



## Oklahoma State Board of Medical Licensure and Supervision

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March 7, 2024 ~ 9:00 a.m.

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## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## MOTIONS

SAMPLE MOTIONS:

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

EXAMPLES:

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

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

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

**Possible reasons for denial:**

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

**SAMPLE MOTIONS:***Not Guilty*

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

**EXAMPLE:**

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

*Guilty* - Requires TWO Motions:

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

**EXAMPLE:**

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

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

**EXAMPLE:**

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

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

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

GENERAL TERMS ~ (recommended for inclusion in all orders)

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

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

## CDS VIOLATIONS

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

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

#### IMPAIRMENT

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

#### MENTAL HEALTH

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

#### QUALITY OF CARE

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

#### UNAUTHORIZED PRACTICE

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

**Order Language (Effective Immediately):**

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

\*\*\*\*\*

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

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

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**When Requiring a Personal Appearance:**

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

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

Minutes

The Board of Medical Licensure and Supervision met on January 18, 2024, in accordance with the Oklahoma Open Meeting Act and the Administrative Procedures Act. This meeting was held in the Board Office at 101 NE 51<sup>st</sup> Street, Oklahoma City, Oklahoma. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on January 16, 2024, at 3:27 p.m. pursuant to 25 O.S. § 311.A.9.

*Members present:*

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

*Members absent:*

Jessica Keller, MD

*Others present included:*

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

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

**Lyle Kelsey, Executive Director**, made brief opening remarks. Mr. Kelsey announced that Jessica Keller, MD, had recently been appointed as a new board member. She was unable to rearrange her schedule to attend this meeting, but the Board can look forward to meeting her at the next meeting. Mr. Kelsey advised the audience that the Board operates under the Oklahoma Open Meeting Act and that the audio of the meeting is being recorded. Mr. Kelsey asked that the board members please use their microphones when speaking so that we have a clearly audible record. Mr. Kelsey went on to state that executive sessions are held in private, with no staff in attendance,



and are for the purposes of deliberations only. All board actions will take place in open session. Upon the advice of the Oklahoma Attorney General's office, all votes need to be cast via roll call. Mr. Kelsey advised that each item on the agenda is of equal importance and will be treated as such.

**Robert C. Margo, JD, Board Advisor**, advised the Board that it is governed by Executive Order 2023-13 which does not require the Attorney General's review and approval of "qualified orders," including Voluntary Submittals to Jurisdiction and Surrenders in Lieu of Prosecution. Mr. Margo stated that this Executive Order allows for boards to contact the Oklahoma Attorney General's office to seek determination if a question regarding submission arises. Further, Executive Order 2023-13 allows for expedited orders to be entered by the Board in the event there is an immediate concern for health and safety. Mr. Margo reminded the Board that this is a statutory board which has quasi-judicial powers. The Board is governed by statutes and rules of the Board, the Open Meeting Act, and the Administrative Procedures Act. *(See Attachment #1)*

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

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

- a) Approval of **Minutes of the November 15, 2023 Special Board Meeting**
- b) Approval of **Minutes of the November 16, 2023 Regular Board Meeting**
- c) Ratification of **licensure applications** previously approved via Board Secretary or circularization *(Attachment #1 to agenda)*
- d) Ratification of **re-registration applications** previously approved pursuant to 59 O.S. § 495a.1 *(Attachment #2 to agenda)*
- e) Ratification of **MD Compact licenses** (initial and renewal) issued from November 1, 2023 to December 31, 2023 *(Attachment #3 to agenda)*
- f) Ratification of **Current Training Programs** recognized by the Oklahoma State Board of Medical Licensure and Supervision *(Attachment #4 to agenda)*
- g) Ratification of the **Music Therapy Committee recommendations**
- h) Ratification of the **Respiratory Care Advisory Committee recommendations**
- i) Ratification of the **Therapeutic Recreation Specialists Advisory Committee recommendations**
- j) Ratification of the **Physical Therapy Advisory Committee recommendations**

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

**ALY EL BANAYOSY, MD**, appeared in person in support of his request to change his employment location for his special medical license. Ryan Parker, MD, Associate Chief Medical Officer, St. Francis Hospital, appeared with the physician. All witnesses expected to testify were

sworn. Dr. Banayosy stated his expertise is in ECMO treatment and he set up a very successful ECMO program at Integris Health in Oklahoma City, Oklahoma, and he believes it will continue to operate successfully after his departure. He has been approached by St. Francis in Tulsa, Oklahoma, to set up the same program there. Following discussion, Dr. Holder moved to approve the request to change employment location for this special license. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

**MUHAMMAD ABDUL-WAHAB, MD**, appeared virtually in support of his application for full medical licensure. All witnesses expected to testify were sworn. The applicant answered questions of the Board regarding his work history as a neuroradiologist, specifically “quality issues” which led to a formal practice plan being put in place and, ultimately, his resignation from his position. He told the Board that he is currently licensed in Iowa, New Jersey, California, Pennsylvania, Montana and Colorado. Dr. Vanhooser moved to approve the application for full medical licensure. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

**NADIA AZUERO, MD**, appeared virtually in support of his application for full medical licensure. All witnesses expected to testify were sworn. The applicant answered questions of the Board regarding her termination from a residency program. She is currently licensed in Kentucky, Florida, Nebraska, Georgia, and Idaho, and is currently working as a perfusionist in Virginia. She is in conversations regarding employment with Cimarron Hospital in Boise City, Oklahoma. Mr. Hall moved to approve the application for full medical licensure. Mr. Nutt seconded the motion and the vote is recorded below:

Steven Katsis, MD, President:	Yes
Mr. Trevor Nutt, Vice-President:	Yes
Mr. Clayton Bullard:	Yes
Susan Chambers, MD:	Yes
Louis Cox, MD:	Yes
Mr. Jeremy Hall:	Yes
Tim Holder, MD:	Yes
Ms. Bridget Keast:	Yes
Ross Vanhooser, MD:	No
Don Wilber, MD:	Yes

**OSCAR BRONSTHER, MD**, appeared virtually in support of his application for full medical licensure. He previously appeared at the November 2023 board meeting and was granted a temporary license with the understanding that Dr. Bronsther would coordinate with Dr. Stout on an agreement for licensure. All witnesses expected to testify were sworn. Billy H. Stout, MD, Board Secretary, presented an Agreement for Licensure for the Board’s consideration. Following discussion and review, Dr. Vanhooser moved to approve the application for licensure under terms of Agreement. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**JONATHAN KEITH BREWER, MD**, appeared personally in support of his application for reinstatement of medical license. All witnesses expected to testify were sworn. Gary Ricks, Board Compliance Officer, and John Kuhn, MD, Director, Oklahoma Health Professional Programs, Inc., appeared and spoke on his behalf. Billy H. Stout, MD, Board Secretary, gave a history of the matter before the Board and presented a proposed Order of Reinstatement for their consideration. Dr. Brewer confirmed that he voluntarily signed the Order of Reinstatement and was aware he had the right to counsel but chose not to seek counsel. Following review, Dr.

Chambers moved to approve the application for reinstatement under terms of probation. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

*The Board took a 10-minute recess.*

*Upon returning, the continuation of a quorum was confirmed via roll call.*

**JUSTIN DOCKENDORF, MD**, appeared personally in support of (Staff's) Motion to Terminate Order Accepting Voluntary Submittal to Jurisdiction. All witnesses expected to testify were sworn. Gary Ricks, Board Compliance Officer, gave a brief history of the matter. Dr. Dockendorf spoke on his own behalf. Mr. Ricks stated the terms of the Order have been satisfied and he would request the Board terminate the Order. Following review, Dr. Holder moved to terminate the Order Accepting Voluntary Submittal to Jurisdiction. Dr. Cox seconded the motion and the vote was unanimous in the affirmative.

**DANIEL CLINKENBEARD, MD**, appeared personally in support of his Motion to Terminate Probation. Counsel appearing: Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State, and Libby Scott, on behalf of Defendant. John Kuhn, MD, Director, Oklahoma Health Professionals Program, Inc., also appeared. All witnesses expected to testify were sworn.

Mr. Ashbaker requested permission to argue that this motion be dismissed as a matter of law since it is not applicable. Following discussion, Mr. Ashbaker withdrew his request.

**The following witnesses testified on behalf of Defendant:**

- Daniel Clinkenbeard, MD
- Lydia Nightingale, MD, Chief Medical Officer, Variety Care

Mr. Ashbaker requested the Board go into Executive Session to review a confidential document. Ms. Scott objected as irrelevant. The contents and findings of the document in question were not board ordered but rather were done voluntarily by Defendant. Mr. Margo advised the parties they needed to agree on the waiver of confidentiality regarding the document in order for the Board to be allowed to review it. Mr. Ashbaker withdrew his request to review the document en camera and, therefore, the possible Executive Session pursuant to *Title 25 O.S. § 307(B)(7)* for the purpose of discussing a matter where disclosure of information would violate confidentiality requirements of state or federal law was not utilized.

**The following exhibit was offered by Plaintiff and admitted without objection:**

- Exhibit #1 – Oklahoma Attorney General Opinion

After the Board heard arguments by both parties, Dr. Chambers moved to go into Executive Session. Prior to the vote, the Board requested a break before entering into Executive Session. Dr. Chambers withdrew her motion.

*The Board took a five-minute recess.*

Upon returning, a continued quorum was established via roll call.

Dr. Chambers moved to go into Executive Session pursuant to the Oklahoma Open Meeting Act, 25 O.S. Sec. 307 (B)(8) for the purpose of engaging in formal deliberations leading to an intermediate or final decision in an individual proceeding. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

*\*Executive Session*

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

*\*Open Session*

Dr. Holder moved to, based upon documents presented to this Board and arguments of counsel, deny Defendant's Motion to Terminate Probation. Dr. Vanhooser seconded the motion and the vote is recorded below:

Steven Katsis, MD, President:	Yes
Mr. Trevor Nutt, Vice-President:	Yes
Mr. Clayton Bullard:	Yes
Susan Chambers, MD:	No
Louis Cox, MD:	No
Mr. Jeremy Hall:	No
Tim Holder, MD:	Yes
Ms. Bridget Keast:	Yes
Ross Vanhooser, MD:	Yes
Don Wilber, MD:	No

Motion carries.

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

**BRIAN KEITH RICH, MD**, appeared in person in response to allegations of unprofessional conduct, with Curt Dewberry appearing on his behalf. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State. All witnesses expected to testify were sworn. Mr. Ashbaker gave a brief history of the matter and presented an executed Surrender in Lieu of Prosecution for the Board's consideration. Dr. Chambers moved to accept the Surrender in Lieu of Prosecution as presented. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

**JOHN BELK, MD**, did not appear in response to allegations of unprofessional conduct. David Russell appeared on behalf of the Defendant, and Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Pedraza gave a brief history of the matter and presented a Voluntary Submittal to Jurisdiction ("VSJ") for the Board's consideration. Mr. Russell advised the Board that if the VSJ is accepted by the Board, the pending appeal will be immediately dismissed, likely within the next week at the latest. Mr. Nutt moved to accept the Voluntary Submittal to Jurisdiction as presented. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

*The Board took a brief lunch recess.*

*Dr. Katsis left for the remainder of the meeting.*

Upon reconvening, Mr. Nutt announced for the record that Dr. Katsis left for the remainder of the meeting and that Mr. Nutt would serve as Acting Chair in his absence. Roll was called for the purpose of showing continuation of a quorum.

Next, Mr. Kelsey introduced **Lisa Robins, Chief Advocacy Officer, Provider Bridge, Federation of State Medical Boards** who presented on the **Provider Bridge Program**. Ms. Robins explained that Provider Bridge is a system for utilizing physician credentials for mobilization during healthcare emergencies/pandemics. The Board found the presentation to be informative and thanked Ms. Robins for her time.

**STEPHEN JAMES RIDDEL, MD**, did not appear in response to allegations of unprofessional conduct. Mr. Margo stated the Board can find Riddel properly served with all service documents. Having been properly and legally advised of the date and time of this hearing, Defendant may therefore be found in default.

Dr. Holder moved to find that Dr. Steven James Riddel is in default and a default judgment may be properly rendered against him in his absence. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

**The following witnesses were called on behalf of Plaintiff:**

- Gary Ricks, Compliance Coordinator
- Melissa Davis, Board Investigator
- Nathan Blake John, MD, Expert Witness

**The following exhibits were offered by Plaintiff and admitted without objection:**

- Exhibit #1: Proof of Service - offered without objection and admitted into evidence – Service Document
- Exhibit #2: Complaint Summary - offered without objection and admitted into evidence
- Exhibit #3: Medical Records - offered without objection and admitted into evidence
- Exhibit #4: Curriculum Vitae of Nathan Blake John, MD - offered without objection and admitted into evidence
- Exhibit #5: Report of Nathan Blake John, MD - offered without objection and admitted into evidence

Following presentation of the case by counsel, Mr. Margo advised the Board regarding Findings of Fact and Conclusions of Law.

Dr. Chambers moved to find that Paragraphs 1-3 of the Verified Complaint are proven Findings of Fact by clear and convincing evidence, and further finds that Paragraphs 4(a)-(e) of the Verified Complaint have been proven Conclusions of Law by clear and convincing evidence. Mr. Bullard seconded the motion and the vote was unanimous in the affirmative.

Dr. Vanhooser moved to indefinitely suspend Defendant's license to practice allopathic medicine pending Defendant's submission to a clinical skills assessment program preapproved by Board staff and that Defendant appear before the Board and show proof of compliance with any conditions and/or limitations resulting therefrom. Dr. Cox seconded the motion and the vote was unanimous in the affirmative.

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

*Dr. Chambers left for the remainder of the meeting.*

Next, Alex A. Pedraza, Assistant Attorney General, presented the Administrative Remedy imposed in the amount of \$1,500.00 against **SHAURIN PATEL, MD**. Following presentation of the matter, Dr. Vanhooser moved to ratify the administrative remedy. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

Next, the Board heard from Mark Mims, MD, Assistant Professor, University of Oklahoma Health Sciences Center (“OUHSC”) regarding **Special Training Licenses for Visiting Ukrainian Surgeons**. Dr. Mims advised that OUHSC has put a program in place to train head and neck surgeons to assist in treating injuries due to the Russia-Ukraine war. Over half of the 18,000 injuries have been in the head and neck region. The training consists of a 4-week program with one-on-one faculty mentorship. So far there have been five civilian physician cohorts and the next group consists of 4 military physicians. Dr. Mims would like the upcoming cohorts to receive training licenses so they may obtain hands-on training while they are here. The physicians going through the program want to be able to scrub in to assist as second assist on head and neck reconstruction procedures only and will be directly supervised by the attending surgeon at all times. Further, they will be given no prescribing authority and will not be placing orders, and this will be for a period of two months maximum. Following a review of the law, the Board advised Dr. Mims that this matter should be handled through the credentialing committee at OUHSC. The credentialing committee can set up rules, if necessary, for them to participate as second assists.

Lyle Kelsey then presented his **Executive Director’s Report**:

- **Med Spa Guidelines** – Mr. Kelsey provided a copy of the proposed Med Spa Guidelines for the Board’s review and consideration. Following review and discussion, Dr. Cox moved to approve the Guidelines for website publication. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.
- **2024 Symposium on Artificial Intelligence (AI) in Health Care and Medical Regulations** – Dr. Holder gave a report on the meeting and advised, among other things, that there is a rapid emergence of generative AI. Mr. Kelsey and the Board thanked Dr. Holder for his report. Mr. Kelsey stated he will provide the Federation of State Medical Boards April meeting dates to all board members.
- **Request for Oklahoma Attorney General Opinion** related to its interpretation of Title 59 O.S. § 519.6(E), Title 63 O.S. § 2-312(E) – Mr. Kelsey reported that currently there are two issues that are causing controversy with the Physician Assistants’ prescriptive authority. One is the formulary, but the most controversial issue is “Under current law can PAs prescribe Schedule IIs or is it restricted by law to only on-site administration?” The current Attorney General requires that any Attorney General Opinion Request be approved and submitted by the Board. Staff has a draft of the request which is currently in the works in our legal department. Dr. Holder moved to approve the request for an Attorney General Opinion on this issue. Dr. Cox seconded the motion and the vote was unanimous in the affirmative.
- **Legislative Update** – Sandra Harrison, JD, gave an update on the current legislation. Bill filing opens today. SB597 is a carryover from last session but we are in the second session of the 59<sup>th</sup> Legislature meaning bills that were not voted on last year are still alive.
- **Financial Report (07/01/2023 – 12/31/2023)** – Mr. Kelsey went through the financial report with the Board. Following discussion, Dr. Holder moved to

approve the Financial Report as presented. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

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

- *State of Oklahoma, ex rel. Oklahoma State Board of Medical Licensure and Supervision v. Michael, Case No. 120,534*
- *State of Oklahoma, ex rel. Oklahoma State Board of Medical Licensure and Supervision v. Melton, Case No. 121,008*

Dr. Vanhooser moved to go into Executive Session. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

*\*Executive Session*

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

*\*Open Session*

There being no further business, Dr. Vanhooser adjourned the meeting. The time was 3:50 p.m.

## **OCCUPATIONAL THERAPY ADVISORY COMMITTEE**

### **Recommendations to the Board**

The Occupational Therapy Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on January 30, 2024, and made the following recommendations to the Board:

**RECOMMENDATION #1:** Recommend approval of the application of **RYAN BARBER** for Occupational Therapy Assistant licensure pending completion of direct onsite supervision for a period of 66 six-to-eight-hour days with a satisfactory report provided by the supervisor at the conclusion thereof, 45.5 CEUs obtained in the practice setting in which Applicant will be working, and a temporary license issued for no longer than 90 days to complete the recommendations herein.

**RECOMMENDATION #2:** Recommend **KELLI BECKWITH**, applicant for Occupational Therapy Assistant licensure, successfully pass the Examination of the National Board for Certification in Occupational Therapy with an appearance before the Committee at the conclusion thereof.

**RECOMMENDATION #3:** Recommend approval of the application of **JERRY COLE** for Occupational Therapy Assistant licensure pending completion of the file to include obtaining 126 CEUs (two units for each month license was lapsed) and direct onsite supervision for a period of 66 six-hour days with a report provided from the supervisor at the conclusion thereof.

**RECOMMENDATION #4:** Recommend approval of the application of **MARY GEORGE** for Occupational Therapy Assistant licensure by endorsement.

**RECOMMENDATION #5:** Recommend approval of the application of **RACHEL RODENBERG** for Occupational Therapy Assistant licensure pending completion of the file.

**RECOMMENDATION #6:** Recommend approval of the application of **TRACY WHITAKER** for Occupational Therapy Assistant licensure pending completion of the file to include obtaining 16 CEUs additional CEUs in addition to the 36 she has already turned in.

**RECOMMENDATION #7:** Recommend approval of the application of **JAMIE WILKINS** for Occupational Therapist licensure pending obtaining 48 CEUs obtained within the last two years.

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

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

**RECOMMENDATION #10:** Recommend approval of the incomplete application(s) for Occupational Therapist licensure pending completion of the file(s) as listed on *Attachment #1* hereto.

**RECOMMENDATION #11:** Recommend approval of the complete application(s) for reinstatement of Occupational Therapist licensure as listed on *Attachment #1* hereto.



**RECOMMENDATION #12:** Recommend approval of the incomplete application(s) for reinstatement of Occupational Therapist licensure pending completion of the file as listed on *Attachment #1* hereto.

**RECOMMENDATION #13:** Recommend approval of the complete application(s) for Occupational Therapist licensure as listed on *Attachment #1* hereto.

**RECOMMENDATION #14:** Recommend approval of the CEU courses listed on *Attachment #2* hereto which were previously recommended for approval by the reviewers.

**RECOMMENDATION #15:** Recommend approval of the following CEU course recommended for committee review listed on *Attachment #3* hereto: *Treating the Shoulder Girdle, Ankrum Institute.*

**RECOMMENDATION #16:** Recommend tabling the following CEU courses recommended for committee review listed on *Attachment #3* hereto pending receipt of previously requested information including a detailed agenda: *Treating the Foot, Knee and Leg, Ankrum Institute; and Treating the Sacrum, Ankrum Institute.*

**INCOMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS**

OA 1868	MALDONADO, TINA
OA 2349	DUNHAM, VANNESSA NADIYA
OA 2592	PAREDES, BROOKE SARA
OA 2593	CRAIG, BOBBIE JEAN
OA 2595	SWAYNE, CAROLINE
OA 2597	JACKMAN, MICHAEL STEPHEN
OA 2599	HAUDER, EDEN
OA 2600	SNEED, JAYLON TATE
OA 2602	POSEY, TIMOTHY ANDREW
OA 2603	MCCOLLUM, SHALYN RUTHANN
OA 2604	ASHFORD, SAVANNAH JEAN
OA 2605	STODDARD, KINZIE KAY

**COMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS**

OA 948	KEATHLEY, SARAH NICOLE
OA 2590	LEE, NINA
OA 2591	BURCHETT, JESSICA LYNN
OA 2594	HEILAMAN, TYLER D
OA 2596	GARDULLO, ALEXIS SELENE
OA 2601	BUCIO, KAYLEIGH ANN

**INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS**

OT 5872	CARESWELL, ALLISON NICOLE
OT 5875	HASELOFF, LORI HUMPHREY
OT 5876	CLAGG, KALEIGH ANN
OT 5880	FARREN, KRISTEN
OT 5881	YEATS, HUNTER WILLIAM
OT 5882	EVERFIELD, JASMINE
OT 5883	NOVOTNY, TINA MARIE
OT 5884	POST, ALEXANDER DOUGLAS
OT 5885	HARTLEY, CYNTHIA MARIE
OT 5886	KLEMME, JESSICA M
OT 5887	HENSON, AMBER D
OT 5888	SHOUSE, MARY CATHERINE
OT 5890	COOLEY, SABRINA
OT 5891	THOMPSON, HANNAH ELIZABETH
OT 5892	DOWNING-LARICK, CHELSEA ANN
OT 5893	LUPER, REBECCA LYNN
OT 5894	HANNING, ABIGAIL
OT 5895	LARSON, ERIN ELIZABETH
OT 5896	WILLIAMSON, JESSICA LEA
OT 5897	WINT, AUDREY PAIGE
OT 5898	STURGEON, ADDISON GRACE
OT 5899	LAYNE, CAITLYN HOPE
OT 5900	CLOAR, SAVANNAH ROSE
OT 5901	TAYLOR, LEEANN
OT 5902	VASSELLA, DARIEN DOMINIQUE
OT 5903	HOLT, KENDRA CHERISE
OT 5904	BYERS, WILLIAM LEE

**INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS (CONTINUED)**


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OT 5905 DOBBS, WHITNEY ELLIS

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OT 5906 LUTZ, LYNANNE

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OT 5907 MARSHALL, MIKAELA SHAE

---

OT 5908 ANDERSON, ASHTON FAITH

---

OT 5909 SAMUEL, PRINCY SUSAN

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OT 5910 ARAKAWA, KAREN LOUISE

---

OT 5911 SCHMELTZER, SAMANTHA

---

OT 5912 HAUETER, MADISON RENEE

---

OT 5913 MOODY, MARY KATHRYN

---

OT 5915 LAMINACK, KEELY

---

OT 5916 FRANCIS, RACHEL

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**COMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATIONS**
OT 1284 KENNY, TIFFANY D

---

OT 1830 SETTERBO, SYDNEY ALANE

---

**INCOMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATION**
OT 5486 MASON, MORGAN

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**COMPLETE OCCUPATIONAL THERAPIST APPLICATIONS**
OT 5871 CHABOT, EMMA

---

OT 5873 GOODIN, JANELLE RAE

---

OT 5874 THOMAS, KAYLEIGH

---

OT 5877 LEHMAN, ANGELA MICHELLE

---

OT 5878 PALMER, ERICA JOHANNA

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OT 5879 CUNDALL, COREY MATHEW

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OT 5889 HOANG, JOSEPH NGUYEN

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**OT Provider CE Courses Recommended for Approval  
January 30, 2024**

<b>Provider</b>	<b>Course Title</b>	<b>Hours</b>
ASCENSION ST. JOHN	ASJMC LIEBENDORFER ETHICS SYMPOSIUM: THE CONVERGENCE OF ETHICS AND THE LAW	2
GREENHOUSE PEDIATRIC THERAPY	REGULATION, TRAUMA, AND CHALLENGING BEHAVIORS IN THE PEDIATRIC SETTING	6
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	PARKINSONISM AND REHABILITATION	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	ACUTE CARE CONCEPTS IN STROKE REHABILITATION	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	AMBUCS AND AMTRYKE ADAPTIVE TRYKES	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	DIPLOPIA, OMD, AND GLARE, OH MY!	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	BRIDGING THE GAP: BEST PRACTICES IN CLINICAL PATIENT CARE	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	LABOR AND BIRTH PREP FROM A THERAPIST PERSPECTIVE	3.5
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	ACUTE CARE MANAGEMENT OF THE OB PATIENT: BED REST & COMPLICATION CONSIDERATIONS FOR PREGNANCY AND EARLY POSTPARTUM CARE	4
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	THERAPY MANAGEMENT OF THE OBSTETRICAL PATIENT - ANATOMICAL AND PHYSIOLOGICAL CHANGES IMPACTING PARTICIPATION IN THERAPY	2
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	THERAPY MANAGEMENT OF THE OBSTETRICAL PATIENT - MUSCULOSKELETAL CONSIDERATIONS FOR PREGNANCY AND EARLY POSTPARTUM	6
OKLAHOMA ABLE TECH	AT ASSESSMENT PART 2 GATHERING INFORMATION AND TRIALING DEVICES	5
OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	ELECTRICAL STIMULATION: ENHANCING YOUR PEDIATRIC THERAPY	1.5
OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	FAMILY-CENTERED/FAMILY-FOCUSED CARE: LET'S LOOK FROM THEIR SIDE	1.5

**OT Provider CE Courses Recommended for Approval  
January 30, 2024**

OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR AUTISM AND THEIR FAMILIES	1.5
OKLAHOMA AUTISM NETWORK	THE POWER OF SHOWING UP, UNLOCKING STUDENT PORENTIAL THROUGH THE POWER OF PRESENCE	1
OKLAHOMA AUTISM NETWORK	LOOK ON THE INSIDE: FOSTER RESPECT, BUILD CONNECTIONS AND EMBRACE INCLUSION	1
OKLAHOMA AUTISM NETWORK	A DEEPER DIVE WITH DAVID FLOOD	1
OKLAHOMA AUTISM NETWORK	YOUR NEXT STEPS: AN INTIMATE CONVERSATION WITH QUESTIONS AND ANSWERS WITH MICKEY ROWE	1
OU HEALTH	OUH - ENNEAGRAM NUMBERS AND THE REHAB TEAM. HOW CAN KNOWING AND EMBRACING YOUR ENNEAGRAM NUMBER HELP YOU AT THE BESIDE?	1
PREMIERE EDUCATION	OSHA COMPLIANT BLOODBORNE PATHOGENS AND INFECTION CONTROL TRAINING 2 HR	2

**OT CE Courses Recommended for Committee Review  
January 30, 2024**

<b>Provider</b>	<b>Course Title</b>	<b>Hours</b>
ANKRUM INSTITUTE	TREATING THE SHOULDER GIRDLE	6
ANKRUM INSTITUTE	TREATING THE FOOT, KNEE AND LEG	14
ANKRUM INSTITUTE	TREATING THE SACRUM	14

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

The Physician Assistant Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on January 30, 2024, and made the following recommendations:

**RECOMMENDATION #1:** Recommend approval of the application of **ELIZABETH HILL** for Physician Assistant licensure.

**RECOMMENDATION #2:** Recommend approval of the application of **DENNIS NEWSOME** for Physician Assistant licensure.

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

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

**RECOMMENDATION #5:** Recommend approval of the incomplete application(s) for reinstatement of Physician Assistant licensure pending completion of the file(s) as indicated on *Attachment #1* hereto.

**RECOMMENDATION #6:** Recommend approval of the complete application(s) for Physician Assistant licensure as indicated on *Attachment #1* hereto.

**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

**PHYSICAL THERAPY ADVISORY COMMITTEE**  
**Recommendations to the Board**

The Physical Therapy Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on January 31, 2024, and made the following recommendations to the Board.

**RECOMMENDATION #1:** Recommend approval of the application of **DAVID COX** for Physical Therapist licensure pending completion of 22 days of direct supervision with an adequate performance evaluation from the supervising physical therapist provided at the conclusion thereof.

**RECOMMENDATION #2:** Recommend approval of the application of **VALERIA FLEMING** for Physical Therapist licensure by endorsement

**RECOMMENDATION #3:** Recommend approval of the application of **SHELBY REYNOLDS** for Physical Therapist Assistant licensure pending completion of the file to include 44 days of direct supervision with an adequate performance evaluation from the supervising physical therapist provided at the conclusion thereof and completion of 90 PDUs.

**RECOMMENDATION #4:** Recommend approval of the request of **WINTER WILLIAMS**, applicant, Physical Therapist Assistant, to sit for the Federation of State Boards of Physical Therapy examination for a third time.

**RECOMMENDATION #5:** Recommend approval of the incomplete application(s) for Physical Therapist Assistant licensure pending completion of the file(s) as shown on *Attachment #1* hereto.

**RECOMMENDATION #6:** Recommend approval of the incomplete application(s) for Physical Therapist licensure pending completion of the file(s) as shown on *Attachment #1* hereto.

**RECOMMENDATION #7:** Recommend approval of the incomplete application for reinstatement of Physical Therapist licensure pending completion of the file as shown on *Attachment #1* hereto.

**RECOMMENDATION #8:** Recommend approval of the complete application or Physical Therapist licensure as shown on *Attachment #1* hereto.

**RECOMMENDATION #9:** Recommend approval of the continuing education courses previously reviewed and recommended for approval by the education subcommittee and as shown on *Attachment #2* hereto.

**RECOMMENDATION #10:** Recommend denial of the continuing education courses previously reviewed and recommended for denial by the education subcommittee and as shown on *Attachment #3* hereto.

**RECOMMENDATION #17:** Recommend approval of the continuing education providers previously reviewed and recommended for approval by the education subcommittee and as shown on *Attachment #4* hereto.

**INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS**

TA 3596	BROWN, CATHY
TA 3650	THOUVENEL, HANNAH
TA 3768	ROLLER, OLIVIA BELLE
TA 3769	NIXON, TAYLOR
TA 3770	COWAN, MCKINNA RENE'
TA 3771	SCOTT, CHRISTINA
TA 3772	PLUNK, MACEY FAYE
TA 3773	BEAL, MICHAELYNNE
TA 3774	CORBIN, NOELANI KANIELE
TA 3775	HOLLADAY, AUTUMN KAY
TA 3776	MORGAN, BRAYDEN CADE
TA 3777	HALL, REAGAN THOMAS

**INCOMPLETE PHYSICAL THERAPIST APPLICATIONS**

PT 5965	JACKSON, IMANI ZAKIYYA
PT 6277	HIGNITE, KARMEN ELYSIA
PT 6526	WAGNER, MICAIAH JOEL
PT 6527	HEATON, HANNAH
PT 6528	RAMIREZ, MADISON BLAIR
PT 6529	KEPFORD, NICOLE LYN
PT 6530	JORGENSEN, CYNTHIA ELIZABETH
PT 6531	SPENCER, NATHAN
PT 6532	PERKINS, DYLAN L
PT 6533	LYLES, RENEE KATHERINE
PT 6535	DEMCO, ISABELLA ANNE
PT 6536	MARTINEZ, DOMINIC JACOB
PT 6537	LILLY, VICTORIA LYNN
PT 6538	MILLER, IAN JOB
PT 6539	IGBOH, KALE-ANE SARO
PT 6540	TURNBULL, SPENCER
PT 6541	PUCKETT, KATHRYN CLAIRE
PT 6543	STARK, TIMOTHY TROY
PT 6544	NESHEM, TAYLOR
PT 6545	DOAN, HELEN
PT 6546	PITLER, JULIE ANN
PT 6547	PHILLIPS, SHELBY L
PT 6549	SOAP, JULIA ELYSE
PT 6550	KASH, MARY
PT 6551	PALEN-RAMER, SHARON SERENIO
PT 6552	LAMBETH, JESSICA LEIGH

**INCOMPLETE PHYSICAL THERAPIST REINSTATEMENT APPLICATION**

PT 1380	FERGUSON, TERESA HOSEY
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**COMPLETE PHYSICAL THERAPIST APPLICATION**

PT 6534	BARNES, DANIEL
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## COURSES RECOMMENDED FOR APPROVAL

01/23/2024

LICENSEE NUMBER	PROVIDER	COURSE TITLE	PDU HOURS	ETHICS HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
644	HAND REHABILITATION FOUNDATION	Surgery and Rehabilitation of the Hand and Upper Extremity The Itis' of March	22.5		APPROVED	1/23/2024	APPROVED
1826	ACTIVE LEARNING	Active Learning: From Assessment to Curriculum	11		APPROVED	1/23/2024	APPROVED
1826	ACTIVE LEARNING	Active Learning: From Assessment to Curriculum	11		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Opening the Breath	2		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	EASING THE NECK	2		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Fascia and the Anatomy Trains Home Study Series	5		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	New Science of the Body: The Physiology of Emotional Release Series	2		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Deeper Ground: Restoration and Vitality for the Female Pelvis	4		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Embryology of Fascia Series	6		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Opening the Breath	2		APPROVED	1/23/2024	APPROVED
2261	ASHT	American Society of Hand Therapists 2023 conference	21.5		APPROVED	1/23/2024	APPROVED
2483	FRANKLIN METHOD	The Embodied Brain	2		APPROVED	1/23/2024	APPROVED
2483	FRANKLIN METHOD	Finding Flexibility	2		APPROVED	1/23/2024	APPROVED
2483	FRANKLIN METHOD	The Kidney Revolution			APPROVED	1/23/2024	APPROVED
2523	PROGRESSING BALLET TECHNIQUE	Certification in Progressing Ballet Technique	6		APPROVED	1/23/2024	APPROVED
2610	PACIFIC NORTHWEST PILATES	Injuries and Special Populations	24		APPROVED	1/23/2024	APPROVED
2970	OLA GRIMSBY INSTITUTE	STEP 1: Scientific Therapeutic Exercise Progressions for the Shoulder and Upper Quarter	16		APPROVED	1/23/2024	APPROVED
3137	PWR! Moves	PWR! Moves	15		APPROVED	1/23/2024	APPROVED

## COURSES RECOMMENDED FOR APPROVAL

01/23/2024

3453	SOONERSTART	Feeding and Eating in Early Intervention	10.5		APPROVED	1/23/2024	APPROVED
3819	CEREBRAL PALSY FOUNDATION	Early cerebral palsy health summit	13		APPROVED	1/23/2024	APPROVED
3828	AACVPR	PULMONARY REHABILITATION CERTIFICATE COURSE	12		APPROVED	1/23/2024	APPROVED
4151	patient succes systems	Psychologically Informed for Better Results	8.5		APPROVED 8.5 HOURS	1/23/2024	APPROVED 8.5 HOURS
4272	GORDON COOPER TECHNOLOGY CENTER	Emergency Medical Responder	64		APPROVED	1/23/2024	APPROVED
4347	Effective AAC Evaluations	Empowering Voices	5		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	Optimizing Outcomes for Individuals with Parkinson's Disease: An Interdisciplinary Approach	6		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	From Theory to Practice: Applying Autonomic Management Techniques in Neuro Rehab	3.6		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	Advanced Neuro Skills for PTs and OTs: Parkinson's Disease Conference	6		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	Advanced Neuro Skills for PTs and OTs: Autonomic Bundle	3.6		APPROVED	1/23/2024	APPROVED
4838	womens health training associates	Prolapse and Stress Incontinence An Advanced Level 3 Pelvic Floor Course	35		APPROVED	1/23/2024	APPROVED
4960	MERCY POST	Concussion Rehabilitation Conference	7.5		APPROVED	1/23/2024	APPROVED
5091	REHAB KNOWLEDGE ADVANTAGE	The NCS Advantage: Preparation Course for the Neurologic Clinical Specialist Examination	32		APPROVED	1/23/2024	APPROVED

## COURSES RECOMMENDED FOR APPROVAL

01/23/2024

5091	Rehab Knowledge Advantage	The NCS Advantage: Preparation Course for the Neurologic Clinical Specialist Examination	32		APPROVED	1/23/2024	APPROVED
5115	GENERAL MOVEMENTS TRUST	The GM Trust Course on the Precht Assessment of General Movements - Basic Course	21		APPROVED 21 HOURS	1/23/2024	APPROVED 21 HOURS
5115	Cerebral Palsy Foundation	Hammersmith Infant Neurological Exam Training	4		APPROVED	1/23/2024	APPROVED
5160	International Tennis Performance Association	Certified Tennis Performance Specialist	20		APPROVED	1/23/2024	APPROVED
5843	THE CLIMBING DOCTOR	Clinical Management of The Rock Climber	16		APPROVED	1/23/2024	APPROVED
	BARBELL REHAB	The Barbell Rehab Method Certification	15		APPROVED	1/23/2024	APPROVED
	CYNTHIA HOSODA LAM	Medical Spanish for Rehabilitation Professionals	1		APPROVED	1/23/2024	APPROVED
	HINGE HEALTH	Ethics for Physical and Occupational Therapy Professionals		2	APPROVED	1/23/2024	APPROVED
	INNOVATIVE EDUCATIONAL SERVICES	Ethics - Oklahoma Physical Therapy		3	APPROVED	1/23/2024	APPROVED
	INSTITUTE FOR NATURAL RESOURCES	MEDICAL ETHICS AND LEGAL ISSUES		6	APPROVED	1/23/2024	APPROVED
	MYOFASCIAL RELEASE SEMINARS	PENDING PROVIDER - Myofascial Release I	12		APPROVED	1/23/2024	APPROVED
	NATIONAL AMBUCS INC AND AMTRYKE LLC	Amtryke Evaluation and Fitting for Therapists	6		APPROVED	1/23/2024	APPROVED
	OKLAHOMA THROWING ASSOCIATION	Injuries in the Throwing Athlete (2nd Annual)	7		APPROVED	1/23/2024	APPROVED
	PEGGY DECELLE NEWMAN	Is there a connection between Passion & Ethical PT Practice?	3	3	APPROVED	1/23/2024	APPROVED

## COURSES RECOMMENDED FOR APPROVAL

01/23/2024

	SELECT MEDICAL	Ethics Training for Physical Therapists Oklahoma		3	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics for the SNF Therapy Professional (Jennings - Live Interactive Webinar)		2	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics: A Physical Therapists Guide to Excellent Practice (Harvey)		2	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics: Explanation, Interpretation, and Application of the APTA's Code of Ethics (Adamson - Online)		1	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics for the SNF Therapy Professional (Jennings - Online)		2	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics in Physical Therapy Practice (Sims - Online)		1	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Ethics in Practice: Resources for PTs and PTAs		1.5	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Professionalism in Practice: Examining Common Ethical Challenges		2.5	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Rising to the Challenges for Assuring Ethical Practice		3	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Ethics for Physical and Occupational Therapy Professionals (2023)- 3 Hours		3	APPROVED	1/23/2024	APPROVED







**RESPIRATORY CARE ADVISORY COMMITTEE**  
Recommendations to the Board

The Respiratory Care Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on February 6, 2024, and made the following recommendations to the Board.

**RECOMMENDATION #1:** Recommend approval of the application of **JIMMY DARNELL** for Respiratory Care Practitioner licensure pending completion of the file to include proof of obtaining a total of 12 CEUs.

**RECOMMENDATION #2:** Recommend approval of the application of **GREGORY FUNCHES** for Respiratory Care Practitioner licensure pending completion of the file to include successfully retaking the National Board for Respiratory Care entry level exam.

**RECOMMENDATION #3:** Recommend tabling the application of **JILL LEWIS** for Respiratory Care Practitioner licensure pending a personal appearance before the Committee.

**RECOMMENDATION #4:** Recommend approval of the incomplete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as ***Attachment #1*** hereto pending completion of the file(s).

**RECOMMENDATION #5:** Recommend approval of the complete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as ***Attachment #1*** hereto.

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

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

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

**RECOMMENDATION #9:** Recommend approval of the complete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as ***Attachment #1*** hereto.

**Respiratory Care Advisory Committee****February 6, 2024****INCOMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS**

PR 2280	MIRANDA, VICTORIA MARIE
PR 2284	CARR, RYAN DEAN
PR 2288	LE, JACKY
PR 2289	DIAZ, AMY DAWN
PR 2290	FORD, MASON M
PR 2291	KEMP, ASHLEY MARIE
PR 2292	GARZA, SYLICE MICHEL
PR 2294	LAMBETH-HARMON, CYRUS JAY

**COMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS**

PR 2282	BARNES, ERIN LYNN
PR 2283	PARKS, BRANDYN ALLEN
PR 2285	WILLIAMS, ZHANE L
PR 2286	SERNA, JUAN JOSE
PR 2287	HAIMOUR, HANAN M
PR 2293	GAYLOR, JESIKA MARIE

**INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS**

RC 5761	DEPRIEST, CRISTY
RC 6332	DEES, KIMBERLY RENA
RC 6335	WHITE, KIMBERLY GREGORY
RC 6336	KRUG, ALICIA ANN
RC 6337	SANBORN, ANGELA RAE
RC 6340	QUADOR, SANDRA D
RC 6343	CUMMINGS, BARBARA LYNN
RC 6345	TARVER, KARI AURORA
RC 6346	BRUNKHARDT, ANGELA D
RC 6347	MACHOKA, SANTOS
RC 6348	MOORE, WILLIAM ERNEST
RC 6350	BLAKLEY, MATTHEW
RC 6351	PARK, CHRIS
RC 6352	FORCE, MARISSA DORAYNE
RC 6353	GARZA, JOSE
RC 6355	PERRY, ELISA K
RC 6356	LAMBERT, JORDAN ELISE
RC 6357	JONES, EKATERINA L
RC 6358	WATTS, ALEXIS XANTIPPE HARRIS
RC 6359	STEWART, MONA L
RC 6360	MEGGS, KEEUNNA KAY
RC 6363	CABRAL, JENNIFER LYNN
RC 6364	MILES, SHANTRELL EVETTE

**INCOMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS**

RC 1352	ROBINSON, DEBORAH JANENE
RC 3337	CAMACHO, AMANDA MIKEL
RC 3903	GOSNELL, MILLIE SUSANNE

**COMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATION**

RC 4873	SHELTON, KATLYNN BETH
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**COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS**

RC 6333	PORTER, GERALD LYNN
RC 6334	BROWN, SHELIYAH DASHUN
RC 6338	DAILEY, RHONDA ANNETTE
RC 6341	MOLINA, MADELINE
RC 6342	VILLEGAS, KELSY LEIGH

**COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS (CONTINUED)**

**Respiratory Care Advisory Committee**

**February 6, 2024**

RC 6344	MONTES, MAYRA ELENA
RC 6349	WHITE, CRYSTAL LEAH
RC 6354	LOPEZ, KIRI J
RC 6361	COLEMAN, SAMARA

**THERAPEUTIC RECREATION COMMITTEE  
Recommendations to the Board**

The Therapeutic Recreation Committee met on February 6, 2024, and made the following recommendations to the Board.

**RECOMMENDATION #1:** Recommend approval of the applications of **ASTRUD RAY-KUBIER, MARQUITTA WHITFIELD, SHEA MARIE MCKENZIE, and HANNA FAITH JACKSON** for Therapeutic Recreation Specialist licensure pending completion of the files.

**ADVISORY COMMITTEE ON ORTHOTICS and PROSTHETICS**  
**Recommendation(s) to the Board**

The Advisory Committee on Orthotics and Prosthetics of the Oklahoma Board of Medical Licensure and Supervision met on February 13, 2024, and made the following recommendations:

**RECOMMENDATION #1:** Recommend approval of the application of **RAYMON TURPIN** for Registered Prosthetist/Orthotist Assistant pending completion of the file to include obtaining certification.

**RECOMMENDATION #2:** Recommend approval of the incomplete applications of **ARIEL RILEY GIBILARO FORTENBERRY, MEREDITH RIDINGER HUTER, and CAROLYN LEDLOW VERDINA** for Licensed Orthotist licensure pending completion of the files.

**RECOMMENDATION #3:** Recommend approval of the complete application of **ZACHARY SMITH** for Licensed Orthotist licensure.

**RECOMMENDATION #4:** Recommend approval of the complete application of **NOLAN RYAN WILSON** for Licensed Prosthetist/Orthotist licensure.

**OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS**

**Nomination for Appointment**

**March 7, 2024**

1. Needed: Appointment of the following nominee to serve as a lay member:

- **MR. PHILLIP E. CROW** (*Nominated by Perfusion Board President and Staff*)

# Phillip E. Crow

1976 I got my Registered Nursing degree at Cameron University, Lawton, OK.

1976 worked a Comanche County Memorial Hospital from 1976-1978 as RN.

Transferred to Presbyterian Hospital Oklahoma City, OK. to work in ICU, and learned to operate the IABP and taught classes in operation of the IABP to staff.

Started working in the Operating room as "on-the-job training" to operate the cardio-pulmonary bypass machine.

In 1980 I passed the written examination for perfusion. Then in 1982, I passed my oral examination to become a Certified Clinical Perfusionist and continued to work at the Presbyterian Hospital.

In 1985 I started Oklahoma Perfusion Inc. and began working as a contract Perfusionist with several Cardiovascular Surgeons who covered Saint Anthony Hospital, Mercy Hospital, and Integri Baptist Hospital.

in 1991 I went to join a Perfusion group in Dallas, Texas, who covered Baylor hospital and several surrounding hospitals and I worked there for one year. In a 1991 I returned to Oklahoma City and continued working with various surgeons in Oklahoma City until I got my contract with OU Medical Center. At that time I covered children's Hospital, VA hospital and the adult procedure done at Everett Tower, which eventually moved to Presbyterian, and was renamed OUMC.

during that time, Dr. Eric Howell finished his residency, and I began to cover his cases in Oklahoma City starting at St Anthony Hospital.

I continued to cover Dr. Howell's Throughout the remainder of my career, but I also also helped the other Perfusion groups in town who were contract perfusionists throughout that time in all the hospitals in the greater Oklahoma City area.

Then in 2017, we all Began working with Comprehensive Care Services, a perfusion company out Minnesota.

I worked with CCS until I retired on December 31, 2023.

Phillip Crow CCP, LP





# Oklahoma Board of Medical Licensure and Supervision



## Search Results

Last Update: Tuesday, February 13, 2024 2:03 PM CST

Displaying 1 to 1 out of 1 results.

<b>DIACON, GLEN EDWARD JR</b>																																						
<b>Practice Address:</b> <a href="#">1414 ARLINGTON #2300</a> <a href="#">ADA OK 74820</a> Address last updated on 6/13/2023 <b>Phone #:</b> (580) 332-0112 <b>Fax #:</b> (580) 332-1005 <b>County:</b> PONTOTOC <b>License:</b> 16231 <b>Dated:</b> 7/8/1987 <b>Expires:</b> 7/1/2024 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Urology Emergency Medicine	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>Medical School:</b> Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 <b>Graduated:</b> 6 / 1986 <b>CME Year:</b> 2024																																					
<b>Pending and/or Past Disciplinary Actions:</b> No Disciplinary Action Taken.																																						
<i>All information below is entered by the licensee but not verified by the Oklahoma Medical Board.</i>																																						
<b>Certifications:</b> AMERICAN BOARD OF UROLOGY <b>New Patients:</b> Contact licensee <b>Medicaid:</b> Contact licensee <b>Medicare:</b> Contact licensee  <b>HMO/PPO:</b> None listed <b>Hospital Privileges:</b> Atoka Memorial Hospital Atoka, OK Holdenville General Hospital Holdenville, OK INTEGRIS Seminole Medical Center Seminole, OK Mercy Hospital Ada (frmly Valley View Regional Hospital) Ada, OK	<b>Locations:</b> <a href="#">1414 ARLINGTON #2300</a> <a href="#">ADA OK 74820</a> Phone #: (580) 332-0112 Fax #: (580) 332-1005  <a href="#">1414 ARLINGTON ST STE 1500</a> <a href="#">ADA, OK 74820</a> Phone #: (580) 279-6002 Fax #: (3) 202-  <a href="#">23 E CHOCTAW AVE</a> <a href="#">MCALESTER, OK 74501</a> Phone #: (918) 423-2223 Fax #: (3) 202-	<b>Hours:</b> <b>Languages:</b> Mon: Tue: Wed: Thu: Fri: Sat: Sun: Mon: Tue: Wed: Thu: Fri: Sat: Sun: Mon: Tue: Wed: Thu: Fri: Sat: Sun:																																				
<b>Primary Supervisees(s):</b> <table border="1"> <thead> <tr> <th>Name:</th> <th>Type:</th> <th>License Number:</th> <th>Full/Part Time:</th> </tr> </thead> <tbody> <tr> <td><a href="#">PEGGY S ATWOOD</a></td> <td>PA</td> <td>1237</td> <td></td> </tr> <tr> <td><a href="#">KASEY LEE BRUNDIDGE</a></td> <td>PA</td> <td>1618</td> <td></td> </tr> <tr> <td><a href="#">LISA CLAYTON</a></td> <td>APRN</td> <td>76972</td> <td></td> </tr> <tr> <td><a href="#">KANDRA DODD</a></td> <td>APRN</td> <td>80748</td> <td rowspan="7">See attached verification from OK Nursing Board</td> </tr> <tr> <td><a href="#">SHERRY LEE HECK</a></td> <td>PA</td> <td>1386</td> </tr> <tr> <td><a href="#">TANYA HUDSON</a></td> <td>APRN</td> <td>69754</td> </tr> <tr> <td><a href="#">MARK CHRISTOPHER LEU</a></td> <td>PA</td> <td>8722</td> </tr> <tr> <td><a href="#">SHARI RHODES</a></td> <td>APRN</td> <td>87144</td> </tr> <tr> <td><a href="#">LAUREN NACHELLE SANDMANN-CROW</a></td> <td>PA</td> <td>2415</td> </tr> </tbody> </table>	Name:	Type:	License Number:	Full/Part Time:	<a href="#">PEGGY S ATWOOD</a>	PA	1237		<a href="#">KASEY LEE BRUNDIDGE</a>	PA	1618		<a href="#">LISA CLAYTON</a>	APRN	76972		<a href="#">KANDRA DODD</a>	APRN	80748	See attached verification from OK Nursing Board	<a href="#">SHERRY LEE HECK</a>	PA	1386	<a href="#">TANYA HUDSON</a>	APRN	69754	<a href="#">MARK CHRISTOPHER LEU</a>	PA	8722	<a href="#">SHARI RHODES</a>	APRN	87144	<a href="#">LAUREN NACHELLE SANDMANN-CROW</a>	PA	2415			
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<a href="#">LAUREN NACHELLE SANDMANN-CROW</a>	PA	2415																																				

**From:** [Ada Health First](#)  
**To:** [Licensing](#)  
**Subject:** [EXTERNAL] Request Addition of Mid-Levels  
**Date:** Monday, January 29, 2024 4:42:35 PM

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To whom it may concern,

I have been a medical supervisor of Ada Health First, Inc. for almost 11 years. It has been obvious in that time, our area is much underserved in primary care. We started as a small one provider practice and now have seven mid-levels. Some are fulltime and others are part time. Eighteen months ago we added a second primary care in McAlester, OK, and have been overwhelmed at how fast this practice has grown. We were approached recently about taking over the primary care office in Allen, OK to better serve this rural community to access quality healthcare. We have 7 mid-level providers who have alternating schedules to adhere to the current supervisory rules of the medical board. With this new location, there may be days that are allowed without further approval. We strive to adhere to all rules set forth by the OK Medical Board. There is currently one PA that wants to continue working two days a week in Allen and we would like to add one more mid-level so we can be open and be available five days a week. I would like to request approval for myself to oversee multiple midlevel providers so that we can continue taking care of patients who currently do not have access to great healthcare. Please do not hesitate to call if you have any questions weekly overseeing the care given by our PA's and NP's. We have a great team with top notch providers. The patients love them! Below is an attached schedule of how we are currently operating and how many hours each provider is working.

Glen Diacon, MD  
License # 16231

Provider List:  
Marc Leu-PA-C  
License # 722  
(M-TH) 8:00-5:00

Kasey Brundidge-PA-C (TUE) 8:00-5:00 McAlester, (WED) 8:00-5:00 Ada, (FRI) 9:00-12:00 Ada  
License # 1618

Shari Rhodes-APRN-CNP  
License # 87144  
(TUES-THU) 8:00-5:00 Ada (FRI) 8:00-12:00 Ada

Tanya Hudson, DNP, APRN-CNP  
License# 69754  
(MON) 8:00-5:00 Ada (WED-THU) 8:00-5:00 Ada (FRI) 8:00-12:00 Ada

Sherry Heck-PA  
License # 1386  
(MON-TUE) 9:00-3:00 Ada (Every other THU) 9:00-1:00 McAlester

Lisa Clayton-APRN, CNP

License# 76972  
(MON-WED-THU) 8:00-5:00 McAlester (TUE) 8:00-5:00 Ada

Lauren Sandmann-Crow-PA-C  
License# 2415  
(THUR) 8:00-5:00 Ada (FRI) 8:00-12:00 Ada

Peggy Atwood-PA  
License # 1237  
(MON-TUE) 8:00-5:00 Allen, OK

We would like to have one more (full time) Mid-level in Allen, OK.

We look forward to hearing from you!

Thank you,

Glen Diacon, MD

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### **Ada Health First, INC**

This email, including attachments, is intended for the exclusive use of the person or entity to which it is addressed and may contain confidential or privileged information. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you think that you have received this e-mail in error, please advise the sender by reply e-mail of the error and then delete this e-mail immediately. Thank You.



## Verification Report

Primary Source Board of Nursing Report Summary for

### KANDRA DODD

Tuesday, February 13 2024 02:27:09 PM

For a more accurate search, select [Search by License Number](#) or [Search by NCSBN ID](#) above. Partial name searches are accepted

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.

#### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
DODD, KANDRA LEIGHANN	RN	R0080748	Active	06/14/2004	09/30/2024	Single State	NO

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
DODD, KANDRA LEIGHANN	APRN-CNP	R0080748	Active	07/24/2018	09/30/2024	N/A	NO

#### Advanced Practice license/recognition information

- Population Focus/Specialty:
  - Focus/Specialty: Family/Individual Across the Lifespan
  - Expiration Date: 09/30/2024
- Prescriptive Authority:
  - Prescriptive Authority: YES
  - Expiration Date: 09/30/2024
  - Supervising Physicians :
    - ROBERT WOODRUFF, DO

#### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

#### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



# Oklahoma Board of Medical Licensure and Supervision



## Search Results

Last Update: Monday, February 12, 2024 3:43 AM CST

<b>DAVIS, KELLY VAN</b>			
<b>Practice Address:</b> <a href="#">7912 E 31ST CT</a> <a href="#">STE 140</a> <a href="#">TULSA OK 74145</a> Address last updated on 5/2/2023 (918) 743-8200 <b>Phone #:</b> <b>Fax #:</b> <b>County:</b> TULSA <b>License:</b> 23418 <b>Dated:</b> 6/20/2005 <b>Expires:</b> 6/1/2024 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Internal Medicine Hospitalist Endocrinology, Diabetes and Metabolism Rheumatology	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>Medical School:</b> Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 <b>Graduated:</b> 5 / 2003 <b>CME Year:</b> 2026		
<b>Pending and/or Past Disciplinary Actions:</b> No Disciplinary Action Taken.			
<i>All information below is entered by the licensee but not verified by the Oklahoma Medical Board.</i>			
<b>Certifications:</b> AMERICAN BOARD OF INTERNAL MEDICINE <b>New Patients:</b> Yes <b>Medicaid:</b> Yes <b>Medicare:</b> Yes  <b>HMO/PPO:</b> None listed <b>Hospital Privileges:</b> Hillcrest Medical Center Tulsa, OK Moore Medical Center Moore, OK Norman Regional Hospital Norman, OK Pauls Valley General Hospital Pauls Valley, OK Physicians Hospital of Oklahoma Oklahoma City, OK V.A. Medical Center-OKC Oklahoma City, OK Wagoner Community Hospital Wagoner, OK	<b>Locations:</b> <a href="#">7912 E 31ST CT</a> <a href="#">STE 140</a> <a href="#">TULSA OK 74145</a> Phone #: (918) 743-8200 Fax #:	<b>Hours:</b> Mon: Tue: Wed: Thu: Fri: Sat: Sun:	<b>Languages:</b>
<b>Primary Supervisees(s):</b> <b>Name:</b> <a href="#">GINA GRADY</a> <a href="#">JACINDA HANTAK</a> <a href="#">DEBORAH HUNT</a> <a href="#">MEGAN ELIESE MITCHELL</a> <a href="#">EMILY SHOCKLEY</a>	<b>Type:</b> APRN APRN APRN PA APRN	<b>License Number:</b> 70010 96351 34728 2230 10464	<b>Full/Part Time:</b>

**From:** [Dr Davis](#)  
**To:** [Licensing](#)  
**Subject:** [EXTERNAL] 435:10-13-2.4: Increase in Supervisee number oversight  
**Date:** Monday, January 29, 2024 1:47:16 PM

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To whom it may concern:

My name is Kelly Davis, MD. I am an internal medicine physician opening a new clinic in Tulsa. I have been engaged in supervision of AP nursing staff and PAs for several years. I recently discovered that some of the supervisees listed under my license were no longer associated with the organization with whom had I contracted for oversight. The supervisees were AP nurses and I have contacted the State Nursing Board to have them removed but have not heard back from that Board to date.

In order to stay in compliance with state law, I am formally requesting to increase the total number of supervisees. Please let me know if any additional information is needed.

Thank you for your assistance in this matter.

Respectfully,  
Kelly V Davis, MD, MACR, FACP



State of Oklahoma  
Board of Medical Licensure & Supervision

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

Certified Mail and via email [REDACTED]

January 24, 2024

Paulo Martins, MD Applicant 42577  
[REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for a **full medical license** to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have required a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **March 7, 2024, at 9:00a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73104 or virtually via Zoom.** The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

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

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

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

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

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

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

Sincerely,

Billy H. Stout, M.D.  
Board Secretary

9489 0090 0027 6319 4476 17



# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	42577	PAULO MARTINS
MEDICAL DOCTOR		

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

**Last Medical School Attended:**

187-01 UNIV FED DA BAHIA, FAC DE MED, SALVADOR, BAHIA, BRAZIL

Number of Licenses Previously Granted to Graduates of this Medical School:1

Application for: Resident \_\_\_\_\_ **Full License**  Reinstatement \_\_\_\_\_

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS By 1-9-23

- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] \_\_\_\_\_
- Passed USMLE
  - No DUIs or Legal Issues
  - No Significant Malpractice Issues
  - US Graduate
  - Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH \_\_\_ / \_\_\_ / \_\_\_

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE \_\_\_\_\_

5) REQUESTS SPECIFIC CONSIDERATION OF:

— UMASS MED CENTER : EMERGENCY SUSPENSION PRIVILEGES 7/12/2023  
 RELATED TO KIDNEY TRANSPLANT ISSUES  
 APPEAL HEARING 2/13/2024

*MU*

# OKLAHOMA STATE BOARD OF MEDICAL BOARD OF LICENSURE AND SUPERVISION

*Note: This information was obtained from FAIMER (Foundation for Advancement of International Medical Education and Research.*

## INTERNATIONAL MEDICAL SCHOOL SUMMARY

**INSTITUTION:** Faculdade de Medicina de Bahia, Universidade Federal da Bahia

**LOCATION:** Salvador - Bahia ,Brazil

**ALTERNATE  
NAMES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SCHOOL DETAILS

**School type:** Federal

**Year instruction started:** 1808

**Operational status:** Currently operational

**Additional  
information:**

\_\_\_\_\_

\_\_\_\_\_

### PROGRAM DETAILS

**Year instruction began:** 1808

**Curriculum duration:** 6 years

**Language(s) of instruction:** Portuguese

**Entrance exam:**  IS REQUIRED  IS NOT REQUIRED  INFORMATION NOT PROVIDED

**Additional  
information:**

\_\_\_\_\_

\_\_\_\_\_

### SPONSOR NOTES

**Graduation Years:** \_\_\_\_\_ to \_\_\_\_\_ ; 1953 to CURRENT

**Additional  
Information:**

\_\_\_\_\_

\_\_\_\_\_

**Listed on approved list by California Medical Board:**

YES

NO

**The total number of graduates from this medical school who are licensed by the Oklahoma Board:**

0

1

2

3

4

5

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 MD            42577      PAULO MARTINS  
 MEDICAL DOCTOR

**Practice Address:**

October 26, 2023  
 UMASS MEMORIAL MEDICAL CENTER  
 55 NORTH LAKE AVE

WORCESTER, MA 01655  
 NOT OKLAHOMA

**Status:**

Res: MD

Received: 10/26/2023

Entered: 10/26/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 11/14/2023

AMA Rec: 11/14/2023

Board Action:

License #: 42577

Sex: M

Ethnic Origin: 4

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	01/28/08	10/31/23	1
Test 2:	USMLE 1	PASS	12/11/06	10/31/23	1
Test 3:	USMLE 2CK	PASS	12/14/99	10/31/23	1
	USMLE 2CS	PASS	12/8/06	10/31/23	1
Test AV:	Note: <i>PASS</i> means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

### PRE-MED EDUCATION

School Name: MARISTAS SCHOOL

City: SALVADOR

Degree:

State:      Country: BRAZIL

From: 1/1990 To: 12/1992 Verified:

### MEDICAL SCHOOL EDUCATION

Name: UNIV FED DA BAHIA, FAC DE MED, SALVADOR, BAHIA, BRAZIL

Foreign Name:

City: Bahia

Degree: MD

State/Country: Brazil

From: 4 / 1993

To: 12 / 1998

Diploma Ver'd:

Y

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type      Number      Name  
MD          42577      PAULO MARTINS  
MEDICAL DOCTOR

### POST GRADUATE EDUCATION

<b>Facility:</b> MASSACHUSETTS GENERAL HOSPITAL <b>Res. Fellowship:</b> Fellowship/Research <b>City:</b> BOSTON <b>Verified:</b> 12/29/2023 <b>ACGME Ver'd:</b> 12/29/2023 <b>Comments:</b>	<b>Specialty:</b> TRANSPLANT SURGERY  <b>State:</b> MA <b>Country:</b> UNITED STATES OF AM <b>From:</b> 7 / 2010 <b>To:</b> 3 / 2013
<b>Facility:</b> WESTCHESTER MEDICAL CENTER <b>Res. Fellowship:</b> <b>City:</b> VALHALA <b>Verified:</b> Waived <b>ACGME Ver'd:</b> <b>Comments:</b> NON ACGEME ACCREDITED FELLOWSHIP. WAIVED BY BOARD SECRETARY IN PROGRESS AS PER TEH VERIFICATION IN FCVS (SEAL DATE 6/30/2020). (SJ)	<b>Specialty:</b> TRANSPLANT AND HEPATOBILIARY SURGERY  <b>State:</b> NY <b>Country:</b> UNITED STATES OF AM <b>From:</b> 7 / 2008 <b>To:</b> 6 / 2010
<b>Facility:</b> MASSACHUSETTS GENERAL HOSPITAL <b>Res. Fellowship:</b> Fellowship/Research <b>City:</b> BOSTON <b>Verified:</b> 12/29/2023 <b>ACGME Ver'd:</b> 12/29/2023 <b>Comments:</b>	<b>Specialty:</b> TRANSPLANT IMMUNOLOGY (DEPT OF SURGERY)  <b>State:</b> MA <b>Country:</b> UNITED STATES OF AM <b>From:</b> 1 / 2007 <b>To:</b> 6 / 2008
<b>Facility:</b> BRIGHAM AND WOMENS' HOSPITAL <b>Res. Fellowship:</b> <b>City:</b> BOSTON <b>Verified:</b> Waived <b>ACGME Ver'd:</b> <b>Comments:</b> NON ACGME ACCREDITED. WAIVED BY BOARD SECRETARY(SJ)	<b>Specialty:</b> SURGERY - RESEARCH  <b>State:</b> MA <b>Country:</b> UNITED STATES OF AM <b>From:</b> 1 / 2006 <b>To:</b> 1 / 2007
<b>Facility:</b> CHARITE-UNIVERSITY OF BERLIN <b>Res. Fellowship:</b> <b>City:</b> BERLIN <b>Verified:</b> Waived <b>ACGME Ver'd:</b> <b>Comments:</b>	<b>Specialty:</b> PHD-TRANSPLANT IMMUNOLOGY (DEPT OF SURGERY)  <b>State:</b> <b>Country:</b> GERMANY <b>From:</b> 3 / 2002 <b>To:</b> 12 / 2005
<b>Facility:</b> UNIVERSITY HOSPITAL, FEDERAL UNIVERSITY OF BAHIA <b>Res. Fellowship:</b> <b>City:</b> SALVADOR <b>Verified:</b> Waived <b>ACGME Ver'd:</b> <b>Comments:</b>	<b>Specialty:</b> GENERAL SURGERY  <b>State:</b> <b>Country:</b> BRAZIL <b>From:</b> 3 / 2000 <b>To:</b> 2 / 2002

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**    **Number**    **Name**  
 MD        42577    PAULO MARTINS  
 MEDICAL DOCTOR

<b>Facility:</b> UNIVERSITY HOSPITAL, FEDERAL UNIVERSITY OF BAHIA		<b>Specialty:</b> GENERAL SURGERY	
<b>Res. Fellowship:</b>			
<b>City:</b> SALVADOR		<b>State:</b>	<b>Country:</b> BRAZIL
<b>Verified:</b>	Waived	<b>From:</b> 1 / 1998	<b>To:</b> 12 / 1998
<b>ACGME Ver'd:</b>			
<b>Comments:</b>			

### PRACTICE HISTORY

<b>Employed:</b> UMASS HEALTH MEDICAL CENTER		<b>Supervisor:</b>	
<b>City:</b> WORCESTER		<b>State:</b> MA	<b>Country:</b> UNITED STATES
<b>Specialty:</b> TRANSPLANT SURGERY	<b>From:</b> 2 / 2013	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b> 1/3/2023:CURRENTLY WORKING HERE(SJ)			
<b>Employed:</b> MASSACHUSETTS GENERAL HOSPITAL		<b>Supervisor:</b>	
<b>City:</b> BOSTON		<b>State:</b> MA	<b>Country:</b> UNITED STATES
<b>Specialty:</b> TRANSPLANT SURGERY	<b>From:</b> 7 / 2012	<b>To:</b> 2 / 2013	<b>Verified:</b>
<b>Comments:</b> WAS WORKING AS A CLINICAL INSTRUCTOR (TRANSPLANT FELLOW)			
<b>Employed:</b> PREFEITURA DE CAMPOS SALES		<b>Supervisor:</b>	
<b>City:</b> CAMPOS SALES		<b>State:</b>	<b>Country:</b> BRAZIL
<b>Specialty:</b> MEDICINE/SURGERY	<b>From:</b> 1 / 1999	<b>To:</b> 12 / 1999	<b>Verified:</b>
<b>Comments:</b>			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MA	MD 242259	A	7/21/10	7/28/25	11/14/23
MA	MD 245007	I	5/19/10	6/30/11	11/14/23

<b>DEFICIENCIES</b>
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**Seema Jayachand**

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**From:** Paulo Martins <[REDACTED]>  
**Sent:** Wednesday, January 3, 2024 11:04 AM  
**To:** Seema Jayachand  
**Subject:** [EXTERNAL] Re: Oklahoma MD Application #42577 Deficiencies  
**Attachments:** Medical School Transcript pag1.jpg; Medical School Transcript pag2.jpg

Dear Mrs Jayachand,

Thanks for your email. The institutions I trained already submitted the information you are requesting. I am still working for UMass. I am undergoing a peer review process and I have a hearing on Feb 13th. I haven't received any complaints from the Massachusetts board of medicine and they should have sent you a report. The details of the peer-review are in my NPDB report and I believed I shared with the Oklahoma board before. I can share with the Oklahoma board the three cases that they are assessing with my defense. Do you want them?

I have sent before the translation of my medical school transcript. I am attaching here again.

In your list you mentioned that the USMLE is incomplete. and I am missing the exam dates. I have taken all USLME steps and this should be in my FCVS. I requested a long time ago FCVS to provide my records to the Oklahoma board.

thanks  
best  
Paulo

Paulo Martins MD, PhD, FAST, FEBS, FACS  
Transplant Surgeon  
University of Massachusetts

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MEDICAL LICENSURE  
AND SUPERVISION

On Wednesday, January 3, 2024 at 11:16:10 AM EST, Seema Jayachand <sjayachand@okmedicalboard.org> wrote:

We have received your Oklahoma MD License Application. Attached is a letter listing the required items we have not yet processed. If you have already sent these items to the Medical Board, please allow 30 days for your deficiency list to be updated. The letter also includes a Username, Password, and instructions for checking the status of your application online.

If you have any questions about the licensing process or any listed deficiencies, please direct them to:  
licensing@okmedicalboard.org

42577  
SD



10/25/23, 2:44 PM

Medlic Registration

**Paulo Martins**

As of October 25, 2023, 1:43 pm

**D.. Have you ever been denied or had removed or suspended hospital staff privileges?**  
 Yes       No

I had a patient complication for missing relevant information on an email which led to suspension of my clinical privileges. I went through a peer-review process. I will include the npdb report here. I think this measure was disproportional to the complications. I have shown that my outcomes are no different than my peers and meet national benchmarks. This was in good extent politically motivated. I can provide more details.

In the almost 11 years I worked at UMass and before I have never had before any patient formal complaint, any malpractice claim or settlement, never had any bad faculty evaluation or any disciplinary action. This coincided with change in the leadership. In the last 13 years 7 transplant surgeons left or were asked to leave the division.

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

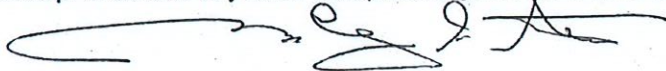
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**J.. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)**  
 Yes       No

I had a patient complication for missing relevant information on an email which led to suspension of my clinical privileges. I went through a peer-review process. I will include the npdb report here. I think this measure was disproportional to the complications. I have shown that my outcomes are no different than my peers and meet national benchmarks. This was in good extent politically motivated. I can provide more details.

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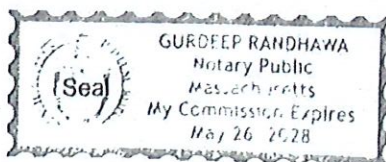
**Paulo Martins**

As of October 25, 2023, 1:43 pm

State of: Massachusetts

County of: Worcester

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 26<sup>th</sup> day of October, 20 23, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.



RECEIVED 10/30/2023  
MD 42577  
SJ



## Peer Review UMass- Paulo Martins

I have graduated from medical school over 25 years ago and never had a malpractice suit. I have been at UMass for 11 years and never had a patient complaint, never had a malpractice litigation/settlement, never had a medical board complaint, never had a zero event (retained lap pad or wrong site surgery), had good faculty evaluations and resident evaluations. As I provided you before my transplant outcomes meet national benchmarks (97% 1-year patient survival for kidney transplantation and 90% 1-year patient survival for liver transplant), and my complication rates are comparable to my peers'. Transplant surgery is frequently associated with a lot of complications because of the high acuity of cases and comorbidities of these patients.

From those 3 cases I was reported on I would like to go briefly over them.

### Patient C

MRN [REDACTED]

### Bile leak after liver cyst fenestration (palliative surgery) for compressive syndrome Polycystic Kidney and liver disease (PKLD)

55 yo patient with polycystic liver and kidney disease, ESRD, with massive hepatomegaly compressing the Inferior vena cava (IVC) (and causing deep vein thrombosis), portal vein, duodenum, and stomach causing severe abdominal pain and malnutrition due to intractable vomiting. She was not deemed a liver transplant candidate because of cachexia and poor compliance. She had removed several duodenal feeding tubes and rehabs would not easily accept her with a feeding tube. She was also not a candidate for transcutaneous gastrostomy (PEG) tube because of ascites and massive liver and kidney size. I was asked by hepatology to perform a palliative procedure because she had severe abdominal pain, intractable nausea and vomiting, and severe malnutrition. I planned for laparoscopic fenestration of liver cysts to decompress the stomach and duodenum (patient had high degree of small partial obstruction).

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By opening the dominant cysts and reducing the overall volume of the left and right lobes would alleviate the intra-abdominal pressure (patient abdomen was very tense as you can see in several clinical notes) and therefore reduce the partial intestinal obstruction, and reducing the pain.

This was her last resort since she would not tolerate a liver resection or a liver transplant, and she had intractable vomiting. Before operation, the case was discussed with Dr. [REDACTED] (who referred to surgery) and Dr. [REDACTED] who agreed with the plan. The patient was also discussed several times in our multi-disciplinary meetings. I advocated for transplant but she was not deemed a candidate for transplant. The plan for laparoscopic cyst fenestration of cysts that were compressing the stomach and duodenum was discussed with the patient and her HCP (sister). The patient was having early satiety for a long time and more recently started having partial obstruction and intractable vomiting. Fenestrating the dominant cysts and decreasing the size of the left lobe (debulking) could have potentially improved the symptoms as shown in the literature below. I explained that this was a palliative procedure and that she needed a liver or liver-kidney transplant. I also mentioned that I was not sure if this would solve her symptoms but was her only option at this point. Both patient and health care proxy agreed to proceed.

The first time we booked the OR case it was cancelled because the patient had recurrent spontaneous bacterial peritonitis. We rescheduled it after this was resolved after antibiotic therapy. The case went well. Minimal bleeding. There was no bile leak, but because these cases have increased risk of small bile leak, I left a perihepatic JP drain. The risk of bile leak in the management of polycystic liver disease is 6-15% (Coelho-Prabhu N 2012). Few days after the operation she developed a bile leak that was treated successfully with ERCP stenting and the JP drain was removed soon after. The Patient had some relief of the obstruction for short time and was able to eat but soon required tube feeds again because of vomiting. Pt was cachectic and developed multiple medical complications including spontaneous bacterial peritonitis, splenic infarct, and multiple DVTs in the upper veins and because the IVC was compressed by the cysts she did not even had femoral vein for dialysis access. The patient was again discussed several times in our interdisciplinary meetings for consideration for a liver transplant as a last option to save her life. The consensus of the team was that she would not tolerate a resection or a liver or kidney transplant because of severe malnutrition (please see note of Dr. S Metha from 01/17/23). Interventional radiology refused to attempt obtaining dialysis access because they thought it would be a futile effort. The patient died 60 days after the admission for

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reasons unrelated to the operation (patient had covid, c.diff, DVTs-PE, infections, severe malnutrition, renal failure).

There was no deviation of standard of care. Laparoscopic fenestration of liver cysts in poly cystic liver disease is an option. This was a palliative attempt to improve her quality of life and her only chance to be able to gain weight and get stronger to become eligible for a liver and kidney transplant.

The patient stayed a long time admitted before the operation and the plan was accepted and known by many members of several teams (transplant surgery, surgery and gastroenterology). and many teams saw her and were aware of the plan.

In the note from 08/17/2022 signed by Dr. [REDACTED] (Chief Transplant hepatology) he wrote:

*" ...This pain interfered with her ability to sleep and she is only able to tolerate small amounts of fluid at a time and her PO intake is decreased ... We will recommend consulting transplant surgery for surgical options regarding pain control including fenestration of dominant cysts and possible diagnostic laparoscopy for further malignancy evaluation..."*

In the note signed by Dr. [REDACTED] (Transplant surgery Attending) from 09/13/2022 it is written: *" Previous IR transcatheter biopsy on 08/19 showed increased free hepatic vein and intrahepatic IVC pressure suspicious for compression of the hepatic vein outflow due to cystic mass effect...Transplant surgery was consulted to evaluate patient for liver cyst fenestration given worsening kidney function with HRS protocol. Patient elected to undergo procedure to help **attenuate** symptoms while she continues workup for kidney transplant... I have discussed the plan with the patient, multidisciplinary team, and attending..."*

*"In my operative note dictated by the resident Catherine Bixby MD you can find "... The procedure was thoroughly discussed with the patient, including potential risks, complications, and alternatives. Specific complications mentioned included bleeding, infection, bile leak, renal failure, respiratory failure, and neurologic deficits." " The dominant cysts were completely unroofed and their lining of the remaining portions completely argoned and burned with Aquamantys. There was no bile leak. A small drain was placed..."*

I not only talked and explained in extension the pros and cons to the patient myself but also to the health care proxy (her sister cell [REDACTED]). I informed that it was only palliative and there was no guarantee this would resolve her symptoms but her last resort. Here you can see documentation of two phone calls (before and after the surgery). The

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first one lasted 6min 12s and the second one 8min 46s. You can contact her by phone and check if I explained her all pros and cons of this procedure.

## September 13, 2022






  1:27 PM -  
1:36 PM  
Office 8m 46s

  8:24 AM -  
8:30 AM  
Office 6m 12s

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Now, after the peer-review process (meeting I had with Dr.  Dr.  Dr.  and Dr.  and Dr.  in September) I was told that this operation was unnecessary. I would like to explain that laparoscopic fenestration is considered an option for these patients and it was not an error of judgement on my side. This case has been extensively discussed with multiple team members informally and formally during multi-disciplinary meetings and likely it was only option to try to improve her quality of life, improve her malnutrition and frailty and to list her for a liver transplant later on. There are several reports that laparoscopic cyst fenestration alone is used for cases similar to our patient.

In your letter from Sept 18<sup>th</sup> 2023 regarding the Medical Executive Committee recommendation for corrective action you wrote:

- 1) "You failed to meet professional expectations in your clinical decision making and judgement in transplant surgery cases, which contributed to poor patient outcomes in Patient C (liver fenestration of liver cysts in 2022 which was not an appropriate procedure) cases."
- 2) "You lacked insight, attention to detail, and willingness to improve from errors in the patient A,B and C cases, which risked patient safety."

These statements are not fair, and this will be reported to the medical boards and NPDB. It is not correct that there was no willingness to improve from errors. Before this letter you sent me, in my response to the peer review committee to patient A and B I had a contingency plan on how to remediate these issues. There was a long list of things that I could improve. Patient C procedure was not wrong as it has been discussed in extent multiple times in our multidisciplinary meetings (including with the division chief of transplant surgery and division chief of transplant hepatology) and deemed the only option to try to palliate symptoms and save the life of this patient (This can be verified in the minutes of or multidisciplinary meeting to discuss eligibility for transplant). This was palliative and the least invasive procedure, and there are many publications in the literature that support it in these situations.

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Bernts et al showed in a meta-analysis of 62 studies with a total of 1,314 patients were included, that laparoscopic fenestration relieved symptoms in 90.2%. Symptomatic recurrence and reintervention rates were 33.7% and 26.4% respectively.

Perez et al reported on 12 laparoscopic cyst fenestrations and two segmentary liver resections associated with remaining-cyst fenestration. Laparoscopic cystic fenestration and laparoscopic liver resection are safe and long-term, effective procedures for the treatment of symptomatic PLD. Symptoms disappeared after surgical intervention in all patients. During a median follow-up of 62 months (range 14-113 months), there were two clinical recurrences. They wrote that surgery is still considered the most effective treatment for symptomatic Polycystic liver disease.

Aussilhou et al wrote in a review paper that the treatment of PLD thus covers a wide range of therapeutic options, ranging from non-intervention to liver transplantation, including needle aspiration evacuation with injection of sclerosant, laparoscopic fenestration and fenestration by laparotomy combined with liver resection. Hepatectomies for PLD are technically difficult because the planes and the vascular and biliary structures are compressed by the cysts. Liver transplantation, whether isolated or associated with renal transplantation, is indicated in cases of severe malnutrition and/or end-stage renal disease or if the volume of remnant parenchyma is insufficient and suggests failure of a partial hepatectomy.



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Konstadoulakis et al reported on 9 patients that underwent laparoscopic fenestration. All patients had both liver lobes affected with multiple cysts, whereas type II disease (present in 8 patients) was not a contraindication for the procedure. Complete regression of symptoms was achieved in 7 of our patients (77.8%). During a mean follow-up of 25.8 months, 2 patients presented with recurrence of their symptoms (22.2%). One of them was reoperated on; both of them remain symptom free 14 months postoperatively

Robison et al reported on 11 patients underwent 20 laparoscopic cyst fenestration operations as treatment for symptoms of their PCLD. The symptoms resolved postoperatively in all the patients. An additional laparoscopic fenestration was required in six (55%) patients for recurrent symptoms. Two patients required hepatic transplantation. The authors conclude that laparoscopic fenestration for PCLD is safe, results in minimal "down" time and relieves the symptoms caused by PCLD. Symptomatic relief usually is temporary, and repeat surgery is required for recurring symptoms in half of the patients.

Jung et al reported on a case similar to my case here under discussion. Multiple cysts in the enlarged liver were opened and the cyst walls were excised with electrocautery. No surgical complication occurred and the patient was discharged 10 days after the open fenestration surgery. The total liver volume was 3,870 ml before surgery and 3,125 ml at 1 week after surgery, showing a volume reduction of 19.3%. After surgery, her performance status improved significantly. In this reported case, significant improvement in quality of life and daily activity performance was achieved after open fenestration treatment over 18 months of follow-up without disease recurrence.

Schnelldorfer et al reported on 141 patients with polycystic liver disease. 124 underwent partial hepatectomy with cyst fenestration, 10 underwent cyst fenestration alone, and 7 underwent liver transplantation. Longterm recurrence of symptoms was 73%. They wrote that polycystic liver disease represents a clinical challenge and the optimal surgical treatment is still evolving.

[Bernts LH. Clinical response after laparoscopic fenestration of symptomatic hepatic cysts: a systematic review and meta-analysis. Surg Endosc. 2019 Mar;33\(3\):691-704.](#)

Martinez-Perez A. Laparoscopic surgery and polycystic liver disease: Clinicopathological features and new trends in management. J Minim Access Surg. 2016 Jul-Sep;12(3):265-70.

Aussilhou B. Treatment of polycystic liver disease. Update on the management. J Visc Surg. 2018 Dec;155(6):471-481.

Jung DH. Fenestration of liver cysts in polycystic liver disease to improve quality of life: a case report and literature review. Korean J Hepatobiliary Pancreat Surg. 2015 Feb;19(1):40-6.

Konstadoulakis MM. Laparoscopic fenestration for the treatment of patients with severe adult polycystic liver disease. Am J Surg. 2005 Jan;189(1):71-5.

Robinson TN. Laparoscopic palliation of polycystic liver disease. Surg Endosc. 2005 Jan;19(1):130-2.

Schnelldorfer TS. Polycystic liver disease: a critical appraisal of hepatic resection, cyst fenestration, and liver transplantation. Ann Surg. 2009 Jul;250(1):112-8.

## Patient A

MRN [REDACTED]

## Liver graft primary non function leading to death

67yo, MELD 20 with HCC. Death 3 days after liver transplant due to graft failure (primary non function). The case was going well until the moment we started doing the portal vein anastomosis. The patient until this time had not received any PRBC blood transfusion. The field was dry, free of blood. After completion of the supra hepatic vena cava anastomosis and removal the porto systemic shunt and start the portal vein anastomosis we noticed a major bleeding and hypotension. The bleeding was very severe. At this moment I asked Dr. [REDACTED] to come in and help and he promptly came. We packed the abdomen with lap pads but we still had significant bleeding. When he scrubbed in he suggested to remove the liver out of the field and after I said that the liver was already

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AND SURGERY

over 40min in the body (warm ischemia time-when the liver is still without blood perfusion- longer than 60min is detrimental to the liver), and after I said if we would take the liver out of the body and put back on ice (cold preservation on the backtable) it would not reset the clock of warm ischemia he agreed to keep the liver in. That liver on ice (cold solution) would still have a "history" of 40min of warm ischemia time even if removed and cooled again because what matter is that during warm ischemia time (total anoxia) the energy stores (ATP) are consumed and that is very important for the graft start working after we connect the liver to blood supply. So, if we would had removed the graft it would still have had 40min of warm ischemia before the removal and placement back on ice and likely would have gone another 40min to reach at that same point of the graft implantation that we were on (completed IVC anastomosis) when the bleeding started. So, removing the liver out the body would still lead to at least 80min of warm ischemia to be at the same point we were on before. That was the rationale of keeping the liver in. Basically, we had 40min to take care of the bleeding by keeping the liver in the abdominal cavity and we would still have the same final warm ischemia time as if we had removed the liver and started again all over after re-cooling the liver. After this reasoning the chief of transplant and my attending colleague agreed. It was difficult to assess how long we needed to control the bleeding at that time but 40min seemed to be a good time. If they were against my suggestion to keep the liver in they would not have let me do something that would harm the patient. If I asked for his help to come over is because I care about someone's opinion, experience, and accept suggestions.

We could see that the bleeding was not coming from the vena cava anastomosis. Later, we found that the source of the bleeding was the spleen. The patient had a spontaneous spleen total rupture after removal of the portosystemic bypass (due to severe portal hypertension in the setting of portal vein clamp and reintroducing the blood of the bypass system in a patient that had minimal bleeding until this point. The decision to remove the liver out is not easy. It could have been a variceal bleeding which is an easier problem to fix with clamping and ligation, a spleen crack that could have been easier controlled and taken care later until we finished the liver anastomoses and reperfused the graft. It could have been possible to even do clamping of the spleen pedicle in a shorter time or even a splenectomy within that 40min that we would need to redo that anastomosis to get to the same point of implantation. 40min is a reasonable time to take care of a bleeding. It is impossible to have predicted that it would have taken longer than 40min (it took 45-50min) to control the bleeding. We didn't need to complete a splenectomy but to clamp the pedicle and continue the portal anastomosis and reperfuse the liver. Then we could finish the splenectomy. In trauma surgery when we have spleen fracture we can do a splenectomy quickly. We had a very large incision (Mercedez incision-bilateral subcostal incisions and median laparotomy) and extended it further to the left for better exposure. We tried to put the patient again in portosystemic bypass to decrease the bleeding but the pump team (perfusionist) had already removed the tubing system and left the room as usual. So, it would have taken too long to get it set up and connected again. This is a very rare situation that we don't know what the best way to go is because we have not experienced that before (a massive bleeding at the final stage of the graft implantation). We had spontaneous splenic bleedings before that was detected after the liver implantation and we did a splenectomy (three cases). But this bleeding happened very

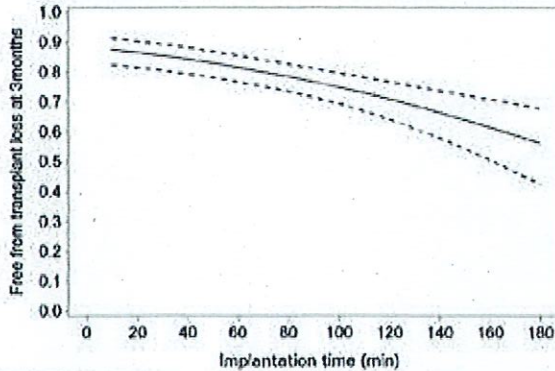
late, right before graft reperfusion. Each situation is unique, and the situation was extremely critical. The decision to take the liver out or not was in the gray zone (judgment call). The patient was bleeding in a rate of 1,5 to 2Liter/minute. There were 4 transplant attending surgeons and one resident on the field with 3 cellsaver suctions and two regular suctions. To make things worse we had an electrical power outage (power surge) and we lost all suctions for longer than 5min and could not see anything anymore. The power outage lasted about 5min but at the rate of the bleeding it was like an eternity. The Belmont rapid infuser stopped working and the anesthesiologist had to squeeze blood bags to keep up the blood pressure. It was a war zone scene. It is easy to say now that we had a bad outcome what was better to have done but at the moment it was a guess game and no much time to think. At the end we ended up with 80-90min of total warm ischemia time, not differently from the time if we would have removed the liver out and put in the cold solution again (40 min before bleeding and 40min after re-cooling to redo the anastomosis and get to the same point we were before). This warm ischemia time we had on this liver 80-90 min is not invariably associated with graft loss. The risk of graft failure with a warm ischemia time of 90min is about 20% (Jochmans I. Transplantation Direct 2018;4:e356; doi: 10.1097/TXD.0000000000000793). Please, see graph below. The main problem that aggravated this complication was that this graft was from an old 75yo donor (lower tolerance to ischemia). This patient developed pulmonary complications (ARDS), multiple organ failure and died three days later. We relisted him for a new liver, but he would not have tolerated a retransplant. This case was presented at the dept of surgery Morbidity & Mortality session and transplant division Morbidity & Mortality session. I think it is a gray zone decision to remove the graft or not and either approach is acceptable and either one would likely have led to the same outcome for this patient. Leaving the liver inside with 40min WIT we at least had a chance of having a shorter warm ischemia time if things went well and the bleeding was easily resolved. Removing the liver, we would have for sure 40min plus 40 min (80min). They also were questioning the possibility of being trauma to the spleen. This is very unlikely because we were about to start the portal vein anastomosis, the spleen was not large and very deep (patient was large and there was a lot of omentum in front of the spleen) far from retractors. The bleeding was massive and abrupt associated with a stellar crack of the spleen.

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**FIGURE 2.** Probability of transplant survival at 3 months posttransplant with varying values for implantation time and adjusted for all other covariables in the Cox model. The dashed lines represent the 95% pointwise interval of the estimate.

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Jochmans I. The Impact of Implantation Time During Liver Transplantation on Outcome: A Eurotransplant Cohort Study. Jochmans I, Fieuws S, Tiekens I, Samuel U, Pirenne J. *Transplantation Direct* 2018;4:e356; doi: 10.1097/TXD.0000000000000793).

Here below, are several papers that show that clamping of the portal vein (pringle maneuver), as we do in liver transplantation, can cause "spontaneous" spleen rupture due to rapid increase in portal vein blood pressure. We had few cases of spleen bleeding at UMass in the past that were not massive and noted after reperfusion and we performed a splenectomy.

van Buijtenen JM, et al. Spontaneous splenic rupture during Pringle maneuver in liver surgery. *World J Hepatol.* 2010.

Camporro-González P, et al. Spontaneous splenic rupture with massive bleeding during Pringle maneuver in laparoscopic liver resection. *Cir Esp (Engl Ed).* 2022.

Low JK, et al. Spontaneous rupture of the splenic capsule with massive bleeding subsequent to the pringle maneuver during laparoscopic liver resection. *Surg Laparosc Endosc Percutan Tech.* 2011.

Low JK, Ayiomamitis GD, Hamoudi A, Ammori BJ. Spontaneous rupture of the splenic capsule with massive bleeding subsequent to the pringle maneuver during laparoscopic liver resection. *Surg Laparosc Endosc Percutan Tech.* 2011 Apr;21(2):e84-6.



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Baradaran S, Mischinger HJ, Bacher H, Werkgartner G, Karpf E, Linck FG.  
Spontaneous splenic rupture during portal triad clamping. *Langenbecks Arch Chir.*  
1995;380(5):266-8.

There was no deviation of standard of care and was discussed and agreed by the other co-surgeons including the transplant surgery chief that was presented when this happened. This was a rare complication with a very extreme (life threatening) presentation when there are no established guidelines and not much time to take a decision. Either decision (with removal or no removal of the liver) could have gone wrong.

In your letter from Sept 18<sup>th</sup> 2023 regarding the Medical Executive Committee recommendation for corrective action you wrote: "*You failed to meet professional expectations in your clinical decision making and judgement in transplant surgery cases, which contributed to poor patient outcomes in Patient B (liver transplant in 2023 with splenic hemorrhage and inadequate recognition of dead bowel)*". That day we met in the CMO office, we spent most of the time discussing the reason of the bleeding and how to manage the bleeding. We haven't discussed the bowel ischemia issue. This patient had dark discoloration of the splenic flexure. Dr. [REDACTED] Dr. [REDACTED] and I were debating to resect or not the colon. I wanted to rule out first that this was not only a bruise or clamp injury when we had to massive clamp the spleen hilum (where the splenic flexure is attached) to control the major bleeding. I only asked to do fluorescent bowel perfusion assessment with fluorescent dye (ICG) before resecting it. This is a simple and quick test that is very reliable (more reliable than surgeons assessment-pls see literature below) and can change the management. Semmlow JL et al (below) wrote that predicting the survivability of intestine that has been made ischemic by impairment of blood flow is a major unsolved problem in gastrointestinal surgery. Currently, the surgeon must rely on qualitative, often subjective assessments that are known to have marginal reliability. It is so important and sometimes difficult to make the diagnosis of bowel ischemia that there are many methods being proposed to better make this diagnosis. Karampinis I et al (below) showed that fluorescent tissue angiography is feasible and technically reliable for evaluating intestinal perfusion in acute mesenteric ischemia and led to a significant clinical benefit in 11% of patients. A relevant discrepancy between surgical visual assessment and fluorescence angiography was found in 35% of the cases.

Eventually, we aborted the ICG assessment and performed a partial colectomy right away because we noted that the mesentery of this segment of the colon and the edge of the colon was compromised with suture which is a clear indication to resect. In this case I



never dismissed the fact that the bowel could be dead, and there was no negative consequence for the patient because the diagnosis and therapy was not delayed.

Recognition of bowel ischemia (vs. bruise) is not always straight forward and all I asked was to do an intraop fluorescent bowel perfusion assessment (ICG/Wood's lamp) before resecting the colon, which is a morbid procedure in a patient that is critically ill, anhepatic and on multiple pressors. There was no delay in the diagnosis and treatment. This decision was intraop and we executed it without further delay. We didn't even discuss this issue when we met to discuss this case.

Here are some papers that support my statements.

Fransyeya P et al in a meta-analysis showed In one hundred and twenty cases that concerned the use of fluorescent dye, ICG for occlusive or non-occlusive mesenteric ischemia, ICG injection led to a modification of the surgical decision in 44 patients (36.6%). Three studies evaluated the use of ICG in trauma patients to assess the viability of bowel or parenchymatous organs in abdominal trauma, to evaluate the perfusion-related tissue impairment in extremity or craniofacial trauma, and to reassess the efficacy of surgical procedures performed in terms of vascularization. ICG injection led to a modification of the surgical decision in 50 patients (23.9%).

[Fransyeya P. Application of fluorescence-guided surgery in the acute care setting: a systematic literature review. Langenbecks Arch Surg. 2023 Sep 25;408\(1\):375.](#)

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A meta-analysis by Renna MS et al showed that in 66 eligible studies involving 11,560 participants that the use of indocyanine green fluorescence angiography for bowel perfusion assessment was associated with a significant reduction in anastomotic leak.

[Renna MS. Intraoperative bowel perfusion assessment methods and their effects on anastomotic leak rates: meta-analysis. Br J Surg. 2023 Aug 11;110\(9\):1131-1142.](#)

Joosten JJ et al in a multi-center study showed that fluorescent angiography changed management in 27 (29%) patients. In four patients (4% overall), resection was avoided and in 21 (23%) extra bowel length was preserved.

Joosten JJ. The use of fluorescence angiography to assess bowel viability in the acute setting: an international, multi-centre case series. *Surg Endosc.* 2022 Oct;36(10):7369-7375.

Breuking EA et al in a systematic review to assess the value of intraoperative intestinal perfusion in the pediatric population showed that fluorescent angiography was useful more than conventional clinical assessment.

Breuking EA. Safety and Feasibility of Indocyanine Green Fluorescence Angiography in Pediatric Gastrointestinal Surgery: A Systematic Review. *J Pediatr Surg.* 2023 Aug;58(8):1534-1542.

Spagnolo et al, in a systematic review, showed that the use of fluorescent imaging for intraoperative intestinal assessment is superior than clinical assessment.

Spagnolo E. Role of fluorescence imaging for intraoperative intestinal assessment in gynecological surgery: a systematic review. *Minim Invasive Ther Allied Technol.* 2022 Oct;31(7):992-999.

A meta-analysis by Chang DK et al, including 20 studies (5,498 patients), showed that the use of indocyanine green fluorescence angiography for bowel perfusion assessment was associated with a significant reduction in anastomotic leak. Indocyanine green fluorescence angiography led to a change in the clinical decision of the anastomotic site in 216 (9.7%) patients

Chang DK. Indocyanine green fluorescence angiography decreases the risk of colorectal anastomotic leakage: Systematic review and meta-analysis. *Surgery.* 2020 Dec;168(6):1128-1137.

Pang HY et al, in a meta-analysis of 18 studies (4,083 patients) showed that fluorescent angiography to assess bowel perfusion prevented anastomotic leakage (3.7% vs 8.6%,  $P < 0.0001$ ).

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Pang HY. Indocyanine green fluorescence angiography prevents anastomotic leakage in rectal cancer surgery: a systematic review and meta-analysis. *Langenbecks Arch Surg.* 2021 Mar;406(2):261-271.

Semmlow JL et al wrote that predicting the survivability of intestine that has been made ischemic by impairment of blood flow is a major unsolved problem in gastrointestinal surgery. Currently, the surgeon must rely on qualitative, often subjective assessments that are known to have marginal reliability.

Semmlow JL. Evaluation of quantitative approaches to assessment of bowel viability. *Biomed Instrum Technol.* 1997 Nov-Dec;31(6):591-9.

Karampinis I et al showed that fluorescent tissue angiography is feasible and technically reliable for evaluating intestinal perfusion in acute mesenteric ischemia and led to a significant clinical benefit in 11% of patients. A relevant discrepancy between surgical visual assessment and fluorescence angiography was found in 35% of the cases.

Karampinis I. Indocyanine Green Tissue Angiography Can Reduce Extended Bowel Resections in Acute Mesenteric Ischemia. *J Gastrointest Surg.* 2018 Dec;22(12):2117-2124.

Brooks et al using an animal model to test several methods to detect bowel ischemia and using histological necrosis as the standard, showed that visual inspection was the only method unable to detect a difference between vascularized and devascularized bowel for each of the eight data points.

Brooks JP. Thermal imaging in the detection of bowel ischemia. *Dis Colon Rectum.* 2000 Sep;43(9):1319-21.

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Horgan PG et al wrote that the most practical approach would appear to be to use fluorescein assessment under a modified Wood's lamp as the initial method of evaluating intestinal viability.

Horgan PG et al. Operative assessment of intestinal viability. Surg Clin North Am. 1992 Feb;72(1):143-55.

Holmes et al in an animal model showed that Survival did not correlate with bowel color, presence of peristalsis, bowel wall pO<sub>2</sub> Doppler ultrasound, or the myoelectric parameters. However, fluorescein fluorimetry was predictive of long-term viability. These results suggest that quantitative fluorescein fluorimetry may be a useful adjunct in intraoperative bowel viability assessment.

Holmes NJ. J Invest Surg. 1993 Mar-Apr;6(2):211-21. Intraoperative assessment of bowel viability

Bornstein et al comparing fluorescent imaging with clinical decision in bowel resection showed that Intraop fluorescence imaging provides objective, real-time, and interpretable data of intramural blood supply. A 15% disparity rate from current clinical practice was observed.

Bornstein JE. Assessment of Bowel End Perfusion After Mesenteric Division: Eye Versus SPY. J Surg Res. 2018 Dec;232:179-185.

Dupree A et al showed in an animal model that the Even small differences in perfusion can be reliably determined by ICG-FI. Thus, ICG-FI is an encouraging method to evaluate intestine perfusion intraoperatively.

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Dupree A. Intraoperative quality assessment of tissue perfusion with indocyanine green (ICG) in a porcine model of mesenteric ischemia. PLoS One. 2021 Jul 20;16(7):e0254144.

Carter et al wrote that assessing intestinal viability with quantitative fluorometric fluorescence is reliable in almost all instances.

Carter MS. Qualitative and quantitative fluorescein fluorescence in determining intestinal viability. Am J Surg. 1984 Jan;147(1):117-23

The combination of ultraviolet (UV) light and fluorescein dye would be considered a simple, reliable and technically easy procedure for diagnosis of intestinal ischemia. The method can be used both for laparotomy when the source of UV light is a Wood's lamp. Present clinical experience shows that the method is precise, objective and accessible and that it gives a greater amount of independence to the surgeon allowing him to make the diagnosis of intestinal ischemia without having to rely on the assistance of other specialists.

Paral J. [Peroperative diagnostics of acute bowel ischemia using ultraviolet light and fluorescein dye]. Rozhl Chir. 2009 Oct;88(10):590-5.

Kaliczek A et al showed that surgeons' clinical risk assessment appeared to have a low predictive value for anastomotic leakage in gastrointestinal surgery.

Surgeons lack predictive accuracy for anastomotic leakage in gastrointestinal surgery. Kaliczek A. Int J Colorectal Dis. 2009 May;24(5):569-76.

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Brolin RE et al showed that Presence of peristalsis did not correlate with histologic grade or survival rate. Intestinal color correlated with resection margin histology (p less than or equal to 0.001) but not survival. The ECM and Doppler ultrasound were both superior to gross visual assessment in predicting intestinal survival.

Brolin RE. Comparison of five methods of assessment of intestinal viability. Surg Gynecol Obstet. 1989 Jan;168(1):6-12.

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Patient B

MRN [REDACTED]

**Candida arteritis-Mycotic aneurysm/Graft loss**

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I have been criticized in this case for not knowing that this patient had positive cultures reported post-operatively when I should have known about it, and for failing to act on it in a timely manner, leading to post-operative complications. I accept responsibility for overlooking an email that reported the test result, but believe it is pertinent to point out that the back-up procedures designed to catch such oversights failed as well, so this amounted to a systemic failure as well as mine.

Accordingly, the summary suspension of my privileges on July 12 was a reaction to what occurred in this case and I would kindly ask to lift it before Friday, August 11, 2023 in order to avoid an Adverse Action Report being submitted to the National Practitioner Data Bank, that would unfairly and irreparably damage my almost fifteen-year career, which up until now has been practically spotless—no patient complaints and no malpractice claims

Patient in his 40s had a kidney transplant on 06/14/2023. The kidney donor had disseminated fungal infection, but this was not known until 2 days later after transplant. At the time the organ was offered the donor had only colonization of urine with yeast what is a common finding in ICU patients with a foley catheter (up to 16%). Several blood cultures before the donor operation were negative. The donor had a transplant infectious disease doctor consult that stated the donor was unlikely to be infected. The organ bank sent new cultures on the day of the donor operation that were not communicated or available to transplant teams (only the organ bank has access to these results at donor hospital and later share them with transplant teams). They did not share with us that new cultures were sent on the day of the donor operation.

The kidney transplant operation went very well. One day later (06/15/2023 ) the organ bank called me that the urine culture was positive for yeast. Antifungal was not started. Positive urine culture for yeast is not a strong indication to start prophylactic anti-fungal agents but I should have contacted transplant ID. Because concerns with increasing fungal resistance and messing up with antirejection medication (tacrolimus) levels and associated neurotoxicity, some centers don't do prophylaxis with fluconazole while others do. The level of evidence for prophylactic treatment of donor urinary colonization or infection with candida is low. It is based only on expert opinion and few retrospective studies. The indication to start a prophylactic antifungal with stronger evidence is when either when the donor blood culture or organ preservation fluid culture are positive. I did not react to emails from the organ bank (sent on 06/15 and 06/16) with more results. I am not sure if I didn't open or overlooked it (too many emails and calls to remember details).



The next day (06/17) at night I received a call from the organ bank saying that the blood culture was positive for yeast, and then I contacted the resident and asked him to start Fluconazol. Around the same time the Transplant VP which was cc/ed in all emails with culture results from the organ bank contacted the chief of transplant and Transplant Infectious diseases doctor which called the resident after my call and recommended adding Micafungin (two days later this was changed back to fluconazole). Next, Dr. [REDACTED] emailed me that evening and asked if I had seen that email. I answered his email right after and said that I did. On the 06/19 (5 days after the transplant) our patient's blood culture (collected on the 06/17) grew yeast and his urine was negative. The patient never had any UTI symptoms and did not have infection signs (tachycardia, hypotension, fever, chills). He continued on antifungal treatment and was evaluated for mycotic aneurysm with ultrasound. He cleared the fungal infection in blood after few days (blood cultures from 06/19 and 06/20 were negative). The urine culture was never positive. He was discharged to a hotel close by because he lives far away and we needed close monitoring. He was on antifungal treatment. The culture results from the preservation fluid (that came with the kidney) came back only several days later 06/19. It was positive for bacteria GPC and only later this was described as candida.

After the transplant I went on a planned vacation and when the following events happened. I was not involved in these decisions. There was a delay in giving the right treatment (exploratory laparotomy) for several hours.

He came back several days later after discharge for scheduled dialysis with excruciating pain on the incision site, could barely walk, 2 days with no oral intake, was pale, hypotensive, and the hemoglobin was 4 resulted at 8am. In addition, he had the known risk of mycotic arteritis/aneurysm. The team assessed and decided to do hemodialysis and transfuse him instead of sending him straight to OR. He got an ultrasound that showed intraabdominal hematoma and a CT Angiography was ordered. He was still not formally admitted. He was more hypotensive and the hemodialysis nurses contacted the team to re-evaluate him and he was rushed to OR. He arrived in OR around 2pm. He coded when he was moved to the OR table and a laparotomy and sternotomy were performed and the patient received cardiac resuscitation. There was a mycotic arteritis/aneurysm with rupture of the kidney graft anastomosis due to the infection. The graft was removed. Vascular surgery was called in and he received a femoral-femoral arterial bypass and fasciotomy on that leg. Intraop cultures and cultures from the renal artery grew yeast, confirming mycotic arteritis. Pt had subsequently few washouts to clean the infection of the graft bed. Patient was discharged on 07/22. He is doing okay. His last cultures were negative for fungal infection.

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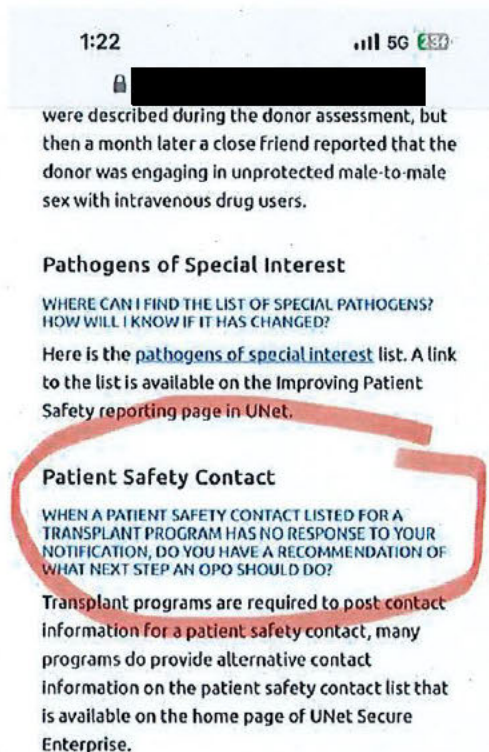
### Assessment

I recognize that the delay to start antifungal was a mistake and feel terrible for missing this. It was the first time it happened to me. I failed and needed to be more attentive to emails. I have delineated below a plan to improve on that. The other layers of safety were



not effective either and need to be improved. So, there are several opportunities for system improvement. I started the right treatment when I was called the blood cultures were communicated by a phone call in the evening but should have led transplant ID know too right away. It was a very busy week with several transplants, high census, and many phone calls. It is the kind of week that we struggle to find any time to sleep. We did several transplants that week and had 15 complex patients admitted. The day I missed that emails, I received 78 emails, and 58 and 50 emails in the two days prior.

If there is no response to a communication the organ bank is supposed to contact the backup person (patient safety contact). The backup person was cc/ed on all the emails. They also have contacted him by phone about the positive blood cultures only minutes apart they called me (7:21pm 06/17). That recommendation to call the backup person (screen shot below) you can find on the UNOS/OPTN home page. It says If there is no response by the primary contact, they should contact the alternative contacts. UNOS allows as many backup safety contacts as we want. At UMass we have just the surgeon on call and the transplant administrator.



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Emails are not the best form to communicate critical lab results. We should improve the system by adding more safety layers. I delayed treatment in 1-2 days what was detrimental for the successful therapy, but I am not sure if this would have prevented the complication. When the blood culture was positive the renal vessels were already exposed to the yeast for few days and the donor was not getting any treatment because cultures were negative. Results of the blood cultures came after transplant. This is a rare but terrible complication that most of the time leads to graft loss.



To treat candiduria alone is controversial because of antifungal resistance. Reported urine culture positivity rate among donors has ranged from 2.8 to 16%. Many patients in ICU (like organ donors) with foley catheters have candida colonization. We do not open the bladder during the donor operation and there is no urine leak because of antireflux valves in the bladder. In the past at UMass we have not always treated urine colonization with yeast.

Reported urine culture positivity rate among donors has ranged from 2.8 to 16%, Boutin et al was careful stating the efficiency of antimicrobials: "...Some retrospective data suggest that prophylactic antimicrobial regimen choice, timing, and duration could play in preventing transmission. When donor bacteriuria is associated with other positive culture sites at the time of procurement, suggesting a high bacterial load, transmission could also be more likely" (Boutin CA). The risk of donor derived infection associated with isolated donor bacteriuria is more debatable. a retrospective study evaluating cadaveric donors with isolated bacteria, no difference in infection, allograft dysfunction, or survival was seen between recipients with or without preemptive therapy (Cabrera P2019).

With little information known about the donor, some favor treating the recipient for these contaminants, which is probably unnecessary in most cases. Two retrospective cohorts of donors with positive blood cultures (n=95 and n=29), including S.aureus and yeast, documented no transmission despite heterogeneous preemptive recipient antimicrobials. (Kaul DR 2021)

*Kaul DR, Vece G, Blumberg E, et al. Ten years of donor-derived disease: a report of the disease transmission advisory committee. Am J Transplant. 2021;21(2):689-702.*

There is just one study, to my knowledge, that assessed the risk of urinary infection in the donor in the absence of blood infection.

Cabrera et al wrote: "*In this cohort, no significant differences were observed between the two groups (with treatment and no treatment) regarding incidence of infection, readmission rates for infections, and 1-year graft and patient survival. It is not known whether the benefits of preemptive antimicrobial therapy for urine-only positive cultures (ie, in absence of donor blood stream infection) outweigh the potential risks such as increased risk of Clostridium difficile infection, emergence of antibiotic resistance, or adverse events and allergic reactions including acute interstitial nephritis with beta-lactams. Previous research has demonstrated that treatment of the recipient with appropriate antibiotics for the organism isolated from donor cultures can prevent transmission of infections. We did not observe differences in transmission rates or transplant outcomes between patients who received preemptive therapy and those who did not.*" (Cabrera P 2019)."

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*Cabrera P, Centeno A, Revollo J, Camargo JF. The role of preemptive antimicrobial therapy in kidney recipients of urine-only positive donor cultures. Transpl Infect Dis. 2019 Oct;21(5):e13150.*

*Boutin CA, Pouch SM, Ison MG. Utility of deceased donor cultures in solid organ transplantation in preventing donor-derived bacterial and fungal infectious diseases transmission. Transpl Infect Dis. 2023 Apr;25(2):e14032.*

Delgado wrote about treating candiduria: "*It does not seem necessary to treat candiduria in this setting. Antifungal therapy was not associated with either reduction in recurrence or the appearance of more resistant species (Delgado J 2010).*"

Denis et al wrote : "...Antifungal therapy had no impact on candiduria clearance, on recurrence rate, and on the risk of severe complications or death" (Denis B 2018).

Safdar et al wrote: "Treatment of asymptomatic candiduria in renal transplant recipients does not appear to result in improved outcome." (Safdar N 2005).

Sobel JD et al wrote : "*Fluconazole initially produced high eradication rates, but cultures at 2 weeks revealed similar candiduria rates among treated and untreated patients. Oral fluconazole was safe and effective for short-term eradication of candiduria, especially following catheter removal. Long-term eradication rates were disappointing and not associated with clinical benefit.*" (Sobel JD 2000).

*Delgado J, Calvo N, Gomis A, Pérez-Flores I, Rodríguez A, Ridao N, Valero R, Sánchez-Fructuoso AI. Candiduria in renal transplant recipients: incidence, clinical repercussion, and treatment indication. Transplant Proc. 2010 Oct;42(8):2944-6.*

*Denis B, Chopin D, Piron P, Resche-Rigon M, Bretagne S, Gits-Muselli M, Peraldi MN, Abboud I, Molina JM. Candiduria in kidney transplant recipients: Is antifungal therapy useful? Mycoses. 2018 May;61(5):298-304.*

*Safdar N, Slattery WR, Knasinski V, Gangnon RE, Li Z, Pirsch JD, Andes D. Predictors and outcomes of candiduria in renal transplant recipients. Clin Infect Dis. 2005 May 15;40(10):1413-21.*

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*Sobel JD, Kauffman CA, McKinsey D, Zervos M, Vazquez JA, Karchmer AW, Lee J, Thomas C, Panzer H, Dismukes WE. Candiduria: a randomized, double-blind study of treatment with fluconazole and placebo. The National Institute of Allergy and Infectious Diseases (NIAID) Mycoses Study Group. Clin Infect Dis. 2000 Jan;30(1):19-24.*

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Here is some relevant information to show that the prognosis of those cases with mycotic aneurysm is poor, despite proper early therapy. We had two cases at UMass in the last 10 years and both patients died. Some groups even recommend prophylactic removal of the graft to decrease the risk of death (Mai H et al 2006, Gioco R. Clin Transp2021).

Because of scarcity of organs and mortality on the death list, the transplant community is using more donors with suspicion from infections or infected donors.

The Incidence of mycotic aneurysm is 0.1%. "...The risk of transmission from a fungemic donor is 16.7%" (Mo et al J Korean Med Sci. 2022).

Missing or delaying diagnosis and treatment of this infection transmission is not uncommon. In this report from the workgroup of UNOS/OPTN " Donor-Derived Transmission of Candida species: 10-year Analysis from the OPTN ad hoc Disease Transmission Advisory Committee (DTAC)" by Jason D. Goldman (abstract 1993 OFID 2023:10 (Suppl 2)) they wrote:

Candida species are common colonizers in deceased donors managed in the intensive care environment, and transmission to the recipient through transplantation is a described phenomenon. Cases referred to Organ Procurement and Transplantation Network (OPTN) Disease Transmission Advisory Committee (DTAC) between 2012 and 2022 as potential donor disease transmission events (PDDTE) . Results. Forty deceased donors were identified. 124 transplant recipients received organs from these donors including 60 kidney, 27 liver, 15 heart, 14 lung, and 8 multi-visceral or other. Recipients were frequently bacteremic and had Candida growth at site of explanted kidney. Mycotic aneurysm, bleed or hematoma occurred in 22 recipients. Allograft explant was performed in 14 recipients (13 kidney and 1 other). Within 45 days death occurred in 17 recipients. Six of the 17 recipients who died received antifungal therapy. Conclusion. Donor-derived Candida infections occur with significant associated morbidity, including graft loss, and mortality, especially in kidney recipients. Opportunity exists to further identify risks, improve communication across transplant centers, initiate appropriate antifungal therapy, and improve management of mycotic aneurysm due to candidiasis.



Delays in starting antimicrobial treatment due to positive donor cultures are very common. Delays are the result of the lack of standardization in reporting, and communication gaps.

Mo et al wrote: "...If donors have bloodstream bacterial infection, our study showed that the transmission rate is very rare. Although the use of appropriate antimicrobial agents was in less than half (47.8% before transplant and 39.5% after transplant), no bacterial transmission was reported. For fungal infections, there is a more lack of data. Although fungal transmission was quite rare, it seemed to be associated with worse results than bacterial transmission. In a multicenter study conducted in France, *Candida* species were detected at the kidney graft site in 0.1% of cases, and 75% of recipients were infected *Candida* species. Most of the recipients with transmitted infections had serious complications such as aneurysms or graft loss. For fungal infections other than *Candida* species, the incidence is not well known. Most infections are not detected in routine screening; therefore, there have been some cases with serious consequences due to insufficient treatment. In our study, *Candida* species was confirmed in the donor's blood, not the graft site, and transmission occurred in 1 (16.7%) of the 6 cases. The recipient received proper antifungal treatment for seven days after transplant; however, the infection was not controlled even with an empirical antifungal agent."

Bindi et al wrote "...to treat or not to treat an asymptomatic kidney transplant recipient with positive screen cultures remains a difficult choice."

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Mani et al wrote "...There are currently no therapeutic guidelines available for the prevention of vascular complications in cases of fungal infection of the donor or preservation fluid contamination. The absence of vascular injury in two untreated patients (patients 1 and 3) undergoing transplantation in 2004, and probably in many other unpublished cases, also highlights the potential influence of associated factors yet to be clearly identified..."

Mai wrote "...This is a serious complication of renal transplantation because it leads to graft loss in the majority of the cases and even to death in a few cases despite an efficient and rapid treatment... nephrectomy is mandatory to prevent bleeding due to anastomotic wall rupture."

1. Mo H, Lee J, Park JB, Park SC, Kim YH, Han A, Jung IM, Ha J, Kim NJ, Min S. Kidney Transplantation From Deceased Donors With Bloodstream Infection: A Multicenter Retrospective Study. *J Korean Med Sci.* 2022 Jan 3;37(1):e4. doi: 10.3346/jkms.2022.37.e4. PMID: 34981680; PMCID: PMC8723893.

2. Bindi M, Ferrareso M, De Simeis ML, Raison N, Clementoni L, Delbue S, Perego M, Favi E. Allograft artery mycotic aneurysm after kidney transplantation:



*A case report and review of literature. World J Clin Cases. 2020 Mar 6;8(5):912-921. doi: 10.12998/wjcc.v8.i5.912. PMID: 32190627; PMCID: PMC7062617.*

3. Mai H, Champion L, Ouali N, Hertig A, Peraldi MN, Glotz D, Rondeau E, Costa MA, Snanoudj R, Benoit G, Charpentier B, Durrbach A. *Candida albicans arteritis transmitted by conservative liquid after renal transplantation: a report of four cases and review of the literature.* *Transplantation.* 2006 Nov 15;82(9):1163-7.

4. Rodrigues BF, Natário AS, Vizinho RS, Jorge CM, Weigert AL, Martinho A, Toscano C, Marques TT, Machado DS. *Candida species contamination of preservation fluid-outcome of renal transplantation in 6 patients. Transplant Proc.* 2013 Jul-Aug;45(6):2215-9. doi: 10.1016/j.transproceed.2013.03.024. PMID: 23953531.

5. Aslam S, Rotstein C; AST Infectious Disease Community of Practice. *Clin Candida infections in solid organ transplantation: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice.* *Transplant.* 2019 Sep;33(9):e13623.

6. Matignon M, Botterel F, Audard V, Dunogue B, Dahan K, Lang P, Bretagne S, Grimbert P. *Outcome of renal transplantation in eight patients with Candida sp. contamination of preservation fluid.* *Am J Transplant.* 2008 Mar;8(3):697-700.

Missing communication of donor results is not an uncommon mistake and has been subject of a working group in the organization that oversees transplant in USA-UNOS ( UNOS/OPTN Ad Hoc Disease Transmission Advisory Committee) (Miller R 2011). As you can see below, this document recognizes that a significant number of reports end up not being reviewed because of problems with communication even after requirement for transplant centers to have 24/7 call system to receive this reports.

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## ***Improving Post-Transplant Communication of New Donor Information***

**Sponsoring Committee:** Ad Hoc Disease Transmission Advisory Committee

**Policy/Bylaws Affected:** Policies 2.9 (Required Deceased Donor Infectious Disease Testing), 2.11.C (Required Information for Deceased Heart Donors), 2.13 (Post Procurement Follow Up and Reporting), 15.4 (Reporting of Potential and Proven Disease Transmissions), 15.5 (Requirements for Post-Transplant Discovery of Donor Disease or Malignancy), 15.6 (Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors)

**Public Comment:** January 25, 2016 – March 25, 2016

**Effective Date:** September 1, 2016 except changes to Policies 2.9 (Required Deceased Donor Infectious Disease Testing) and 2.11.C (Required Information for Deceased Heart Donors) to be determined; UNOS will notify members at least 30 days in advance of implementation.

### **Problem Statement**

Review of potential donor-derived disease transmission events (PDDTE) by both the Ad Hoc Disease Transmission Advisory Committee (DTAC) and UNOS staff since 2006 has highlighted instances where communication delays or failures regarding new donor information learned after transplant led to transplant recipient morbidity or mortality.

In 2011, policy revisions added reporting requirements and a requirement to have a 24/7 patient safety contact to handle reports. Data have shown significant increases in reporting since that time, yet some of the increased reporting has not led to gains in prevention, since a significant number of reports end up not being reviewed. Reporting practices vary greatly by region and Donation Service Area (DSA). The manpower required for current reporting and follow-up tasks may not be the best use of limited resources. Reports from transplant patient safety contacts indicate that significant time and energy are being spent

Also important to note is that there is increasing amount of evidence that the reporting of this donor information is not safe or effective. This recent article ([Congress authorizes overhaul of troubled organ transplant system - The Washington Post](#)) in the Washington Post from 07/27/23 showed that the congress broke the 37 year long monopoly of organ allocation from UNOS to improve efficiency and safety.

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*“... The Senate Finance Committee investigation revealed in August that 70 people had died and 249 developed disease after mistakes in the screening of organs, and that UNOS was not holding members of the system accountable. Organs were lost in transit or not collected. The U.S. Digital Service called in 2021 for the complete overhaul of the technology that powers the system and the end of UNOS’s monopoly, citing aged software, periodic system failures, mistakes in programming and overreliance on manual input of data.”*

There is no closed loop communication in real time when these donor culture results become available. Usually, there is a delay in one day and the communication is dependent on individual organ bank policy. There is no standardization for reporting and there are organ banks that are more efficient than others in reporting. Notification of critical risk results to the physician by telephone has been shown to reduce the time needed for diagnosis and initiation of treatment, hence decreasing the associated morbidity and mortality. Therefore, a proper strategy for critical risk result notification, rather than an obligation for clinical laboratories, is both a right for the patient in order to ensure safety and a crucial point for healthcare systems, which reduces costs and saves lives (Campuzano G 2011, Delgado Rodríguez 2019). In this regard, the ISO 15189:2012 accreditation requires clinical laboratories to design and establish a protocol for a critical risk result and a periodic evaluation of the system.

*Campuzano G. Critical values in the clinical laboratory: from theory to practice. Med Lab (Ed Ital). 2011;17:331–50.*

*Jose A. Delgado Rodríguez, Maria I. Pastor García, Cristina Gómez Cobo, Antonia R. Pons Más, Isabel Llompert Alabern, Josep Miquel Bauça. Assessment of a laboratory critical risk result notification protocol in a tertiary care hospital and their use in clinical decision making. Biochem Med 2019 Oct 15; 29(3): 030703.*

Requirements for timely communication of culture results may vary locally and are sometimes not clearly established or communicated.

*“In the United States, Organ Procurement and Transplantation Network policy requires OPOs to share donor information, including donor cultures, on DonorNet and to contact the recipient team within 24 h with results of normally sterile body fluid cultures including blood, cerebrospinal or pleural fluid, when done, regardless of the type of organ received. Urine culture for kidneys and respiratory samples culture for lung recipients must also be reported within 24h of receiving the transplant program. While there are standards for communicating information, there is no standard for expected turn-around time for microbiology results.*

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As shown in a recent nationwide survey of Organ Procurement Organizations (OPOs) practices, important variability exists among microbiology laboratories used for donor cultures, including local labs outside the OPO (59%), reference labs (25%), in-house OPO labs (10%) and other labs (6%). Since many of these reference laboratories are not directly linked to the transplant centers, requests for additional susceptibility testing by the recipient center are challenging. This is particularly challenging since the OPO is the paying customer for the testing but additional testing is being requested by transplant teams. There is no formal guidance or process for requesting additional testing and no requirement that it be actually performed (Boutin CA 2023)."

Sifri et al wrote "...Most US organ procurement organizations (OPOs) send bacterial cultures to reference laboratories. Data from the OPTN/UNOS DTAC have previously highlighted delays in communication as a contributor to disease transmissions (Miller R 2011). Unlike clinical laboratories in hospitals, reference laboratories are not strongly linked to end users (i.e., the recipient's transplant team). As a result, delays may occur in informing the end user that a specific pathogen is growing or that there is concern about resistance while waiting for the final culture results. As a result, the center may not start or alter empiric therapy..." (Sifri CD 2012).

Miller R, Covington S, Taranto S, et al. *Communication Gaps Associated with Donor Derived Infections (DDIs): A Report from the OPTN Ad Hoc Diseases Transmission Advisory Committee (DTAC)*. Philadelphia, Pennsylvania: American Transplant Congress, 2011.

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Sifri CD, Ison MG. *Highly resistant bacteria and donor-derived infections: treading in uncharted territory*. *Transpl Infect Dis*. 2012 Jun;14(3):223-8.

Post transplant screening of recipients for potential infectious disease transmission is variably performed in the United States and results of such testing are not currently being collected in a centralized manner (Ison 2011).

In our patient's case there were two deviations in the standard of care. There was deviation in the standard of care because the right treatment with antifungal was delayed. The other deviation in the standard of care was when the patient came into the hospital with bleeding and waited about 6 hours to get to OR when he had a clear indication that he was bleeding (Hb of 4, hypotension, abd pain, hematoma on ultrasound, donor history of fungemia and higher risk of arterial rupture). Hemodialysis could be done later since his potassium was normal and he was hypotensive (bleeding).

I share responsibility for the delay in starting antifungal treatment for overlooking that email communication with critical result. I was not responsible for the second delay in giving appropriate treatment – to bring the patient to the operating room until when he was in very critical condition and coded before reaching the OR table. I was on vacation.

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**Remediation Plan:**

There are many things that I can do to prevent missing important emails and prevent that happening again.

- 1) Contact transplant ID doctors right away whenever I have donor culture results.

There are several system solution approaches that our center can consider to prevent the same problem happening again. We had two cases of mycotic aneurysm at UMass (several years ago) and both patients died.

- 1) Institute close loop communication for these emails with donor result. We should respond that the email is received, and we are aware. If not responded in several hours the backup person should assume that it was not read and should call the primary provider (surgeon) to check and start the process. Essential Closed loop communication has been shown to be an effective model to minimize complications and encourage team collaboration.
- 2) Have a clinical person as backup in this email (cc/ed) communication (patient safety contacts) with UNOS/organ banks that is also on call, in addition to the primary surgeon on call and the transplant administrator. For example, the backup surgeon and if possible, include a transplant ID doctor and the transplant NP. The primary surgeon on call is the busiest one and is handling enormous amount of communication (emails and phone calls), may be stuck in OR for most time of the day, and is usually very tired after these cases and need to sleep. Better to have more than two patient safety contacts. UNOS allows several people in this contact list. At UMass we have only the surgeon oncall and the transplant administrator.
- 3) Create a post-transplant infection prevention protocol to monitor donor cultures that are still pending. In our center, after each transplant there is an email to all providers, including transplant infection disease doctors, informing that a transplant happened. I heard that they usually review donor cultures. Not sure if this is still happening or if so, why this was not picked up. Maybe, we should review it as a group in one of our meetings. After this complication happened there was a QAPI meeting end of June or begin of July to change our policy, stating that the surgeon is now responsible to ask for consults. In the past, and in many other transplant centers the post-transplant donor infection monitoring is done by infectious diseases doctors automatically.
- 4) Obtain routine culture of the preservation solution when the organ arrives at UMass. Many centers do it routinely. Positive preservation fluid culture is a strong

predictor for development of mycotic aneurysms. In our case the results of the preservation fluid culture took 6 days after procurement to be reported (06/19) and it was initially identified as positive for GPC and only on 06/23 identified as yeast. By obtaining preservation fluid culture at UMass we can add safety by improving quality (not uncommon organs come from smaller hospital with less establish clinical labs) and better reporting. The results would come in Epic and it would be easier to follow up by all team members and there are alerts to report critical values. When the results are done in outside hospitals where the organ donors are only the organ bank has access to the lab results, and later they share it with the surgeon on call and the backup person (Transplant administrator). There is often some delay in reporting.

- 5) Develop a treatment protocol for prophylactic antimicrobials when the donor cultures are positive. Consider changing our prophylactic antifungal agent from Nystatin (poor availability in urine) to fluconazole (which has good candida coverage and good availability in urine). Some centers have done that. The disadvantage is that fluconazole can increase antirejection medicine (tacrolimus) level and cause neurotoxicity.
- 6) Involve the patient in the decision-making process of a "prophylactic graft nephrectomy" when we find out later that the donor was fungemic or had positive preservation solution culture for candida since the prognosis is poor and can be life-threatening. Knowing the risk and all potential options may make patients feel better and co-responsible for the decision.

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# Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/26/2023

Foreign Graduate

Applicant Name: MARTINS, PAULO

MD 42577

Date Of Birth: [REDACTED]

Place Of Birth (City, State): [REDACTED] BRAZIL

Sex: M

Race: Hispanic

## Education

Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
HS	MARISTAS SCHOOL	SALVADOR		BRAZIL	1/1990	12/1992			

Medical School Name	City	State	Country	Comments	From	To
UNIV FED DA BAHIA, FAC DE MED, SALVADOR, BAHIA, BRAZIL	Bahia		Brazil		4/1993	12/1998

## Post-Graduate

Facility	City	St	Country	Specialty	Comments	From	To
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	MA	UNITED S	TRANSPLANT SURGERY		7/2010	6/2012
WESTCHESTER MEDICAL CENTER	VALHALA	NY	UNITED S	TRANSPLANT AND HEPATOBIILIARY SURGERY		7/2008	6/2010
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	MA	UNITED S	TRANSPLANT IMMUNOLOGY (DEPT OF SURGERY)		1/2007	6/2008
BRIGHAM AND WOMENS' HOSPITAL	BOSTON	MA	UNITED S	TRANSPLANT IMMUNOLOGY (DEPT OF SURGERY)		1/2006	12/2006
CHARITE-UNIVERSITY OF BERLIN	BERLIN		GERMANY	PHD-TRANSPLANT IMMUNOLOGY (DEPT OF SURGERY)		3/2002	12/2005
UNIVERSITY HOSPITAL, FEDERAL UNIVERSITY OF BAHIA	SALVADOR		BRAZIL	GENERAL SURGERY		3/2000	2/2002
UNIVERSITY HOSPITAL, FEDERAL UNIVERSITY OF BAHIA	SALVADOR		BRAZIL	GENERAL SURGERY		1/1998	12/1998

## Practice History

Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
UMASS HEALTH MEDICAL CENTER	TRANSPLANT SURGERY		WORCESTER	MA		2/2013		
MASSACHUSETTS GENERAL HOSPITAL	TRANSPLANT SURGERY		BOSTON	MA		7/2012	2/2013	
PREFEITURA DE CAMPOS SALES	MEDICINE/SURGERY		CAMPOS SALES		BRAZIL	1/1999	12/1999	

## Other/ Out-Of-State Licenses

State	License #	Profession	Status	Issue Date	Exp Date
MA	242259		U	7/21/10	7/28/28

Foreign Graduate

# Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/26/2023

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MD Exam				
Exam	State	Score	Date Taken	#
USMLE				



# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/26/2023

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Questions Answered 10/25/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges? I had a patient complication for missing relevant information on an email which led to suspension of my clinical privileges. I went through a peer-review process. I will include the npdb report here. I think this measure was disproportional to the complications since there was no pattern. I have shown that my outcomes are no different than my peers and met national benchmarks. This was to good extent politically motivated. I can provide more details.	Y
In the almost 11 years I worked at UMass and before I have never had before any patient formal complaint, any malpractice claim or settlement, never had any bad faculty evaluation or any disciplinary action. This coincided with change in the division leadership. In the last 13 years 7 transplant surgeons left or were asked to leave the division.	
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school? I had a patient complication for missing relevant information on an email which led to suspension of my clinical privileges. I went through a peer-review process. I will include the npdb report here. I think this measure was disproportional to the complications. I have shown that my outcomes are no different than my peers and meet national benchmarks. This was in good extent politically motivated. I can provide more details.	Y
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H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.) I had a patient complication for missing relevant information on an email which led to suspension of my clinical privileges. I went through a peer-review process. I will include the npdb report here. I think this measure was disproportional to the complications. I have shown that my outcomes are no different than my peers and meet national benchmarks. This was in good extent politically motivated. I can provide more details.	Y
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K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N

Foreign Graduate



**Oklahoma State Board of Medical Licensure and Supervision****APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE**

Received: 10/26/2023

**Foreign Graduate**

Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	<b>N</b>
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	<b>N</b>
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	<b>N</b>
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	<b>N</b>
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	<b>N</b>
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	<b>N</b>

Foreign Graduate

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 10/26/2023

Foreign Graduate

**If licensed, where do you intend to locate?**

OK

**Why do you seek Licensure in the state of Oklahoma?**

Join Established Practice

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

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

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

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

Yes

**If 'Yes', Name of practice:**

Oklahoma University Hospital - OUHSC

**If so, Please identify with which category:**

Hospital

**Name of Previous Carrier and Policy Holder**

UMass Memorial Healthcare Inc- Self Insurance Program

I have never had a malpractice claim

**Name of Current Carrier and policy Holder**

UMass Memorial Healthcare Inc- Self Insurance Program

I have never had a malpractice claim

**Will your professional liability insurance policy cover your practice in Oklahoma**

No

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

The institution will offer me during the credentialing phase

I attest that all the above information is accurate as of October 25, 2023: \_\_\_\_\_ (Signed Online)



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

**Send this form to:**

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

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

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

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

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

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

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



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

MARTINS, PAULO

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

11/27/2023

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

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

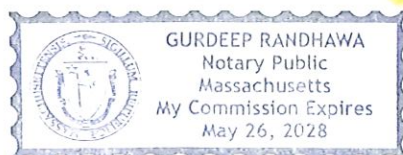
**NOTARY**

State of Massachusetts, County of Worcester

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

The statements on this document are subscribed and sworn to before me by the applicant on this 27<sup>th</sup> day of November, 2023

Notary Public Signature [Signature] My Notary Commission Expires 05/26/2028



MD42577

TS IB





**State of Oklahoma**  
**Board of Medical Licensure & Supervision**

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

Certified Mail and via email [REDACTED]

January 16, 2024

9489 0090 0027 6330 2026 91

Alice Le Huu, MD Applicant 42738  
 [REDACTED]

**REQUEST FOR BOARD APPEARANCE**

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the Secretary of the Board of Medical Licensure and Supervision and was held for your appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **March 7, 2024, at 9:00a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73104 or virtually via Zoom.** The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

**One or more members of the Board have required a personal appearance. Please be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.**

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

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

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

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

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

Sincerely,

Billy H. Stout, M.D.  
 Board Secretary



# OKLAHOMA STATE BOARD OF MEDICAL BOARD OF LICENSURE AND SUPERVISION

*Note: This information was obtained from FAIMER (Foundation for Advancement of International Medical Education and Research).*

## INTERNATIONAL MEDICAL SCHOOL SUMMARY

**INSTITUTION:** Université de Montréal Faculté de Médecine

**LOCATION:** Montreal, QC ,Canada

**ALTERNATE NAMES** School of Medicine and Surgery of Montreal, Laval University (1843 - 1920)

### SCHOOL DETAILS

**School type:** Public

**Year instruction started:** 1843

**Operational status:** Currently operational

**Additional information:** \_\_\_\_\_

### PROGRAM DETAILS

**Year instruction began:** 1843

**Curriculum duration:** 4 years

**Language(s) of instruction:** French

**Entrance exam:**  IS REQUIRED  IS NOT REQUIRED  INFORMATION NOT PROVIDED

**Additional information:** \_\_\_\_\_

### SPONSOR NOTES

**Graduation Years:** \_\_\_\_\_ to \_\_\_\_\_ ; \_\_\_\_\_ to \_\_\_\_\_ ; \_\_\_\_\_ to CURRENT

**Additional Information:** \_\_\_\_\_

**Listed on approved list by California Medical Board:**  YES  NO

**The total number of graduates from this medical school who are licensed by the Oklahoma Board:**

0  1  2  3  4  5

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

Type      Number      Name  
 MD            42738      ALICE LE HUU  
 MEDICAL DOCTOR

**Practice Address:**

December 04, 2023

MARSHFIELD CLINIC MEDICAL CENTER  
 611 N SAINT JOSEPH AVENUE

MARSHFIELD, WI 54449  
 NOT OKLAHOMA

**Status:**

Res: MD

Received: 12/04/2023

Entered: 12/04/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 12/13/2023

AMA Rec: 12/13/2023

Board Action:

License #: 42738

Sex: F

Ethnic Origin: 6

Endorsed By: LMCC

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	LMCC1	PASS	04/2009	12/13/23	1
Test 2:	LMCC2	PASS	09/2010	12/13/23	1
Test 3:	USMLE 1	FAIL	4/19/17	12/7/23	1

Note: **PASS** means higher than 75

Test AV:  
 Total Possible:  
 Okla Passing:  
 Total Score:

### PRE-MED EDUCATION

School Name: CONCORDIA UNIVERSITY

City: MONTREAL

State:      Country: CANADA

Degree: MASTER OF SCIENCE (MSC)  
BIOLOGY

From: 9/2002 To: 9/2004 Verified:

School Name: CONCORDIA UNIVERSITY

City: MONTREAL

State:      Country: CANADA

Degree: BACHELOR OF SCIENCE (BSC)  
BIOLOGY

From: 9/1999 To: 7/2002 Verified:

School Name: JOHN ABBOTT COLLEGE

City: SAINT-ANNE DE BELLVUE

State:      Country: QUEBEC

Degree: DIPLOME D'ETUDES COLLEGIALS

From: 3/1998 To: 9/1999 Verified:

### MEDICAL SCHOOL EDUCATION

Name: UNIV DE MONTREAL, FAC DE MED, MONTREAL, QUE, CANADA

Foreign Name:

City: Montreal

State/Country: Canada

Degree: MEDICAL DOCTOR

From: 9 / 2005

To: 6 / 2009

Diploma Ver'd:

Y

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 MD            42738      ALICE LE HUU  
 MEDICAL DOCTOR

### POST GRADUATE EDUCATION

<b>Facility:</b> BAYLOR COLLEGE OF MEDICINE		<b>Specialty:</b> ADVANCED AORTIC	
<b>Res. Fellowship:</b> Fellowship			
<b>City:</b> HOUSTON		<b>State:</b> TX	<b>Country:</b> UNITED STATES OF AM
<b>Verified:</b>	Waived	<b>From:</b> 7 / 2018	<b>To:</b> 5 / 2020
<b>ACGME Ver'd:</b>	Waived		
<b>Comments:</b> 12/7/2023: NON-ACCREDITED FELLOWSHIP - WAIVED BY THE BOARD SECRETARY (LKG)			
<b>Facility:</b> KELOWNA GENERAL HOSPITAL		<b>Specialty:</b> ADVANCED CARDIAC SURGERY	
<b>Res. Fellowship:</b> Fellowship			
<b>City:</b> KELOWNA		<b>State:</b>	<b>Country:</b> CANADA
<b>Verified:</b>	Waived	<b>From:</b> 9 / 2016	<b>To:</b> 6 / 2018
<b>ACGME Ver'd:</b>	Waived		
<b>Comments:</b> 12/7/2023: NON-ACCREDITED FELLOWSHIP - WAIVED BY THE BOARD SECRETARY (LKG)			
<b>Facility:</b> MCGILL UNIVERSITY		<b>Specialty:</b> CARDIAC SURGERY	
<b>Res. Fellowship:</b> Residency			
<b>City:</b> MONTREAL		<b>State:</b>	<b>Country:</b> CANADA
<b>Verified:</b>	12/07/2023	<b>From:</b> 7 / 2009	<b>To:</b> 6 / 2015
<b>ACGME Ver'd:</b>	Waived		
<b>Comments:</b> 12/7/2023: NOT ACGME ACCREDITED, BUT RCPSC ACCREDITED WHICH IS RECOGNIZED BY THE BOARD (LKG)			





RECEIVED

DEC 05 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Oklahoma State Board of Medical Licensure and Supervision  
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE  
Received: 12/04/2023  
Foreign Graduate

Questions Answered 12/01/2023	2.00	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?		N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?		N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?		N
D. Have you ever been denied or had removed or suspended hospital staff privileges? I am on administrative leave currently at Marshfield Medical Center. It is paid administrative leave due to termination without cause. The hospital has decided that the cardiac surgery program will go in a different direction.  There is NO written or verbal notification of removal of hospital staff privileges.  There is no investigation (before or after administrative leave). There is no pending investigation.  There has been no peer review process before, after, or pending surrounding the administrative leave.  There is no current (or past) investigation, peer review or performance improvement plan of any of my operative cases, behavior, or conduct.		Y
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?		N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?		N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?		N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?		N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?		N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)		N
K. Has your application for examination or a professional license ever been denied?		N
L. Have you ever failed any part of a licensure/certification/registration examination? Yes, USMLE step 1. I did not study enough for it, as I realized that most US states accept Canada LMCC		Y
M. Have you ever surrendered a license or had a license revoked?		N
N. Has any disciplinary action been taken on any license?		N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?		N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?		N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?		N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?		N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?		N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?		N

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Alice Le Huu Alice L Date Dec 4 2023

Subscribed and sworn before me this 4th day of December, 2023

Notary Public January 5, 2026 Cori Ann Richardson

Commission Number 245414

My commission Expires January 5, 2026



42738 UCC

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/04/2023

Foreign Graduate

Applicant Name: LE HUU, ALICE

MD 42738



Date Of Birth: [Redacted]

Place Of Birth (City, State): STE FOY, CANADA

Sex: F

Race: Asian/Pacific Islander

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	CONCORDIA UNIVERSITY	MONTREAL		CANADA	9/2002	9/2004	MASTER OF SCIENCE (MSC) BIOLOGY		
UG	CONCORDIA UNIVERSITY	MONTREAL		CANADA	9/1999	7/2002	BACHELOR OF SCIENCE (BSC) BIOLOGY		

Medical School Name	City	State	Country	Comments	From	To
UNIV DE MONTREAL, FAC DE MED, MONTREAL, QUE, CANADA	Montreal		Canada		9/2005	6/2009

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
BAYLOR COLLEGE OF MEDICINE	HOUSTON	TX	UNITED S	ADVANCED AORTIC FELLOWSHIP		7/2018 5/2020
KELOWNA GENERAL HOSPITAL	KELOWNA		CANADA	ADVANCED CARDIAC SURGERY FELLOWSHIP		9/2016 6/2018
MCGILL UNIVERSITY	MONTREAL		CANADA	CARDIAC SURGERY		7/2009 7/2016

Practice History							
Employer	Specialty	Supervisor	City	ST	Countr	From	To Verif
MARSHFIELD MEDICAL CENTER (MARSHFIELD CLINIC)	CARDIAC SURGERY		MARSHFIELD	WI		9/2021	0/0
CIUSS DU NORD-DE-ILE-DE-MONTREAL	ATTENDING SURGEON (CASUAL)		MONTREAL	CANAD A		5/2020	3/2021

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
WI	75785-20		U	7/30/21	10/31/25
TX	BP10064674		U	7/1/18	6/30/20
AE	Medical Doctor 2	Medical Doctor	U	5/1/20	3/31/23

MD Exam				
Exam	State	Score	Date Taken	#
LMCC				

\$500

Foreign Graduate *UCC*



APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/04/2023

Foreign Graduate

Questions Answered 12/01/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	Y
<p style="color: red;">I am on administrative leave currently at Marshfield Medical Center. It is paid administrative leave due to termination without cause. The hospital has decided that the cardiac surgery program will go in a different direction.</p> <p style="color: red;">There is NO written or verbal notification of removal of hospital staff privileges.</p> <p style="color: red;">There is no investigation (before or after administrative leave). There is no pending investigation.</p> <p style="color: red;">There has been no peer review process before, after, or pending surrounding the administrative leave.</p> <p style="color: red;">There is no current (or past) investigation, peer review or performance improvement plan of any of my operative cases, behavior, or conduct.</p>	
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	Y
<p style="color: red;">Yes, USMLE step 1. I did not study enough for it, as I realized that most US states accept Canada LMCC</p>	
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 12/04/2023

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Other: Possible contract in Oklahoma

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

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

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

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

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

Marshfield Medical Center (Marshfield Clinic)

Name of Current Carrier and policy Holder

Marshfield Medical Center (Marshfield Clinic)

Will your professional liability insurance policy cover your practice in Oklahoma

No

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

Yes

I attest that all the above information is accurate as of December 03, 2023: \_\_\_\_\_ (Signed Online)





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

**Send this form to:**

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

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

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

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

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

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

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



RECEIVED

DEC 05 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

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

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

Dec 4 2023  
Date of signature (must correspond to the date of notarization)



NOTARY  
State of Wisconsin, County of Wood

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

The statements on this document are subscribed and sworn to before me by the applicant on this 4 day of December, 20 23

Notary Public Signature Cori Ann Richardson My Notary Commission Expires January 5, 2026

**Lisa Cullen**

---

**From:** Lisa Cullen  
**Sent:** Wednesday, January 10, 2024 2:36 PM  
**To:** 'Alice Le Huu'  
**Subject:** RE: Questions

Thank you for your response. Would you be so kind as to ask Dr. Klebe to send documentation/statement regarding your situation? The Medical Board is inquiring.

Please be advised, due to high volumes of emails and documents received, processing time is approximately 30 days.

Lisa K. Cullen, Director of Licensing  
Oklahoma State Board of Medical Licensure and Supervision  
101 NE 51st Street  
Oklahoma City, OK 73105  
Licensing (405) 962-1470  
licensing@okmedicalboard.org  
Direct (405) 962-1453  
Visit our website [www.okmedicalboard.org](http://www.okmedicalboard.org)

-----Original Message-----

**From:** Alice Le Huu [REDACTED]  
**Sent:** Wednesday, January 10, 2024 1:45 PM  
**To:** Lisa Cullen <[lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)>  
**Subject:** [EXTERNAL] Questions

Hi Lisa,

Thank you for your email.

1. Yes the Marshfield Clinic can verify. The CMO (Chief Medical Officer) is Dr. Samantha Klebe.
2. My paid administrative leave started October 20, 2023.
3. My last operative case was October 17, 2023. It was a mitral valve repair (open heart). The patient had an uneventful post operative course and went home as scheduled.

Please let me know if any other info is needed,

Alice Le Huu

42738  
LKC



**Lisa Cullen**

---

**From:** Wahlstrom, Nelsen <wahlstrom.nelsen@marshfieldclinic.org>  
**Sent:** Thursday, January 11, 2024 2:39 PM  
**To:** Lisa Cullen  
**Cc:** Thillman, Kimberly K; Klebe, Samantha L  
**Subject:** [EXTERNAL] RE: Dr. Le Huu

Ms. Cullen,

I can confirm on behalf of Marshfield Clinic Health System, Inc. and its affiliated entities, that Dr. Alice Le Huu’s employment contract with Marshfield Clinic was terminated for “no cause” and that as of the date of this letter there are no active Peer Review cases involving Dr. Le Huu. Dr. Le Huu is not under investigation, and is currently in good standing at the MCHS facilities at which she is privileged.

Should you have any additional questions, please do not hesitate to contact me.

Nelsen Wahlstrom  
Deputy General Counsel  
Marshfield Clinic Health System, Inc.  
715-221-8757



**Marshfield Clinic**

HEALTH SYSTEM

The contents of this message may contain private, protected and/or privileged information. If you received this message in error, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing, disclosing or using any information contained within. Please contact the sender and advise of the erroneous delivery by return e-mail or telephone. Thank you for your cooperation.

**From:** Lisa Cullen <lcullen@okmedicalboard.org>  
**Sent:** Thursday, January 11, 2024 12:25 PM  
**To:** Thillman, Kimberly K <thillman.kimberly@marshfieldclinic.org>  
**Subject:** [EXTERNAL] RE: Dr. Le Huu

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

Thank you SO much for responding to me. I look forward to hearing from you!

42738  
UKC

Please be advised, due to high volumes of emails and documents received, processing time is approximately 30 days.

*Lisa K. Cullen, Director of Licensing*

Oklahoma State Board of Medical Licensure and Supervision  
101 NE 51<sup>st</sup> Street  
Oklahoma City, OK 73105  
Licensing (405) 962-1470  
[licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)  
Direct (405) 962-1453  
Visit our website [www.okmedicalboard.org](http://www.okmedicalboard.org)



**From:** Thillman, Kimberly K <[thillman.kimberly@marshfieldclinic.org](mailto:thillman.kimberly@marshfieldclinic.org)>  
**Sent:** Thursday, January 11, 2024 12:00 PM  
**To:** Lisa Cullen <[lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)>  
**Subject:** [EXTERNAL] Dr. Le Huu

Hello Lisa,

I'm so sorry I haven't had a chance to connect with you. I am working on verifying the information you requested and yes, Dr. Klebe is aware of this as well. As soon as I have the information, I will get back to you. My intent is to get back to you my tomorrow.

Thank you,  
Kim

**Kim Thillman**

HR Business Partner Senior Manager | Human Resources  
Marshfield Clinic Health System

**Office:** 1-715-858-4590 | **Ext:** 74590 | **Cell:** 1-715-451-6035



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The contents of this message may contain private, protected and/or privileged information. If you received this message in error, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing, disclosing or using any information contained within. Please contact the sender and advise of the erroneous delivery by return e-mail or telephone. Thank you for your cooperation.



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Friday, February 16, 2024 1:03 PM CST

### Wallet Card

ISMAIL, SHERIF SAYED	
<b>Practice Address:</b> <a href="#">901 N WEST ST</a> <a href="#">MCALESTER OK 74501</a> Address last updated on 12/18/2023 <b>Phone #:</b> (918) 421-3372 x2381 <b>Fax #:</b> <b>County:</b> PITTSBURG <b>License:</b> 22720 <b>Dated:</b> 1/7/2002 <b>Expires:</b> 1/1/2025 <b>Temp. Lic. Issued:</b> 12/20/2001 <b>Temp. Lic. Expires:</b> 3/14/2002 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Family Medicine <b>NPI #:</b> 1457346199	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2026 <b>Fee History:</b> 12/18/23 \$200.00 12/25/22 \$200.00 11/09/21 \$200.00 <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Education History

School	Type	From	To	Degree	Verified
SAINT JOSEPH MARONITE SCHOOL, CAIRO, EGYPT		9/1992	5/1985	DIPLOMA	
UNIVERSITY OF LONDON, CAIRO, EGYPT		9/1985	1/1987	NONE	04/14/00

### Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Ain Shams Univ, Fac Of Med, Abbasia, Cairo, Egypt (330-04 Pr 1/71)	9/1987	12/1993	MD	Y		4/14/2000	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
COLLEGE OF MEDICINE OKC, LAWTON, OK, USA	FAMILY PRACTICE (LAWTON)	7/2002	3/2005				06/21/02	N
COLLEGE OF MEDICINE OKC, OKLAHOMA CITY, OK, USA	FAMILY PRACTICE	7/2000	6/2001	Y		07/25/01	12/29/99	N
SAINT VINCENT'S HOSPITAL, NEW YORK CITY, NY, USA	PATHOLOGY	7/1997	6/2000	Y		04/14/00	12/29/99	N
AIN SHAMS UNIVERSITY HOSPITALS, CAIRO, EGYPT	TRANSITIONAL	3/1994	4/1995	Y		04/14/00		N

### National Verifications

Type	Date Primary Source Verified
ECFMG # 05414545	5/8/2000
Federation Clearance	4/18/2000

AMA Profile	4/18/2000
-------------	-----------

**Exams**

Exam	Date Taken	Date Primary Source Verified
USMLE 1	10/96	4/24/2000
USMLE 2	3/96	4/24/2000
USMLE 3	9/25/01	12/3/2001

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
DOC, MCALESTER, OK, PITTSBURG	FAMILY MEDICINE CHRONIC CLINIC		2/2020		
DOC, LEXINGTON, OK, USA	FAMILY MEDICINE CHRONIC CLINIC		10/2019	2/2020	
LAWTON INDIAN HOSPITAL, LAWTON, OK	FAMILY MEDICINE		9/2013	11/2014	
COMANCHE COUNTY MEMORIAL HOSPITAL, LAWTON, OK, USA	FAMILY PRACTICE		5/2005	8/2013	
UNIVERSITY OF OKALHOMA HEALTH SCIENCE CENTER, LAWTON, OK, USA	FAMILY MEDICINE		7/2002	3/2005	
SAINT CLARE'S HOSPITAL, NEW YORK, NY, USA	RESEARCH		10/1996	7/1997	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
4/1/2019	Probation		
8/30/2018	Complaint Citation		

**Board Filings and/or Orders**

[04/01/2019](#)  
[08/30/2018](#)  
[08/30/2018](#)

**License Verification and Disclaimer**

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IN AND BEFORE THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION, Plaintiff, v. SHERIF SAYED ISMAIL, M.D., LICENSE NO. MD 22720, Defendant.

FILED APR 02 2019 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION

Case No. 17-09-5516

ORDER ACCEPTING VOLUNTARY SUBMITTAL TO JURISDICTION

The State of Oklahoma, ex rel. Oklahoma State Board of Medical Licensure and Supervision ("Board"), by and through the undersigned counsel for the Plaintiff, as represented by the Secretary of the Board, Billy H. Stout, M.D., and the Executive Director of the Board, Lyle Kelsey, and Sherif Sayed Ismail, M.D. ("Defendant"), Oklahoma medical license no. 22720, who appears in person, and through counsel Elizabeth A. Scott, and Anthony J. Hendricks of Crowe and Dunlevy, P.C. (collectively, the "Parties"), and offer this Order Accepting Voluntary Submittal to Jurisdiction (herein, "Order" or "Agreement") for acceptance by the Board. Okla. Admin. Code § 435:5-1-5.1.

By voluntarily submitting to jurisdiction and entering into this Order, Defendant admits to the allegations herein contained and further acknowledges that a hearing before the Board could result in some sanction under the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act ("Act"). 59 O.S. § 480, et seq.

Defendant, Sherif Sayed Ismail, M.D., states that he is of sound mind and is not under the influence of, or impaired by, any medication or drug and that he fully recognizes his right to appear before the Board for an evidentiary hearing on the allegations made against him. Defendant hereby voluntarily waives his right to a full hearing, submits to the jurisdiction of the Board and agrees to abide by the terms and conditions of this Order. Defendant acknowledges that he has read and understands the terms and conditions stated herein, and that this Agreement may be reviewed and discussed with him by legal counsel prior to execution.

If the Board does not accept this Order, the Parties stipulate that it shall be regarded as null and void. Admissions by Defendant herein, if any, shall not be regarded as evidence against him in a subsequent disciplinary hearing. Defendant will be free to defend himself and no

BOARD [Signature]

SSI [Signature]

[Handwritten initials]

inferences will be made from his willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of this Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

### Findings of Fact

The Plaintiff, Defendant, and the Board staff stipulate and agree as follows:

1. In Oklahoma, Defendant holds medical license no. 22720, issued January 7, 2002.

#### 2016 Texas, Tarrant County, Case No. 1395501

2. On January 28, 2016, Defendant pled guilty to driving while intoxicated (DWI) in 2014. Defendant was assessed, in part, the following: a fine, sentenced to 90 days suspended, and placed on community supervision for 12 months. Probation ended January 2017.

#### 2017 Texas, Tarrant County, Case No. 1512106

3. On January 4, 2019, Defendant pled guilty to driving while intoxicated (DWI), August 9, 2017. A Judgment of Conviction by Court was filed January 4, 2019. Defendant had his driver's license suspended and was assessed, 5 days in jail with credit time served, fines, court costs, and labor detail.

#### Oklahoma Board, Case 17-09-5519

4. This Complaint arises out of an investigation into allegations of Defendant's third alcohol-related arrest since 2000.
5. In 2002, alcohol was detected on the breath of Defendant during his Family Medicine Residency resulting in treatment through the Talbott Recovery Campus for alcohol use disorder from November 4, 2002 through January 11, 2003. At this time Defendant entered into a monitoring contract with Oklahoma Health Professionals Program ("OHPP") for an alcohol use disorder from 2002 through 2008.
6. In 2003, Defendant disclosed on his Oklahoma annual licensure renewal application that he had been arrested or charged with an alcohol related offense.
7. In 2014, Defendant was arrested and charged with Driving While Intoxicated in Texas. Defendant pled guilty on January 1, 2016 and was charged a fine, received a ninety (90) day suspended sentence with certain conditions, and received one year of probation.
8. Defendant reported the 2014 arrest on his Oklahoma licensure renewal application as required by the Board.

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9. On August 9, 2017, Defendant was arrested and charged with Driving While Intoxicated 2nd in Southlake, Texas.
10. From November 6 through 9, 2017, Defendant completed a Comprehensive Multi-day Evaluation at the University of Florida.
11. On November 13, 2017, Board Investigator Larry Carter ("Carter") confirmed that Defendant signed a contract with OHPP.
12. In November 2017, Defendant went for a second opinion evaluation at the Bradford Health Services in Warrior, Alabama. Following the evaluation, Defendant went directly to voluntary in-patient treatment.
13. On December 9, 2017, Defendant entered in-patient treatment for substance abuse at the University of Florida Health Shands Vista Hospital in Gainesville, Florida, and was discharged on March 29, 2018.
14. On December 19, 2017, Defendant submitted his Oklahoma annual licensure renewal application in which he confirmed he had been arrested for a DUI, that he had abused alcohol, and had obtained treatment for his substance abuse.

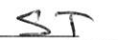
#### Conclusions of Law

15. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 O.S. § 480 *et seq.* and Okla. Admin. Code §§ 435:5-1-1 *et seq.*
16. Notice was provided as required by law and the rules of the Board. 75 O.S. § 309; 59 O.S. § 504; Okla. Admin. Code §§ 435:3-3-5, 435:3-3-6.
17. The Board is authorized to suspend, revoke or order any other appropriate sanctions against the license of any physician or surgeon holding a license to practice medicine in the State of Oklahoma for unprofessional conduct. 59 O.S. §§ 503, 513(A)(1). The Board's Action is authorized by 59 O.S. §§ 509.1(A)(1-9), (C), (D)(2);
18. The Board is authorized to accept voluntary submittals to jurisdiction mutually agreed-to by parties to a disciplinary action to resolve the action without need for a hearing. 75 O.S. § 309(E); Okla. Admin. Code § 435:5-1-5.1.
19. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
  - a. The violation, or attempted violation, direct or indirect, of any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act. 59 O.S. 2011, § 509(13); Okla. Admin. Code § 435:10-7-4(39);

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- b. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this subsection the Board may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. 59 O.S. 2011, § 509(15); Okla. Admin. Code § 435:10-7-4(40);
- c. Conduct likely to deceive, defraud, or harm the public. 59 O.S. § 509(8); Okla. Admin. Code § 435:10-7-4(11);
- d. Habitual intemperance or the habitual use of habit-forming drugs. 59 O.S. 2011, § 509(4). The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient. Okla. Admin. Code § 435:10-7-4(3).

### Orders

**IT IS THEREFORE ORDERED** by the Oklahoma State Board of Medical Licensure and Supervision as follows:

1. Effective from the date of an approved Attorney General Opinion, the Board hereby adopts the Agreement of the Parties in this Voluntary Submittal to Jurisdiction, including the findings of fact and conclusions of law stated herein.
2. **SHERIF SAYED ISMAIL, M.D.**, shall be placed on **PROBATION** for a period of **five (5) years**, effective on the date of an approved Attorney General Opinion, including the following terms and conditions.
3. **SHERIF SAYED ISMAIL, M.D.** shall comply with all of the following terms and conditions:

#### Standard Terms:

- a. Defendant shall conduct his practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act ("Act") as interpreted by the Board. Any question of interpretation regarding the Act or this Order shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Board or its authorized designee. 59 O.S. § 480, *et seq.*
- b. Defendant shall furnish a file-stamped copy of this Order stipulating sanctions imposed by the Oklahoma State Board of Medical Licensure and Supervision, to each and every state in which he holds licensure or applies for licensure and to all hospitals, clinics or other facilities in which he holds or anticipates holding any form of staff privileges or employment.

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- c. Defendant will keep the Board informed of his current address.
- d. Defendant will keep current payment of all assessments by the Board for prosecution, investigation and monitoring of his case, which shall include, but is not limited to, a fee of one hundred fifty dollars (\$150.00) per month during the term of probation, unless Defendant affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board Secretary.
- e. Until such time as all indebtedness to the Board has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.
- f. Defendant will not supervise allied health professionals, physician assistants, or advanced nurse practitioners, that require surveillance of a licensed medical practitioner.
- g. For good cause shown, upon request of the Board or its designee, Defendant will submit biological specimens for analysis, including but not limited to, blood, urine, hair follicle and nail samples, and Defendant will pay the costs attendant thereto.
- h. Defendant will take no medication except that which is authorized by a physician treating him for a legitimate medical need, and only during that time in which he is being treated by the physician for that specific medical need. Defendant has the affirmative duty to inform any and every doctor treating him of the Board Order immediately upon initiation, or continuation of treatment. In the event that Defendant is prescribed any controlled dangerous substance during the term of this Order, Defendant shall contact the Board Secretary or the Board designee to discuss the prescription.
- i. Defendant shall not prescribe, administer or dispense any medications for personal use or for that of any family member.
- j. Defendant will have the affirmative duty not to ingest any substance, including but not limited to alcohol, which will cause a body fluid sample to test positive for prohibited substances.
- k. Defendant shall promptly notify the Board Secretary or Compliance Coordinator of any citation or arrest for traffic or for criminal offenses.
- l. Upon request, Defendant shall make himself available for one or more personal appearances before the Board or its authorized designee.
- m. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or authorized designee.

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- n. Defendant will execute such releases of medical and psychiatric records during the entire term of this Order as necessary for use by the Compliance Coordinator to obtain copies of medical records and assessments, and authorize the Compliance Coordinator to discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.
- o. If Defendant moves his residence or practice location out of the State of Oklahoma during this Order, this Order will be tolled until such time as Defendant returns to the State of Oklahoma and begins practicing within the state. Defendant will notify the Board Secretary and Compliance Coordinator prior to moving out-of-state.
- p. Failure to meet any of the terms of this Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify Defendant's license after due notice and hearing. Immediately upon learning that a licensee is in violation of this Order, the Executive Director of the Board may summarily suspend the license based on imminent harm to the public and assign a hearing date for the matter to be presented at the next scheduled Board meeting.

**Specific Terms:**

- q. Defendant shall immediately notify the Board in writing of any action, violation or non-compliance arising out of or relating to the 2017 Texas, Tarrant County, Case No. 1512106.
- r. Defendant shall sign a lifetime contract with the Oklahoma Health Professionals Program ("OHPP") and abide by all recommendations. This shall include, but is not limited to, random drug screens, Sober Link, and provide record of attendance at meetings, as requested by OHPP staff or Board Compliance Coordinator.
- s. Defendant agrees that if he does not meet the conditions set forth in the OHPP contract, that he will be required to meet with the OHPP Medical Director or its designee to evaluate more intense modalities of evaluation and/or treatment. In the case of an untreated relapse and/or failure to meet these conditions, Defendant agrees that he may be reported to the Oklahoma State Board of Medical Licensure and Supervision.
- t. Defendant shall follow-up with an individual addiction medicine specialist approved of in advance by the Board Secretary, who will prescribe Naltrexone and provide quarterly reports to the Compliance Coordinator, within three (3) months of an Oklahoma Attorney General Opinion approving this Order.
- u. Defendant shall be seen by an addiction counselor / therapist, approved of in advance by the Board Secretary, who will evaluate the Defendant and make further recommendations to the Compliance Coordinator, within three (3) months of an Oklahoma Attorney General Opinion approving this Order.

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- v. All prospective employment shall be preapproved by the Board Secretary. If Defendant desires to change his employment, the proposed working environment must be approved of in advance by the Board Secretary.
  - w. Defendant shall obtain an AA twelve-step sponsor and provide the sponsor's name and meeting attendance records monthly to the Compliance Coordinator.
  - x. Defendant shall attend a minimum of three (3) Alcoholics Anonymous/Narcotics Anonymous (AA) meetings. In addition, Defendant shall attend weekly Caduceus meetings, one of which must be in person.
  - y. Defendant shall promptly notify the Compliance Coordinator of any relapse, including any entry, or re-entry, into a treatment program of substance abuse, including alcohol.
4. Promptly upon receipt of an invoice, Defendant shall pay all costs of this action authorized by law, including without limitation, legal fees, investigation costs, staff time, salary and travel expenses, witness fees and attorney's fees.
5. A copy of this Order shall be provided to Defendant as soon as it is processed.

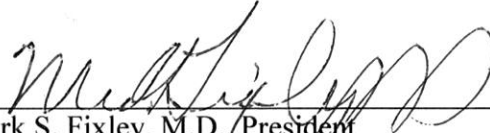
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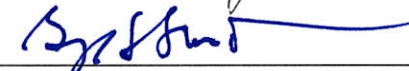


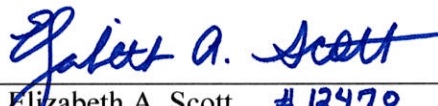
**This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.**

Dated this 7<sup>th</sup> day of MARCH, 2019.

  
\_\_\_\_\_  
Mark S. Fixley, M.D., President  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

  
\_\_\_\_\_  
Sherif Sayed Ismail, M.D.  
License MD 22720

  
\_\_\_\_\_  
Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

  
\_\_\_\_\_  
Elizabeth A. Scott #12470  
Anthony J. Hendricks  
CROWE & DUNLEVY, P.C.  
Braniff Building  
324 N. Robinson Ave., Suite 100  
Oklahoma City, OK 73102  
(405) 235-7700  
(405) 239-6651 Facsimile  
elizabeth.scott@crowedunlevy.com  
anthony.hendricks@crowedunlevy.com  
**Attorneys for Defendant,  
Sherif Sayed Ismail, M.D.**

\_\_\_\_\_  
Marc Pate, OBA No. 10567  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
(405) 962-1400  
(405) 962-1499 Facsimile  
**Attorney for Plaintiff**

BOARD 

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**Certificate of Service**

This is to certify that on the 3<sup>rd</sup> day of April, 2019, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

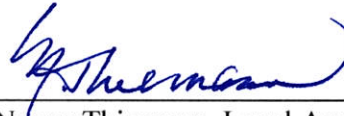
U.S. Certified Mail

Sherif Sayed Ismail, M.D.  
503 San Juan Drive  
Southlake, Texas 76092

***Defendant***

Elizabeth A. Scott  
Anthony J. Hendricks  
CROWE & DUNLEVY, P.C.  
Braniff Building  
324 N. Robinson Ave., Suite 100  
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(405) 235-7700  
(405) 239-6651 Facsimile  
elizabeth.scott@crowedunlevy.com  
anthony.hendricks@crowedunlevy.com

***Attorneys for Defendant,  
Sherif Sayed Ismail, M.D.***



\_\_\_\_\_  
Nancy Thiemann, Legal Assistant

BOARD



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OFFICE OF ATTORNEY GENERAL  
STATE OF OKLAHOMA

ATTORNEY GENERAL OPINION  
2019-163A

Billy H. Stout, M.D., Board Secretary  
State Board of Medical Licensure and Supervision  
101 NE 51st Street  
Oklahoma City, OK 73105

April 1, 2019

Dear Dr. Billy H. Stout, M.D., Board Secretary:

This office has received your request for a written Attorney General Opinion regarding action that the State Board of Medical Licensure and Supervision intends to take pursuant to an Order Accepting Voluntarily Submittal to Jurisdiction with respect to medical licensee M.D. 22720 in case 17-09-5516. The licensee was under investigation by the Board for alleged professional misconduct including substance abuse. The Board proposes to place the license on probation for five years and impose additional conditions, which include standard and specific terms listed in the Order.

The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act authorizes the Board to suspend or revoke a license and order other appropriate sanctions against a licensee for unprofessional conduct, which includes “[h]abitual intemperance or the habitual use of habit-forming drugs,” “[d]ishonorable or immoral conduct which is likely to deceive, defraud, or harm the public,” and “[t]he inability to practice medicine with reasonable skill and safety to patients.” 59 O.S.Supp.2018, §§ 503, 509(4), (8), (15); OAC 435:10-7-4(3), (11), (40). The Board may reasonably believe that the proposed action is necessary to protect public health.

It is, therefore, the official opinion of the Attorney General that the State Board of Medical Licensure and Supervision has adequate support for the conclusion that this action advances the State’s policy of protecting the health, safety, and well-being of the citizens of Oklahoma.

A handwritten signature in black ink that reads "Mike Hunter".

MIKE HUNTER  
ATTORNEY GENERAL OF OKLAHOMA

A handwritten signature in black ink that reads "Amanda Otis".

AMANDA OTIS  
ASSISTANT ATTORNEY GENERAL

RECEIVED

APR 02 2019

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Friday, February 16, 2024 1:03 PM CST

### Wallet Card

KINZIE, ELIZABETH ROMANIK	
<b>Practice Address:</b> <a href="#">WAYNOKA FAMILY CLINIC- INTEGRIS</a> <a href="#">1084 NICKERSON ST</a> <a href="#">WAYNOKA OK 73860</a> Address last updated on 2/3/2023 <b>Phone #:</b> (580) 824-2281 <b>Fax #:</b> <b>County:</b> WOODS <b>License:</b> 25482 <b>Dated:</b> 3/15/2007 <b>Expires:</b> 3/1/2025 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Internal Medicine Psychiatry <b>NPI #:</b> 1760450472	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2025 <b>Fee History:</b> 02/09/24 \$200.00 02/03/23 \$200.00 02/16/22 \$200.00 <b>Hospital Privileges:</b> INTEGRIS Bass Baptist Health Center Enid, OK <b>References:</b> No reference on file

### Other Licenses

The License Status and Expiration date listed below are verified only at the time of initial Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
MD10362	HI	Active				Entered By Physician

### Supervisees

Supervisee	Type	License Number	Status	Time
ADRIENNE JANTZ	APRN	6107	Contact Nursing Board	
<a href="#">LESLIE ACACIA REAP</a>	PA	<a href="#">2961</a>	Primary	
<a href="#">CHARLENE ELAINE ARNOLD REUST</a>	PA	<a href="#">2549</a>	Primary	
KRYSTABEL SNODGRASS	APRN	92246	Contact Nursing Board	

### Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF MICHIGAN, DEARBORN, MI		9/1991	6/1993		01/17/07
MICHIGAN STATE UNIVERSITY, ELANSING, MI		9/1980	6/1984	BA	01/22/07
OUR LADY OF MERCY, FARMINGTON HILLS, MI		8/1977	6/1980		

### Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
MI STATE UNIV COLL HUMAN MED, EAST LANSING MI 48824	8/1993	5/1997	MD	Y	1/16/2007	1/22/2007	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived

TRIPLER ARMY MEDICAL CENTER, HONOLULU, HI	INTERNAL MEDICINE/ PSYCH	7/1997	6/2002	Y	01/26/07		12/27/06	N
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**National Verifications**

Type	Date Primary Source Verified
Federation Clearance	12/28/2006
AMA Profile	12/28/2006

**Exams**

Exam	Date Taken	Date Primary Source Verified
USMLE 1	6/14/95	1/18/2007
USMLE 2	8/27/96	1/18/2007
USMLE 3	5/12/98	1/18/2007

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
INTEGRIS BASS, WAYNOKKA, OK	INTERNAL MEDICINE		9/2017		
SHARE MEDICAL CENTER, ALVA, OK	INTERNAL MEDICINE		10/2010	9/2017	
UNITED STATES ARMY, VARIOUS, USA	INTERNAL MEDICINE/PSYCHIATRY		6/1997	10/2010	
UNITED STATES ARMY, VARIOUS, USA, GREECE, GERMANY	LT COL		6/1984	9/1991	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
7/12/2023	Complaint Citation		

**Board Filings and/or Orders**

[08/21/2023](#)  
[07/12/2023](#)  
[07/12/2023](#)

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Technical issues: [supportservices@okmedicalboard.org](mailto:supportservices@okmedicalboard.org) or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.



**IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA**

**STATE OF OKLAHOMA, *ex rel.*** )  
**OKLAHOMA STATE BOARD** )  
**OF MEDICAL LICENSURE** )  
**AND SUPERVISION,** )  
  
**Plaintiff,** )  
  
**v.** )  
  
**ELIZABETH ROMANIK KINZIE, M.D.,** )  
**LICENSE NO. MD 25482,** )  
  
**Defendant.** )

**FILED**

JUL 12 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**Case No. 22-04-6119**

**VERIFIED COMPLAINT**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Elizabeth Romanik Kinzie, M.D. (“Defendant”), alleges and states as follows:

**I. JURISDICTION**

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds medical license No. 25482, issued 03/15/2007 by the Oklahoma Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

**II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT**

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board originally received a complaint asserting allegations that Defendant had been prescribing multiple sedatives and respiratory depressants to a patient with a known history of self-administered medication overdose. After reviewing the patient’s medical records, Board staff became concerned regarding Defendant’s simultaneous prescribing of various controlled dangerous substances.
4. Based on these concerns, Board staff subpoenaed medical records for ten (10) of Defendant’s patients, four (4) of which were randomly selected and provided to an expert for review. The expert determined that for all four (4) patients Defendant had concurrently prescribed multiple controlled dangerous substances with only cursory and/or vague

clinical indications, and further failed to conduct any thorough psychiatric assessment which would have comported with the relevant standard of care. Compounding this misconduct, Defendant was determined to have prescribed various sedatives and stimulants despite all four (4) patients' known history of substance use dependence and/or misuse/disorder. Accordingly, the expert determined that these practices were inconsistent with or in violation of the appropriate standard(s) of care.

### III. VIOLATIONS

5. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, in violation of 59 O.S. 509(16)(a) and Okla. Admin. Code § 435:10-7-4(2).
  - b. Indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs, in violation of Okla. Admin. Code § 435:10-7-4(1).
  - c. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner, in violation of 59 O.S. 509(12).
  - d. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, in violation of 59 O.S. § 509(18).
  - e. Failure to maintain adequate medical records to support diagnosis, procedure, treatment or prescribed medications, in violation of 59 O.S. § 509(21) and Okla. Admin. Code § 435:10-7-4(41).

### V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,




---

Alex A. Pedraza, OBA No. 33584  
 Assistant Attorney General  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION  
 101 N.E. 51<sup>st</sup> Street  
 Oklahoma City, Oklahoma 73105

Telephone: 405.522.5264

Email: [Alex.Pedraza@oag.ok.gov](mailto:Alex.Pedraza@oag.ok.gov)

**VERIFICATION**

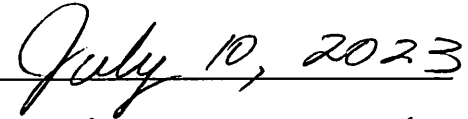
I Melissa Davis, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Elizabeth Romanik Kinzie, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



\_\_\_\_\_  
Melissa Davis, Investigator, RN  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

Date:



\_\_\_\_\_  
Oklahoma, Oklahoma  
County, State of Execution



IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

JUL 12 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )

Plaintiff, )

v. )

Case No. 22-04-6119

ELIZABETH ROMANIK KINZIE, M.D., )  
LICENSE NO. MD 25482, )

Defendant. )

CITATION

**YOU ARE HEREBY NOTIFIED** that on the 12<sup>th</sup> day of July 2023, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(12), (16)(a), (18), (21); and Okla. Admin. Code §§ 435:10-7-4(1), (2), (41).

On **September 14, 2023**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

**THEREFORE**, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 12<sup>th</sup> day of July 2023.



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Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**FILED**

JUL 14 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STYLE: Oklahoma State Board of Medical Case No. 22-04-6119  
Licensure and Supervision  
\_\_\_\_\_ et al., Plaintiff(s)

(vs.)

ELIZABETH ROMANIK KINZIE, MD  
\_\_\_\_\_ et al., Defendant(s)

COUNTY: OKLAHOMA Court Date September 14, 2023

Documents Served: I, being duly sworn, certify that on \_\_\_\_\_,  
20\_\_\_\_\_,

I received the foregoing, to wit:

- Summons  Affidavit  HOA
- Summons w/Petition  Garnishment  Temporary Order
- Amendment to Petition  Subpoena  Interrogatories
- Notice:  Order:  Deficiency Judgement
- Other: VERIFIED COMPLAINT
- Other: CITATION
- Other: Scheduling Order-September 2023
- Other: \_\_\_\_\_

METHOD OF SERVICE: Answered the same according to law in the following manner, to wit:

*PERSONAL SERVICE*

by delivering a true copy of said process personally to ELIZABETH ROMANIK KINZIE, MD  
at 600 S Monroe St, Enid Ok 73701 Date: 7/13/2023 Time: 10:06 a.m.

*USUAL PLACE OF RESIDENCE*

by leaving a copy of said process for \_\_\_\_\_  
with \_\_\_\_\_, a resident/family member, fifteen (15)  
years of age or older, at \_\_\_\_\_ which is his/her  
usual place of residence. Date: \_\_\_\_\_ Time: \_\_\_\_\_

*CORPORATION/PARTNERSHIP/GOVERNMENT ENTITIES*

by delivering a true copy of said process to \_\_\_\_\_  
he/she/it, being the \_\_\_\_\_ authorized to accept service at  
\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*NOT FOUND*

Said process WAS NOT SERVED on the following NAMED PERSON/PERSONS:  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn before me this 14<sup>th</sup> day  
of July, 2023

Undersigned declares under penalty of perjury  
that the foregoing is true and correct.

*[Signature]*

Notary Public: *[Signature]*  
**SHELLEY CROWDER**  
Commission Exp. \_\_\_\_\_ Notary Public  
State of Oklahoma  
Commission #16007787 Exp: 08/12/24

License Number: PSS-2021-1

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

JUL 20 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )

Plaintiff, )

CASE NO. 22-04-6119

vs. )

ELIZABETH ROMANIK KINZIE, M.D., )  
LICENSE NO. MD 25482, )

Defendant, )

**ANSWER OF ELIZABETH ROMANIK KINZIE, M.D. TO VERIFIED COMPLAINT**

COMES NOW the defendant, Elizabeth Romanik Kinzie, M.D. (“Dr. Kinzie”) and for her answer to the Oklahoma State Board of Medical Licensure and Supervision’s (“OSBMLS”) complaint, alleges and states as follows:

1. Dr. Kinzie denies generally and specifically each and every material allegation contained in the OSBMLS' complaint, except such allegations as are hereinafter specifically admitted.
2. Dr. Kinzie admits the allegations contained in paragraph 1 of the complaint.
3. In response to paragraph 2 of OSMBLS' complaint, Dr. Kinzie states her medical license is 25482, issued on 3/15/2007, and agrees jurisdiction is proper. Dr. Kinzie denies in general the language there were acts or omissions supporting the complaint.
4. Dr. Kinzie denies the allegations contained in paragraphs 3, 4, and 5 (including all subparts), of OSBML’s complaint that her treatment of her patients was below the standard of care or otherwise inadequate.



5. In response to the Conclusion in the OSBML's complaint, Dr. Kinzie adopts her specific and general responses to the OSBML's allegations and claims as set out elsewhere in this pleading.
6. Dr. Kinzie denies the remaining allegations contained in OSBML's complaint.
7. Discovery being incomplete, Dr. Kinzie specifically reserves the right to amend her answer or to add any affirmative defense as more information becomes available.

Respectfully submitted,



Neel K. Natarajan, OBA # 21762  
WALTERS STANLEY & NATARAJAN, LLP  
1017 NW 6<sup>th</sup> Street  
Oklahoma City, OK 73106-7202  
Telephone: (405) 235-3800  
Facsimile: (405) 235-5800  
[nnatarajan@medicaldefense.law](mailto:nnatarajan@medicaldefense.law)

CERTIFICATE OF SERVICE

I hereby certify that on this 20th day of July, 2023, a true and correct copy of the foregoing Answer of Elizabeth Romanik Kinzie, M.D. to Verified Complaint was **emailed to:**

Alex Pedraza, OBA No. 33584  
Assistant Attorney General  
Oklahoma State Board of Medical  
Licensure and Supervision  
101 NE 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105

PH: 405.522.5264  
E-mail: [Alex.Pedraza@oag.ok.gov](mailto:Alex.Pedraza@oag.ok.gov)



Neel K. Natarajan

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
ELIZABETH ROMANIK KINZIE, M.D., )  
LICENSE NO. MD 25482, )  
 )  
Defendant. )

**FILED**

JAN - 8 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 22-04-6119

**ORDER OF CONTINUANCE  
AND NOTICE OF HEARING**

The undersigned Secretary for the Oklahoma State Board of Medical Licensure and Supervision (“Board”), in consideration of an agreement of the parties, enters the following orders:

1. In Oklahoma, Defendant holds medical license No. 25482, originally issued March 15, 2007.
2. On July 12, 2023, a Verified Complaint and Citation were filed against Defendant on behalf of the Board. Hearing on the Verified Complaint was set for September 14, 2023.
3. The Board Secretary subsequently ordered hearing on the matter continued to the January 18, 2024, Board meeting upon request of the parties.
4. The Parties have determined that a final continuance is necessary in this matter and have thereby requested such continuance of the hearing on the Verified Complaint to the March 7, 2024, Board meeting.
5. This request for continuance is not being made for purposes of delay, making the continuance reasonable and in the interest of justice.
6. The Board finds that the ends of justice served by the granting of such continuance outweigh the best interest of the public and the Defendant in a speedy hearing, and continuance is thereby **GRANTED**, to the **March 7, 2024**, Board meeting.
7. This matter is rescheduled for hearing at Board meeting on **March 7, 2024**. All deadlines are reset to the Scheduling Order for the January 18, 2024, Board meeting, which shall be forthcoming.

8. Please take notice that Plaintiff's Verified Complaint will be heard by the Board at the March 7, 2024, Board meeting, which will begin at 9:00 a.m. The meeting will take place at the office of the Board, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105-1821.

Dated this 8<sup>th</sup> day of January 2024.



---

Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Friday, February 16, 2024 1:03 PM CST

### Wallet Card

NICHOLS, LORNA JEAN	
<b>Practice Address:</b> <a href="#">INCITE/ ASPEN HEALTH AND REHAB</a> <a href="#">1251 W. HOUSTON</a> <a href="#">BROKEN ARROW OK 74012</a> Address last updated on 11/8/2023 <b>Phone #:</b> (918) 742-4269 <b>Fax #:</b> <b>County:</b> TULSA <b>License:</b> 598 <b>Dated:</b> 12/2/1993 <b>Expires:</b> 10/31/2024 <b>Temp. Ltr. Issued:</b> 6/24/1993 <b>Temp. Ltr. Expires:</b> 8/6/1993 <b>License Type:</b> Occupational Therapist <b>Specialty:</b> Gerontology (OT/OA only) <b>NPI #:</b> 1124104567	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>CME Year:</b> 2024 <b>Fee History:</b> 10/16/23 \$100.00 03/22/23 \$30.00 09/12/22 \$100.00 <b>Hospital Privileges:</b> None listed <b>References:</b> RACELLI M. CABALLES, PT, KS (Letter) 06/08/93 KATHLEEN BESSMER, OT, MO (Letter) 06/08/93 ANN PARSONS, OT, MO (Letter) 06/08/93

### Other Licenses

The License Status and Expiration date listed below are verified only at the time of initial Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
	KS	Active				Entered By Licensee
	MO	Active				Entered By Licensee

### Supervisees

Supervisee	Type	License Number	Status	Time
<a href="#">DEWANNA RENEE GOFF</a>	OA	<a href="#">829</a>	Primary	
<a href="#">MICHELLE LYNN JONES</a>	OA	<a href="#">1472</a>	Primary	

### Education History

School	Type	From	To	Degree	Verified
KANSAS UNIVERSITY, LAWRENCE, KS		8/1985	1/1990	BS-OT	
LINDSBORG HIGH SCHOOL, LINDSBORG, KS		8/1981	8/1985	DIPLOMA	

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
SWOPE RIDGE HEALTH CARE CENTER, KANSAS CITY, MO, USA	NONE REPORTED	7/1989	9/1989					N
O'DONAHUE REHAB. INSTITUTE, OKLAHOMA CITY, OK, USA	NONE REPORTED	1/1989	3/1989					N



**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
ASPEN HEALTH & REHAB, BROKEN ARROW, OK, UNITED STATES – 1251 W HOUSTON ST BROKEN ARROW, OK 74011 (539) 367-4500	OT		8/2023		8/4/2023
REHAB PRO - TULSA NURSING CENTER, Tulsa, OK	geriatric		1/2012	2/2013	
SELF EMPLOYED, Tulsa, OK	geriatric		4/2005	7/2011	
REHABWORKS, TULSA, OK, USA	OT		8/2000	8/2005	
SUNDANCE REHAB, TULSA, OK, USA	NONE REPORTED		9/1999	8/2000	
EAGLE REHAB SVS, TULSA, OK, USA	NONE REPORTED		11/1996	9/1999	
SUNDANCE REHAB, TULSA, OK, USA	NONE REPORTED		10/1994	11/1996	
TULSA REGIONAL MEDICAL CENTER, TULSA, OK, USA	NONE REPORTED	MARY Y. ROSS, OT519	6/1993	8/1993	
COMMUNI-CARE / PRO-REHAB, PITTSBURG, KS, USA	NONE REPORTED		5/1992	6/1993	
ST. MARY HOSPITAL, MANHATTAN, KS, USA	NONE REPORTED		2/1991	5/1992	
ST. FRANCIS HOSPITAL & MED CTR, TOPEKA, KS, USA	NONE REPORTED		10/1989	2/1991	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
1/23/2024	Complaint Citation		
1/16/2020	Probation Ended		
3/6/2014	Probation		
2/3/2014	Complaint Citation		
11/6/2011	Probation		
11/3/2011	Suspension, License		
10/20/2011	Complaint Citation		
3/10/2011	Probation		
2/8/2011	Complaint Citation		

**Board Filings and/or Orders**

[01/23/2024](#)  
[01/23/2024](#)  
[03/06/2014](#)  
[02/03/2014](#)  
[02/03/2014](#)  
[03/07/2013](#)  
[11/03/2011](#)  
[10/14/2011](#)  
[10/14/2011](#)  
[03/10/2011](#)  
[01/28/2011](#)  
[01/28/2011](#)

**Agreements**

[09/03/2013](#)

**License Verification and Disclaimer**

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. **Initial** licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

Please note that the NPI numbers listed on search results are provided by licensees themselves and are not verified by the Medical Board. *APRN license information listed under "Supervisees" is obtained from Board of Nursing once a month and is listed here for supervisor/supervisee cross reference purpose only and hence not be construed as full verification of APRN license. APRN's license verification must be made through State Board of Nursing.*

No responsibility is assured or implied for errors or omissions created by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

For information regarding those categories not included in the database and/or concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time, contact the OSBMLS at:

Issues related to verification data: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org) or Phone: (405) 962-1400 ext. 170

Technical issues: [supportservices@okmedicalboard.org](mailto:supportservices@okmedicalboard.org) or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

JAN 23 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
) )  
Plaintiff, )  
) )  
v. )  
) )  
LORNA JEAN NICHOLS, OT, )  
LICENSE NO. OT 598 )  
) )  
Defendant. )

Case No: 23-11-6284

**COMPLAINT**

The State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision (“Board”), alleges and states as follows for its Complaint against LORNA JEAN NICHOLS, O.T. (“Defendant”):

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of Occupational Therapists in the State of Oklahoma pursuant to 59 Okla. Stat. §§ 481 *et seq.* and 888.1 *et seq.*
2. Defendant Lorna Jean Nichols, OT, holds Oklahoma license no. OT598.

**PRIOR DISCIPLINARY ACTION/ARRESTS**

3. On or about January 20, 2010, Defendant was stopped by the Broken Arrow Police Department for suspicion of drunk driving. She failed the Standard Field Sobriety Test and admitted that she had been drinking Vodka. She was arrested and charged with **DUI (ALCOHOL)**, and **TRANSPORTING AN OPEN CONTAINER OF ALCOHOL**.
4. On or about September 2, 2010, Defendant pled guilty to a reduced charge of **RECKLESS DRIVING**. She submitted to an ADSAC Assessment and was ordered to attend a Victims’ Impact Panel, attend six (6) weeks of substance abuse counseling, and pay a fine. An Ignition Interlock device was also placed on her car from April 17, 2010, until October 17, 2010. Her driver’s license was suspended at that time.
5. On or about September 25, 2010, Defendant was stopped by the Wagoner Police Department on suspicion of drunk driving. Defendant admitted to police officers that she had consumed three (3) bottles of wine. Police found another one-half (1/2) bottle of wine

in her car. Defendant was arrested and charged in the District Court of Wagoner County, State of Oklahoma, Case No. CM-2010-00820, with **AGGRAVATED DUI (ALCOHOL), OPERATING A VEHICLE WHILE DRIVING PRIVILEGES SUSPENDED, and TRANSPORTING AN OPEN CONTAINER OF ALCOHOL**, all misdemeanors.

6. Beginning on or about October 26, 2010, and continuing through November 23, 2010, Defendant obtained treatment for substance abuse at Valley Hope.
7. On or about October 27, 2010, Defendant submitted her renewal application online. In response to the question "Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance including alcohol?" Defendant answered "NO". In response to the question "Have you been addicted to or abused any drug or chemical substance including alcohol?" Defendant answered "NO". In response to the question "Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?" Defendant answered "NO".
8. On or about November 30, 2010, Defendant pled no contest to **DRIVING UNDER THE INFLUENCE (ALCOHOL) and OPERATING A VEHICLE WHILE DRIVING PRIVILEGES SUSPENDED**. She received a two (2) year deferred sentence, was ordered to pay court costs and fees, was placed on supervised probation, and was ordered to complete inpatient treatment for substance abuse.
9. As a result of these arrests, on or about January 28, 2011, the State filed a Complaint against Defendant, and on or about March 10, 2011, the Board accepted the Voluntary Submittal to Jurisdiction wherein Defendant was placed on **PROBATION** for a term of **FIVE (5) YEARS**.
10. On or about May 31, 2011, Defendant was stopped by the Broken Arrow Police Department on suspicion of drunk driving. Defendant was arrested, taken to jail and charged in the District Court of Tulsa County, State of Oklahoma, Case No. CM-2011-2878, with **DRIVING UNDER THE INFLUENCE (ALCOHOL), DRIVING UNDER A SUSPENDED LICENSE, DRIVING LEFT OF CENTER, TRANSPORTING AN OPEN CONTAINER (ALCOHOL) AND FAILURE TO CARRY INSURANCE/SECURITY VERIFICATION**, all misdemeanors.
11. Beginning on or about July 9, 2011, and continuing through August 8, 2011, Defendant obtained treatment for substance abuse for a second time at Valley Hope.
12. On or about August 16, 2011, Defendant appeared in court and pled no contest to the charges against her. The judge found her **GUILTY** and convicted her of all charges. She received a one (1) year suspended sentence, was placed on the District Attorney's supervised probation and was assessed fines and costs.
13. As a result of her conviction in Case No. CM-2011-2878 in Tulsa County District Court, her deferred sentence in Case No. CM-2010-00820 in Wagoner County District Court was accelerated to a one (1) year suspended sentence concurrent with her suspended sentence

in Tulsa County District Court. She was additionally ordered by the Wagoner County District Court to sign new rules of probation, complete twenty-eight (28) days of inpatient treatment in lieu of thirty (30) days of incarceration, to attend ninety (90) meetings in ninety (90) days, to obtain outpatient treatment at Laureate, and to complete relapse prevention treatment at Rainbow on the Plains, as well as D.A. Supervised Probation for one (1) year.

14. As a result of these arrests, on or about October 14, 2011, the State filed a Complaint against Defendant, and on or about November 3, 2011, the Board accepted the Voluntary Submittal to Jurisdiction wherein Defendant's license was **SUSPENDED** for four months ending November 6, 2011. Defendant then was placed on **INDEFINITE PROBATION**.
15. On or about March 7, 2013, Defendant appeared before the Board *en banc* and entered a motion for modification of terms of probation. The Board heard clear and convincing evidence in support of the request for modification of terms of probation and granted the motion.
16. On or about August 29, 2013, Board staff received a report from the Oklahoma Health Professionals Program (OHPP) that Defendant had tested positive for ethyl.
17. On or about September 4, 2013, Defendant signed an Agreement Not to Practice until the potential Complaint against her is heard by the Board *en banc* or she is released by the Board Secretary.
18. As a result of this positive test, on or about January 31, 2014, the State filed a Complaint against Defendant, and on or about March 6, 2014, the Board accepted the Voluntary Submittal to Jurisdiction wherein Defendant's license was **SUSPENDED** for three months beginning on September 3, 2013, until December 3, 2013. Defendant then was placed on **INDEFINITE PROBATION**.
19. Defendant was released from probation on or about January 16, 2020.

#### **CURRENT UNPROFESSIONAL CONDUCT ALLEGATIONS**

20. On or about Jun 29, 2022, Defendant was charged in Tulsa County District Court Case CF-2022-1533 with DRIVING UNDER THE INFLUENCE OF ALCOHOL-2<sup>ND</sup> OFFENSE. Defendant pled No Contest, and received a 3-year sentence, all deferred except 2 weeks in the Tulsa County Jail.
21. On or about October 16, 2023, Defendant renewed her license online and filled out the customary renewal application. In response to the question "Since last renewal have you been arrested, charged with, or convicted of a felony?" Defendant answered "**NO**". In response to the question "Since last renewal have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance including alcohol?" Defendant answered "**NO**". In response to the question "Since last renewal have you been addicted to or abused any drug or chemical substance including alcohol?" Defendant answered "**NO**".

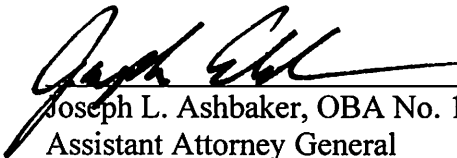


22. Defendant is guilty of unprofessional conduct in that she:

- A. Obtaining a license by means of fraud, misrepresentation, or concealment of material facts in violation of 59 Okla. Stat. §888.9(A)(1);
- B. Engaged in unprofessional conduct as defined by the rules established by the Board, or violated the Code of Ethics adopted and published by the Board in violation of 59 Okla. Stat. §888.9(A)(2);
- C. Violated any lawful order, rule, or regulation rendered or adopted by the Board in violation of 59 O.S. §888.9(A)(4).
- D. Engaged in dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public in violation of OAC 435:30-1-10(a)(2);
- E. Engaged in the habitual intemperance or the habitual use of habit-forming drugs in violation of OAC 435:30-1-10(a)(10); and,
- F. Engaged in the habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of occupational therapy and the responsibilities of the licensee in violation of OAC 435:30-1-10(a)(11).

### CONCLUSION

Plaintiff respectfully requests that the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's occupational therapist license, and an assessment of costs and attorney's fees incurred in this action as provided by law.

  
 \_\_\_\_\_  
 Joseph L. Ashbaker, OBA No. 19395  
 Assistant Attorney General  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION  
 313 NE 21<sup>ST</sup> Street  
 Oklahoma City, Oklahoma 73105  
 405/522.2974  
 405/522.4536 – Facsimile

**VERIFICATION**

I, Melissa Davis, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding the Defendant, LORNA JEAN NICHOLS, O.T.; and

2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
Melissa Davis, Investigator  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

Date: 1-23-24

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
LORNA JEAN NICHOLS, O.T. )  
LICENSE NO. OT 598, )  
 )  
Defendant. )

**FILED**

JAN 23 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 23-11-6284

CITATION

**YOU ARE HEREBY NOTIFIED** that on the 23<sup>rd</sup> day of January 24, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(4), (8), (16)(a), (18); Okla. Admin. Code §§ 435:10-7-4(1), (2), (6), (11), (26).

On **March 7, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.

**THEREFORE**, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 23<sup>rd</sup> day of January 2024.

A handwritten signature in blue ink, appearing to read "Billy H. Stout", written over a horizontal line.

Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION



**AFFIDAVIT OF SERVICE**

State of Oklahoma

County of Oklahoma State Board

Medical Licensure And Supervision Court

Case Number: 23-11-6284

Plaintiff:  
**STATE OF OKLAHOMA, OKLAHOMA STATE BAORD OF MEDICAL LICENSURE AND SUPERVISION**

vs.

Defendant:  
**LORNA JEAN NICHOLS, O.T. LICENSE NO. OT 598**

For:  
Oklahoma State Board of Medical Licensure and Supervision  
101 Ne 51st St  
Oklahoma City, OK 73105

**FILED**

**JAN 30 2024**

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Received by Expect 2 Win Process Service to be served on **LORNA JEAN NICHOLS, O.T., 10427 S. 197TH E AVE, BROKEN ARROW, OK 74014.**

I, Brad Gordon, being duly sworn, depose and say that on the **25th day of January, 2024 at 6:55 pm, I:**

**INDIVIDUALLY/PERSONALLY** served by delivering a true copy of the **Citation & Complaint, Plaintiff's Witness and Exhibit List and Scheduling Order** with the date and hour of service endorsed thereon by me, to: **LORNA JEAN NICHOLS, O.T.** at the address of: **10427 S. 197TH E AVE, BROKEN ARROW, OK 74014**, and informed said person of the contents therein, in compliance with state statutes.

**Description of Person Served:** Age: 59, Sex: F, Race/Skin Color: W, Height: 5.4, Weight: 180, Hair: BRN, Glasses: N

I certify that I am over the age of 18, have no interest in the above action, and am a State Licensed Process Server, in good standing, and have proper authority in the jurisdiction in which the process was served.



**Brad Gordon**  
PSS-2022-7

Subscribed and Sworn to before me on the 25th day of January, 2024 by the affiant who is personally known to me.

  
NOTARY PUBLIC

**Expect 2 Win Process Service**  
PO Box 141405  
Broken Arrow, OK 74014  
(918) 557-6971

Our Job Serial Number: EXW-2024001156  
Ref: 23.11.6284 nichols



IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA *ex rel.* )  
THE OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE AND )  
SUPERVISION, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
LORNA JEAN NICHOLS, O.T. )  
 )  
LICENSE NO. OT598, )  
 )  
Defendant. )

**FILED**

**FEB 14 2024**

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 23-11-6284

**ANSWER TO VERIFIED COMPLAINT**

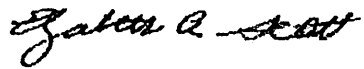
Defendant, Lorna Nichols, OT (“Nichols”), for her Answer to the Verified Complaint (the “Complaint”) filed by the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the “Board”), denies each and every allegation therein except as specifically hereinafter admitted. For further answer, Nichols states as follows:

1. The allegations in Paragraph 1 of the Complaint state a legal conclusion to which no response is required. Otherwise, Nichols states that the Board is authorized to license and oversee Occupational Therapists as outlined by statute.
2. Nichols states that she holds occupational therapy license no. OT598 conferred to her by the State of Oklahoma as alleged in Paragraph 2 of the Complaint..
3. Nichols admits the prior disciplinary and legal actions alleged in Paragraphs 3 through 19 of the Complaint,
4. Nichols admits the allegations in Paragraph 20 of the Complaint.

5. Nichols admits that she answered "No" on her licensure renewal form to the questions outlined in Paragraph 21 of the Complaint.

6. Nichols denies that she is guilty of unprofessional conduct as alleged in Paragraph 22 of the Complaint and demands strict proof thereof. Nichols further asserts that she relapsed on just one (1) day, approximately two (2) years ago. Other than that one day, she has been sober for approximately 10 ½ years during which time she has continued to work her recovery program each day.

Respectfully submitted,



---

Elizabeth A. "Libby" Scott, OBA #12470

Brian Self, OBA #33363

-Of the Firm-

CROWE & DUNLEVY

A Professional Corporation

Braniff Building

324 N. Robinson, Suite 100

Oklahoma City, OK 73102

(405) 235-7700

(405) 239-6651 (Facsimile)

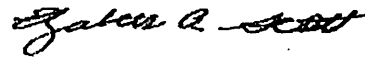
**ATTORNEYS FOR DEFENDANT  
LORNA NICHOLS, O.T.**

**CERTIFICATE OF SERVICE**

This will certify that on the 14th day of February, 2024, a true and correct copy of the above and foregoing instrument was served via U.S. mail to the following:

Joe Ashbaker, OBA No. 19395  
Assistant Attorney General  
Oklahoma State Board of Medical  
Licensure and Supervision  
313 N.E. 21st Street  
Oklahoma City, OK 73105

Attorney for the Plaintiff



---

Elizabeth A. Scott





# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Friday, February 16, 2024 1:03 PM CST

### Wallet Card

RIDDEL, STEPHEN JAMES	
<b>Practice Address:</b> <a href="#">WARREN CLINIC/MCALESTER DIV</a> <a href="#">1401 E. VAN BUREN AVE</a> <a href="#">MCALESTER OK 74501</a> Address last updated on 4/25/2022  <b>Phone #:</b> (918) 426-0240 <b>Fax #:</b> (918) 423-4051 <b>County:</b> PITTSBURG <b>License:</b> 16862 <b>Dated:</b> 6/12/1989 <b>Expires:</b> 6/1/2024 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Obstetrics & Gynecology <b>NPI #:</b> 1952364135	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2025 <b>Fee History:</b> 05/18/23 \$200.00 04/25/22 \$200.00 05/06/21 \$200.00  <b>Hospital Privileges:</b> McAlester Regional Health Center McAlester, OK <b>References:</b> RANDALL J MORGAN, MD, KS (Letter) 03/28/89 EDMOND G FEUILLE, JR, MD, KS (Letter) 03/28/89 WILLIAM MICHAEL STEVENS, MD, KS (Letter) 03/29/89 WILLIAM MICHAEL STEVENS MD, KS (Letter) 03/29/89

### Other Licenses

The License Status and Expiration date listed below are verified only at the time of **initial** Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
	KS	Inactive				Entered By Physician

### Supervisees

Supervisee	Type	License Number	Status	Time
STELLA CLOUD	APRN	28913	Contact Nursing Board	

### Education History

School	Type	From	To	Degree	Verified
FRIENDS UNIVERSITY, WICHITA, KS		8/1973	5/1977	BS - CHEMISTRY	
WICHITA NORTH HIGH SCHOOL, WICHITA, KS		9/1970	5/1973		

### Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of KS Sch Of Med, Kansas City Ks 66103	8/1981	5/1985	MD	Y		3/20/1989	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived

WESLEY MEDICAL CENTER, WICHITA, KS, USA	OB-GYN	7/1985	6/1989	Y		05/08/89		N
---	--------	--------	--------	---	--	----------	--	---

**National Verifications**

Type	Date Primary Source Verified
Federation Clearance	4/10/1989
AMA Profile	4/10/1989

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
WARREN CLINIC/MCALESTER DIV, MCALESTER, OK, USA	OB/GYN		7/1989		
ST FRANCIS HOSPITAL, WICHITA, KS, USA	LAB ASSISTANT		6/1977	6/1981	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
12/1/2023	Complaint Citation		

**Board Filings and/or Orders**

[12/01/2023](#)  
[12/01/2023](#)

**License Verification and Disclaimer**

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. Initial licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

Please note that the NPI numbers listed on search results are provided by licensees themselves and are not verified by the Medical Board. *APRN license information listed under "Supervisees" is obtained from Board of Nursing once a month and is listed here for supervisor/supervisee cross reference purpose only and hence not be construed as full verification of APRN license. APRN's license verification must be made through State Board of Nursing.*

No responsibility is assured or implied for errors or omissions created by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

For information regarding those categories not included in the database and/or concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time, contact the OSBMLS at:

Issues related to verification data: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org) or Phone: (405) 962-1400 ext. 170

Technical issues: [supportservices@okmedicalboard.org](mailto:supportservices@okmedicalboard.org) or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

JAN 26 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, ex rel  
OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE  
AND SUPERVISION,

PLAINTIFF,

vs.

CASE NO. 23-03-6205

STEPHEN JAMES RIDDEL, M.D.  
LICENSE NO. MD 16862,

DEFENDANT.

**MOTION FOR REHEARING, REOPENING AND/OR RECONSIDERATION**

Comes now the Defendant, STEPHEN JAMES RIDDEL, M.D. LICENSE NO. MD 16862, and for his motion for rehearing, reopening and reconsideration, sets forth the following;

1. That this motion is made pursuant to this Board's ultimate authority and 75 O.S. 317 and is filed within ten days of the default hearing, not the final order which has not been filed yet.
2. That the defendant asserts there is a need for further consideration of the issues and the evidence in the public interest, and need for additional evidence adequately to develop the facts essential for a proper decision.
3. The defendant admits that he was served, but failed to determine that a hearing was set as set forth in his affidavit attached hereto.

4. That because of his failure to ascertain a hearing date as set out in his affidavit and subsequent non appearance before the Board, there are facts and circumstances that are needed for a full development of the facts before this Honorable Board. To the defendant's best belief and knowledge his failure to appear caused the Board to conduct a default hearing and pursuant to evidence at said default hearing entered a proposed order which has not become final yet which may have resulted to the doctor being indefinitely suspended until the defendant appears before the Board and being assessed with a clinical skills and competency assessment including prescribing controlled dangerous substances. That the defendant is not asserting an appearance before the board and completion of the assessment would result in the suspension being lifted, only that those are the first steps in the determination of the board action by the board..

5. That the defendant is a practicing doctor specializing in obstetric/gynecological medicine. That the issues that were raised in the complaint arose out of a weight loss clinic that has been closed and the defendant will not conduct any part of his practice as a weight loss doctor.

6. That his OB/GYN practice has the defendant on OB/GYN call for ten days a month. That there are two other doctors for the other 20 days call each month, but his suspension could be a hardship to the other doctors and patients.

WHEREFORE premises considered, the defendant, STEPHEN JAMES RIDDEL, prays that this board grant him a rehearing, reopening and reconsideration in this matter and withhold the suspension until the defendant appears before the board.



STEPHEN JAMES RIDDEL, MD  
LICENSE NO. MD 16862, DEFENDANT

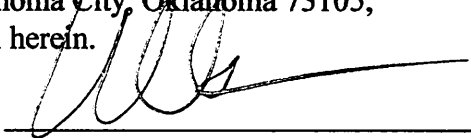
WARREN GOTCHER  
GOTCHER AND BEAVER  
POST OFFICE BOX 160  
MCALESTER, OKLAHOMA 74502  
(918) 423-0412  
Warren@gotcher-beaver.com  
~~ATTORNEYS FOR DEFENDANT~~

---

Warren Gotcher, OBA#3495

CERTIFICATE OF SERVICE

I, Warren Gotcher, herewith certify that on the 24<sup>th</sup> day of January, 2024, I caused a true and correct copy to be mailed/emailed to Mr. Alex A. Pedraza, OBA No. 33584, Assistant Attorney General, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105, AlexPedraza@oag.ok.gov, opposing counsel herein.



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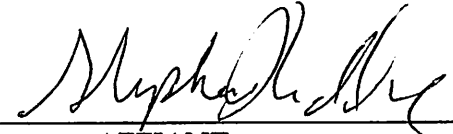
## A F F I D A V I T

Stephen James Riddel, M.D. of legal age and being duly sworn upon oath, deposes and states:

1. That on or about March 16, 2023, I was contacted by the Melissa Davis, RN, Investigator with the Oklahoma State Board of Medical Licensure and Supervision and she requested that I provide my records for seven patients. I mailed the records to Ms. Davis on or about April 23, 2023.
2. That on or about the first part of December, 2023, I was leaving my home and someone came to my door and handed me a large envelope that was unaddressed with the Medical Board return in the upper left hand corner thereon. I assumed it contained the copies of the records that I had sent and I did not open the envelope. I put the envelope in my library on top of the original charts of the aforesaid patients. I then left for the day and I forgot about the envelope.
3. That on or about December 11, 2023, the Mother of five of my children unexpectedly passed away and I became involved in family duties due to her passing and helping my children.
4. That the Christmas Holidays came and did not think about the envelope that I had left in my library.
5. That on or about January 16, 2024, my nurse, Chelsie Rock, handed me a notice of certified mail that needed to be picked up at the Post Office. I was busy that day with patients at my office and surgery at the hospital and I was not able to get to the Post Office before it closed. The rest of the week I was busy with deliveries, surgeries and office visits. I was able to pick up the certified mail on the afternoon of January 19, 2024.
6. That Riddle's Medical Weight Loss Management Clinic is located in a building that I obtained through a divorce. I have maintained the Clinic to pay the mortgage on the building and to pay the employee. That as of January 23, 2024, the weight loss clinic is closed so that I can spend more time with my 10 year old daughter. The Mother of my daughter is ill and unable to care for her and I am providing the majority of the care for my daughter.
7. That I am a Medical Doctor specializing in Obstetrics and Gynecology. I am employed by Warren Clinic, St. Francis, with privileges at McAlester Regional Health Center and a contract to take ten days per month of Obstetrics and Gynecology call.

8. That there are only three OBGYN Doctors in McAlester and if I am unable to practice an undue burden will be placed on them.
9. I recognize that I was served, however due to the above set out circumstances and explanations, I did not intentionally disregard the service and I respectfully request that the Board set aside their ruling and allow me to respond.

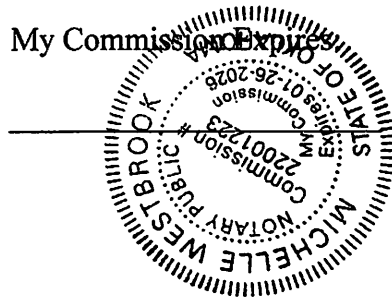
Further Affiant saith not.

  
\_\_\_\_\_  
AFFIANT

Subscribed and sworn to before me this 23<sup>rd</sup> day of January, 2024.

  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires



IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

FEB - 8 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )

Plaintiff, )

v. )

Case No. 23-03-6205

STEPHEN JAMES RIDDEL, M.D., )  
LICENSE NO. MD 16862, )

Defendant. )

**PLAINTIFF’S RESPONSE TO DEFENDANT’S MOTION  
FOR REHEARING, REOPENING AND/OR RECONSIDERATION**

COMES NOW Plaintiff, the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical  
Licensure and Supervision (“Plaintiff”; “Board”), by and through undersigned counsel, and  
respectfully submits its Response to Defendant’s, Stephen James Riddel, M.D., Motion for  
Rehearing, Reopening and/or Reconsideration (“Motion”).

**ARGUMENT AND AUTHORITY**

**I. DEFENDANT’S MOTION IS NOT YET RIPE FOR CONSIDERATION.**

This matter came on for hearing before the Board on January 18, 2024. At that time, service  
of the Verified Complaint and Citation in this matter was determined to have been properly  
achieved, and Defendant was determined to be in default and also not present. Plaintiff proceeded  
with offering evidence and testimony in support of the allegations of unprofessional conduct  
detailed in its Verified Complaint. The Board determined that the allegations of unprofessional  
conduct detailed in the Verified Complaint were proven by clear and convincing evidence and  
thereafter ordered Defendant’s license to practice allopathic medicine suspended indefinitely,



pending Defendant's submission to a clinical skills assessment program preapproved by Board staff, proof of compliance with any recommendations resulting therefrom and Defendant's subsequent personal appearance before the Board.

Soon thereafter, Defendant filed his Motion, in which he acknowledged that he was served but indicated that he "failed to ascertain that a hearing was set" at that time. Motion, p. 1. Defendant's Motion further included an affidavit attesting to the circumstances which caused Defendant's "failure to ascertain a hearing date" and concluded by requesting that the Board "withhold the suspension until the defendant appears before the board." Motion. P. 2.

As Defendant acknowledges in his Motion, the Board's order issued as a result of the hearing at the January 18, 2024, Board meeting is not a final order. Pursuant to Executive Order 2023-13, and as acknowledged by the Board at the time of hearing, "substantive non-rulemaking decisions of Qualifying Boards" are subject to review by the Attorney General. Okla. Admin. Code 1:2023-13. Presently, the order of the Board is awaiting such review and can therefore not be considered a "final agency order" under 75 O.S. § 250.3(6) and 75 O.S. § 317. Accordingly, there is no final agency order which may be subject to rehearing, reopening or reconsideration under 75 O.S. § 317(A) at this time.

## **II. DEFENDANT PROVIDES NO BASIS UNDER 75 O.S. § 317 WHICH WOULD WARRANT REHEARING, REOPENING OR RECONSIDERATION.**

Under section 317 of the Administrative Procedures Act ("APA"), only limited grounds for rehearing, reopening or reconsideration exist. Such grounds include:

1. Newly discovered or newly available evidence, relevant to the issues;
2. Need for additional evidence adequately to develop the facts essential to proper decision;
3. Probable error committed by the agency in the proceeding or in its decision such as would be ground for reversal on judicial review of the final agency order;
4. Need for further consideration of the issues and the evidence in the public interest; or

5. A showing that issues not previously considered ought to be examined in order properly to dispose of the matter.

Here, Defendant asserts that reopening is warranted because “there is need for further consideration of the issue and the evidence in the public interest and need for additional evidence adequately to develop the facts essential for a proper decision.” Motion, p. 1.

First, Defendant does not articulate what public interest would be served in reopening these proceedings. Defendant does assert a possible “hardship” to the other Obstetrics and Gynecology (OBGYN) physicians in McAlester, OK if he were unable to practice, but the other physicians in Defendant’s community are a limited class of persons and plainly do not constitute the public at large. *Id.* Likewise, while it’s conceivable there could be a potential burden to Defendant’s patients, the same would only amount to a small fraction of the McAlester population, rather than the public at large.

Secondly, Defendant cannot show that there is a “[n]eed for additional evidence adequately to develop the facts essential to proper decision.” *Id.* As already mentioned, evidence and testimony were provided at the January 18, 2024, Board meeting to aid the Board members in their decision. The Board heard from the Board Investigator who inspected this matter, subpoenaed the medical records in question and provided the same to an expert retained by the Board for the purposes of reviewing the patient records. The Board was presented with expert testimony from Dr. Nathan John offering his understanding and opinion, based on his review of the medical records, that Defendant’s prescribing practices regarding Phentermine posed a risk of harm to his patients and potential future patients. Likewise, the Board received in evidence the patient medical records themselves for their own consideration. Given such, there is no additional evidence Defendant could present if this matter were reopened, as the Board was in possession of the evidence it needed to “develop the facts essential to a proper determination.” While Defendant

may wish to provide evidence that his medical weight loss management clinic is now closed, such information is irrelevant and immaterial to the facts alleged in the complaint and determined to be true by the Board.

Finally, even if the Board agrees that Defendant has demonstrated sufficient grounds to warrant reopening and reconsidering the matter, to the extent Defendant requests the default judgment be vacated, it is a long-standing legal precept that in a proceeding to vacate a judgment entered in default the complaining party must demonstrate that the facts are such “as to make it appear that the complaining party is not himself guilty of negligence in allowing such default to be taken, and that no reasonable or proper diligence or care could have prevented the trial or judgment.” *Mid-Texas Petroleum Co. v. W. Lumber & Hardware Co.*, 1935 OK 899, 175 Okla. 260, 52 P.2d 15, 17, quoting *Forest v. Appelget*, 1916 OK 68, ¶ 1, 55 Okla. 515, 154 P. 1129, 1130. Under the facts provided by Defendant himself, Defendant cannot prevail under this standard as Defendant was simply and unmistakably negligent. Defendant admits that he “assumed” the contents of the envelope served upon him rather than simply opening the envelope, despite being aware he was in fact being served. Affidavit attached to Motion, ¶ 2. Defendant also admits that following service, he “did not think about the envelope” that he had apparently “left” in his library. Affidavit attached to Motion, ¶ 4. Considering Defendant’s admitted conduct, Defendant cannot succeed in proving circumstances which might warrant vacating the default judgment entered against him in this matter under the relevant law. *Williams v. Meeker N. Dawson Nursing, LLC*, 2019 OK 80, ¶ 29, 455 P.3d 908, 917 (“Meeker did not testify or allege illness, misdocketing, confusion over multiple litigation in multiple forums, pro se representation, statutory provisions concerning obscure filing periods, a breakdown in office procedure in

combination with misinformation from a deputy court clerk, or a lawyer's misdocketing followed by a motion to vacate filed the next day.”).

**CONCLUSION**

For the foregoing reasons, Plaintiff respectfully requests that Defendant's Motion for Rehearing, Reopening and/or Reconsideration be denied.

Respectfully submitted,



---

Alex A. Pedraza, OBA No. 33584  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105

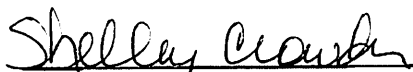


**CERTIFICATE OF SERVICE**

This is to certify that on the 8<sup>th</sup> day of February 2024, Plaintiff's Response to Defendant's Motion for Rehearing, Reopening and/or Reconsideration was sent via U.S. mail first class, and by electronic mail, to:

Warren Gotcher  
GOTCHER & BEAVER  
P.O. Box 160  
McAlester, OK 74502  
Warren@gotcher-beaver.com

*Attorney for Defendant*

  
\_\_\_\_\_  
Shelley Crowder  
Oklahoma State Medical Board



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

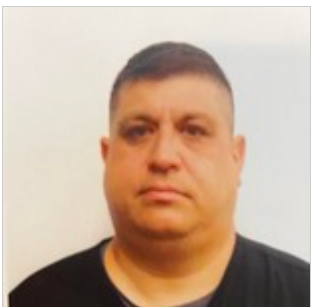
## Doctors of Osteopathy - DO



### License Details

Last Update: Friday, February 16, 2024 1:03 PM CST

### Wallet Card

<b>RIVERA, DANIEL</b>	
	
<b>Practice Address:</b> No Current Practice Address Address last updated on 7/31/2023  <b>Phone #:</b> <b>Fax #:</b> <b>County:</b> NOT OKLAHOMA <b>License:</b> 39937 <b>Dated:</b> 8/30/2022 <b>Expires:</b> 8/1/2024 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Anesthesiology <b>NPI #:</b>	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> Agreement Not To Practice <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2025 <b>Fee History:</b> 07/31/23 \$200.00 06/19/22 \$500.00  <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Other Licenses

The License Status and Expiration date listed below are verified only at the time of initial Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
036141803	IL	Inactive	7/31/2017	6/27/2022		Primary Source Verified
04-35142	KS	Inactive	7/31/2022	6/27/2022		Primary Source Verified
2010036800	MO	Inactive	6/5/2012	7/18/2022		Primary Source Verified
2006016779	MO	Inactive	12/31/2010	7/18/2022		Primary Source Verified
312912	NY	Active	8/31/2023	6/27/2022		Primary Source Verified
R6267	TX	Active	5/31/2023	6/27/2022		Primary Source Verified

### Education History

School	Type	From	To	Degree	Verified
BAYLOR UNIVERSITY, WACO, TX, UNITED STATES		9/1995	5/2000	BS	
HARLINGTON HIGH SCHOOL, HARLINGEN, TX, UNITED STATES		9/1994	5/1995	DIPLOMA	

**Medical School**

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Ross Univ, Sch of Med, Roseau, Dominica – User Entered:Ross University	9/2003	11/2005	DOCTOR OF MEDICINE	Y	8/1/2022	8/1/2022	N
Univ Auto De Guadalajara, Fac De Med, Guadalajara, Jalisco, Mexico – COMPLETED ONLY 4 SEMESTERS	8/2001	6/2003	NONE	Y	8/1/2022	8/1/2022	N

**Postgraduate**

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC, KANSAS CITY, MO, UNITED STATES OF AMERICA	ANESTHESIOLOGY	7/2006	12/2010	Y	08/01/22		08/01/22	N

**National Verifications**

Type	Date Primary Source Verified
ECFMG # 06526974	7/25/2022
Federation Clearance	6/27/2022
AMA Profile	6/23/2022

**Certifications**

Certification
AMERICAN BOARD OF ANESTHESIOLOGY

**Exams**

Exam	Date Taken	Date Primary Source Verified
USMLE 1	07/18/03	8/1/2022
USMLE 2CK	07/13/05	8/1/2022
USMLE 2CS	10/18/05	8/1/2022
USMLE 3	04/21/07	8/1/2022

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
STAFFCARE/ SOMNIC ANESTHESIA, NEW YORK, NY, UNITED STATES – 8/8/22MT- CURRENTLY PRACTICING	ANESTESIOLOGIST		11/2021		
KANSAS SPINE ANESTHESIA CORPORATION PA, WICHITA, KS, UNITED STATES	STAFF ANESTHESIOLOGIST		1/2019	11/2021	
NONE, SAN ANTONIO, TX, UNITED STATES – WAITING FOR TX LICENSE AND CREDENTIALING FOR STAR ANESTHESIA	RELOCATION TO KANSAS		1/2018	1/2019	
ASCENSION VIA CHRISTI ST. JOSEPH/ LOCUMTENENS.COM, WICHITA, KS, UNITED STATES	LOCUMS ANESTHESIOLOGIST		6/2017	1/2018	
GALESBURG COTTAGE HOSPITAL/CLINICAL COLLEAGUES, IN, GALESBURG, IL, UNITED STATES	LOCUMS ANESTHESIOLOGIST		3/2017	4/2017	
GALESBURG COTTAGE HOSPITAL/CLINICAL COLLEAGUES, IN, GALESBURG, IL, UNITED STATES	LOCUMS ANESTHESIOLOGIST		11/2016	1/2017	
NONE, SAN ANTONIO, TX, UNITED STATES – WAITING FOR ILLINOIS LICENSE & CREDENTIALING FOR GALESBURG COTTAGE	CREDENTIALING		4/2016	11/2016	
HUTCHINSON REGIONAL MEDICAL CENTER/ CLINICAL COLLEA, PENSACOLA, FL, UNITED STATES	STAFF ANESTHESIOLOGIST		8/2011	4/2016	
WESTPORT ANESTHESIA SERVICES, KANSAS CITY, MO, UNITED STATES	STAFF ANESTHESIOLOGIST		1/2011	6/2011	
ACOSTA/MUNIZ RIO GRANDE PHARMACY, HARLINGEN, TX, UNITED STATES	CERTIFIED PHARMACY TECHNICIAN		12/2005	6/2006	

ACOSTA MUNIZ RIO GRANDE PHARMACY, HARLINGEN, TX, UNITED STATES	PHARMACY TECHNICIAN		6/2003	9/2003	
ACOSTA/ MUNIZ RIO GRANDE PHARMACY, HARLINGEN, TX, UNITED STATES	PHARMACY TECHNICIAN		6/2000	8/2001	
NONE, HARLINGEN, TX, UNITED STATES	UNEMPLOYED		6/1995	8/1995	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
11/22/2023	Complaint Citation		

Board Filings and/or Orders
<a href="#">01/04/2024</a>
<a href="#">11/22/2023</a>
<a href="#">11/22/2023</a>

**License Verification and Disclaimer**

This verification service provides current data extracted by the Oklahoma State Board of Medical Licensure & Supervision (OSBMLS) from its own database. The data in this web site is provided by and controlled entirely by the OSBMLS and therefore constitutes a primary source verification of licensure status as authentic as a direct inquiry to the OSBMLS. **Initial** licensure data collected, such as Education, Training, Other State License Verification, ECFMG, Federation Clearance, AMA Profile, and Exam Information are obtained from primary source. All primary source obtained data are clearly marked as such. Should the License Date be earlier than 1996, some of the data may not be primary source. The information provided through the verification service is all of the information pertinent and available in that field of information in the OSBMLS database. The data is updated, at a minimum, three times daily.

Please note that the NPI numbers listed on search results are provided by licensees themselves and are not verified by the Medical Board. *APRN license information listed under "Supervisees" is obtained from Board of Nursing once a month and is listed here for supervisor/supervisee cross reference purpose only and hence not be construed as full verification of APRN license. APRN's license verification must be made through State Board of Nursing.*

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Technical issues: [supportservices@okmedicalboard.org](mailto:supportservices@okmedicalboard.org) or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

NOV 22 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*, )  
THE OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE AND )  
SUPERVISION, )

Plaintiff, )

vs. )

Case No. 23-02-6201

DANIEL RIVERA, M.D., )  
LICENSE NO. MD 39937, )

Defendant. )

**VERIFIED COMPLAINT**

The State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision (“Board”), alleges and states as follows for its Complaint against DANIEL RIVERA, M.D. (“Defendant”):

**I. JURISDICTION**

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. § 480 *et seq.*
2. Defendant holds Oklahoma medical license number 39937. The acts and omissions complained of herein were made while Defendant was acting as a physician pursuant to the medical license conferred upon him by the State of Oklahoma, and such acts and omissions occurred within the physical territory of the State of Oklahoma.

**II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT**

3. This case was initiated by multiple complaints alleging Defendant admitted to an addiction relapse, admitted he would fail a urine drug screen and admitted to getting fentanyl from his cases at work.
4. Defendant worked for a medical contracting company in which physicians such as Defendant would work as contract physicians for a period of time. During the relevant time periods Defendant worked at Mercy in Ada, Oklahoma and at Ascension St. John in Tulsa, Oklahoma.



5. While working at Mercy, several incidents caused concern from employees working with Defendant. These employees observed certain behaviors which were “red flags” for diversion of CDS.

- Defendant relieved a CRNA for a break and left a used syringe labeled fentanyl for the CRNA when they returned. That CRNA was relieved by a second CRNA. The turnover instructions were that the syringe was left by Defendant and apparently contained fentanyl. The second CRNA, after contacting Spencer Phillips, Manager of Surgical Services, took the syringe to the pharmacy and watched the pharmacist place the syringe in a tamper proof bag.

- On or about February 7 Defendant relieved a CRNA to give them a short break. When Defendant left the room, the CRNA called Spencer Phillips, Manager of Surgical Services, over and stated that this is the syringe that Dr. Rivera left me. The CRNA administered 50mcg of the “fentanyl” that Defendant left. The patient had no response to the medication. The CRNA then used a new syringe and pulled another vial of fentanyl and gave another 50mcg. The patient immediately had a response to the fentanyl given. The Circulator called for relief and took the syringe left by Defendant to Mr. Mike O’Grady, Director of Pharmacy, who placed it in a tamper proof bag.

- Defendant got a patient ready and gave medications to the CRNA on the case. The CRNA called Spencer Phillips, Manager of Surgical Services, over and showed him a full syringe labeled fentanyl. The CRNA and Spencer Phillips took the syringe to Mr. Mike O’Grady, Director of Pharmacy, who placed the syringe in a tamper proof bag.

6. The syringes were sent to DynaLabs for testing. The results of that investigation were:

DynaLabs Certificates of Analysis: Three syringes

Test date: 02/10/2023: Syringe(s) 1x1 ml: Fentanyl: Test Result:  
0.0000% Date Compounded: 2/6/2023

Test date: 02/10/2023: Syringe(s) 1x4 ml: Fentanyl: Test Result:  
0.0000% Date Compounded: 2/6/2023

Test date: 02/20/23: Syringe(s) 1x5 ml: Fentanyl: Test Result:  
0.0000% Date Compounded: 2/9/2023

7. Further “red flags” noted were that large amounts of pentanyl was used in a short amount of time, the patients were waking up and their responses were not matching up to the drug allegedly given. Examples noted were:

- Patient A- Total fentanyl used: 2,350mcg. The concern is that the patient started out on a Levophed drip but was able to be removed from it during the procedure and in report ICU “patient’s blood pressure had been good, titrate as needed.”
  - Patient B- Total fentanyl used: 1000mcg. The patient is a paraplegic, severe injury below the waist, patient didn’t need pain meds in preop or PACU because he can feel no pain.
  - Patient C- Total fentanyl used: 1000mcg. Patient woke up in PACU with severe pain, 10/10 and had to be given additional pain medication to control pain.
  - Patient D- Total fentanyl used: 400mcg. Patient woke up in PACU, given additional 100mcg of fentanyl and patient’s blood pressure dropped like she hasn’t received any pain medication.
8. Based on the foregoing, a Drug Diversion Response Team Investigation was initiated. The investigation determined the following:
- “Previous history with substance abuse. Completed the impaired provider program in 2008”.
  - “Peer reported concerns of patients waking up immediately following a case and always wanting to start the case and pull meds, but wants the CRNA to finish the case by handing off syringes of medication. Also, reports by peers of doses given and vitals are not dipping/responding appropriately”.
  - “High doses of Fentanyl being used”.
  - “High dose for case severity”.
  - “Wasting full vials of Fentanyl”
  - ...“The audit has 1050mcg of Fentanyl unaccounted for and 5 full vials of Fentanyl wasted by Dr. Rivera.”
9. A member of the Ascension Medical Staff in Tulsa reported that “On March 27<sup>th</sup>, my office was informed that an anesthesiologist was working under the influence of drugs, additionally a rapid Inventory of his narcotic administration per case was very high and inappropriate. The physician was confronted and very quickly admitted he was diverting Fentanyl for his use. His behavior was consistent with narcotic usage and a drug screen was obtained. He was searched by our security and no drugs were noted on him or in his locker. As per our policy, a ride was obtained to return him to his residence. He was summarily removed from our medical staff.”
10. Captain Thomas West, Campus Police Ascension St. John, also investigated Defendant based on complaints made by colleagues at St. John. On Mach 28, 2023, Captain West was notified by Dr. John Forest of an anesthesiologist, Defendant, that may be under the influence of narcotics and has taken them from cases he has worked. Captain West questioned Defendant. Defendant told Captain West that he had relapsed and he was

using again, he also stated that he needed help. The ensuing investigation found significant evidence of diversion. The investigative report states that Defendant admitted stealing fentanyl from surgery.

11. On numerous occasions Defendant stated he was going to get a nail or hair follicle drug test. Board staff has never received a result from any such test. Further, Defendant spent from April through October repeatedly stating he was going to attend in patient treatment, yet to date he has not done so. Defendant signed an agreement not to practice on April 26, 2023 and has relinquished his DEA certificate. Emails from Defendant to Board Investigator Melissa Davis stated:

-April 25, 2023 - "Due to family/financial reasons, I will start my treatment at Florida Recovery Center on Monday 5/15 at the earliest and 5/30 at the very latest."

-May 23, 2023 - "With the cost told to me by the treatment center, I will enter treatment as soon as our loan is approved."

-July 28, 2023 - "My wife is still working and extended her contract through November. I plan on entering treatment Monday 10/16 at the absolute latest."

-September 20, 2023 - "May need another month or so."

-October 24, 2023 - "Unfortunately my situation hasn't changed but is slightly getting better financially. At this rate I will enter treatment in Florida in February/March at the latest."

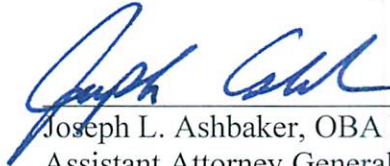
### III. VIOLATIONS

12. Based on the foregoing, the Defendant is guilty of unprofessional conduct as follows:
- a. Habitual intemperance or the habitual use of habit-forming drugs in violation of Title 59 § 509(4):
  - b. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public in violation of Title 59 § 509(8) and OAC 435:10-7-4(11):
  - c. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition in violation of Title 59 § 509(15) and OAC 435:10-7-4(40):
  - d. The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient in violation of OAC 435:10-7-4(3):
  - e. Gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15):

- f. Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17):
- g. Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18):
- h. Violating any state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27):

**CONCLUSION**

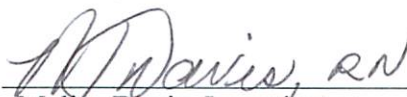
Given the foregoing, the undersigned requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to the Defendant’s professional license, including an assessment of costs and attorney’s fees incurred in this action as provided by law.

  
 \_\_\_\_\_  
 Joseph L. Ashbaker, OBA No. 19395  
 Assistant Attorney General  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION  
 313 NE 21<sup>ST</sup> Street  
 Oklahoma City, Oklahoma 73105  
 405/522.2974  
 405/522.4536 – Facsimile

**VERIFICATION**

I, Melissa Davis, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

- 1. I have read the above Complaint regarding the Defendant, DANIEL RIVERA, M.D.; and
- 2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

  
 \_\_\_\_\_  
 Melisa Davis, Investigator  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION

Date: 11-22-2023

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
  
Plaintiff, )  
  
v. )  
  
DANIEL RIVERA, M.D. )  
LICENSE NO. MD 39937, )  
  
Defendant. )

**FILED**

NOV 22 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 23-02-6201

CITATION

**YOU ARE HEREBY NOTIFIED** that on the 22<sup>nd</sup> day of November 2023, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(4), (8), (16)(a), (18); Okla. Admin. Code §§ 435:10-7-4(1), (2), (6), (11), (26).

On **January 18, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney’s fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice in the State of Oklahoma may be suspended or revoked.



**THEREFORE**, you are cited to appear at the hearing set forth above. If you are not present in person, you may be present through your attorney.

Dated this 22<sup>nd</sup> day of November 2023.



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Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION



December 20, 2023

Dear SHELLEY CROWDER:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**9489 0090 0027 6405 1965 73.**

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	December 14, 2023, 1:01 pm
<b>Location:</b>	ANDOVER, KS 67002
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail Restricted Delivery Return Receipt Electronic

#### Recipient Signature

Signature of Recipient:	 DR
Address of Recipient:	1005 E ROSEMONT CT, ANDOVER, KS 67002

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004





Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**Certificate of Service**

This is to certify that on the 4th day of January, 2024 , a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

Elizabeth A. "Libby" Scott, OBA #12470  
Brian Self, OBA #33363  
-Of the Firm-  
CROWE & DUNLEVY  
A Professional Corporation  
Braniff Building  
324 N. Robinson, Suite 100  
Oklahoma City, OK 73102  
(405) 235-7700  
(405) 239-6651 (Facsimile)

E-Mail

Joseph L. Ashbaker  
Assistant Attorney General  
STATE OF OK, OFFICE OF ATTORNEY GENERAL  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
***Attorney for Plaintiff,  
Oklahoma State Board of Medical  
Licensure and Supervision***

Douglas A. Rice, OBA #16297  
Derryberry & Naifeh, LLP  
4800 N. Lincoln Blvd.  
Oklahoma City, OK 73105  
(405) 528-6569  
(405) 528-6462 (Facsimile)

**ATTORNEYS FOR DEFENDANT  
DANIEL RIVERA, M.D.**

  
SHELLEY CROWDER





# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Friday, February 16, 2024 1:03 PM CST

### Wallet Card

SOKKAR, HAZEM HUSSEIN	
<b>Practice Address:</b> <a href="#">6108 SOUTH MEMORIAL DRIVE TULSA OK 74133</a> Address last updated on 4/21/2023 <b>Phone #:</b> (918) 627-8858 <b>Fax #:</b> (918) 627-4004 <b>County:</b> TULSA <b>License:</b> 20856 <b>Dated:</b> 8/28/1998 <b>Expires:</b> 8/1/2024 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Psychiatry <b>NPI #:</b> 1164445490	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2025 <b>Fee History:</b> 07/24/23 \$200.00 07/02/22 \$200.00 06/15/21 \$200.00 <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Other Licenses

The License Status and Expiration date listed below are verified only at the time of initial Licensure. For current status of Other State Licenses please visit respective States' websites.

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
	IL	Inactive				Entered By Physician
	PA	Inactive				Entered By Physician

### Education History

School	Type	From	To	Degree	Verified
UNKNOWN, CAIRO, EGYPT		10/1976	9/1977	PRE-MED COURSES	
AL-TABARY HIGH SCHOOL, CAIRO, EGYPT		9/1973	10/1976		

### Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Ain Shams Univ, Fac Of Med, Abbasia, Cairo, Egypt (330-04 Pr 1/71)	10/1977	2/1984	MBBS	Y		7/8/1998	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
COLLEGE OF MEDICINE OKC, OKLAHOMA CITY, OK, USA	PSYCHIATRY	8/1998	8/2001					N
SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD, IL, USA	PSYCHIATRY	12/1996	12/1997	Y		07/20/98	07/20/98	N
TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA, PA, USA	PSYCHIATRY	7/1995	6/1996	Y		07/28/98		Y



AIN SHAMS & MINISTRY OF HLTH, CAIRO, EGYPT	HOUSE OFFICER	3/1984	10/1989	Y		07/09/98	Y
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**National Verifications**

Type	Date Primary Source Verified
Federation Clearance	7/9/1998
AMA Profile	7/10/1998

**Exams**

Exam	Date Taken	Date Primary Source Verified
FLEX 1	121991	
FLEX 2		

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
SELF EMPLOYED, TULSA, OK	PSYCHIATRY		12/2004		
CREOKS MENTAL HLTH SVCS, OKMULGEE, OK, USA	COMMUNITY MENTAL HLTH SVCS		1/2002	12/2004	
SOLO PRACTICE, CAIRO, FF, EGYPT	GENERAL PRACTICE		11/1989	6/1995	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
5/12/2022	Voluntary Submittal to Jurisdiction		
1/14/2021	Complaint Citation		
12/9/2016	Dismiss without Prejudice		
4/18/2016	Complaint Citation		

**Board Filings and/or Orders**

[01/11/2024](#)  
[12/12/2023](#)  
[07/13/2023](#)  
[05/03/2023](#)  
[05/12/2022](#)  
[01/14/2021](#)  
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[12/09/2016](#)  
[10/06/2016](#)  
[04/18/2016](#)  
[04/18/2016](#)

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Technical issues: [supportservices@okmedicalboard.org](mailto:supportservices@okmedicalboard.org) or Phone: (405) 962-1400

Items highlighted in blue are Primary Source Verified.

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
 )  
Plaintiff, )  
 )  
 )  
vs. )  
 )  
HAZEM HUSSEIN SOKKAR, M.D., )  
LICENSE NO. MD 20856, )  
 )  
 )  
Defendant. )

**FILED**

DEC 12 2023

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 20-12-5951

**MOTION TO ENFORCE BOARD ORDER**

Pursuant to 59 O.S. § 513(B), the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (the “Board”), by and through Joseph Ashbaker, Assistant Attorney General for the State of Oklahoma, requests this Court enter an Order finding Hazem Hussein Sokkar, M.D., License #20856 (the “Defendant”) has failed to comply with a previously issued Board Order, and order appropriate sanctions and remedies for those violations. In support thereof, the State submits the following brief:

**I. VIOLATIONS**

On May 12, 2022, the Board entered an Order Accepting Voluntary Submittal to Jurisdiction (“VSJ”), in which Defendant admitted that his treatment and prescribing practices as well as his record keeping were inadequate and fell below the standard of care. Further, he was ordered to participate in a supervised remedial educational plan with the assistance and guidance of a preceptor. The VSJ set out the following:

- b. Defendant shall participate in a supervised remedial educational plan with the following recommendations providing the foundation for educational intervention.
- i. **Controlled Substance Point-of-Care (PoC) Experience:** Dr. Sokkar shall participate in a clinical experience to provide the necessary support required as he returns to prescribing benzodiazepines, sedatives, and stimulants. The PoC experience is intended to allow appropriately graduated levels of independence through periods of supervision as Dr. Sokkar addresses immediate practice needs.
    1. Dr. Sokkar shall initially engage in a structured review of the profile of each patient taking controlled substances, create a written inventory, and present all patients for whom he intends to prescribe controlled substances to a Preceptor to discuss medication selection and dosing, screening for substance use disorder, informed consent and monitoring.
    2. Subsequently, Dr. Sokkar shall review all patients for whom he plans to initiate controlled substances or increase the dosage of existing medications with the Preceptor.

The VSJ goes on to state:

- ii. **Educational Preceptor:** Dr. Sokkar shall establish a relationship with an experienced educational Preceptor Board Certified in Psychiatry with expertise in Addiction Medicine. This involves regularly scheduled meetings to review cases and documentation, discuss decisions related to those cases, review specific topics, and make plans for future learning. The Preceptor serves as an educator and is not intended to function as a practice monitor. The schedule and frequency of the meetings will be determined by the Preceptor.

Subsequent to the Board entering the VSJ, Defendant began a preceptor relationship with Dr. Tracy Loper, M.D. Defendant met with Dr. Tracy for the first time on February 14, 2023. On

March 23 Dr. Tracy withdrew from the preceptorship with Defendant stating "...and further discussion with him would most likely continue to be an impasse after unfruitful argument.

The Board Secretary arranged for another preceptor to work with Defendant. Ky Dorsey, M.D. began a preceptorship with Defendant in June 2023. Dr. Dorsey withdrew as preceptor via letter dated July 21, 2023. In that letter Dr. Dorsey stated:

"My opinion is that Dr. Sokkar's insight into the deficiencies of his practice is minimal and his openness to education or change in practice is also minimal. The examples above are provided to support this conclusion. Although he had agreed to engage in this educational process, I find that he is not open to this education. It is unclear to me what benefit continuing these efforts would provide for his practice at this point."

The Board Secretary arranged a third preceptor. Dr. Jason Beaman, D.O. agreed to be a preceptor for Defendant. After one meeting Dr. Beaman terminated his preceptorship. In a letter to Board Staff Dr. Beaman stated:

"It is my professional opinion that drug screens should be done more frequent on new patients than once a year. Dr. Sokkar vehemently disagreed and offered no appreciation for the risk of benzodiazepines, comparing their safety profile to that of antihypertensives. After much discussion and insults, I terminated the arrangement. It is my belief that no preceptor will work unless that hold the same prescribing practices and beliefs as Dr. Sokkar." Emphasis added.

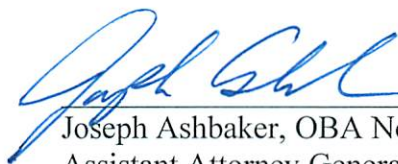
Defendant has failed to meet the terms and conditions of the board order in the form of the May 12, 2022 VSJ.

## II. CONCLUSION

It is requested that this Honorable Board find, by clear and convincing evidence, that Defendant has willfully violated Board Orders and terms, and impose additional penalties as

allowed by 59O.S. §509.1 in accordance with 59 O.S. §§ 513(B), 509.1; Okla. Admin. Code § 435:5-1-7.

Respectfully Submitted,



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Joseph Ashbaker, OBA No. 19395  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
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**State of Oklahoma**  
**Board of Medical Licensure & Supervision**

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

December 14, 2023

Kaylee Davis-Maddy  
DOERNER, SAUNDERS, DANIEL & ANDERSON  
210 Park Ave  
Suite 1200  
Oklahoma City, Oklahoma 7102  
***Attorney for Defendant***

Re: *State of Oklahoma, ex rel., Oklahoma State Board of Medical Licensure and Supervision*  
("Board") v. *Hazem Hussein Sokkar, M.D.*, License No. 20856; Case No. 20-12-5951

Ms. Davis-Maddy:

In regard to the referenced matter, this is to advise that the Motion to Enforce Board Order, filed December 12, 2023, is scheduled to be heard at the regular hearing of the Board on January 18, 2024, at the office of the Board, located at 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Shelley Crowder".

Shelley Crowder

cc: Joe Ashbaker, AAG  
Hazem H. Sokkar, MD





Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**Certificate of Service**

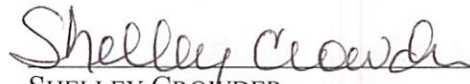
This is to certify that on the 11<sup>th</sup> day of January, 2024, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

Kaylee Davis-Maddy  
DOERNER, SAUNDER, DANIEL  
& ANDERSON, L.L.P.  
210 Park Ave., Suite 1200  
Oklahoma City, Oklahoma 73102  
***Counsel for Defendant***

E-Mail

Joseph L. Ashbaker  
Assistant Attorney General  
STATE OF OK, OFFICE OF ATTORNEY GENERAL  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
***Attorney for Plaintiff,  
Oklahoma State Board of Medical  
Licensure and Supervision***



SHELLEY CROWDER