) Comply with any practice conditions approved by the board.

(c) Other information. An applicant shall submit or make available any other information the board deems necessary to evaluate the applicant.

435:15-3-2. Qualifications; examination; character (Revoked)

- 435:15-3-3. Approval to supervise more than two PA's** (Renumbered to 435:15-3-15)
- 435:15-3-4. Application for second Physician's Assistant** (Revoked)
- 435:15-3-5. Transfer of certificate; temporary certification; display of certificate** (Revoked)
- 435:15-3-6. Registry of qualifications** (Revoked)
- 435:15-3-7. Re-certification** (Revoked)
- 435:15-3-8. Back-up or alternate supervising physician** (Revoked)
- 435:15-3-9. Temporarily delegated supervision** (Revoked)
- 435:15-3-10. Continuing education for renewal** (Renumbered to 435:15-3-17)
- 435:15-3-11. License renewal period; reinstatement** (Renumbered to 435:15-3-18)

435:15-3-12. Review; Temporary authorization to practice

- (a) The chair or designee of the physician assistant committee shall review each application and information submitted in support of the application and shall promptly transmit a recommendation to the secretary of the board if the application should be temporarily approved.
- (b) Based on the recommendation under subsection (a), the secretary of the board may temporarily approve a license for an applicant meeting the requirements of this chapter 15 pursuant to 59 O.S. § 519.7. A temporarily approved license shall be reviewed at the next regular meeting of the board. A temporary approval of a license shall expire if the board rejects the application.
- (c) The board shall issue a license to an applicant meeting the requirements of this chapter 15.

435:15-3-13. Supervising physician; alternatives

(a) **Qualifications.**

- (1) Pursuant to 59 O.S. § 519.2, a supervising physician must be licensed as a physician by either the:
 - (A) State Board of Medical Licensure and Supervision, or
 - (B) State Board of Osteopathic Examiners.

(2) A license under subsection (a)(1) must be unrestricted.

(3) The board may waive the requirement under (a)(2) if the board determines the restriction will not impede the ability of the supervising physician to supervise a physician assistant.

(b) **Review.** A supervising physician shall review the care provided to each patient receiving health care services by a physician assistant with a temporarily approved license.

(c) **Physician assistants supervised.**

(1) A supervising physician shall not serve as the supervising physician for more than a total of six (6) physician assistants and/or advanced practice nurses regarding their prescriptive authority.

(2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or supervising physician of a state institution, correctional facility, or hospital.

(3) On the request of an applicant or supervising physician, the board may waive the requirement under subsection (c)(1).

(d) A physician assistant may have more than one (1) supervising physician.

(e) **Alternate supervising physician.** The duties of a primary supervising physician may be delegated to an alternate supervising physician that:

- (1) Meets the requirements of this section 435:15-3-13; and
- (2) Has a practice that is reasonably similar to the primary supervising physician.

435:15-3-14. Temporary approval of an application to practice by a Licensed Physician Assistant (Revoked)

435:15-3-15. Approval to supervise more than two PA's (Revoked)

435:15-3-16. Alternate supervising physician (Revoked)

435:15-3-17. Continuing education for renewal

- (a) Applicants initially licensed as a physician assistant will be exempt from reporting Continuing Medical Education (CME) credits until one year after licensure, thereafter each applicant for renewal must provide evidence that he or she has successfully earned at least twenty (20) hours of Category I CME hours during the preceding calendar year.
- (b) At least one (1) hour of Category I CME shall be earned each calendar year concerning the topic of substance abuse.
- (c) The CME hours shall be logged and reported to the Board on an annual basis by the Oklahoma Academy of Physician Assistants, Inc. The applicant shall bear the cost of this requirement.
- (d) Any applicant for renewal who does not meet the requirements for continuing education by December 31 of the previous calendar year may not renew until deficient hours are obtained and verified. Additionally, within the next calendar year the licensee will be required to obtain forty (40) hours of Category I CME. Failure to meet these additional requirements will result in further disciplinary action.

435:15-3-18. License renewal period; reinstatement (Revoked)

435:15-3-19. Locum tenens

The Secretary of the Board may grant temporary approval to any physician and physician assistant for an application to practice on a short term basis as a locum tenens in any patient care setting provided the following requirements are met:

- (1) The physician assistant must possess a current license issued by the Board.
- (2) The application to practice meets all other requirements established by the Committee and Board.
- (3) The temporary approval of an application to practice as a locum tenens shall be for a period of not more than one calendar month in any one calendar year period.
- (4) The supervising physician shall provide written protocols or direct orders governing the patient care delivered by the physician assistant.
- (5) The supervising physician shall review the care given to every patient seen by the physician assistant during the locum tenens and countersign every patient chart within 24 hours of the care being rendered.

SUBCHAPTER 5. REGULATION OF PRACTICE

Section

435:15-5-1. (REVOKED)	Supervision; physician responsibility; independent care prohibited
435:15-5-1.1.	Health care services performed and prohibited (REVOKED)
435:15-5-2.	Patient care setting (REVOKED)
435:15-5-3.	Assignment of diagnostic and therapeutic procedures (REVOKED)
435:15-5-4.	Academic positions (REVOKED)
435:15-5-5.	Approval of educational and/or experimental programs
435:15-5-6.	Restriction on eye care (REVOKED)
435:15-5-7.	Display of identification
435:15-5-8.	Demonstrate ability to perform (REVOKED)
435:15-5-9.	Fees for evaluation of qualifications and performance (REVOKED)
435:15-5-10.	Prescriptions
435:15-5-11.	Discipline
435:15-5-12.	Pre-signed prescriptions (REVOKED)
435:15-5-13.	Certification of training and notification to liability carrier (REVOKED)

435:15-5-1. Supervision; physician responsibility; independent care prohibited (Revoked)

435:15-5-1.1. Health care services performed and prohibited (Revoked)

435:15-5-2. Patient care setting (Revoked)

435:15-5-3. Assignment of diagnostic and therapeutic procedures (Revoked)

435:15-5-4. Academic positions (Revoked)

435:15-5-5. Approval of educational and/or experimental programs

A physician assistant education program accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs shall be considered approved for the purposes of the Physician Assistant Act.

435:15-5-6. Restriction on eye care (Revoked)

435:15-5-7. Display of identification

(a) A physician assistant must clearly identify herself/himself as a physician assistant when engaged in professional activities.

(b) The Physician Assistant license issued by the Board shall be prominently displayed in the primary place of practice and the physician assistant shall have on his/her person evidence of current renewal.

435:15-5-8. Demonstrate ability to perform (Revoked)

435:15-5-9. Fees for evaluation of qualifications and performance (Revoked)**435:15-5-10. Prescriptions**

The following apply to a physician assistant who has been delegated prescriptive authority that has been approved by the board:

- (1) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.
- (2) Prescriptions for Schedules III, IV and V drugs may be issued for up to a 30-day supply with no refills. In order for a physician assistant to prescribe a controlled substance, the physician assistant must be currently registered with the federal Drug Enforcement Administration and the Oklahoma Bureau of Narcotics and Dangerous Drugs.
- (3) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. For the purposes of this provision, as well as 59 O.S. § 519.6(D), "on-site" shall mean a:
 - (A) hospital,
 - (B) emergency room,
 - (C) surgicenter licensed by the department of health, or
 - (D) medical clinics or offices.
 - (E) state-owned Veterans Administration long-term care facilities with an in-house pharmacy.
- (4) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.

435:15-5-11. Discipline

(a) **Prohibited acts.** No person shall:

- (1) fraudulently or deceptively obtain or attempt to obtain a license;
- (2) fraudulently or deceptively use a license;
- (3) act contrary to this chapter 15, the Physician Assistant Act, or other laws or regulations governing licensed health professionals or any stipulation or agreement of the board;
- (4) violate any provision of the Medical Practice Act or the rules promulgated by the Board.

(b) **Grounds for action.** The board may take an action under subsection (c) when a person:

- (1) acts contrary to subsection (a);
- (2) is convicted of a felony;
- (3) is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely practice as a physician assistant;
- (4) has been adjudicated as mentally incompetent;
- (5) is physically or mentally unable to engage safely in practice as a physician assistant;
- (6) is negligent in practice as a physician assistant or demonstrates professional incompetence;
- (7) violates patient confidentiality, except as required by law;
- (8) engages in conduct likely to deceive, defraud or harm the public;
- (9) engages in unprofessional or immoral conduct;

- (10) prescribes, sells, administers, distributes, orders or gives away any drug classified as a controlled substance for other than medically accepted therapeutic purposes;
- (11) has committed an act of moral turpitude;
- (12) is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as defined in this section;
- (13) fails to cooperate with an investigation conducted by the board; or
- (14) represents himself or herself as a physician.

(c) **Actions.** The board, on finding grounds exist under subsection (b) and pursuant to the Administrative Procedures Act, 75 O.S. § 250 *et seq.*, may:

- (1) refuse to grant a license;
- (2) administer a public or private reprimand;
- (3) revoke, suspend, limit or otherwise restrict a license;
- (4) require a physician assistant to submit to the care or counseling or treatment of a health professional designated by the board;
- (5) impose corrective measures;
- (6) impose a civil penalty or fine;
- (7) suspend enforcement of its finding thereof and place the physician assistant on probation with the right to vacate the probationary order for noncompliance; or
- (8) restore or reissue, at its discretion, a license, and remove any disciplinary or corrective measure that it may have imposed.

(d) The board may prohibit a physician who willfully and knowingly allows or participates with a physician assistant who acted contrary to this chapter 15 from supervising a physician assistant.

435:15-5-12. Pre-signed prescriptions (Revoked)

435:15-5-13. Certification of training and notification to liability carrier (Revoked)

SUBCHAPTER 7. ADVISORY COMMITTEE (REVOKED)

Section

435:15-7-1. Physician Assistant Advisory Committee (REVOKED)

435:15-7-1. Physician Assistant Advisory Committee (Revoked)

SUBCHAPTER 9. GUIDELINES FOR THE UTILIZATION OF PHYSICIAN ASSISTANTS (REVOKED)

Section

435:15-9-1. General responsibilities and obligations (REVOKED)

435:15-9-2. Supervision (REVOKED)

435:15-9-3. New patients (REVOKED)

435:15-9-4. Setting (REVOKED)

435:15-9-5. Understanding and variance from guidelines (REVOKED)

435:15-9-1. General responsibilities and obligations (Revoked)

435:15-9-2. Supervision (Revoked)

435:15-9-3. New patients (Revoked)

435:15-9-4. Setting (Revoked)

435:15-9-5. Understanding and variance from guidelines (Revoked)

SUBCHAPTER 11. PRESCRIPTIVE AND DISPENSING AUTHORITY

Section

435:15-11-1. Prescriptive and dispensing authority

435:15-11-2. Drug formulary

435:15-11-1. Prescriptive and dispensing authority

(a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue written and oral prescriptions and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312 as delegated by the supervising physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).

(b) Any prescription for a pure form or combination of the following generic classes of drugs, listed in 435:15-11-2, may be prescribed, unless the drug or class of drugs is listed as excluded. Written prescriptions for drugs or classes of drugs that are excluded may be transmitted, only with the direct order of the supervising physician.

(c) Prescriptions for non-controlled medications may be written for up to a 30-day supply with two (2) refills of an agent prescribed for a new diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.

(d) Prescriptions for Schedules III, IV and V controlled medications may be written for up to a 30-day supply. No refills of the original prescription are allowed. In order for a physician assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(e) 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 supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician. In order for a physician assistant to prescribe and order a Schedule II controlled substance for immediate or ongoing administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

- (f) A prescription issued by a physician assistant, whether written or oral, shall be the joint responsibility of the physician assistant and supervising physician. The supervising physician shall be responsible for the formulation and/or approval of all orders and protocols which allow the physician assistant to issue prescriptions. Questions concerning a prescription may be directed either to the supervising physician whose name shall appear on the prescription blank or to the physician assistant.
- (g) All new drug entities will be restricted from the Drug Formulary, listed in 435:15-11-2, and added, if at all, only after review and approval by the Oklahoma State Board of Pharmacy and the Committee, and subsequent approval by the Board. This restriction shall not apply to modifications of current generic drugs included on the Drug Formulary.
- (h) Physician Assistants may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples directly to patients in accordance with written policies established by the supervising physician.

435:15-11-2. Drug formulary

- (a) Physician Assistants in accordance with the Physician Assistant Act may prescribe medications that are within the scope of physician assistant practice, under the supervision of a licensed supervising physician and the Physician Assistant Drug Formulary. The Drug Formulary shall list drugs or categories of drugs that shall or shall not be prescribed by the physician assistant or prescribed only under certain criteria.
- (b) The Committee will, at least on an annual basis and in a timely manner, review the structure and content of the Physician Assistant Drug Formulary and make such revisions as it deems necessary. Any proposed changes must be reviewed and approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy before becoming effective. Copies of the formulary shall be made available to any licensed pharmacy in the State of Oklahoma upon request. The Board assumes that all supervising physicians and physician assistants are completely familiar with the law and rules governing prescriptive authority of physician assistants.
- (c) All drugs in categories listed in 435:15-11-2(d) as defined by the American Hospital Formulary Service Information Book (current) may be prescribed by physician assistants, except as noted in section 435:15-11-2(e).
- (d) Inclusionary formulary
- (1) Antihistamine agents
 - (2) Anti-infectives
 - (3) Autonomic agents
 - (4) Blood formation and coagulation agents
 - (5) Cardiovascular agents
 - (6) Central nervous system agents
 - (7) Diagnostic agents
 - (8) Electrolyte, caloric and water balance agents
 - (9) Enzymes
 - (10) Expectorants, antitussives and mucolytic agents
 - (11) Eye, ear, nose and throat preparations
 - (12) Gastrointestinal agents

- (13)Hormone and synthetic substitutes
- (14)Local anesthetics
- (15)Skin and mucous membrane agents
- (16)Smooth muscle relaxants
- (17)Vitamins
- (18)Miscellaneous therapeutic agents

APPENDIX A. PHYSICIAN ASSISTANT PROTOCOL (REVOKED)

SUBCHAPTER 13. PRESCRIPTION TRANSMITTAL GUIDELINES (REVOKED)

Section

435:15-13-1. General policies for transmittal of prescriptions (REVOKED)

435:15-13-2. Medications (REVOKED)

435:15-13-3. Information required on written prescriptions (REVOKED)

435:15-13-1. General policies for transmittal of prescriptions (Revoked)

435:15-13-2. Medications (Revoked)

435:15-13-3. Information required on written prescriptions (Revoked)