

Exhibit

I



Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



KRISTINA M. DIXON, M.B.A., *President*
NEIL B. MANSDORF, D.P.M.

EDWARD E. BARNES
MELODI MASANIAI

JOHN Y. CHA, D.P.M., *Vice President*
KAREN L. WRUBEL, D.P.M. MICHAEL A. ZAPP, D.P.M.

LEGISLATIVE COMMITTEE

Dr. Wrubel, Chair
Mr. Barnes, Co-chair

BPM will likely require a biennial renewal fee increase in the foreseeable future to sustain licensing and enforcement. And, under current law, BPM will need to submit a Sunset Review report next year in preparation for hearings in 2016.

Fee Increase

Tax and fee increases have become politically difficult. With the Department's assistance, we came close to achieving an increase from \$900 to \$990 biennially in a 2013 budget trailer bill, but it was amended out prior to being delivered to the Governor.

BPM might revisit this proposal in 2015 if fund condition projections support it.

2015 Sunset Report

Legislative staff has indicated that committee and sunset bills are not vehicles for fee increases, and that cannot be expected to change. It could, however, be a forum for raising the issue again and seeking another vehicle depending on fund projections at that time.

There are two proposals from BPM's 2011 Sunset Report that were almost enacted in 2012 and that the Board may wish to consider revisiting. One is the single-scope of practice, eliminating the pre- & post-1984 categories in Section 2472. The second is the cap on DPM postgraduate training. The 2012 increase from four to eight years resolved immediate issues, but the cap itself is unnecessary and inappropriate.

If recent legislation (AB 1838) moves forward to authorize licensure of accelerated three-year medical school graduates, the sunset bill could also be a vehicle to conform BPM's statutes in this regard.

Submitted by:
Jim Rathlesberger
April 2014

Exhibit J



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JOHN Y. CHA, D.P.M.
MICHAEL A. ZAPF, D.P.M.

Licensing & Medical Education Committee

Ms. Masaniai, chair Mr. Barnes, co-chair

a. Overview.....J

Licensing is current and up to date on all statistics, new licenses and renewals. Applications for the 2014-2015 residency year have been sent out to the California resident directors and programs. Once approval has been obtained from the Board (i.e. approved by this committee) all residents will be licensed by their July 1, 2014 start date.

APMLE Part III Examination

- The Part III examination administered on December 4, 2014 had 18 out of 20 candidates pass the exam giving a 90% pass rate.
The next examination will be held on June 4, 2014.
Applicants must register by May 9, 2014 in order to qualify for the examination.

CURES Assessment:

Pursuant to Business and Professions Code Section 208 (SB 809 – DeSaulnier, Chapter 400, Statutes of 2013), all licensees will be assessed \$6 ANNUALLY which is collected at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). The amount of \$12 per renewal cycle has hereby been added to the renewal fee effective April 1, 2014.

b. Licensing Statistics.....K

Submitted by:

Christine Raymond
Licensing Coordinator
May 2014

Exhibit K

LICENSING STATISTICS BY FISCAL YEAR-2013/2014

New licenses issued		*Valid Active/Inactive licenses	
1994/95	41	1994/95	1924
1995/96	31	1995/96	1849
1996/97	69	1996/97	1845
1997/98	75	1997/98	1858
1998/99	63	1998/99	1853
1999/00	61	1999/00	1751
2000/01	76	2000/01	1755
2001/02	76	2001/02	1808
2002/03	71	2002/03	1834
2003/04	76	2003/04	1868
2004/05	54	2004/05	1851
2005/06	43	2005/06	1837
2006/07	60	2006/07	1836
2007/08	55	2007/08	1848
2008/09	47	2008/09	1895
2009/10	59	2009/10	1905
2010/11	58	2010/11	1916
2011/12	61	2011/12	1945
2012/13	65	2012/13	1955
2013/14	47 (July 2013 - present)	2013/14	1935

* fee-exempt categories and residents excluded

Submitted by:

Christine Raymond
Licensing Coordinator
May 2014

Licensing

Primary Status Report as of May 2014

Lic. Status	E-Permanent	EFE- Fee Exempt	EL- Resident	FNP- Fict. Name	Total
Valid- Active	1935	221	115	355	2626
Valid- Inactive	21				21
Delinquent	107	19		367	493
Cancelled	1847	199	1323	614	3983
Revoked	61				61
Deceased	188	37			225
Surrender	38	39			77

*** Fee- exempt licensees are retired, military and disabled status.**

Submitted by:

Christine Raymond
Licensing Coordinator
May 2014

RESIDENT'S LICENSES (EL) – May 2014

Category	Number of Residents by Year of Training				
	Year 1	Year 2	Year 3	Year 4	Total
PM&S-36	0	0	0	0	0
PMSR	0	0	0	0	0
PMSR/RRA	38	34	32	0	115
FELLOWSHIP	0	0	0	0	0
ROTATIONS	0	0	0	0	0
TOTAL	49	34	32	0	115

PM&S-36 Podiatric Medicine & Surgery - 36 Months

PMSR Podiatric Medicine and Surgery Residency

PMSR/RRA Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery

ROTATIONS Residency licenses issued to trainees in out-of-state programs participating in California clinical rotations.

Submitted by:

Christine Raymond
Licensing Coordinator
May 2014

Exhibit L



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KAREN L. WRUBEL, D.P.M. MICHAEL A. ZAPF, D.P.M.

ENFORCEMENT COMMITTEE
Dr. Mansdorf, Chair
Dr. Cha, Co-Chair

a. Overview.....L

The Enforcement Program is running smoothly. Not all of the same reports are available through the Breeze System as was available through CAS. Reports are still being verified for accuracy and being developed. However, there are no significant trend changes to the Program. The data currently available is provided under Data Reports.

Preparations have began for the Annual Consultant Training which will be held on June 20, 2014 at the Western Foot and Ankle Conference in Anaheim. Subsequent training for Experts will occur in cooperation with the Medical Board.

Information on the cost of Physician Assessment and Clinical Education (PACE) programs is provided as a reference and is included under exhibit L following this overview. PACE Programs (or their equivalent) are often required for Probationers, pursuant to the Board’s Manual of Disciplinary Guidelines, in conformity with the Medical Board, to ensure they have the proper training to help protect the public.

In consultation with the Executive Officer, the Enforcement Coordinator monitors enforcement cases full-time, working with the Medical Board Central Complaint and Investigation staff and Deputy Attorney Generals. Any significant issues are reported to the Executive Officer and the Board. Attorney General and MBC staff are regularly invited to Board Meetings to provide the Board with multiple, independent sources of information and the opportunity to question these officials in open public meetings.

b. Data Reports.....M

- **Complaint and Disciplinary Data Report** – This report shows complaint and disciplinary data from FY 04/05 through FY 13/14. FY 13/14 shows year to date data.
- **Probation Report** – This report shows all active and tolled probationers as of April 2014, who is monitoring them, and the expected probation completion dates.

Submitted by:

Bethany DeAngelis
Enforcement Coordinator
April 2014

Rathlesberger, Jim@DCA

From: Rathlesberger, Jim@DCA
Sent: Tuesday, September 17, 2013 4:53 PM
To: 'Neil Mansdorf'; 'Kristina M. Dixon MBA'; 'John Y. Cha (johnycha@aol.com)'; 'Melodi Masaniai'; ' (faseddie@earthlink.net)'; 'Michael Zapf'; 'Karen Lynn Wrubel'
Cc: DeAngelis, Bethany@DCA
Subject: FW: Cost of PACE Programs

From: DeAngelis, Bethany@DCA
Sent: Tuesday, September 17, 2013 4:40 PM
To: Rathlesberger, Jim@DCA
Subject: Cost of PACE Programs

Jim,

The cost for the programs can be found on the brochures and/or applications located on the PACE website.

<http://www.paceprogram.ucsd.edu/default.aspx>

<http://www.paceprogram.ucsd.edu/Documents/pace.courses.application.pdf>

AVAILABLE PROGRAMS (please select all programs for which you are applying):

Physician Prescribing Course \$1,800
Medical Record Keeping Course \$1,300
Clinician-Patient Communication Course \$500
Professional Boundaries Program \$2,800
Anger Management Course \$2,800
Anger Mgmt. Intensive Follow-Up Program \$3,900 à Will be scheduled individually

Physician Assessment Program (PEP)

<http://www.paceprogram.ucsd.edu/Documents/paceapplication.pdf>

Referred through MBC cost: \$8,500 + \$350 application fee

Bethany DeAngelis, Enforcement Coordinator

California Board of Podiatric Medicine

2005 Evergreen Street, Suite 1300

Sacramento, CA 95815

Phone: 916-263-4324

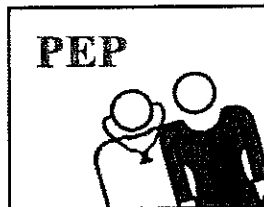
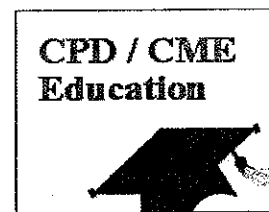
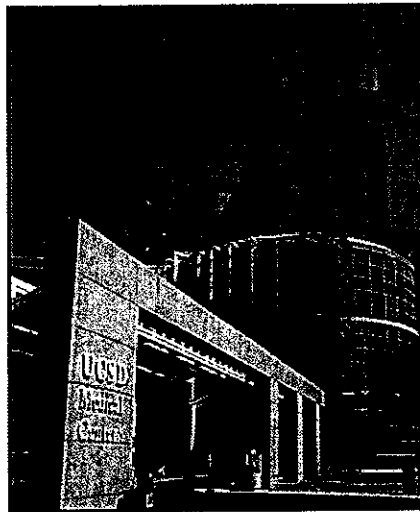
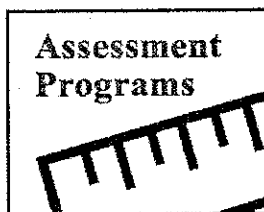
Fax: 916-263-2651



Home Assessment Programs ▶ PEP - Physician Monitoring CPD/CME (Education) ▶ Application/Documents Links ▶ About Us ▶

"The UCSD Physician Assessment and Clinical Education Program is dedicated to the education of physicians and other health care professionals; the detection, evaluation, and remediation of deficiencies in medical practice; and assisting the medical profession in its quest to deliver the highest quality of health care to the citizens of the United States."

Welcome!



In collaboration with physicians, state medical boards, hospitals and others, we work to promote public protection, patient safety, and the attainment of the highest possible quality of clinical care.

Since 1996, the PACESM Program has committed itself to promoting a culture of ongoing quality improvement and professional development in the medical field. It is our mission to better the quality of healthcare throughout the nation by offering assessment and remediation services to medical professionals. These assessments can be performed on practicing physicians as well as those who are seeking to reenter practice or obtain initial licensure. We also offer physician monitoring services through our Physician Enhancement Program (or PEP) and a number of continuing professional development (also known as continuing medical education) courses.

We are the largest assessment and remediation program for healthcare professionals in the country, and have provided services to over 2,000 physicians and medical professionals, including podiatrists, physician assistants, and nurses. If you would like to know more about PACE or one of our programs, feel free to [contact us](#).

[PACE Program Brochure Packet - Web View](#)

[PACE Program Brochure Packet - Printable](#)

[PACE At A Glance - Printable](#)

CME Course Application

1899 McKee Street, Ste. 126
San Diego, CA 92110

Phone: 619-543-6770
Fax: 619-543-2353
Email: ucpace@ucsd.edu
Web: paceprogram.ucsd.edu

AVAILABLE PROGRAMS (please select all programs for which you are applying):

- | | | |
|--|---------|----------------------------------|
| <input type="checkbox"/> Physician Prescribing Course | \$1,800 | → Requested Dates: _____ |
| <input type="checkbox"/> Medical Record Keeping Course | \$1,300 | → Requested Dates: _____ |
| <input type="checkbox"/> Clinician-Patient Communication Course | \$500 | → Requested Dates: _____ |
| <input type="checkbox"/> Professional Boundaries Program | \$2,800 | → Requested Dates: _____ |
| <input type="checkbox"/> Anger Management Course | \$2,800 | → Requested Dates: _____ |
| <input type="checkbox"/> Anger Mgmt. Intensive Follow-Up Program | \$3,900 | → Will be scheduled individually |

For customized/individualized programs, please use the "PACE Individualized Program Registration Form".

CONTACT INFORMATION

NAME: _____
Last First Middle Initial

Gender: Male Female Date of Birth: _____

HOME ADDRESS (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Address _____

City State Zip Code

WORK ADDRESS (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Company Name (if applicable) _____

Address _____

City State Zip Code

Correspondence should be sent to: Home Address Work Address Other _____

Please check the corresponding box for the **best way** to reach you and preferred fax number:

Home Phone: _____ Work Fax: _____

Work Phone: _____ Home Fax: _____

Cell Phone: _____ Pager: _____

E-mail: _____

PRACTICE INFORMATION

Degree (please check one): M.D. D.O. D.P.M. P.A. Other: _____

Board certified in: _____ Date of last Recertification: _____

Board eligible in: _____

Specialty of current clinical practice: _____

State License Number: _____ DEA Number: _____

Has your license to practice medicine ever been suspended in any state? Yes No - If Yes, please give a brief explanation:

Are you currently practicing medicine? Yes No - If No, please state why:

Have you ever been denied or lost hospital privileges? Yes No - If Yes, please give a brief explanation.

Have you been denied, lost, had suspended or received any disciplinary action or is there any pending action regarding any license or privilege, including DEA license? Yes No - If yes, please give a brief explanation.

Do you have a Probation Investigator or Enforcement Monitor? Yes No - If yes, please provide their name and contact information.

Who referred you to the PACE Program (please select one)?

- Medical Board of California Other State Medical Board (identify): _____
 Private Hospital (name of hospital): _____
 Attorney: _____
 Self (how did you hear about us?): _____
 Other: _____

If you have been referred by a Hospital, are you coming as a requirement of the Medical Staff or Medical Executive Committee? Yes No

If you selected "yes" to the previous question, please provide their name and contact information in the space provided below:

CONSENT AND RELEASE OF INFORMATION

I authorize the University of California and the Physician Assessment and Clinical Education Program to disclose and exchange information pertaining to my participation in the Physician Assessment and Clinical Education Program and any of its offerings with **(please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):**

I understand that one or more of the standard testing modalities that I will participate in will be videotaped for documentation as part of the routine assessment protocol. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that information about my participation in the PACE program shall be available for inspection and review by above agencies and/or persons or by their designee at any time, and agree that it shall not be privileged in any way to the above agencies and/or designees.

By my signature below, I agree to hold harmless the Regents of the University of California, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

Signature

Print Name

Date

PAYMENT & PROCESSING INFORMATION

THIS IS A PRELIMINARY APPLICATION
ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A LETTER
WITH FURTHER INSTRUCTIONS

SHIPPING AND MAILING ADDRESS:

UCSD PACE Program
1899 McKee Street, #126
San Diego, CA 92110

FOR MORE INFORMATION OR TO CONTACT US:

Phone: (619) 543-6770
Fax: (619) 543-2353
E-mail: ucpace@ucsd.edu
Internet: paceprogram.ucsd.edu

CANCELLATION POLICY

- There is a \$100 administrative fee for cancellation more than two weeks before the course, refund of the remaining balance is possible.
- There is a \$250 administrative fee for cancellation two weeks or less before the course, refund of the remaining balance is possible.
- There is a \$250 administrative fee for "no show." No refund is possible. However, the remaining balance can be applied to a future course.

MULTI-COURSE DISCOUNT:

As of June 20, 2013, participants applying for multiple PACE courses are eligible for a discount at the time of enrollment. Courses must be applied for at the same time to receive the discount. Additional custom modules added to courses are not applicable.
Two courses = 10% off
Three or more courses = 15% off

<input type="checkbox"/> Prescribing	\$1,800
<input type="checkbox"/> Medical Record Keeping	\$1,300
<input type="checkbox"/> Communication	\$500
<input type="checkbox"/> Boundaries	\$2,800
<input type="checkbox"/> Anger Management	\$2,800
<input type="checkbox"/> Anger Mgmt. Follow-Up	\$3,900
<input type="checkbox"/> Custom Course	_____
(use "Individualized Course" application)	
Course Subtotal	_____
Multi-Course Discount (if applicable)	_____
Course Total	_____

CHECK INFORMATION

Make all checks or money orders payable to "UC Regents."

CREDIT CARD INFORMATION

I authorize the UCSD PACE Program to charge my credit card for the amount noted below.

Total Amount to be charged: \$ _____ Last Four Digits of CC: _____

Authorization Signature: _____ Date: _____

STOP! We request that you NOT send credit card information electronically (via fax or email). Please complete the form below if you are sending the application by mail. **Otherwise, please complete and send the above section only, and then contact our office at 619-543-6770 to provide the payment information.**

- Master
- Visa
- American Express
- Discover
- Diners Club

Card Holder's Name: _____
Card Number: _____
Exp. Date (mm/yy): _____ Card Security Number: _____
Credit Card Billing Address: _____
Credit Card Billing Zip Code: _____

Competency Assessment / PEP Application

1899 McKee Street, Ste. 126
San Diego, CA 92110

Phone: 619-543-6770
Fax: 619-543-2353
Email: ucpace@ucsd.edu
Web: paceprogram.ucsd.edu

AVAILABLE PROGRAMS (please select all programs for which you are applying):

- Competency Assessment and Clinical Education
 Professional Enhancement Program (PEP)

CONTACT INFORMATION

NAME: _____
Last First Middle Initial

Gender: Male Female Date of Birth: _____

HOME ADDRESS (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Address _____

City State Zip Code

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Company Name (if applicable) _____

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City State Zip Code

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Specialty of current clinical practice: _____

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Have you been denied, lost, had suspended or received any disciplinary action or is there any pending action regarding any license or privilege, including DEA license? Yes No - If yes, please give a brief explanation.

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Who referred you to the PACE Program (please select one)?

- Medical Board of California Other State Medical Board (identify): _____
 Private Hospital (name of hospital): _____
 Attorney: _____
 Self (how did you hear about us?): _____
 Other: _____

If you have been referred by a Hospital, are you coming as a requirement of the Medical Staff or Medical Executive Committee? Yes No

If you selected "yes" to the previous question, we will need to contact the chair of the referring committee. Please provide their name and contact information in the space provided below:

What are the circumstances that led up to your referral or application to the PACE Program? (If more space is needed, please write on the back of this page or on a separate piece of paper)

CONSENT AND RELEASE OF INFORMATION

I authorize the University of California and the Physician Assessment and Clinical Education Program to disclose and exchange information pertaining to my participation in the Physician Assessment and Clinical Education Program and any of its offerings with **(please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):**

I understand that one or more of the standard testing modalities that I will participate in will be videotaped for documentation as part of the routine assessment protocol. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that information about my participation in the PACE program shall be available for inspection and review by above agencies and/or persons or by their designee at any time, and agree that it shall not be privileged in any way to the above agencies and/or designees.

By my signature below, I agree to hold harmless the Regents of the University of California, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

Signature

Print Name

Date

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ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A LETTER
WITH FURTHER INSTRUCTIONS

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FOR MORE INFORMATION OR TO CONTACT US:

Phone: (619) 543-6770
Fax: (619) 543-2353
E-mail: ucpace@ucsd.edu
Internet: paceprogram.ucsd.edu

CHECK INFORMATION

Make all checks or money orders payable to
"UC Regents."

SELECT THE APPLICABLE PAYMENT(S)

PACE Competency Assessment Program

1st OPTION:

Pay Application Fee Only \$350

2nd OPTION:

Phase I Balance – \$9,500
(Hospital/Medical Group Referral*)

Phase I Balance – \$8,500
(Medical Board/Private Attorney/Self Referrals*)

EXPEDITED SCHEDULING FEE* \$1,000

PACE Physician Enhancement Program (PEP)

Application Fee \$350

TOTAL = _____

*Application fee is included in Phase I balance. See [Price List](#) for more details.

CREDIT CARD INFORMATION

I authorize the UCSD PACE Program to charge my credit card for the amount noted below.

Total Amount to be charged: \$ _____ Last Four Digits of CC: _____

Authorization Signature: _____ Date: _____

STOP! We request that you NOT send credit card information electronically (via fax or email). Please complete the form below if you are sending the application by mail. **Otherwise, please complete and send the above section only, and then contact our office at 619-543-6770 to provide the payment information.**

- Master
- Visa
- American Express
- Discover
- Diners Club

Card Holder's Name: _____

Card Number: _____

Exp. Date (mm/yy): _____ Card Security Number: _____

Credit Card Billing Address: _____

Credit Card Billing Zip Code: _____

Exhibit

M

COMPLAINT & DISCIPLINARY DATA
FY 13/14 July 1, 2013 - April 11, 2014

Fiscal Year	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Numbers of Licensees*:	2016	2052	2045	2056	2055	2072	2086	2105	2120	2156
Complaints Received**:	147	109	116	104	108	127	90	124	122	81
Open Cases: 47										
Discipline Cases Pending at Attorney General: 5										
Licensees on Probation: 15										
Citations and Fines	1	4	1	0	4	4	0	0	2	4
Cease/desist Letters***	10	5	6	4	5	2	0	0	0	0
Referred to Attorney General	12	12	13	9	6	9	11	4	7	10
Referred to District Attorney	0	0	1	0	0	0	0	0	0	0
Accusations/Petitions to Revoke Probation/SOI	9	7	12	8	4	8	8	5	2	5
Penalty Relief Petitions Filed	1	0	1	1	1	2	1	1	2	1
Hearings****	4	2	2	5	2	2	2	1	0	2
Prop. Dec. Non-adopted	0	1	0	0	0	0	0	0	0	0
Prop. Dec. Adopted	2	1	2	1	2	2	1	0	1	4
Stipulations Adopted	6	6	9	5	8	5	2	7	4	1
Probations	4	4	9	5	6	5	2	5	3	3
Suspensions	1	0	1	2	1	1	0	0	0	1
Revocations	1	2	0	1	2	1	0	0	1	1
Surrenders During Prosecution	1	2	0	0	0	1	1	1	0	1
Public Letter of Reprimand	0	0	0	0	0	0	1	1	0	0
Other	0	0	0	0	2	0	0	0	0	0
Criminal arrests/convictions	0/0	0/0	1/0	0/0	0/1	0/0	0/0	0/0	2/1	0/0
Temporary Restraining Orders/Interim Suspensions/Automatic Suspensions/PC-23 Orders	1	0	2	1	1	1	0	0	2	0

* includes all E & EFE licensees with a status code 10 (E)
 ** includes multiple complaints against individual licensees
 *** cease and desist letters were discontinued in 2010
 **** includes reinstatements, penalty relief petitions, and any other cases heard by an Administrative Law Judge (ALJ)

**Board of Podiatry Medicine's
Probation Surveillance Program
April 11, 2014**

Complaint No.	Subject's Name	Probation Officer	Medical Consultant	Practice Monitor	Status	Completion Date
Active Status:						
1B-2007-181509	Servatjoo, Parviz	Brown	Walburg	Walburg	Active	05/08/14
1B-2004-162454	Hernandez, Virgil	Brown	Giacopelli	Wagreich	Active	07/09/14
1B-2005-169051	Nguyen, Tan	Seamons	Bois	Bois	Active	08/17/14
1B-2009-198964	Eng, Steven	Brown	Rosenthal		Active	03/01/15
1B-2008-192098	Nordyke, Randolph	Seamons	Wagreich	Wagreich	Active	04/08/15
1B-2004-162196	Carrasco, Pete	Argosino	Wagreich	PEP	Active	07/02/15
1B-2010-210403	Jones, Franklyn	Seamons	Kaschak		Active	09/20/15
1B-2004-158802	Moy, Richard	Argosino	Labovitz	Taubman	Active	12/30/15
1B-2009-201287	Garofalo, Joseph	Argosino	Rosenthal		Active	03/13/16
1B-2009-199047	Moussavi, Ramyar	Brown	Rosenthal	Rosenthal	Active	06/29/17
1B-2009-203735	Ahmadi, Matt	Brown	Rosenthal	Rosenthal	Active	10/24/17
1B-2009-201207	Glover, Alfred	Argosino	Rosenthal		Active	07/25/18
1B-2005-167595	Truong, Vinncente	Seamons	Greenwald	Greenwald	Active	07/28/18
D1-2004-160535	Ky, Nguyen	Seamons	Bois	Bois	Active	09/13/18
1B-2009-199005	Colburn, Michael	Seamons	Bois		Active	10/28/18

Subtotal 15

Complaint No.	Subject's Name	Probation Officer	Medical Consultant	Practice Monitor	Status	Completion Date
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Tolled Status: (Out of State)

1B-1990-3602	Marek, Neal	Seamons			Tolled	
1B-2000-105396	Salz, Joseph	Seamons			Tolled	
1B-2006-179270	O'Meara, Sean	Seamons			Tolled	
				Subtotal		3

Tolled Status: (In State)

1B-1990-5979	Metz, Douglas	Seamons			Pended	
1B-1996-64516	Levy, Sherwin	Seamons			Pended	
1B-1995-52592	Weber, Bennie	Seamons			Pended	
1B-2002-133194	Fowler, Morris	Seamons			Pended	
				Subtotal		4

Exhibit

N



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The Department of Consumer Affairs, Medical Board and Board of Podiatric Medicine have extensive Internet links providing public education and information links.

Staff updates and revises these on an ongoing basis, but with President Dixon's re-establishment of the Public Education Committee it is appropriate for a review and re-appraisal of BPM outreach. With restrictions on State employee travel and increased reliance on the Internet, this is timely.

Starting-off pages from DCA, MBC and BPM are exhibited herein, and will be subject to revision in consultation with the new Executive Officer and in preparation of the upcoming Sunset Review.

Submitted by:
Jim Rathlesberger
April 2014



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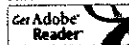
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Licensed Midwife

Registered Polysomnographic Trainee

Registered Dispensing Optician

Registered Polysomnographic Technician

Registered Spectacle Lens Dispenser

Registered Polysomnographic Technologist

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Fictitious Name Permit

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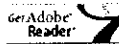
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- >> [Medical Board Publications \(Monthly Hotsheet & Quarterly Action Report\)](#)
- >> [Article, On Your Feet, May 2007](#)
January W. Payne, Washington Post Staff Writer
"They're made for walking, jogging, hiking, even dancing."
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