



Oklahoma State Board of Medical Licensure and Supervision

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September 19, 2024 ~ 9:00 a.m.

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	...	<p style="text-align: center;">Consent Agenda</p> <p>a) Approval of Minutes of the July 25, 2024 Board Meeting (pg.377)</p> <p>b) Ratification of licensure applications previously approved via Board Secretary or circularization (<i>Attachment #1 to agenda</i>)</p> <p>c) Ratification of re-registration applications previously approved pursuant to 59 O.S. § 495a.1 (<i>Attachment #2 to agenda</i>)</p>

- d) Ratification of **MD Compact licenses** (initial and renewal) issued from July 1, 2024 to August 31, 2024 *(Attachment #3 to agenda)*
- e) Ratification of the **Occupational Therapy Advisory Committee recommendations** *(pg.382)*
- f) Ratification of the **Athletic Trainers Advisory Committee recommendations** *(pg.393)*
- g) Ratification of the **Advisory Committee on Dietetic Registration recommendations** *(pg.395)*
- h) Ratification of the **Music Therapy Committee recommendations** *(pg.399)*
- i) Ratification of the **Physical Therapy Advisory Committee recommendations** *(pg.400)*
- j) Ratification of the **Respiratory Care Advisory Committee recommendations** *(pg.404)*
- k) Ratification of the **Therapeutic Recreation Committee recommendations** *(pg.408)*
- l) Ratification of the **Advisory Committee on Orthotics and Prosthetics recommendations** *(pg.409)*
- m) Appointment of **Joel Kendall, Ph.D.**, to the **Physical Therapy Advisory Committee** to hold the seat of lay person for a three-year term set to expire July 1, 2027 *(pg.410)*
- n) Reappointment of **Megan Meier, MD**, to the **Athletic Trainers Advisory Committee** for a six-year term set to expire June 30, 2030 *(pg.414)*

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

MOTIONS

SAMPLE MOTIONS:

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

EXAMPLES:

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

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

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

Possible reasons for denial:

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

SAMPLE MOTIONS:

Not Guilty

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

EXAMPLE:

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

Guilty - Requires TWO Motions:

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

EXAMPLE:

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

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

EXAMPLE:

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

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

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

GENERAL TERMS ~ (recommended for inclusion in all orders)

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

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

CDS VIOLATIONS

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

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

IMPAIRMENT

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

MENTAL HEALTH

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

QUALITY OF CARE

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

UNAUTHORIZED PRACTICE

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

Order Language (Effective Immediately):

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

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

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

When Requiring a Personal Appearance:

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

CHAPTER 15. PHYSICIAN ASSISTANTS

SUBCHAPTER 1. GENERAL PROVISIONS

435:15-1-1.1. Definitions

(a) The following words and terms, as defined in 59 O.S. § 519.2, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

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

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

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

- (A) practiced as a physician assistant; or
- (B) been employed by an accredited physician assistant educational program.

"Committee" means the Physician Assistant Committee.

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

"On-site" means the following as it relates to the usage of Schedule II drugs pursuant to 59 O.S. § 519.6(E)(2)

- (A) Hospital ~~in-patients~~ inpatients;
- (B) Emergency room or an emergency department of a hospital licensed by the State Health Department as defined in 63 O.S. § 1-7019(a)(5);
- (C) ~~Surgicenters~~ Ambulatory Surgery Center licensed by the State Health Department; ~~or as defined in 63 O.S. § 2657;~~
- (D) Medical clinics or offices in cases of emergency as defined by the ~~supervising~~ delegating physician;
- (E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy as defined in 72 O.S. § 202 et. seq.;
- (F) Nursing facility as defined in 63 O.S. § 1-1902;
- (G) Correctional facility;
- (H) Hospice program as defined in 63 O.S. § 1-860.2; or
- (I) Any other setting as authorized by the delegating physician.

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

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

SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

435:15-3-1. Qualification; application

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

- (1) Submits an application and other information pursuant to subsections (b) and (c) and remits the required fee;
- (2) Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs. The board may also issue a license to an applicant who does not meet the educational requirement specified in this section, but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;
- (3) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;
- (4) Jurisprudence examination.
 - (A) Has responded correctly to seventy-five (75) percent or greater questions on a jurisprudence examination prepared by the board staff. The examination shall include:
 - (i) The Physician Assistant Act; and
 - (ii) Significant state statutes or rule impacting physician assistant practice.
 - (B) The board shall supply the applicant with a copy of the ~~statutes~~ statutes, rules, or other material from which the examination is based while the applicant is completing the examination.
 - (C) An applicant that does not meet the requirement under subsection (4)(A)(i) after three attempts shall meet with the secretary of the board to create a study plan prior to reexamination;
- (5) Does not hold a license or registration as a physician assistant that is currently under discipline, revocation, suspension, or probation relating to practice as a physician assistant. The board may waive this paragraph (6);

- (6) Pursuant to 59 O. S. § 519.4, be of good moral character; and
- (7) For a renewal application, has met the continuing medical education requirements pursuant to 435:15-3-17.

(b) Application.

- (1) The applicant shall complete an application form approved by the board and such additional forms necessary for the board to consider the application and the qualifications of the applicant.
- (2) Pursuant to 59 O.S. § 519.62(9), the application practice agreement shall include involve the joint formulation, discussion, and agreement on methods of delegation and collaboration for diagnosis, consultation and treatment of medical conditions.
 - ~~(A) A description of the physician's practice, and~~
 - ~~(B) Methods of supervising and utilizing the physician assistant, and~~
 - ~~(C) Names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.~~
- (3) No health care services may be performed by a physician assistant unless a current license is on file with and approved by the State Board of Medical Licensure and Supervision.
 - (A) All practice agreements and any amendments shall be filed with the State Board of Medical Licensure and Supervision within ten (10) business days of being executed.
 - (B) Practice agreements may be filed electronically.
 - (C) The State Board of Medical Licensure and Supervision shall not charge a fee for filing or amendments of practice agreements.
- (4) A physician assistant may have practice agreements with multiple allopathic or osteopathic physicians. Each physician shall be in good standing with the State Medical Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners.
- ~~(3)(5) Renewal.~~
 - (A) An application for renewal shall include any changes from the most recent application submitted to the board not previously submitted.
 - (B) An applicant for renewal shall submit the examination under subsection (a)(4).
 - (C) An application for renewal shall be submitted not later than March 31 of each calendar year.
 - (D) A license shall expire if a renewal application is not submitted by March 31.
 - (E) A renewal application submitted between April 1 and May 31 must be accompanied by the late fee pursuant to 435:1-1-7(a)(2)(E).
 - (F) An application after May 31 shall be considered an initial application.
- (4)(6) Return to practice.
 - (A) Application. This subsection (a)(4) shall apply to an applicant that is clinically inactive.
 - (B) In addition to complying with the provision of this section 435:15-3-1, an applicant under this subsection (a)(4) shall:
 - (i) Complete a reentry plan approved by the board or a board designee; and
 - (ii) Comply with any practice conditions approved by the board.

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

435:15-3-13. Supervising physician; alternatives Delegating physician**(a) Qualifications.**

- (1) Pursuant to 59 O.S. § 519.2, a supervising delegating physician must be licensed as a physician by either the:
 - (A) State Board of Medical Licensure and Supervision, or
 - (B) State Board of Osteopathic Examiners.
- (2) A license under subsection (a)(1) must be unrestricted.
- (3) The board may waive the requirement under (a)(2) if the board determines the restriction will not impede the ability of the supervising delegating physician to supervise provide supervision of a physician assistant.

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

~~(c) Physician assistants supervised.~~

- ~~(1) A supervising physician shall not serve as the supervising physician for more than a total of six (6) physician assistants and/or advanced practice nurses regarding their prescriptive authority.~~
- ~~(2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or supervising physician of a state institution, correctional facility, or hospital.~~
- ~~(3) On the request of an applicant or supervising physician, the board may waive the requirement under subsection (c) (1).~~

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

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

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

435:15-3-17. Continuing education for renewal requirements and audit

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

(f) Audit

- (1) The Board staff will, each year, randomly, or for cause, select licensees to be audited for verification that CME requirements have been met.
- (2) Licensees who are selected for audit will receive notification and have thirty (30) calendar days from the date of correspondence to submit proof of required CMEs.
- (3) The Board staff shall review the documentation of each individual for compliance.
- (4) Licensees found to be in compliance shall be notified electronically.
- (5) Licensees found not to be in compliance shall be notified, by certified mail, within five (5) business days following the determination of non-compliance. The notification of non-compliance shall contain specific information concerning areas of deficiency, and the documentation needed to bring them into compliance.
- (6) Penalties for failure to comply with CME requirements may be assessed after notice as required by law.

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

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

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

SUBCHAPTER 5. REGULATION OF PRACTICE**435:15-5-10. Prescriptions**

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

- (1) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.
- (2) Prescriptions for Schedules III, IV and V drugs may be issued for up to a 30-day supply with no refills. In order for a physician assistant to prescribe a controlled substance, the physician assistant must be currently registered with the federal Drug Enforcement Administration and the Oklahoma Bureau of Narcotics and Dangerous Drugs.
- (3) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on-site. For the purposes of this provision, as well as 59 O.S. § 519.6(D)(E)(2), "on-site" ~~shall mean a:~~ is defined in 435:15-1-1.1.
 - (A) ~~hospital,~~
 - (B) ~~emergency room,~~
 - (C) ~~surgicenter licensed by the department of health, or~~
 - (D) ~~medical clinics or offices.~~
 - (E) ~~state-owned Veterans Administration long-term care facilities with an in-house pharmacy.~~
- (4) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients a patient.

435:15-5-11. Discipline

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

- (1) fraudulently or deceptively obtain or attempt to obtain a license;
- (2) fraudulently or deceptively use a license;
- (3) act contrary to this chapter 15, the Physician Assistant Act, or other laws or regulations governing licensed health professionals or any stipulation or agreement of the board;
- (4) violate any provision of the Allopathic Medical Practice and Surgical Licensure and Supervision Act as defined in 59 O.S. § 480 et. seq., and the Physician Assistant Act as defined in 59 O.S. § 519.1 et. seq., or the rules promulgated by the Board.

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

- (1) acts contrary to subsection (a);
- (2) is convicted of a felony;
- (3) is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely practice as a physician assistant;
- (4) has been adjudicated as mentally incompetent;
- (5) is physically or mentally unable to engage safely in practice as a physician assistant;
- (6) is negligent in practice as a physician assistant or demonstrates professional incompetence;
- (7) violates patient confidentiality, except as required by law;
- (8) engages in conduct likely to deceive, defraud or harm the public;
- (9) engages in unprofessional or immoral conduct;
- (10) prescribes, sells, administers, distributes, orders or gives away any drug classified as a controlled substance for other than medically accepted therapeutic purposes;
- (11) has committed an act of moral turpitude;
- (12) is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as defined in this section;
- (13) fails to cooperate with an investigation conducted by the board; or
- (14) represents himself or herself as a physician-
- (15) engages in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient;
- (16) commits any act of sexual abuse, misconduct, or exploitation related or unrelated to the licensee's practice of medicine and surgery; or
- (17) engages in predatory sexual behavior.

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

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

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

SUBCHAPTER 11. PRESCRIPTIVE AND DISPENSING AUTHORITY**435:15-11-1. Prescriptive and dispensing authority**

(a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising delegating physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue ~~written and oral~~ prescriptions, orders for home health pursuant to 63 O.S. §1-1961(4), and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312 as delegated by the supervising delegating physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).

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

(c) Prescriptions for non-controlled medications may be written for up to a ~~30-100~~-day supply with ~~two (2)~~ three (3) refills of an

agent a prescription prescribed for a new diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.

(d) Prescriptions for Schedules III, IV and V controlled medications may be written for up to a 30-day supply. ~~No refills~~ Up to two refills of the original prescription are allowed. Opioid prescriptions shall be written consistent with 63 O.S. Sec. 2-309(I). In order for a physician assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(e) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site as defined in OAC 435:15-1-1.1. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising delegating physician. In order for a physician assistant to prescribe and order a Schedule II controlled substance for immediate or ongoing administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

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

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

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

435:15-11-2. Drug formulary

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

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

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

(d) Inclusionary formulary

- (1) Antihistamine agents
- (2) Anti-infectives
- (3) Autonomic agents
- (4) Blood formation and coagulation agents
- (5) Cardiovascular agents
- (6) Central nervous system agents
- (7) Diagnostic agents
- (8) Electrolyte, caloric and water balance agents
- (9) Enzymes
- (10) Expectorants, antitussives and mucolytic agents
- (11) Eye, ear, nose and throat preparations
- (12) Gastrointestinal agents
- (13) Hormone and synthetic substitutes
- (14) Local anesthetics
- (15) Skin and mucous membrane agents
- (16) Smooth muscle relaxants
- (17) Vitamins
- (18) Miscellaneous therapeutic agents



Oklahoma Medical Licensure Boards

Medical Doctors - MD


Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

ATSAVA-SVATE, NARISORN	
	
Practice Address: INTEGRIS BAPTIST MEDICAL CENTER 3400 NORTHWEST EXPRESSWAY #700 OKLAHOMA CITY OK 73112-4418 Address last updated on 1/26/2024 Phone #: (405) 949-3316 Fax #: County: OKLAHOMA License: 35497 Dated: 3/17/2020 Expires: 3/1/2025 License Type: Medical Doctor Specialty: Internal Medicine Nephrology NPI #: 1710393160	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2026 Fee History: 07/10/24 \$300.00 01/26/24 \$200.00 01/03/23 \$200.00 Hospital Privileges: INTEGRIS Baptist Medical Center Oklahoma City, OK References: No reference on file

Other Licenses

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

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
DR.0064419	CO	Active				Entered By Physician
TL.0006486	CO	Active				Entered By Physician
TL.0006486	CO	Active	8/31/2020	1/13/2020		Primary Source Verified
BP10049580	TX	Inactive				Entered By Physician
BP10049580	TX	Inactive	6/30/2017			Primary Source Verified

Education History

School	Type	From	To	Degree	Verified
SIRIRAJ HOSPITAL FACULTY OF MEDICINE MAHIDOL UNIVERSITY, BANGKOK, THAILAND		5/2000	3/2006	DOCTOR OF MEDICINE (M.D.)	
SUANKULARB WITTAYALAI SCHOOL, BANGKOK, THAILAND		11/1999	5/2000		

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Mahidol Univ-Siriraj Hosp, Fac Of Med, Bangkok, Thailand	6/2000	3/2006	DOCTOR OF MEDICINE (M.D.)	Y	2/7/2020	2/7/2020	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
UNIVERSITY OF COLORADO, AURORA, CO, UNITED STATES OF AMERICA – NON ACGME FELLOWSHIP	TRANSPLANTATION NEPHROLOGY	7/2019	6/2020	Y	01/22/20			N
UNIVERSITY OF COLORADO, AURORA, CO, UNITED STATES OF AMERICA	NEPHROLOGY	7/2017	6/2019	Y	02/06/20		02/06/20	N
TEXAS TECH UNIVERSITY HSC, LUBBOCK, TX, UNITED STATES OF AMERICA	INTERNAL MEDICINE	7/2014	6/2017	Y	02/10/20		02/10/20	N
CHULALONGKORN UNIVERSITY, BANGKOK, THAILAND	INTERNAL MEDICINE	6/2011	5/2014					N

National Verifications

Type	Date Primary Source Verified
ECFMG # 07414576	2/7/2020
Federation Clearance	1/15/2020
AMA Profile	1/15/2020

Certifications

Certification
AMERICAN BOARD OF INTERNAL MEDICINE
AMERICAN BOARD OF INTERNAL MEDICINE - Nephrology

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	4/1/08	2/7/2020
USMLE 2CK	6/3/08	2/7/2020
USMLE 2CS	10/24/08	2/7/2020
USMLE 3	9/30/09	2/7/2020

Practice History

Employer	Specialty	Supervisor	From	To	Verified
INTEGRIS HEALTH NAZIH ZUHDI TRANSPLANT INSTITUTE, OKLAHOMA CITY, OK, UNITED STATES	TRANSPLANT NEUROLOGIST		7/2020	7/2024	
UNIVERSITY OF COLORADO HOSPITAL, AURORA, CO, UNITED STATES – AST ACCREDITED TRANSPLANTATION NEPHROLOGY TRAINING THROUGH ACGME ADVANCED NEPHROLOGY UC PROGRAM	TRANSPLANTATION NEPHROLOGY		7/2019	6/2020	
NONE, BANGKOK, THAILAND	VACATION		3/2011	5/2011	
BANGKOK PHUKET HOSPITAL, PHUKET, THAILAND	GENERAL PRACTITIONER		10/2010	2/2011	
BANGKOK INTERNATIONAL HOSPITAL, BANGKOK, THAILAND	PCP		3/2010	4/2011	
EMORY UNIVERSITY, ATLANTA, GA, UNITED STATES	OBSERVERSHIP		11/2009	9/2010	
SIRIRAJ HOSPITAL / MAHIDOL UNIVERSITY, BANGKOK, THAILAND	INSTRUCTOR		4/2007	10/2009	
PRANANGKLAO HOSPITAL, NONTABURI, THAILAND	INTERN		4/2006	3/2007	

Pending and/or Past Disciplinary Actions

No Disciplinary Action Taken

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.

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

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

Items highlighted in blue are Primary Source Verified.

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

FILED

AUG - 7 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

IN RE:)
NARISORN ATSAVA-SVATE, M.D.) AC-24-03
LICENSE NO. MD 35497)

NOTICE OF INTENTION TO IMPOSE ADMINISTRATIVE REMEDY

The Oklahoma State Board of Medical Licensure and Supervision (the "Board") issues this Notice pursuant to 59 O.S. § 503.2 and Okla. Admin. Code 435:7-1-1(a) to Narisorn Atsava-Svate, M.D. ("Licensee"). The Board intends to impose an administrative remedy against the Licensee for the following unprofessional conduct, as provided for in Okla. Admin. Code 435:7-1-1(b)(3):

Failure to provide required or accurate information on a renewal application, specifically:

1. Licensee originally obtained his allopathic medicine (MD) Board licensure on March 17, 2020.
2. On his initial application for Oklahoma license, on or about January 12, 2020, he had never been "the subject of an investigation, probation, or disciplinary action by a hospital, clinic, practice group, training program or professional school".
3. Licensee was in fact suspended from clinical duties from November 8 through November 13, 2017 for "behavioral issues reported by instructors." He stated this on January 31, 2020, on his Federation of State Medical Boards Verification of Postgraduate Medical Education as well as admitting that he "was required to go to Colorado Physician Health Program to be cleared for practice."
4. Licensee had a Medical Malpractice Settlement dated September 22, 2023, with a payment of \$500,000.00. Licensee answered "No" to questions "H" and "J" on his 2024-2025 renewal.
5. Question "H" asks "Since last renewal have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?" Question "J" asks "Since last renewal, have you been reported to the National Practitioner Data Bank (NPDB)?"

The Board is entitled to assess a monetary fine of up to \$1,500.00 per violation. Okla. Admin. Code 435:7-1-5. Accordingly, for the above-referenced violation(s), the Board intends to seek the following remedy:

A monetary fine of three thousand dollars (\$3,000.00).

Note that the administrative remedy will constitute a public record; however, the administrative remedy will not be considered a limitation or restriction on the Licensee's license, nor will the administrative remedy be reportable to the National Practitioner Databank. This administrative remedy shall not be considered an action connected with the delivery of health care services. Okla. Admin. Code 435:7-1-7.

The Licensee has a right to submit a written response to this Notice. A proposed written response is attached hereto. Pursuant to Okla. Admin. Code 435:7-1-2, any written response must be received by the Board within twenty (20) days of service of this Notice. Failure to submit a written response will result in ratification of the Notice as a Final Order. The Licensee may respond as follows:


- Licensee consents to and complies with the proposed administrative remedy in the Notice.
- Licensee contests the Notice (attach additional pages containing a description of the specific grounds or objections regarding why the Licensee contests the administrative remedy, the amount of the remedy, or both).

If the Licensee contests the Notice, the matter will be set for an administrative hearing as provided for by Okla. Admin. Code 435:7-1-4 and specified as follows:

Date: September 19, 2024
Time: 9:00 a.m.
Place: The Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Nature: The hearing is an individual proceeding that will be conducted as part of a regularly scheduled Board meeting.

Any questions or requests for further information regarding this Notice, the hearing, the proposed administrative remedy, or any other related matter may be addressed to the following Board staff member:

Name: Billy H. Stout, M.D. Board Secretary
Address: The Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Email: bstout@okmedicalboard.org
Phone: 405-962-1400



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



August 12, 2024

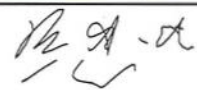
Dear SHELLEY CROWDER:

The following is in response to your request for proof of delivery on your item with the tracking number: 9489 0090 0027 6405 1950 40.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	August 10, 2024, 2:08 pm
Location:	OKLAHOMA CITY, OK 73142
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail Restricted Delivery Return Receipt Electronic

Recipient Signature

Signature of Recipient:	
Address of Recipient:	14913 Frankston

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

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

FILED

AUG 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

IN RE:)
NARISORN ATSAVA-SVATE, M.D.) AC-24-03
LICENSE NO. MD 35497)

RESPONSE TO NOTICE OF INTENTION TO IMPOSE ADMINISTRATIVE REMEDY

Pursuant to 59 O.S. § 503.2 and Okla. Admin. Code 435:7-1-1 *et seq.*, Narisorn Atsava-Svate, M.D. ("Licensee") submits the following response to the Oklahoma State Board of Medical Licensure and Supervision's ("Board") Notice of Intention to Impose Administrative Remedy:

Check only one box.

- Licensee consents to and complies with the proposed administrative remedy in the Notice.
- Licensee contests the Notice (attach additional pages containing a description of the specific grounds or objections regarding why the Licensee contests the administrative remedy, the amount of the remedy, or both).

Any written response must be received by the Board within twenty (20) days of service of this Notice. Notice is to be sent to:

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

Failure to submit a written response within twenty (20) days of service of this Notice will result in ratification of the Notice as a Final Order.

Dated this 12 day of August, 2024.



Narisorn Atsava-Svate, M.D.
License No. MD 35497



Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street
Oklahoma City, OK 73105-1821
(405) 962-1400 Ext. 154
FIN: 73-6017987

Receipt # 452186 **August 20, 2024**

Name
(Payor): ATSAVA-SVATE , NARISORN
ATSAVA-SVATE, NARISORN
14713 FRANKSTON DR
OKLAHOMA CITY, OK 73142
UNITED STATES

Account#: 23285
Amount: \$ 3,000.00

Payment Type: MasterCard ending in Trans ID:122536346

For: Invoice #43845 Administrative Remedy - MD 35497 -Customer:23285 Atsava-Svate, Nariso

Comments: Paid Online Cust#:23285

Received by: dreich



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

BHARGAVA, AJAY	
Practice Address: 4302 SW LEE BLVD LAWTON OK 73505-1012 Address last updated on 12/6/2023 Phone #: (580) 357-0058 Fax #: (580) 248-7667 County: COMANCHE License: 15053 Dated: 1/18/1985 Expires: 1/1/2025 License Type: Medical Doctor Specialty: Gastroenterology Internal Medicine NPI #: 1174624845	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2025 Fee History: 12/06/23 \$200.00 12/11/22 \$200.00 12/01/21 \$200.00 Hospital Privileges: Southwestern Medical Center Lawton, OK References: No reference on file

Other Licenses

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License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
146232	NY	Active				Entered By Physician

Education History

School	Type	From	To	Degree	Verified
GOVERNMENT COLLEGE, CHANDIGARH, INDIA		7/1966	5/1968		
SENIOR MODAL SCHOOL, CHANDIGARH, INDIA		6/1954	3/1965		

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Armed Forces Med Coll, Univ Of Pune, Pune, Maharashtra, India	6/1968	1/1974		Y			N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
STRONG MEMORIAL HOSPITAL, ROCHESTER, NY, USA	GASTROENTEROLOGY	7/1981	6/1983					N
MUHLENBERG HOSPITAL, PLAINFIELD, NJ, USA	INTERNAL MEDICINE	7/1979	6/1981					N
LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, NY, USA	INTERNAL MEDICINE	7/1978	6/1979					N
SAFDARJANG HOSPITAL, NEW DELHI, INDIA	INTERNAL MEDICINE	1/1974	1/1977					N

Certifications

Certification
ABPS - Internal Medicine
AMERICAN BOARD OF INTERNAL MEDICINE
AMERICAN BOARD OF INTERNAL MEDICINE - Gastroenterology

Practice History

Employer	Specialty	Supervisor	From	To	Verified
PRIVATE PRACTICE, LAWTON, OK, USA	INTERNAL MED & GE		2/1985		
THOMPSON HOSPITAL, ROCHESTER, NY, USA	EMERGENCY ROOM//INTERNAL MEDI.		7/1983	10/1984	
GENESSE MEMORIAL HOSPITAL, BATAVIA, NY, USA	INTERNAL MEDICINE		7/1983	1/1985	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
4/21/2023	Complaint Citation		
3/10/2005	Public Letter of Concern		
6/15/2004	Complaint Citation		

Board Filings and/or Orders

[05/09/2024](#)
[02/14/2024](#)
[12/04/2023](#)
[04/21/2023](#)
[04/21/2023](#)
[03/10/2005](#)
[06/09/2004](#)
[06/09/2004](#)

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

Items highlighted in blue are Primary Source Verified.

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

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
AJAY BHARGAVA, M.D.,)
LICENSE NO. MD 15053,)
)
Defendant.)

FILED

APR 21 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

CITATION

YOU ARE HEREBY NOTIFIED that on the 19th day of April 2023, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(12), (16)(a), (16)(b), (18), (21); and Okla. Admin. Code §§ 435:10-7-4(1), (2), (36), (41).

On **June 29, 2023**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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

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

Dated this 19th day of April 2023.



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

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

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
AJAY BHARGAVA, M.D.,)
LICENSE NO. MD 15053,)
)
Defendant.)

FILED

APR 21 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

VERIFIED COMPLAINT

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

I. JURISDICTION

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds medical license No. 15053, issued 01/18/1985 by the Oklahoma Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board originally received a complaint alleging inappropriate behavior with a patient by Defendant, a physician specializing in gastroenterology. In investigating the accusation, Board staff became concerned regarding the appropriateness of Defendant’s controlled dangerous substance prescriptions and record keeping of medical documentation related thereto, as well as other treatment.
4. Based on these concerns, Board staff subpoenaed medical records for five (5) of Defendant’s patients, which were provided to an expert for review. The expert determined that Defendant had consistently practiced outside the scope of his specialization and had

prescribed narcotics together with other medications such as antipsychotics in a manner inconsistent with or in violation of the appropriate standard(s) of care.

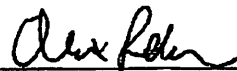
III. VIOLATIONS

5. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, in violation of 59 O.S. 509(16)(a) and Okla. Admin. Code § 435:10-7-4(2).
 - b. Prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with pertinent licensing board standard, in violation of 59 O.S. 509(16)(b) and Okla. Admin. Code § 435:10-7-4(2).
 - c. Indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs, in violation of Okla. Admin. Code § 435:10-7-4(1).
 - d. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner, in violation of 59 O.S. 509(12).
 - e. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, in violation of 59 O.S. § 509(18).
 - f. Improper management of medical records, in violation of Okla. Admin. Code § 435:10-7-4(36).
 - g. Failure to maintain adequate medical records to support diagnosis, procedure, treatment or prescribed medications, in violation of 59 O.S. § 509(21) and Okla. Admin. Code § 435:10-7-4(41).

V. CONCLUSION

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

Respectfully submitted,



Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL

LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

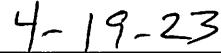
I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

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



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date:




County, State of Execution

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

STATE OF OKLAHOMA *ex rel.*)
THE OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE AND)
SUPERVISION,)
)
Plaintiff,)
)
vs.)
)
AJAY BHARGAVA, M.D.)
)
LICENSE NO. M.D. 15053,)
)
Defendant.)

FILED

MAY 22 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

ANSWER TO VERIFIED COMPLAINT

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

1. The allegations in Paragraph 1 of the Complaint state a legal conclusion to which no response is required. Otherwise, Dr. Bhargava states that the Board is authorized to license and oversee physicians as outlined by statute.

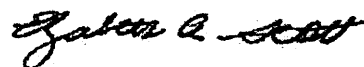
2. Dr. Bhargava states that he holds medical license no. 15053 conferred to him by the State of Oklahoma and that he practices medicine in the State of Oklahoma as alleged in Paragraph 2 of the Complaint. Dr. Bhargava denies all remaining allegations in Paragraph 2 and demands strict proof thereof.

3. Dr. Bhargava denies that he engaged in any inappropriate behavior or unprofessional conduct as alleged in any complaint received by the Board as alleged in Paragraph 3 of the Complaint. Dr. Bhargava is without sufficient information or belief to admit or deny the remaining allegations in Paragraph 3 and demands strict proof thereof.

4. Dr. Bhargava admits that he provided medical records for 5 patients specifically selected by the Board staff to the Board investigator pursuant to Board subpoena. Dr. Bhargava is without sufficient information or belief to admit or deny whether or not Board staff provided these records to an expert for review and what the expert allegedly determined. Dr. Bhargava denies that he has practiced outside the scope of his specialization or that there is any such legal limitation. Dr. Bhargava is board certified in internal medicine and is not limited in any way to practice only the specialty of gastroenterology. As a fully licensed Oklahoma allopathic physician, Dr. Bhargava's scope of practice is not limited. Dr. Bhargava denies all remaining allegations in Paragraph 4 of the Complaint and demands strict proof thereof.

5. Dr. Bhargava denies that he is guilty of unprofessional conduct as alleged in Paragraph 5 of the Complaint and demands strict proof thereof.

Respectfully submitted,



Elizabeth A. "Libby" Scott, OBA #12470

Brian Self, OBA #33363

-Of the Firm-

CROWE & DUNLEVY

A Professional Corporation

Braniff Building

324 N. Robinson, Suite 100

Oklahoma City, OK 73102
(405) 235-7700
(405) 239-6651 (Facsimile)

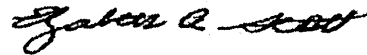
**ATTORNEY FOR DEFENDANT
AJAY BHARGAVA, M.D.**

CERTIFICATE OF SERVICE

This will certify that on the 22nd day of May, 2023, a true and correct copy of the above and foregoing instrument was served via mail to the following:

Alex Pedraza, , OBA No. 33584
Assistant Attorney General
Oklahoma State Board of Medical
Licensure and Supervision
313 N.E. 21st Street
Oklahoma City, OK 73105

Attorney for the Plaintiff



Elizabeth A. Scott

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

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
AJAY BHARGAVA, M.D.,)
LICENSE NO. MD 15053,)
)
Defendant.)

FILED

JUL - 8 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 22-06-6139

SUPERSEDING ORDER OF CONTINUANCE
AND NOTICE OF HEARING

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

1. In Oklahoma, Defendant holds medical license no. 15053, originally issued January 18, 1985.
2. On April 21, 2023, a Verified Complaint and Citation were filed on behalf of the Board. Hearing on the Verified Complaint was originally set for June 29, 2023.
3. Since then, this matter has been continued five times; four times by the Board Secretary upon joint request of the parties and once by the Board en banc upon request of Defendant, all times for good cause shown.
4. The Parties request an additional and anticipated final continuance of the hearing on the Verified Complaint to the September 19, 2024, Board meeting.
5. This request for continuance is not being made for purposes of delay, making the continuance reasonable and in the interest of justice.
6. The Board Secretary finds that the ends of justice served by the granting of such continuance outweigh the best interest of the public and the Defendant in a speedy hearing, and continuance is thereby **GRANTED**, to the **September 19, 2024**, Board meeting.
7. This matter is rescheduled for hearing at Board meeting on **September 19, 2024**. All deadlines are reset to the Scheduling Order for the September 19, 2024, Board meeting, to be forthcoming.

8. Please take notice that Plaintiff's Verified Complaint will be heard by the Board at the September 19, 2024, Board meeting, which will begin at 9:00 a.m. The meeting will take place at the office of the Board, 101 N.E. 51st Street, Oklahoma City, Oklahoma 73105-1821.

Dated this 5th day of July 2024.



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

Certificate of Service

This is to certify that on the 6th day of July 2024, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

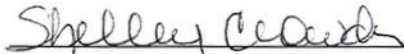
Ajay Bhargava
4302 SW Lee Blvd
Lawton, OK 73505
Defendant

U.S. Certified Mail, and Email

Elizabeth Scott
CROWE & DUNLEVY
324 N. Robinson, Suite 100
Oklahoma City, OK 73102
elizabeth.scott@crowedunlevy.com
Attorney for Defendant,
Ajay Bhargava, MD

E-Mail

Alex Pedraza
STATE OF OKLAHOMA
OFFICE OF ATTORNEY GENERAL
313 N.E. 21st Street
Oklahoma City, OK 73105
Alex.Pedraza@oag.ok.gov
Attorney for Plaintiff,
Oklahoma State Board of Medical
Licensure and Supervision



Shelley Crowder, for the Board



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

BROOKS, DUSTIN COREY	
Practice Address: THE PHYSICIANS GROUP LLC (OSSO - ROBINSON) 3110 SW 89TH ST SUITE 102 OKLAHOMA CITY OK 73159 Address last updated on 3/5/2024	Status: Active Status Class: Fully Licensed Restricted to: CME Year: 2025 Fee History: 03/05/24 \$125.00 03/27/23 \$125.00 03/23/22 \$125.00
Phone #: Fax #: County: OKLAHOMA License: 2731 Dated: 9/12/2017 Expires: 3/31/2025 License Type: Physician Assistant Specialty: NPI #: 1477060457	Hospital Privileges: None listed References: No reference on file

Supervisors

Supervisor	Type	License Number	Status	Time
JASON MATTHEW LEINEN	MD	25158	Primary	
DARRYL DERMOT ROBINSON	MD	22361	Primary	

Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER, OKLAHOMA CITY, OK, UNITED STATES		6/2014	/		
UNIVERSITY OF OKLAHOMA, NORMAN, OK, UNITED STATES		8/2010	12/2013		
OKLAHOMA CITY COMMUNITY COLLEGE, OKLAHOMA CITY, OK, UNITED STATES		6/2003	5/2011		
NORMAN HIGH SCHOOL, NORMAN, OK, UNITED STATES		8/1998	6/2002		

Practice History

Employer	Specialty	Supervisor	From	To	Verified
THE PHYSICIANS GROUP LLC (OSSO - ROBINSON), OKLAHOMA CITY, OK	PA	DARRYL ROBINSON, MD 22361	2/2020		
BISHOP CREEK MEDICAL, NORMAN, OK	PA	BOBBY ELLIOTT, DO 2366	8/2019	1/2020	
ORTHOPEADIC AND SPORTS MEDICINE CENTER, NORMAN, OK	PA	VYTAUTAS MATAS, MD 27975	5/2018	8/2019	
XPRESS WELLNESS URGENT CARE, LAWTON, OK	PA	DARRIN WEBSTER, DO 3500	1/2018	5/2018	
Ferguson Pontiac, NORMAN, OK, UNITED STATES	DRIVER, PARTS DELIVERY, CUSTOMER PICKUP		7/2004	10/2005	
Brooks Ceramic tile, NORMAN, OK, UNITED STATES - DEMOLITION, CONSTRUCTION REMODEL, LAYING TILE, POURING CONCRETE.			9/2002	5/2014	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
6/13/2024	Complaint Citation		

Board Filings and/or Orders
06/13/2024
06/13/2024

License Verification and Disclaimer

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

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

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

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

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

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

Items highlighted in blue are Primary Source Verified.

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

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
DUSTIN COREY BROOKS, PA.,)
LICENSE NO. PA 2731,)
)
Defendant.)

FILED

JUN 27 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 24-04-6327

CITATION

YOU ARE HEREBY NOTIFIED that on the 13th day of June 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act and Okla. Admin. Code §§ 435:15-5-11(a)(3); (a)(4).

On **September 19, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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

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

Dated this 27th day of June 2024.



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

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

FILED

JUN 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

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

Plaintiff,)

v.)

Case No. 24-04-6327

DUSTIN COREY BROOKS, PA.,)
LICENSE NO. PA 2731,)

Defendant.)

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision ("Board"), for its Verified Complaint against Dustin Corey Brooks, PA ("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 its licensees in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1, *et seq.*
2. Defendant holds physician assistant license No. 2731, issued 09/12/2017 by the Oklahoma State Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein occurred while Defendant was licensed to practice as a physician assistant by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This action arises out of unprofessional conduct by Defendant as detailed herein. The Board originally received information from a former patient alleging that Defendant and the patient had engaged in a sexual relationship. Defendant subsequently admitted to the Board investigator to having been engaged in at least one sexual interaction with the patient while she was in fact Defendant's patient.

III. VIOLATIONS

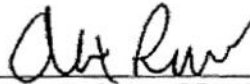
4. Based on the foregoing, Defendant is subject to discipline for the commission of prohibited acts, specifically described as follows:

- a. Acts contrary to Chapter 15, Title 435 of the Oklahoma Administrative Code, the Physician Assistant Act, or other laws or regulations governing the licensed health professional or any stipulation or agreement of the Board, in violation of Okla. Admin. Code § 435:15-5-11(a)(3), to wit:
 - i. Engaging in unprofessional or immoral conduct, Okla. Admin. Code § 435:15-5-11(b)(9).
- b. Violation of any provision of the Medical Practice Act or the rules promulgated by the Board, in violation of Okla. Admin. Code § 435:15-5-11(a)(4), to wit:
 - i. Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient, 59 O.S. § 509(17).

V. CONCLUSION

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

Respectfully submitted,




Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION


I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Dustin Corey Brooks, PA.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 6-13-24



County, State of Execution

AFFIDAVIT OF SERVICE

State of Oklahoma

County of Oklahoma

District Court

Case Number: 24-04-6327 Court Date: 7/25/2024 9:00 am

Plaintiff: **OKLAHOMA STATE BOARD**

vs.

Defendant: **DUSTIN COREY BROOKS,PA LICENCE # PA. 2731**

FILED

JUL - 8 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

For:

OKLAHOMA MEDICAL BOARD
101 NE 51ST STREET
OKC, OK 73105

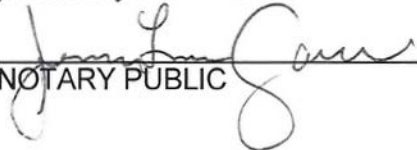
Received by OSLPS PROCESS SERVICE on the 13th day of June, 2024 at 1:30 pm to be served on **DUSTIN COREY BROOKS, 704 CITY AVE, MOORE, Oklahoma County, OK 73071.**


I, OSLPS PROCESS SERVICE, being duly sworn, depose and say that on the **2nd day of July, 2024 at 6:30 pm, I:**

INDIVIDUALLY/PERSONALLY served by delivering a true copy of the **CITATION, VERIFIED COMPLAINT** with the date and hour of service endorsed thereon by me, to: **DUSTIN COREY BROOKS** at the alternate address of: **704 CITY AVE, MOORE, Oklahoma County, OK 73071,** and informed said person of the contents therein, in compliance with state statutes.

I certify that I am over the age of 18, have no interest in the above action, and am a Certified Process Server, in good standing, in the judicial circuit in which the process was served.
<DeeRay Garcia>>

Subscribed and Sworn to before me on the 3rd day of July, 2024 by the affiant who is personally known to me.


NOTARY PUBLIC



OSLPS PROCESS SERVICE
Process Server
Date 7/2/24

OSLPS PROCESS SERVICE
5609 NW 112th St.
Oklahoma City, OK 73162
(405) 519-1441

Our Job Serial Number: OSL-2024000207

Notary Public State of Oklahoma
Jennifer Lynn Garcia
My Commission # 20004632
Expires 4/29/2028



Oklahoma Medical Licensure Boards

Medical Doctors - MD


Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

COELHO, IAN	
	
Practice Address: No Current Practice Address Address last updated on 7/16/2024 Phone #: Fax #: County: NOT OKLAHOMA License: 41964 Dated: 10/25/2023 Expires: 10/1/2025 License Type: Medical Doctor Specialty: Internal Medicine NPI #:	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2026 Fee History: 08/12/24 \$200.00 06/28/23 \$500.00 Hospital Privileges: None listed References: No reference on file

Other Licenses

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

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
125056469	IL	Inactive	6/30/2012	7/20/2023		Primary Source Verified
036.130889	IL	Active	7/31/2026			Primary Source Verified

Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF MICHIGAN, ANN ARBOR, MI, UNITED STATES		9/1999	6/2003	BA	
ST.IGNATIUS COLLEGE PREP, CHICAGO, IL, UNITED STATES		9/1998	6/1999	DIPLOMA	

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Il Coll Of Med, Chicago Il 60680	9/2005	6/2009	MD	Y	6/26/2023	9/28/2023	N

Postgraduate

Items highlighted in blue are Primary Source Verified.

Technical issues: supporservices@okmedicalboard.org or Phone: (405) 962-1400

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

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Nursing.

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 "Supervisors" 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

minimum, three times daily.

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

License Verification and Disclaimer

07/10/2024
Board Filings and/or Orders

Date	Action	Complaint Citation	Reasons	Remarks
7/10/2024				

Pending and/or Past Disciplinary Actions

Employer	Specialty	Supervisor	From	To	Verified
NONE, CHICAGO, IL	UNEMPLOYED		5/2022		
DUPAGE MEDICAL GROUP, NAPERVILLE IL, IL, UNITED STATES	HOSPITALIST		7/2019	5/2022	
FRANGISCAN HEALTH OLYMPIAN FIELDS, OLYMPIA FIELDS, IL, UNITED STATES	HOSPITALIST		8/2018	10/2018	
EDWARDS HINES JR VA HOSPITAL, HINES, IL, UNITED STATES	HOSPITALIST		12/2012	7/2019	
NORTHWEST COMMUNITY HOSPITAL, ARLINGTON HEIGHTS, IL, UNITED STATES	HOSPITALIST		8/2012	5/2022	
NONE, VARIOUS, IL	TOOK TWO YEARS BREAK AND TRAVELLED		6/2003	9/2005	

Practice History

Exam	Date Taken	Date Primary Source Verified
USMLE 1	08/07/07	7/5/2023
USMLE 2CK	12/30/08	7/5/2023
USMLE 2CS	04/01/09	7/5/2023
USMLE 3	03/01/12	7/5/2023

Exams

Type	Date Primary Source Verified
Federation Clearance	7/20/2023
AMA Profile	7/20/2023

National Verifications

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate	ACGME	ACGME	Waived
RUSH UNIVERSITY MEDICAL CENTER, CHICAGO, IL, UNITED STATES OF AMERICA	INTERNAL MEDICINE	7/2009	6/2012	Y	07/13/23	07/13/23			07/13/23 N

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.)
)
IAN COELHO, M.D.,)
LICENSE NO. MD 41964,)
)
Defendant.)

FILED

JUL 10 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 24-05-6342

CITATION

YOU ARE HEREBY NOTIFIED that on the 10th day of July 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act and Okla. Admin. Code § 435:10-7-4(8); (31); (33).

On **September 19, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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

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

Dated this 10th day of July 2024.



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

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

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
IAN COELHO, M.D.,)
LICENSE NO. MD 41964,)
)
Defendant.)

FILED

JUL 10 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 24-05-6342

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Aja, 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. 41964, issued 10/25/2023 by the Oklahoma Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein occurred while Defendant was licensed, or was applying for licensure which was subsequently obtained, 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. Defendant submitted his Application for Oklahoma Medical Doctor License form to the Board on June 29, 2023, in which he indicated that he had never been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school. Defendant additionally represented in his application that he had never surrendered hospital staff privileges while under investigation. At the time Defendant submitted his application Defendant knew or should have known that he had previously been under investigation by DuPage Medical Group before and/or following his resignation from the same in May of 2022.

4. On or about April 30, 2024, Defendant agreed to a consent order with and before the Division of Professional Regulation of the Department of Financial and Professional Regulation for the State of Illinois regarding his license to practice as a physician and surgeon in the state. Per the consent agreement, Defendant was placed on indefinite probation for a minimum of four (4) years wherein he is subject to numerous, stringent terms and conditions. Defendant subsequently reported the foregoing disciplinary action to the Board on or about May 6, 2024.

III. VIOLATIONS

5. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Fraud or misrepresentation in applying for or procuring a medical license, in violation of Okla. Admin. Code § 435:10-7-4(8).
 - b. Disciplinary action of another state or jurisdiction against a license or other authorization to practice medicine and surgery based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for action as defined in Okla. Admin. Code § 435:10-7-4, in violation of Okla. Admin. Code § 435:10-7-4(31).
 - c. Failure to report surrender of membership on any medical staff or in any medical or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section, in violation of Okla. Admin. Code § 435:10-7-4(33).

V. CONCLUSION

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

Respectfully submitted,



Alex A. Pedraza, OBA No. 33584
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.522.5264
Email: Alex.Pedraza@oag.ok.gov

VERIFICATION

I, Jim Stokes, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

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



Jim Stokes
Interim Director of Investigations
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 7/10/2024

County, State of Execution

Alex Pedraza

From: Ian Coelho <ian.coelho90@gmail.com>
Sent: Thursday, July 18, 2024 11:35 AM
To: Shelley Crowder
Cc: Alex Pedraza; Sandra Harrison
Subject: [EXTERNAL] Re: Service of Verified Complaint and Citation

Hi, I accept service.
Thanks
Ian

On Thu, Jul 18, 2024 at 9:04 AM Shelley Crowder <Scrowder@okmedicalboard.org> wrote:

Good morning Dr. Coelho,

Attached are the Filed Verified Complaint and Citation. The packet from the Board was forwarded to a different address at 10:55 am on July 15, 2024, in CHICAGO, IL according to the USPS website. Are you willing to accept service via email? Please respond to this email to verify you will accept service of the attached documents. Thank you for your assistance in this matter.

Sincerely,

Shelley Crowder, Compliance Assistant

She/Her

Oklahoma State Medical Board

101 NE 51st Street

Oklahoma City, OK 73105

405-962-1436

405-962-1440 Fax



CONFIDENTIALITY NOTICE: This email, which includes any files transmitted with it, contains confidential information from the Oklahoma State Board of Medical Licensure and Supervision is intended solely for the use of the individual or entity to whom it is addressed, and may contain information protected by the attorney-client privilege or work product doctrine. If you are not the intended recipient or the person responsible for delivering this email to the intended recipient, be advised that any use, dissemination, forwarding, printing, or copying of this email is strictly prohibited. If you have received this email in error, please notify the sender immediately by a "reply to sender only" message and destroy all electronic and hard copies of this email and any attached files.

From: [Ian Coelho](#)
To: [Shelley Crowder](#)
Cc: [Alex Pedraza](#); [Sandra Harrison](#)
Subject: [EXTERNAL] Re: Service of Verified Complaint and Citation
Date: Thursday, July 18, 2024 11:55:58 AM
Attachments: [image001.jpg](#)
[IMG_0120.PNG](#)
[IMG_0121.PNG](#)
[IMG_0125.PNG](#)

Hello All,

I am pleading not guilty to all three violations of unprofessional conduct under Section 3, 5 (a), (b), (c) of the verified complaint I received today.

I did not know I was under investigation regarding resigning from Dupage Medical Group until October 23, 2023 when I received via email the first formal complaint from the Illinois Department of Financial and Professional Regulation. My first hearing regarding this complaint was not until January 4, 2024. I did not notify the Oklahoma medical board I was under investigation on June 29, 2023 when I applied for my Oklahoma medical license because per my lawyer, Michael Goldberg, I was not under any investigation when I resigned in May of 2022. Furthermore, I was not to be reported by Dupage Medical Group to the Illinois Department of Financial and Professional Regulation.

I have attached the emails from my lawyer in Chicago, Michael Goldberg, to the opposing lawyer, Christine Koman on May 5 and May 6 of 2022 when I resigned from Dupage Medical Group in Naperville, Illinois.

Email 1 May 6 2022 from my lawyer Michael Goldberg to opposing lawyer Christine Koman: "This email will confirm that effective today, Dr. Coelho resigns his medical staff privileges at his Northshore Hospitals, based on the fact that neither he nor his medical staff privileges are currently under investigation, and that there will be no report to the Illinois Department of Financial and Professional Regulation nor the National Practitioner Data Bank. My client is copied on this email. Please call me if you have any questions about this letter of resignation."

Email 2 May 5 2022 from Christine Koman to my lawyer: "Dr Coelho's medical staff privileges remain in good standing"

Email 3: confirmation of preliminary hearing with the Illinois Department of Financial and Professional Regulation

Thank you,
Dr Ian Coelho MD

On Thu, Jul 18, 2024 at 9:04 AM Shelley Crowder <Scrowder@okmedicalboard.org> wrote:

Good morning Dr. Coelho,

Attached are the Filed Verified Complaint and Citation. The packet from the Board was forwarded to a different address at 10:55 am on July 15, 2024, in CHICAGO, IL according

to the USPS website. Are you willing to accept service via email? Please respond to this email to verify you will accept service of the attached documents. Thank you for your assistance in this matter.

Sincerely,

Shelley Crowder, Compliance Assistant

She/Her

Oklahoma State Medical Board

101 NE 51st Street

Oklahoma City, OK 73105

405-962-1436

405-962-1440 Fax



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Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Wednesday, August 28, 2024 1:05 PM CDT

Wallet Card

HAYNES, JANA KAYE	
Practice Address: SPANISH COVE 11 PALM ST YUKON OK 73099 Address last updated on 5/29/2024 Phone #: (405) 354-5906 Fax #: County: CANADIAN License: 826 Dated: 2/28/1995 Expires: 10/31/2024 Temp. Ltr. Issued: 6/3/2024 Temp. Ltr. Expires: 9/19/2024 License Type: Licensed Dietitian Specialty: NPI #:	Status: Active Status Class: Fully Licensed Restricted to: CME Year: Fee History: 04/30/24 \$120.00 06/10/21 \$30.00 09/18/17 \$100.00 Hospital Privileges: None listed References: , () , () RICK HAYNES, OK (Letter) 08/03/00 CHERYL D ALBRO, OK (Letter) 08/03/00 LORI MANNING, OK (Letter) 08/17/00

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
826	OK	Inactive	10/13/2018	5/29/2024		Primary Source Verified
826	OK	Inactive	10/13/2018	5/29/2024		Primary Source Verified

Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF OKLAHOMA HSC, OKLAHOMA CITY, OK, UNITED STATES		8/1992	5/1994	BS-NUTRI	
UNIVERSITY OF OKLAHOMA, NORMAN, OK, UNITED STATES		8/1990	8/1992		
UNIVERSITY OF OKLAHOMA, NORMAN, OK, UNITED STATES		5/1990	8/1992	TRANSFER	
BOWLING GREEN STATE UNIVERSITY, BOWLING GREEN, OH, UNITED STATES		8/1989	5/1990		
BOWLING GREEN STATE UNIVERSITY, BOWLING GREEN, KY, UNITED STATES		5/1989	8/1990		
YUKON HIGH SCHOOL, YUKON, OK, UNITED STATES		8/1985	5/1989		

Practice History

Employer	Specialty	Supervisor	From	To	Verified
SPANISH COVE, YUKON, OK, UNITED STATES – 11 PALM ST YUKON, OK 73099 405-354-5906	LD	LISA REILY BURROUGHS, LD 1182	5/2024		5/6/2024
NESTLE HEALTHCARE NUTRITION, OKLAHOMA CITY, OK, UNITED STATES	SALES		5/2008	8/2017	

PATIENT SUPPORT SERVICES, YUKON, OK, UNITED STATES	SALES		5/2006	5/2008	
SPANISH COVE, YUKON, OK, UNITED STATES – 5/28/2024 CURRENTLY EMPLOYED HERE, TS	LD		10/2000		
CHARLIE NEWTON'S RESTAURANT, OKLAHOMA CITY, OK, UNITED STATES	Server, Bartender, & General Manager		1/1998	10/2000	
NONE, YUKON, OK, UNITED STATES	HOMEMAKER		1/1998	1/1998	
STERLING HOUSE INC, OKLAHOMA CITY, OK, UNITED STATES	Traveling Dietitian		8/1997	1/1998	
WILLIAM E DAVIS, OKLAHOMA CITY, OK, UNITED STATES	Healthcare Specialist		8/1995	7/1997	
HILLCREST HEALTH CENTER, OKLAHOMA CITY, OK, UNITED STATES	Chief Clinical Dietitian	GINGER OGLE, LD198	1/1995	8/1997	
HILLCREST HEALTH CENTER, OKLAHOMA CITY, OK, UNITED STATES	PLD	GINGER OGLE, LD198	5/1994	6/1995	
HILLCREST HEALTH CENTER, OKLAHOMA CITY, OK, UNITED STATES	Chief Clinical Dietitian	GINGER OGLE, LD198	5/1994	6/1995	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
8/13/2024	Complaint Citation		

Board Filings and/or Orders

[08/13/2024](#)
[08/13/2024](#)

License Verification and Disclaimer

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

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

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

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

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

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

Items highlighted in blue are Primary Source Verified.

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

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
JANA KAYE HAYNES, L.D.,)
LICENSE NO. LD 826,)
)
Defendant.)

FILED

AUG 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 24-06-6356

CITATION

YOU ARE HEREBY NOTIFIED that on the 6th day of August 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Licensed Dietitian Act at 59 O.S. §§ 1736 (A),1738(A)(1), (2); Okla. Admin. Code §§ 435:35-1-4(c)(1)(A), (c)(3)(b), (ii).

On **September 19, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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

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

Dated this 13th day of August 2024.



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

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

FILED

AUG 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

Plaintiff,)

v.)

Case No: 24-06-6356

JANA KAYE HAYNES, L.D.,)
LICENSE NO. LD 826)

Defendant.)

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 JANA KAYE HAYNES, L.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 Licensed Dietitians in the State of Oklahoma pursuant to 59 Okla. Stat. §§ 481 *et seq.* and 1721 *et seq.*
2. Defendant Jana Kaye Haynes, LD, holds Oklahoma License No. LD 826.
3. The acts and omissions complained of herein were made while Defendant was practicing as a Licensed Dietitian within the boundaries of the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

4. On or about April 30, 2024, Defendant called Board licensing division asking for assistance accessing her account so she could renew her license. Defendant was advised that her license had been expired since October 31, 2018 so she would have to reapply. Defendant stated that she has maintained her national certification and thought she could keep working.
5. On or about July 16, 2024, Board investigator Robbin Roberts contacted Defendant and

inquired what prompted her to renew her license after almost 6 years. Defendant stated she found her national certification and wanted to put it with her state license. It was then that she realized her license was expired. She admitted to Investigator Roberts that she worked as a dietician for Spanish Cove since 2000 and they do bill Medicare and private insurance.

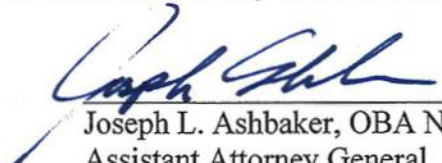
6. Board Secretary sent Defendant a letter of acknowledgment of receipt of her application which will be reviewed by committee on September 19, 2024. Until that time she is allowed to practice under a supervisor. Defendant submitted her Form 5 on May 1, 2024 naming Lisa Burroughs as her supervisor.

III. VIOLATIONS

7. Defendant is guilty of unprofessional conduct in that she:
 - A. Any violation of the provisions of the Licensed Dietitian Act in violation of 59 Okla. Stat. § 1738(A)(1);
 - i. A person may not use the title or represent or imply that he or she has the title of licensed dietitian or provisional licensed dietitian or use the letters LD or PLD and may not use any facsimile of those titles in any manner to indicate or imply that the person is a licensed dietitian or provisional licensed dietitian, unless that person holds an appropriate license. 59 O.S. § 1736(A)
 - B. Any violation of a rule adopted by the Advisory Committee on Dietetic Registration of the State Board of Medical Examiners in violation of 59 Okla. Stat. § 1738(A)(2);
 - i. OAC 435:35-1-4(c)(1)(A) A licensee shall not misrepresent any professional qualifications or credentials
 - ii. OAC 435:35-1-4(c)(3)(B) Integrity in personal and organizational behaviors and practices (Autonomy) Nutrition and dietetics practitioners shall:
 - (ii) Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

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 Licensed Dietician 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 21ST Street
Oklahoma City, Oklahoma 73105
405/522.2974
405/522.4536 – Facsimile

VERIFICATION

I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding the Defendant, JANA KAYE HAYNES, L.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 8/12/24

FILED

AUG 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STYLE: Oklahoma State Board of Medical Case No. 24-06-6356
Licensure and Supervision et al., Plaintiff(s)

(vs.)

JANA KAYE HAYNES, L.D.
LICENSE NO. LD 826 et al., Defendant(s)

COUNTY: OKLAHOMA Court Date September 19, 2024

Documents Served: I, being duly sworn, certify that on August 14th,
20 24,

I received the foregoing, to wit:

- Summons
- Summons w/Petition
- Amendment to Petition
- Notice:
- Other: Compliant
- Other: Citation
- Other: Scheduling Order-September 2024
- Other: Plaintiff's Witness and Exhibit List
- Affidavit
- Garnishment
- Subpoena
- Order:
- HOA
- Temporary Order
- Interrogatories
- Deficiency Judgement

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 JANA KAYE HAYNES, L.D.
at 1145 NW 57th St, OKC 73118 Date: August 14, 2024 Time: 10:30 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: _____

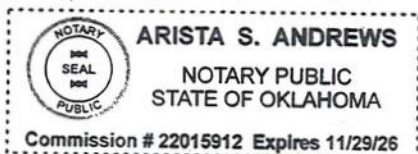
NOT FOUND

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

Subscribed and sworn before me this 14 day
of August, 20 24

Notary Public [Signature]
Commission Exp. 11/29/26

Undersigned declares under penalty of perjury
that the foregoing is true and correct.
[Signature]
License Number: PSS-2024-1





Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

RICHARDSON, PARKER THOMAS	
Practice Address: ASCENSION SAINT JOHN MEDICAL CENTER 1923 S UTICA AVE TULSA OK 74104 Address last updated on 3/29/2024 Phone #: (918) 744-3131 Fax #: County: TULSA License: 31 Dated: 6/24/2020 Expires: 10/31/2025 License Type: Anesthesiologist Assistant Specialty: NPI #:	Status: Active Status Class: Fully Licensed Restricted to: CME Year: 0 Fee History: 02/29/24 \$150.00 10/12/21 \$150.00 05/25/20 \$150.00 Hospital Privileges: None listed References: SARAH ADAMS, DO 5264, OK (Letter) 06/01/20 MARK WALLER, MD18067, OK (Letter) 06/08/20 NEAL W. SIEEX, D.O., OK (Letter) 06/09/20

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
31	OK	Inactive	10/31/2023			Primary Source Verified

Supervisors

Supervisor	Type	License Number	Status	Time
RORY LANCE HOWARD	MD	23550	Primary	
RODNEY CARL SMART JR	MD	28658	Primary	

Education History

School	Type	From	To	Degree	Verified
UMKC SCHOOL OF MEDICINE, KANSAS CITY, MO, UNITED STATES		1/2018	5/2020	MASTERS OF SCIENCE IN ANESTHESIA	
UNIVERSITY OF SAINT MARY, LEAVENWORTH, KS, UNITED STATES		8/2014	5/2017	BACHELOR OF BIOLOGY	
PIPER HIGH SCHOOL, KANSAS CITY, KS, UNITED STATES		8/2010	5/2014	HIGH SCHOOL	

Practice History

Employer	Specialty	Supervisor	From	To	Verified
ST ANTHONY HOSPITAL, OKLAHOMA CITY, OK, UNITED STATES – 1000 N LEE OKLAHOMA CITY, OK 73102 405-272-9641	ANA	RORY HOWARD, MD 23550	5/2024		
ASCENSION ST.JOHN, TULSA, OK, UNITED STATES – 3/29/2024:FORM5 ENTERED. TEMP NOT ISSUED YET(SJ) 1923 UTICA AVE TULSA, OK 74104 918-744-3131	ANA	RODNEY SMART, 28658	3/2024		

NorthStar Anesthesia, TULSA, OK, UNITED STATES – 3/29/2024:CURRENTLY WORKING HERE(SJ)	CERTIFIED ANESTHESIOLOGY ASSISTANT		2/2023		
INTEGRIS BAPTIST MEDICAL CENTER, OKC, OK – 11/1/23 - SUPERVISEE LICENSED EXPIRED (KB)	ANA	FREDERICK REUTER, MD 24503	6/2020	11/2023	
UNIVERSITY OF SAINT MARY'S, LEAVENWORTH, KS	CHEMISTRY LAB COORDINATOR		5/2017	1/2018	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
7/10/2024	Amended Complaint		
6/19/2024	Complaint Citation		

Board Filings and/or Orders

[07/10/2024](#)
[07/10/2024](#)
[07/10/2024](#)
[06/19/2024](#)
[06/19/2024](#)

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

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

Items highlighted in blue are Primary Source Verified.

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

FILED

JUL 10 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
PARKER RICHARDSON, ANA,)
LICENSE NO. ANA 31,)
)
Defendant.)

Case No. 24-04-6324

CITATION

YOU ARE HEREBY NOTIFIED that on the 17th day of June 2024, a Verified Complaint was filed with the undersigned Board Secretary of the State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), charging you with violations of the Medical Practice Act at 59 O.S. §§ 509(4), (8), (16)(a), (18); Okla. Admin. Code §§ 435:10-7-4(1), (2), (6), (11), (26).

On **September 19, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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

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

Dated this 10th day of July 2024.



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

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

FILED

JUL 10 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

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

Plaintiff,)

v.)

Case No. 24-04-6324

PARKER RICHARDSON, ANA,)
LICENSE NO. ANA 31,)

Defendant.)

AMENDED VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Parker Richardson (“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 anesthesiologist assistants in the State of Oklahoma. 59 O.S. § 3201, *et seq.* and Okla. Admin. Code 435:65-1-1, *et seq.*
2. In Oklahoma, Defendant holds Anesthesiologist Assistant license No. ANA 31 issued by the Board. The act(s) and/or omission(s) complained of herein were made while Defendant was licensed to practice as an Anesthesiologist Assistant by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. Defendant’s Anesthesiologist Assistant License No. ANA 31 expired on October 31, 2023, after Defendant failed to timely renew.
4. Board Staff sent a Renewal Notice on September 6, 2023, to Defendant’s street address and his email address which were on file with the Board Staff.
5. Defendant applied and paid for a new application to practice as an ANA on October 8, 2023. Defendant was notified on October 9, 2023, that he had re-applied for a license instead of renewing his license and that he should renew instead. Defendant was informed of the necessary steps for renewal. Defendant did not respond until February 29, 2024.

6. Defendant's response to the Oklahoma Medical Board on April 9, 2024, included notification that his employer alerted him of his expired licenses and that he had practiced until mid-February.
7. Defendant continued to practice in the course of his employment following the October 31, 2023, expiration of his license, through at least February 29, 2024.
8. Defendant applied for reinstatement of his license with the Board on March 1, 2024.
9. The foregoing act(s) and/or omission(s) constitute unprofessional conduct as defined under the Anesthesiologist Assistant Act and corresponding regulations, as detailed herein.

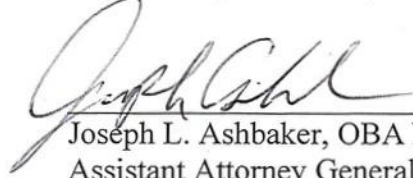
III. VIOLATIONS

10. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Practicing while not licensed in accordance with the provisions of the Anesthesiologist Assistant act, in violation of 59 O.S. § 3205.
 - b. Violating the rule and regulations of the Board, in violation of Okla. Admin. Code §435:65-3-1.
 - c. Engaging in unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board, in violation of 59 O.S. § 3204(1), to wit:
 - i. Failing to timely make application for license renewal, in violation of Okla. Admin. Code §435:65-3-2(g).
 - ii. Violating any provision of the Anesthesiologist Assistant Act or rules promulgated by the Board, specifically the provisions of law cited above, in violation of Okla. Admin. Code §435:65-1-6(a).

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,



Joseph L. Ashbaker, OBA No. 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
Telephone: 405.962.1400
Email: Joe.ashbaker@oag.ok.gov

VERIFICATION

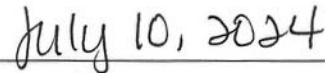
I, Lisa Cullen, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Parker Richardson; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Lisa Cullen, Director of Licensing
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date:



AFFIDAVIT OF SERVICE

State of Oklahoma

County of Oklahoma

District Court

Case Number: 24-04-6324 Court Date: 9/19/2024 9:00 am

Plaintiff: **STATE OF OKLAHOMA, ex rel. OKLAHOMA STATE BOARD OF LICENSURES AND SUPERVISION**

vs.

Defendant: **PARKER RICHARDSON, ANA # ANA 31**

FILED

JUL 17 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

For:
OKLAHOMA MEDICAL BOARD
101 NE 51ST STREET
OKC, OK 73105

Received by OSLPS PROCESS SERVICE on the 11th day of July, 2024 at 1:50 pm to be served on **PARKER RICHARDSON, 18653 GROVETON BLVD, EDMOND, Oklahoma County, OK 73012.**


I, OSLPS PROCESS SERVICE, being duly sworn, depose and say that on the **16th day of July, 2024 at 6:30 pm, I:**

INDIVIDUALLY/PERSONALLY served by delivering a true copy of the **AMENDED VERIFIED COMPLAINT and CITATION and ORDER OF CONTINUANCE.** with the date and hour of service endorsed thereon by me, to: **PARKER RICHARDSON** at the address of: **18653 GROVETON BLVD, EDMOND, Oklahoma County, OK 73012,** and informed said person of the contents therein, in compliance with state statutes.

I certify that I am over the age of 18, have no interest in the above action, and am a Certified Process Server, in good standing, in the judicial circuit in which the process was served.
<DeeRay Garcia>>

Subscribed and Sworn to before me on the 17th day of July, 2024 by the affiant who is personally known to me.


NOTARY PUBLIC



OSLPS PROCESS SERVICE
Process Server
7/16/24

Date

OKLAHOMA STATE MEDICAL BOARD
101 N.E. 51ST STREET
OKLAHOMA CITY, OK 73105
(405) 522-5264

Our Job Serial Number: OSL-2024000235

Notary Public State of Oklahoma
Jennifer Lynn Garcia
My Commission # 20004632
Expires 4/29/2028



Oklahoma Medical Licensure Boards

Medical Doctors - MD


Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

NORRIS, NATHAN BLAKE	
	
Practice Address: 220 SOUTH VAN BUREN ST. ENID OK 73703-5812 Address last updated on 11/6/2023 Phone #: (580) 234-9355 Fax #: (580) 540-3016 County: GARFIELD License: 35371 Dated: 1/16/2020 Expires: 1/1/2025 License Type: Medical Doctor Specialty: Family Medicine NPI #: 1396184420	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2026 Fee History: 11/06/23 \$200.00 11/13/22 \$200.00 11/04/21 \$200.00 Hospital Privileges: None listed References: No reference on file

Other Licenses

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

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
04-38701	KS	Active	7/31/2020	11/13/2019		Primary Source Verified
04-38701	KS	Active				Entered By Physician
2015014717	MO	Active				Entered By Physician
2013019952	MO	Inactive	6/30/2015	11/13/2019		Primary Source Verified
2015014717	MO	Active	1/31/2020	11/13/2019		Primary Source Verified

Supervisees

Supervisee	Type	License Number	Status	Time
TAMARA GRABEAL	APRN	59923	Contact Nursing Board	
SUSAN HIGHTOWER	APRN	107079	Contact Nursing Board	
CHAD YOUNG MCCREADY	PA	4683	Primary	
JACQUELINE MEIRINK	APRN	7290	Contact Nursing Board	

PHUNG KIM NGUYEN	PA	5127	Primary	
STEPHANIE STORM	APRN	111627	Contact Nursing Board	

Education History

School	Type	From	To	Degree	Verified
NEWMAN UNIVERSITY, WICHITA, KS, UNITED STATES		8/2005	5/2009	BACHELOR OF SCIENCE	
GODDARD HIGH SCHOOL, GODDARD, KS		12/2004	6/2005	HS DIPLOMA	

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	8/2009	5/2013	MD	Y	11/21/2019	11/21/2019	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
RESEARCH FAMILY MEDICINE RESIDENCY, KANSAS CITY, MO, UNITED STATES OF AMERICA	FAMILY MEDICINE	7/2013	6/2016	Y	11/21/19		11/21/19	N

National Verifications

Type	Date Primary Source Verified
Federation Clearance	11/13/2019
AMA Profile	11/13/2019

Certifications

Certification
AMERICAN BOARD OF FAMILY MEDICINE

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	06/13/11	11/21/2019
USMLE 2CK	07/30/12	11/21/2019
USMLE 2CS	08/30/12	11/21/2019
USMLE 3	08/25/14	11/21/2019

Practice History

Employer	Specialty	Supervisor	From	To	Verified
HERINGTON HOSPITAL, HERINGTON, KS	FP		7/2022	10/2023	
ASHLAND HEALTH CENTER, ASHLAND, KS, USA	FAMILY MEDICINE		3/2020	3/2021	
XPRESS WELLNESS, ENID, OK, USA	FAMILY MED/URGENT CARE		3/2020		
HERINGTON MUNICIPAL HOSPITAL, HERINGTON, KS, UNITED STATES – CLINIC/EMERGENCY DEPARTMENT/INPATIENT	CLINIC/EMERGENCY DEPARTMENT/INPATIENT		2/2019	2/2020	
TELADOC, INC, LEWISVILLE, TX, UNITED STATES – TELEMEDICINE AND WEB-MEDICINE CONSULTANTION	TELADOC		8/2018		
NORTHWEST FAMILY PHYSICIANS, WICHITA, KS, UNITED STATES – OUTPATIENT FAMILY PRACTICE	FAMILY CARE		8/2016	9/2018	
DOCS WHO CARE, OLATHE, KS, UNITED STATES – ER PHYSICIAN	ER PHYSICIAN		9/2015	9/2016	

Pending and/or Past Disciplinary Actions

No Disciplinary Action Taken

Agreements
01/16/2020

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.

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

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

Items highlighted in blue are Primary Source Verified.



State of Oklahoma
Board of Medical Licensure & Supervision

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

STAFF MOTION
August 19, 2024

To: Board Members
Re: TERMINATION OF AGREEMENT

Comes now Gary Ricks, Compliance Coordinator to present a Staff Motion to Terminate Agreement, Board Order of the Following Licensure.

Name	Agreement Began
NATHAN BLAKE NORRIS, M.D.	January 16, 2020

Respectfully submitted,

A handwritten signature in cursive script that reads "Gary E. Ricks".

Gary Ricks
Compliance Coordinator

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

FILED

JAN 16 2020

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

IN THE MATTER OF THE)
APPLICATION OF)
NATHAN BLAKE NORRIS, M.D.,)
FOR OKLAHOMA MEDICAL)
LICENSE MD 35371.)

Application No. MD 35371

AGREEMENT FOR LICENSURE

This Agreement for Licensure (“Agreement”) is entered into by and between Billy H. Stout, M.D., Secretary of the Oklahoma State Board of Medical Licensure and Supervision (“Board”), and Nathan Blake Norris, M.D. (“Applicant”) (collectively, the “Parties”). 59 O.S. § 480 *et seq.* and Okla. Admin. Code § 435:10-4-11. This Agreement is **not** considered by the Board to be a disciplinary action. Okla. Admin. Code § 435:10-4-11(b)(6).

The Board has jurisdiction over the subject matter herein. 59 O.S. § 480, *et seq.* The Board has the authority to approve the terms of this Agreement entered into between the Board and the Applicant. 59 O.S. §§ 492.1, 493.3(D) and Okla. Admin. Code § 435:10-4-11.

Factual Stipulations and Acknowledgements

1. Applicant acknowledges and agrees that he has read and understands the terms and conditions stated herein, and that this Agreement may be reviewed and discussed with his by legal counsel prior to execution.
2. On November 9, 2019, Applicant submitted an application for licensure to the Board as a medical doctor in Oklahoma, and has agreed to certain conditions upon which a license may be granted to him, as set out more fully below. Applicant is currently living and practicing in Kansas and wants to practice in Oklahoma.
3. The conditions of this Agreement have been agreed upon by the Parties in response to questions raised during the application for licensure process concerning Applicant’s fitness or ability to practice with reasonable skill and safety as a result of alcohol dependence and current involvement with Kansas Medical Society-Professionals’ Health Program Physician Monitoring Agreement (“KMS-PHP”).
4. Applicant, by signing below, acknowledges and agrees that (i) Applicant is of sound mind and is not under the influence of, or impaired by, any medication or drug; (ii) Applicant has read and understands the terms of this Agreement; (iii) Applicant understands that by entering into this Agreement, Applicant has waived certain rights such as the right to a full hearing on the merits of this application; (iv) Applicant has agreed to and signed this Agreement voluntarily; and (v) there are no verbal, written or

other agreements or promises of any kind, including a guarantee licensure, between Applicant and the Board or its staff which are not set out in this Agreement.

Agreements

5. In consideration of the mutual promises stated herein, the Board shall issue Applicant a license to practice as a medical doctor subject to the following terms and conditions:

Specific Terms:

- a. Applicant shall follow all of the terms and conditions set forth in the KMS-PHP that was signed by Applicant on January 10, 2019.
- b. Applicant shall abide by all recommendations of the KSM-PMP.
- c. Applicant shall authorize and ensure quarterly reports including all toxicology screening reports provided by the KMS-PHP to the Oklahoma Board Secretary Board Secretary and Compliance Coordinator, until Applicant is released by the KMS-PHP, and the Board.
- d. This Agreement shall be in effect for a minimum of the length of time that the KSM-PMP Monitoring Agreement remains effective, and Applicant is released by the Board.
- e. All of Applicant's prospective employment and any work place setting shall be approved of in advance by the Board Secretary, during any period that he is working in Oklahoma, which includes locum tenens and tele-medicine. If Applicant desires to change his employment, the proposed working environment must be approved of in advance by the Board Secretary.
- f. Any change in employer, location, practice setting must be approved of in advance by the Board Secretary.

Standard Terms:

- g. Applicant 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 Agreement shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Applicant until clarification of interpretation is received by Applicant from the Board or its authorized designee.
- h. Applicant shall furnish a file-stamped copy of this Agreement stipulating terms imposed by the Board, 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.
- i. Applicant shall keep the Board informed of his current address.

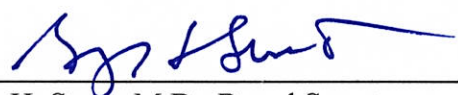
- j. Applicant shall keep current payment of all assessments by the Board for the investigation (if required) and monitoring of this Agreement.
- k. Until such time as all indebtedness to the Board has been satisfied, Applicant will reaffirm said indebtedness in any bankruptcy proceeding.
- l. For good cause shown, upon request of the Board or its designee, Applicant shall submit biological specimens for analysis, including but not limited to, blood, urine, hair follicle and nail samples, and Applicant will pay the costs attendant thereto.
- m. Applicant shall 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. Applicant has the affirmative duty to inform any and every doctor treating him of this Agreement immediately upon initiation, or continuation of treatment. In the event that Applicant is prescribed any controlled dangerous substance during the term of this Order, Applicant shall contact the Board Secretary or the Board designee to discuss the prescription.
- n. Applicant shall have the affirmative duty not to ingest any other substance, including but not limited to alcohol, which will cause a body fluid sample to test positive for prohibited substances.
- o. Upon request by the Board, its attorneys, investigators, compliance officers or other employees or agents, Applicant shall provide the Board with a written statement as to his physical and mental health and treatment and the state of his scope of practice.
- p. Applicant shall sign releases of information and update them as needed, so that his providers may release information for submission of quarterly reports to the Board's Compliance Coordinator.
- q. Applicant shall notify the Board or its designee of any relapse, including any entry, or re-entry, into an in-patient or out-patient rehabilitation, assessment, or evaluation program and shall provide to the Board or its designee written authorization for any and all records associated with said treatment, assessment or evaluation.
- r. Applicant shall obey all state, federal and local laws governing the practice of medicine in the State of Oklahoma.
- s. Applicant shall immediately notify the Board Secretary or Compliance Coordinator of any citation or arrest for misdemeanor or criminal offenses. Applicant will immediately notify the Board or its designee of any arrest or charge filed against him or of any conviction for driving under the influence or while intoxicated or involving alcohol or any other prohibited substance, or for any criminal offense involving substance abuse. This notification will include

any complaint of intoxication or severe hangover at place of employment or while rendering health services.

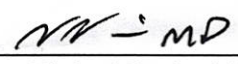
- t. Upon request, Applicant shall make himself available to the Board Secretary or Compliance Coordinator for personal visits and for personal appearances before the Board or its designee.
- u. Applicant shall submit any required reports and forms on a timely, accurate and prompt basis to the Compliance Coordinator or designee.
- v. The terms and conditions of this Agreement shall continue and be enforced until set aside or otherwise terminated by the Board either on the Board's own motion or upon motion of Applicant.
- w. The Parties, the Board or its designee, or the Defendant may file a motion for a Board hearing and possible new Board order.
- x. Any violation of the terms, conditions and requirements of this Agreement shall constitute conclusive evidence of unprofessional or dishonorable conduct, which may result in disciplinary action, including suspension or revocation.

6. A copy of this Agreement shall be provided to Applicant as soon as it is processed.

Executed and agreed to this 19th ^{16th} day of December ^{January}, ~~2020~~ ²⁰¹⁹ 2020 ²⁰²⁰



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



Nathan Blake Norris, M.D.

Date: 12/19/2019



Oklahoma Medical Licensure Boards

Medical Doctors - MD

Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

STARKEY, BRAD ALAN	
Practice Address: ACCESS PAIN SOLUTIONS 4750 S GARNETT RD TULSA OK 74146-5222 Address last updated on 6/25/2024 Phone #: (918) 710-4112 Fax #: (918) 710-4118 County: OKLAHOMA License: 19484 Dated: 8/24/1995 Expires: 8/1/2025 Training Issued: 6/23/1994 Training Expires: 6/1/1996 License Type: Medical Doctor Specialty: Internal Medicine Anesthesiology NPI #: 1497739437	Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2027 Fee History: 06/25/24 \$200.00 06/21/23 \$200.00 07/08/22 \$200.00 Hospital Privileges: Summit Medical Center Edmond, OK References: No reference on file

Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF CENTRAL OKLAHOMA, EDMOND, OK		1/1987	5/1990	BS/BIOLOGY	
OUACHITA BAPTIST UNIVERSITY, ARKADELPHIA, AR		8/1985	12/1986		
CHRISTIAN HERITAGE ACADEMY, OKLAHOMA CITY, OK		10/1983	5/1985		

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	8/1990	5/1994	MD	Y		6/21/1994	N

Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
COLLEGE OF MEDICINE TULSA, TULSA, OK, USA	INTERNAL MEDICINE	7/1995	6/1998					N
COLLEGE OF MEDICINE TULSA, TULSA, OK, USA	INTERNAL MEDICINE	7/1994	6/1995	Y		06/22/95		N

National Verifications

Type	Date Primary Source Verified
Federation Clearance	5/27/1994
AMA Profile	5/31/1994

Certifications

Certification

AMERICAN BOARD OF ANESTHESIOLOGY

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	061995	
USMLE 2		
USMLE 3		

Practice History

Employer	Specialty	Supervisor	From	To	Verified
ACCESS PAIN SOLUTIONS, BROKEN ARROW, OK, USA	ANESTHESIA/PAIN MANAGEMENT		10/2018		
SELF, POTEAU, OK	PAIN MANAGEMENT		3/2017		
OKLAHOMA CITY ANESTHESIA INC, OKLAHOMA CITY, OK	ANESTHESIOLOGY		1/2010		
O A C INC, OKLAHOMA CITY, OK, USA	ANESTHESIOLOGY		5/1999	12/2009	
SIA ASSOCIATES INC, TULSA, OK, USA	ANESTHESIOLOGY		7/1998	5/1999	

Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
6/12/2018	Voluntary Submittal to Jurisdiction		
1/5/2018	Complaint Citation		
3/12/2015	Probation Ended		
1/13/2011	Probation		
11/30/2010	Complaint Citation		

Board Filings and/or Orders

[06/12/2018](#)
[01/05/2018](#)
[01/05/2018](#)
[03/18/2015](#)
[01/13/2011](#)
[11/19/2010](#)
[11/19/2010](#)

License Verification and Disclaimer

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

Items highlighted in blue are Primary Source Verified.



State of Oklahoma
Board of Medical Licensure & Supervision

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

STAFF MOTION
August 19, 2024

To: Board Members

Re: TERMINATION OF INDEFINITE PROBATION

Comes now Gary Ricks, Compliance Coordinator to present a Motion to Terminate the Indefinite Probation Board Order of the Following Licensure.

Name	Probation Began
BRAD ALAN STARKEY, M.D.	JUNE 18, 2018

Respectfully submitted,

A handwritten signature in cursive script that reads "Gary Ricks".

Gary Ricks
Compliance Coordinator

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

FILED

JUN 18 2018

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
BRAD ALAN STARKEY, M.D.,)
LICENSE NO. MD 19484,)
)
Defendant.)

Case No. 17-06-5487

**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 Brad Alan Starkey, M.D. (“Defendant”), Oklahoma medical license no. 19484, who appears in person, and through counsel Elizabeth Sharrock of Pierce Couch Hendrickson Baysinger & Green, LLP (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, Brad Alan Starkey, 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 *BS*

BAS *BS*

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 Board staff stipulates and agree as follows:

1. In Oklahoma, Defendant holds medical license no. 19484, issued August 24, 1995.

Prior Board History – Case 10-06-4009

2. On November 19, 2010, a Complaint and Citation were each filed.
3. From June 17, 2010 through September 14, 2010, Defendant obtained treatment for substance abuse at Talbott Recovery Center.
4. On January 13, 2011, Defendant entered into a Voluntary Submittal to Jurisdiction (“2011 VSJ”) where he admitted that in or around 2009 he stole and abused Sufenta, C-II from his employer. Defendant admitted that he kept the stolen medications in his locker and then injected them in the call room while at work. Defendant admitted he failed to perform physical examinations, establish a medical need, maintain office records, or document prescriptions for controlled dangerous substances he wrote to co-workers.
5. Defendant appeared *pro se* and agreed to abide by the terms and conditions of the 2011 VSJ for a probation period of five (5) years, commencing on January 13, 2011 and due to terminate on January 11, 2016. Defendant was also fined \$10,000 and ordered to complete 100 hours of community service.
6. On March 12, 2015, the Board granted Defendant's request to terminate his probation early. An Order Terminating Probation was filed March 18, 2015.

Current Case 17-06-5487

7. On January 18, 2017, Defendant was arrested and charged with Driving Under the Influence of Alcohol by the Oklahoma City Police Department (incident report number 17-004762).
8. Defendant's driving behavior on that evening involved making an illegal turn, disregarded the police car's emergency equipment, going off the road while trying to turn around, and then attempting to drive past the police car before stopping. He performed very poorly on the Standard Field Sobriety Tests and provided a breath sample of .18 BAC before ultimately refusing to provide a second sample.

BOARD 

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9. On March 29, 2017, Defendant pled “No Contest” and received a “continued sentence” for this DUI in Oklahoma City Municipal Court, citation number 168438147-01.
10. On July 31, 2017, Defendant disclosed on his Application for Renewal that he had received a DUI, and that he entered the Oklahoma Health Professionals Program and signed a five (5) year contract.
11. On August 18, 2017, Board Investigator Stephen Washbourne met with Defendant, who admitted to drinking whiskey and driving on January 18, 2017 before he was arrested.

CONCLUSIONS OF LAW

12. 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.*
13. Notice was given as required by law and the rules of the Board. 75 O.S. § 309(A); 59 O.S. § 504; Okla. Admin. Code §§ 435:3-3-5, 435:3-3-6.
14. 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)(3), (4), (8), (C), (D)(2).
15. This 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.
16. Based on the foregoing, the Parties stipulate and agree that Defendant is guilty of unprofessional conduct as follows:
 - a. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public. 59 O.S. § 509(8); Okla. Admin. Code § 435:10-7-4(11);
 - b. Confession of a crime involving violation of the laws of this state. 59 O.S. § 509(7)(b);
 - c. Habitual intemperance or the habitual use of habit-forming drugs. 59 O.S. § 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).

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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. **BRAD ALAN STARKEY, M.D.** shall be placed on **INDEFINITE PROBATION**, effective from the date of an approved Attorney General Opinion, including the following terms and conditions:

Standard Terms:

- a. Defendant will 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 will furnish a file-stamped copy of this Order 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.
- 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,

BOARD 

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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. 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 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.
- j. Defendant shall promptly notify the Board Secretary or Compliance Coordinator of any citation or arrest for traffic or for criminal offenses.
- k. Defendant shall make himself available for one or more personal appearances before the Board or its authorized designee upon request.
- l. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or authorized designee.
- m. 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 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.
- n. If Defendant moves his residence or practice location out of the State of Oklahoma during the probationary period, the probation 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.
- o. 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.

BOARD



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Specific Terms:

- p. 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, urine drug screens, Sober Link, and meeting attendance records.
 - q. Defendant shall attend a minimum of three (3) Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings per week, in addition to one (1) weekly Caduceus meeting. Defendant shall obtain an AA/NA sponsor and provide the sponsor’s name and meeting attendance records monthly to the Compliance Coordinator.
 - r. Defendant shall attend out-patient psychotherapeutic treatment sessions with a provider approved of in advance by the Board Secretary for at least one (1) year on a weekly basis. Defendant shall provide quarterly reports from therapist to the Board Secretary or Compliance Coordinator.
 - s. Defendant shall see a neurologist for management of headaches approved of in advance by the Board Secretary.
 - t. Any changes in Defendant’s practice plan terms, including type, setting, or location must be approved of in advance by the Board Secretary.
3. 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.
4. A copy of this Order shall be provided to Defendant as soon as it is processed.

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.

BOARD 

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Dated this 10th day of may, 2018.

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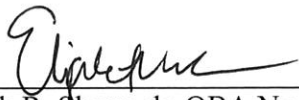
Henry P. Ross, President
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION



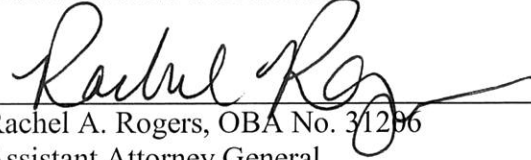
Brad Alan Starkey, M.D.
License MD 19484



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



Elizabeth R. Sharrock, OBA No. 16,934
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BAYSINGER & GREEN, LLP
1109 N. Francis
Oklahoma City, Oklahoma 73106
(405) 235-1611 Telephone
(405) 235-2904 Facsimile
Attorney for Defendant,
Brad Alan Starkey, M.D.



Rachel A. Rogers, OBA No. 31286
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
101 N.E. 51st 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 18th day of June, 2018, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

Brad Alan Starkey, M.D.
5717 Irvine Drive
Edmond, Oklahoma 73025

U.S. First Class Mail

Elizabeth R. Sharrock
PIERCE COUCH HENDRICKSON
BAYSINGER & GREEN, LLP
1109 N. Francis
Oklahoma City, Oklahoma 73106
(405) 235-1611 Telephone
(405) 235-2904 Facsimile
esharrock@piercecouch.com

Attorney for Defendant,
Brad Alan Starkey, M.D.



Nancy Thiemann, Legal Assistant

BOARD BAS

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OFFICE OF ATTORNEY GENERAL
STATE OF OKLAHOMA

ATTORNEY GENERAL OPINION
2018-193A

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

June 12, 2018

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 in case 17-06-5487. After having been disciplined previously by the Board, the licensee was charged in January of 2017 with DUI. The licensee disclosed this charge on a renewal application. The Board proposes to place the license on permanent probation and impose terms and conditions.

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,” “[c]onviction or confession of a crime involving violation of . . . the laws of this state,” and “[d]ishonorable or immoral conduct which is likely to deceive, defraud, or harm the public.” 59 O.S.Supp.2017, §§ 503, 509(4), (7), (8). The Board may reasonably believe that the proposed action is necessary to deter future violations.

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 welfare of the citizens of Oklahoma.

MIKE HUNTER
ATTORNEY GENERAL OF OKLAHOMA

RYAN CHAFFIN
DEPUTY CHIEF - ASSISTANT ATTORNEY GENERAL

RECEIVED

JUN 15 2018

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



State of Oklahoma
Board of Medical Licensure & Supervision

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

Certified Mail and via email [REDACTED]

July 10, 2024

9489 0090 0027 6330 2025 16

Curt Liebman, MD Applicant 19573
[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 requested a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **September 19, 2024, at 9:00a.m.** You may appear in person at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73104 or via Zoom. 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." ***You are entitled to retain legal counsel representation in this matter.***

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 asked by the Board. This is to assure the Board that requirements for licensure have been met through the content of your application as provided for in accordance with 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.*

Confirm your attendance at this meeting, either in person or via Zoom. Should you appear via Zoom, you must be logged in no later than 8:30 a.m.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

Tracking Number:

Remove X

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Copy

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

Latest Update

Your item was delivered to an individual at the address at 5:58 pm on July 15, 2024 in LOUISVILLE, KY 40291.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual

LOUISVILLE, KY 40291

July 15, 2024, 5:58 pm

[See All Tracking History](#)

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

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Return Receipt Electronic



USPS Tracking Plus®



Product Information



See Less ^

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	19573	CURT ELIOT LIEBMAN
MEDICAL DOCTOR		

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

Last Medical School Attended:

016-01 Rush Med Coll of Rush Univ Med Ctr, Chicago, IL

Number of Licenses Previously Granted to Graduates of this Medical School:76

Application for: Resident _____ Full License _____ Reinstatement

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS *Aug 7-3-24*
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___ / ___ / ___
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____



Oklahoma State Board of Medical Licensure and Supervision
Telemedicine Questionnaire

RECEIVED

MAY 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

N/A
(initial) I will be communicating with patients following the telemedicine guidelines as set forth by the state of Oklahoma.

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

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

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

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

[Signature]
(initial) I will be located in the state of KENTUCKY consulting Oklahoma patients.

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

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

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

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

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

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

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

[Oklahoma Telemedicine Act](#)

[Oklahoma Telemedicine Rules](#)

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

Printed Name: CURT E. LIEBMAN, MD

Date: 5.2.2024

Signature: [Handwritten Signature]

MD 19573
TS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 19573 CURT ELIOT LIEBMAN
 MEDICAL DOCTOR

Practice Address:

March 27, 2024
 PREMIER RADIOLOGY
 10800 BISCAYNE BLVD.

MIAMI, FL 33161
 NOT OKLAHOMA

Status: I**Res:** RI**Received:** 03/27/2024**Entered:** 03/27/2024**Temp Issued:****Temp Expires:****Train Issued:****Train Expires:****Fed Rec:** 04/19/2024**AMA Rec:** 04/19/2024**Board Action:****License #:** 19573**Sex:** M**Ethnic Origin:** 1**Endorsed By:** NBME**Orig Issued:** 10/03/1995**Orig. Lic. Exp:** 10/01/1996

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	NBPME Part :	PASS	5/16/84	6/4/24	2
Test 2:	NBPME Part :	PASS	9/28/82	6/4/24	1
Test 3:	NBME1	PASS	9/9/81	6/4/24	2
Note: PASS means higher than 75					
Test AV:		077800			
Total Possible:	0				
Okla Passing:	0				
Total Score:	0				

PRE-MED EDUCATION

School Name: GRINNEL COLLEGE**City:** GRINNEL**Degree:** B.S.**State:** IA **Country:** UNITED STATES**From:** 8/1974 **To:** 5/1978 **Verified:****School Name:** PARKWAY NORTH SENIOR HIGH SCHOOL**City:** CREVE COUER**Degree:** DIPLOMA**State:** MO **Country:** UNITED STATES**From:** 8/1971 **To:** 6/1974 **Verified:**

MEDICAL SCHOOL EDUCATION

Name: Rush Med Coll of Rush Univ Med Ctr, Chicago, IL**Foreign Name:****City:** Chicago**State/Country:** United States of America**Degree:** DOCTOR OF MEDIK**From:** 8 / 1978**To:** 6 / 1983**Diploma Ver'd:**

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	19573	CURT ELIOT LIEBMAN
MEDICAL DOCTOR		

POST GRADUATE EDUCATION

Facility:UNIVERSITY OF CHICAGO HOSPITALS

Specialty:ANGIO/INTERVENTIONAL
RADIOLOGY

Res. Fellowship: Fellowship

City: CHICAGO

State:IL

Country:USA

Verified: 08/30/1995

From: 7 / 1987

To: 6 / 1988

ACGME Ver'd: 08/30/1995

Comments:

Facility:WILLIAM BEAUMONT HOSPITAL

Specialty:DIAGNOSTIC RADIOLOGY

Res. Fellowship: Residency

City: ROYAL OAK

State:MI

Country:UNITED STATES OF AM

Verified: 07/01/1995

From: 7 / 1983

To: 6 / 1987

ACGME Ver'd: 07/01/1995

Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 19573 CURT ELIOT LIEBMAN
 MEDICAL DOCTOR

PRACTICE HISTORY			
Employed: USARAD HOLDINGS	Supervisor:		
City: FORT LAUDERDALE	State: FL	Country: UNITED STATES	
Specialty: MD	From: 1/ 2020	To: /	Verified:
Comments: 6/19/24MT- CURRENTLY PRACTICING TELERADIOLOGIST			
Employed: PREMIER RADIOLOGY	Supervisor:		
City: MIAMI	State: FL	Country: UNITED STATES	
Specialty: MD	From: 10/ 2019	To: /	Verified:
Comments: 6/9/24MT- CURRENTLY PRACTICING STAFF RADIOLOGIST			
Employed: EXPERITY TELERADIOLOGY	Supervisor:		
City: SCOTTSDALE	State: AZ	Country: UNITED STATES	
Specialty: MD	From: 10/ 2019	To: 1/ 2020	Verified:
Comments: STAFF RADIOLOGIST			
Employed: US RADIOLOGY ON-CALL	Supervisor:		
City: SANTA MONICA	State: CA	Country: UNITED STATES	
Specialty: MD	From: 4/ 2017	To: 10/ 2020	Verified:
Comments: STAFF RADIOLOGIST			
Employed: FLAGET HOSPITAL	Supervisor:		
City: BARDSTOWN	State: KY	Country: UNITED STATES	
Specialty: MD	From: 6/ 1995	To: 1/ 1996	Verified:
Comments: STAFF RADIOLOGIST			
Employed: X-RAY ASSOCIATES OF LOUISVILLE	Supervisor:		
City: LOUISVILLE	State: KY	Country: UNITED STATES	
Specialty: MD	From: 3/ 1995	To: 6/ 2018	Verified:
Comments: ASSOCIATE, PARTNER			
Employed: BAPTIST HEALTH, LOUISVILLE	Supervisor:		
City: LOUISVILLE	State: KY	Country: UNITED STATES	
Specialty: MD	From: 3/ 1995	To: 6/ 2018	Verified:
Comments: SECTIONHEAD, APPOINTMENTS VASCULAR/INTERVENTIONAL RADIOLOGY RADIATION SAFETY OFFICER STAFF RADIOLOGIST			
Employed: THE IMAGING CENTER VENCOR HOSPITAL - LOUISVILLE	Supervisor:		
City: LOUISVILLE	State: KY	Country: UNITED STATES	
Specialty: MD	From: 3/ 1995	To: 6/ 1996	Verified:
Comments: STAFF RADIOLOGIST			
Employed: VETERANS MEMORIAL HOSPITAL	Supervisor:		
City: LOUISVILLE	State: KY	Country: UNITED STATES	
Specialty: MD	From: 1/ 1992	To: 6/ 1996	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 19573 CURT ELIOT LIEBMAN
 MEDICAL DOCTOR

Comments: DEPARTMENT OF RADIOLOGY/ STAFF RADIOLOGIST

Employed: DIAGNOSTIC MED IMAGING ASSOC **Supervisor:**
City: LOUISVILLE **State:** KY **Country:** UNITED STATES
Specialty: MD **From:** 8/ 1988 **To:** 6/ 1996 **Verified:**
Comments: ASSOCIATE AND PARTNER
 STAFF RADIOLOGIST

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	MD 35.131236	I	5/12/17	12/1/20	4/19/24
VA	MD 0101268503	A	1/14/20	10/31/24	4/19/24
NY	MD 288556	A	4/11/17	9/30/24	4/19/24
OK	MD 19573	I	10/3/95	10/1/96	4/19/24
OH	MD 35.141645	A	3/16/21	3/16/25	4/19/24
HI	MD MD-23914	A	9/18/23	1/31/26	4/19/24
NC	MD 9501317	I	9/16/95	1/25/99	4/19/24
GA	MD 40458	A	8/3/95	10/31/25	4/19/24
MI	MD 4301048405	I	4/8/85	1/31/96	4/19/24
FL	MD ME131558	A	3/7/17	1/31/25	4/19/24
CA	MD G-148616	A	4/11/17	10/31/24	4/19/24
AR	MD E-0755	A	6/4/21	10/31/24	4/19/24
IN	MD 01044249A	A	8/31/95	10/31/25	4/19/24
CO	MD DR.0034809	I	9/14/95	5/31/97	4/19/24
IL	MD 036075158	A	6/11/87	7/31/26	4/19/24
KY	MD 26066	A	7/1/88	2/28/25	4/19/24

DEFICIENCIES

ATTN: Oklahoma State Board of Medical Licensure & Supervision, 101 NE 51st St, Oklahoma City, OK 73105-1821

Applicant Name: Curt Liebman, MD (19573)

EXPLANATION FOR "YES" ANSWERS ON LICENSE APPLICATION

B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)? **Yes, DEA license action, 2018, see Personal Statement.**

C. Have you ever been denied membership or had disciplinary action taken by a national, state, or county professional organization? **Yes, KBML action, 2018, see Personal Statement.**

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

F. Have you ever entered into an agreement with a federal, state, or local jurisdictional body to avoid formal action? **NO**

J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? **Yes, see Personal Statement.**

L. Have you ever failed any part of a licensure/certification/registration examination? **YES, see attached**

M. Have you ever surrendered a license or had a license revoked? **Yes, Ohio, 2018, see Personal Statement.**

N. Has any disciplinary action been taken on any license? **Yes, see Personal Statement.**

P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations? **Yes, 2018 Charged with a felony, guilty of a misdemeanor, see Personal Statement.**

Notary - Please complete the section below

Signed and sworn (or affirmed) before me on 06/20/2024 (date) by

Curt Liebman

Curt Liebman 06/20/2024

RCVD 6/20/2024
19573
MT

Curt Liebman (name of person making statement).

Signature of notarial officer See Attached Notarial Certificate

Name of notarial officer Ariel Murchison

State Texas

County Dallas

Commission Expiry Date 11/23/2024

(Seal, if any)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Jurat EXPLANATION FOR "YES" ANSWERS ON LICENSE APPLICATION

Document Date: 06/20/2024

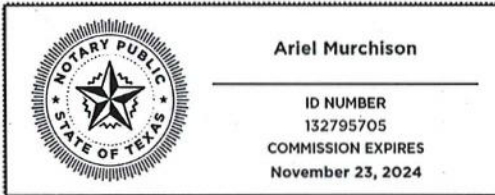
Number of Pages (including notarial certificate): 3

State of Texas

County of Dallas

Sworn to and subscribed before me

on 06/20/2024 by Curt Eliot Liebman.



Ariel Murchison

Notary Public, State of Texas

Electronically signed and notarized online using the Proof platform.

EXAMINATION HISTORY

I do not recall the circumstances surrounding my failure of NBME Parts 1 and 3, 41 and 38 years ago, respectively. However, with all due respect, I do not see how those circumstances (unless they involved cheating) are relevant to my becoming credentialed or licensed.

Curt E. Liebman, MD

September 15, 2021

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JUN 19 2024

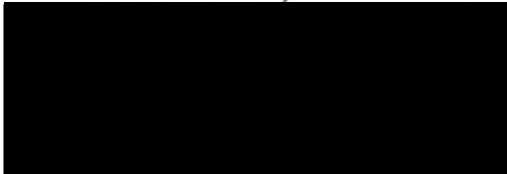
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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PERSONAL STATEMENT

March 15, 2024

Curt E. Liebman, MD



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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

I live in Louisville, Kentucky, and have practiced Radiology for 24 years at a busy suburban hospital. Additionally, I served as the hospital's Director of Angiography/Interventional Radiology and as Radiation Safety Officer.

I am embarrassed to admit that, in March 2015, I fell victim to a con artist, who I later discovered was a convicted felon, a drug addict, and DEA informant. Over the period of about 9 months, he stole around \$10,000 worth of jewelry and swindled me out of several thousand dollars in cash. He also stole a car that I had rented in my name.

Here are the details of what happened, and how my reputation and career were damaged and ultimately repaired.

The felon's name was [REDACTED], and I met him as the fiancé of a trusted friend whom I had known for 20 years. (He also victimized her; she broke off the engagement and got a restraining order against him.) He claimed he had knee and low back pain from high school football injuries and did not have a primary care physician. He first requested and received some cannabis, which I would occasionally use for pain following a serious car accident which occurred in 2011.

NOTE: My injuries included a shattered left humerus with loss of shoulder function (ORIF, non-union, 3 surgeries over 4 years with eventual prosthesis placement). I also suffered fractures of C5, C6 and C7 with cord compression treated with traction, anterior and posterior fusion, followed by 5 weeks of in-hospital convalescence and in-patient therapy.

[REDACTED] then asked me to prescribe pain medication which I refused to do. But, in a once-in-a-lifetime, monumental lapse in judgement, I gave him pain medication which had been prescribed to me (six hydrocodone 5mg tablets and two oxycodone tablets).

I did not write a prescription, nor did I dispense medication in connection with my medical practice. Furthermore, I refused money that he offered in exchange. I would learn later that [REDACTED] was pressured by the DEA to manipulate me into taking these actions to reduce the severity of drug charges pending against him. He concealed a recording device when visiting me and recorded the conversation when I gave him cannabis. The DEA agent, unsatisfied, complained, "What's that, marijuana? We can't use that, go back in there and get some pills." His comment was recorded at the time,

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and I became aware of it later.

Three years later, in April 2018, I was indicted and arraigned on two charges of felony trafficking in narcotics (two counts of less than 10 pills each, one for each medication) and possession of cannabis. The cannabis charge was later dropped.

A month later, on May 21, 2018, I pleaded guilty to a Class B misdemeanor: Possession of Controlled Substance Not in Original Container. As part of the agreement, I paid a \$500 fine and the judge agreed to set aside my guilty plea and dismiss the charges as long as I remained law-abiding.

Two months later, on July 23, 2018, the court dismissed the case. And in September of 2018, the court expunged my record. Today, I no longer stand convicted of any crime, I have no criminal record, and there is no public record of the criminal case, nor of my singular significant lapse in judgment.

When I learned of my indictment, I immediately reported the situation to the Kentucky Board of Medical Licensure (KBML).

Here are the details of actions and status with boards which have licensed me to practice medicine:

Board	Actions Taken	Final Status
Kentucky Board of Medical Licensure	\$1k fine 5 years' probation 25-hour ProBe Ethics Course	License fully restored. Removed from probation early, after paying the fine and completing the course.
Medical Board of California	\$1k fine 21-hour PBI Prescribing Course	License fully restored
Florida Board of Medicine	Issued a Letter of Concern \$127 administrative costs Offered their sympathy in writing	License fully active (never encumbered or restricted)
State Medical Board of Ohio	Issued non-permanent revocation of license (for not responding to their letters). Accused me of making false statements. Required me to re-apply for license	License reinstated, fully active
Medical Board of New York	None	License fully active (never encumbered)
American Board of Radiology	None	License fully active (never encumbered)
Illinois Department of Financial and Professional Regulation	Upon reactivation of my expired medical license, issued a reciprocal reprimand, based on initial Kentucky Board action.	License fully active (never encumbered)

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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I have since obtained additional state licenses in Indiana (2020), Virginia (2020), Georgia (2022), and Hawaii (2023) without difficulty.

The Arkansas state board required 1 year of monitoring of my prescription writing which was completed on June 4, 2021. I do not write prescriptions and did not write one during the year of monitoring.

The Agency for Health Care Administration in Florida (independent from the Florida Board of Medicine) confirmed my eligibility for employment in writing on March 22, 2023, after questioning it in an August 2022 letter.

The Illinois Department of Financial and Professional Regulation issued a reciprocal reprimanded upon reactivation (2024) of my expired (1995) medical license. My Illinois medical license is fully active, never encumbered.

Thank you for taking the time to review this information. I welcome the opportunity to answer any questions you may have or provide any documentation you may request.

Thank you.

Curt E. Liebman, MD

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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Page 108 of 415

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 03/27/2024

Reinstatement

Applicant Name: LIEBMAN, CURT ELIOT

MD 19573

████████████████████
████████████████████

████████████████████

Date Of Birth: ██████████

Place Of Birth (City, State): LOUISVILLE, KY

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	GRINNEL COLLEGE	GRINNEL	IA		8/1974	5/1978	B.S.		
HS	PARKWAY NORTH SENIOR HIGH SCHOOL	CREVE COUE	MO		8/1971	6/1974	DIPLOMA		

Medical School Name	City	State	Country	Comments	From	To
Rush Med Coll of Rush Univ Med Ctr, Chicago, IL	Chicago	IL	United States		8/1978	6/1983

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
UNIVERSITY OF CHICAGO HOSPITAL	CHICAGO	IL	USA	ANGIO/INTERVENTIONAL RADIOLOGY		7/1987 6/1988
WILLIAM BEAUMONT HOSPITAL	ROYAL OAK	MI	UNITED S	DIAGNOSTIC RADIOLOGY		7/1983 6/1987

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
USARAD HOLDINGS	TELERADIOLOGIST		FORT LAUDERDALE	FL		1/2020	0/0	
PREMIER RADIOLOGY	STAFF RADIOLOGIST		MIAMI	FL		10/2019	0/0	
EXPERITY TELERADIOLOGY	STAFF RADIOLOGIST		SCOTTSDALE	AZ		10/2019	1/2020	
US RADIOLOGY ON-CALL	STAFF RADIOLOGIST		SANTA MONICA	CA		4/2017	10/2020	
FLAGET HOSPITAL	STAFF RADIOLOGIST		BARDSTOWN	KY		6/1995	1/1996	
X-RAY ASSOCIATES OF LOUISVILLE	ASSOCIATE, PARTNER		LOUISVILLE	KY		3/1995	6/2018	
BAPTIST HEALTH, LOUISVILLE	STAFF RADIOLOGIST		LOUISVILLE	KY		3/1995	6/2018	
THE IMAGING CENTER VENCOR HOSPITAL - LOUISVILLE	STAFF RADIOLOGIST		LOUISVILLE	KY		3/1995	6/1996	
VETERANS MEMORIAL HOSPITAL	STAFF RADIOLOGIST		LOUISVILLE	KY		1/1992	6/1996	
DIAGNOSTIC MED IMAGING ASSOC	STAFF RADIOLOGIST		LOUISVILLE	KY		8/1988	6/1996	

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

Reinstatement

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
OH	35.131236		U	5/12/17	12/1/20
VA	0101268503		U	1/14/20	10/31/24
NY	288556		U	4/11/17	8/30/24
OK	19573		U	10/3/95	10/1/96
OH	35.141645		U	3/16/21	3/16/25
HI	MD-23914		U	9/18/23	1/31/24
NC	9501317		U	9/16/95	1/25/99
GA	40458		U	8/3/95	10/31/25
MI	4301048405		U	4/8/95	1/31/96
FL	ME131558		U	3/7/17	1/31/25
CA	G-148616		U	4/11/17	10/31/24
AR	E-0755		U	6/4/21	10/31/24
IN	01044249A		U	8/31/95	10/31/25
CO	DR.0034809		U	9/14/95	5/31/97
IL	036075158		U	6/11/87	7/31/96
KY	26066		U	7/1/88	2/29/04

MD Exam				
Exam	State	Score	Date Taken	#
NATLBD1		078000	051984	1
NATLBD2		078000		1
NATLBD3		077600		1
NBME				

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

Reinstatement

Questions Answered 03/12/2024		Response
A.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)? <i>Please see Personal Statement</i>	Y
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization? <i>Please see Personal Statement</i>	Y
D.	Have you ever been denied or had removed or suspended hospital staff privileges? <i>Please see Personal Statement</i> <i>(Temporarily I was unable to write an Rx for controlled-substances in 2018 prior to resolution of Board Action.)</i>	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? <i>Please see Personal Statement</i>	Y
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.) <i>Please see Personal Statement</i>	Y
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination? <i>I failed Board Part 1 once and Board Part 3 once, passing them on 9/9/81 and 5/16/84, respectively, 42 and 39 years ago, respectively.</i>	Y
M.	Have you ever surrendered a license or had a license revoked? <i>Please see Personal Statement</i> <i>Temporary revocation in Ohio.</i>	Y
N.	Has any disciplinary action been taken on any license? <i>Please see Personal Statement</i>	Y
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? <i>Please see Personal Statement</i>	Y
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	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

Reinstatement

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

Reinstatement

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

Reinstatement

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Tele-Radiology

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

I will not be communicating with my patients directly, rather with referring physicians per phone.

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

I will examine patients radiographically via teleradiology.

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

Via teleradiology

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

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

ProAssurance
self

Name of Current Carrier and policy Holder

Applied Medicolegal Solutions Risk Retention Group
Premier Radiology Services, LLC

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

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

I attest that all the above information is accurate as of March 26, 2024: _____ (Signed Online)

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MAY 13 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



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

Send this form to:

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

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

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

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

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

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

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



Handwritten signature of the applicant

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

EBMAN, CURT, E

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

24

(must correspond to the date of notarization)



Notary Public seal should overlap the bottom of the photo to the left

NOTARY

State of Kentucky, County of Jefferson

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 6 day of May, 2024

Notary Public Signature

Handwritten signature of the notary public

My Notary Commission Expires

02/13/2028

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Record of Scores

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

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

Date: 05/21/2024

Examinee ID: 3-260-752-5

Examinee: Liebman, Curt E

Date of Birth: [REDACTED]

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pas)	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/10/1981	Fail	Three-Digit	360	(380)	360	345	425	355	390	370	450
		Two-Digit	72	(75)	72	71	76	71	75	72	77
09/09/1981	Pass	Three-Digit	465	(380)	450	475	435	400	505	460	585
		Two-Digit	78	(75)	77	79	76	75	81	78	86

NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min. Pas)	Med	Surg	ObGyn	Prev	Pedi	Psych
09/28/1982	Pass	Three-Digit	395	(290)	365	445	365	555	425	350
		Two-Digit	78	(75)	75	79	75	85	78	75

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min. Pas)
03/07/1984	Fail	Three-Digit	240	(290)
		Two-Digit	73	(75)
05/16/1984	Pass	Three-Digit	375	(290)
		Two-Digit	78	(75)

PRIMARY SOURCE

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JUN 04 2024



Authenticity of NBME Record of Scores

An original, certified NBME Record of Scores is printed using black ink on green safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Record of Scores may result in appropriate legal action or other action consistent with applicable policies.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

Form 1 (MD)

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

PRIMARY SOURCE

Email form to: Licensing@okmedicalboard.org

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

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APR 09 2024

Applicant's Name Curt Eliot Liebman

Institution: Rush Medical College (RUSH University) City/State Chicago, IL

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

From 8 / 28 / 1978 To 6 / 11 / 1983
Month Day Year Month Day Year

Awarded degree of Doctor of Medicine (MD) on 6 / 11 / 1983
Month Day Year

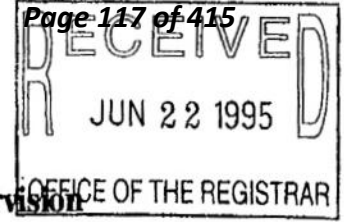
- 1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. YES NO
- 2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?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

Please explain any "YES" response from above: _____

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

Name: Brenda Weddington Signature: *Brenda Weddington*
Title of Signatory: University Registrar Signature Date: 4/8/24
Phone: 312-942-5681 Fax: _____ E-Mail: registrars_office@rush.edu

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MA



Form #1 (MD)

Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

Send or take this form to the Medical School from which you graduated for verification of your graduation and the attached diploma.

The attached medical school diploma and transcript of grades are true and correct copies of those issued to:

Curt Elliot Liebman

and bears the seal of Rush University Rush Medical College
(Name of School)

If no seal is had by the medical school, the signature of the author of this form must be notarized.



I do hereby certify that, at the time of graduation, there was no suspension, probation or other disciplinary action in effect nor pending involving this graduate, and to the best of my knowledge he/she was competent to practice medicine.

SEAL

Joe Swihart
Signature (Must be an original signature. Proxy or signature stamp will not be accepted.) Joe Swihart

Registrar
Title

June 27, 1995
Date

MD/CNEPMB

4639

Rush University Rush Medical College

On the recommendation of the Faculty and by virtue of the authority vested in the Trustees, the degree of

Doctor of Medicine

has been conferred on

Curt Eliot Liebman

who has honorably fulfilled all the requirements prescribed for that degree. In witness thereof this Diploma is given in the city of Chicago this Twentieth day of June, Nineteen Hundred Eighty-three

This is a true copy of an original diploma

Joe Swihart
JOE SWIHART, REGISTRAR
RUSH UNIVERSITY
6/27/95



95 JUN 30 AM 9:25

RECEIVED

Henry P. Rose

James A. Campbell

John B. Smith

Official Transcript
Rush University
Chicago, IL 60612-3864

RECEIVED
95 JUN 30 PM 9:25
OK STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Name: Mr. Curt E Liebman

Rush I.D.#: 477

Soc. Sec.#: [REDACTED]

Birthdate: [REDACTED] Sex: M

Rush Degree(s): 06/11/83 Doctor of Medicine
00/00/00
00/00/00

Major: Medicine
Specialty:
Concentration:

Previous Degrees:

AB Grinnell College 1978

----- Fall 1979 (cont.) -----
GEN 501 Genetics 0.00 P

First Year Medical Studies at Grinnell College
Grinnell, IA

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- Fall 1978 -----
Completed At Grinnell, Progressed to The Medical
Center Campus in Chicago

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
CHM 346 Biological Chemistry	0.00	P						
BIO 459 Metabolic Physiology	0.00	P						
BIO 413 Medical Embryology	0.00	P						
BIO 411 Gross Anatomy	0.00	P						
GRM 403 Behavioral Science I	0.00	P						
GRM 401 Clinical Tutorial I	0.00	P						
BIO 366 Intro To Immunology	0.00	P						
BIO 351 Human Nutrition	0.00	P						
BIO 412 Anat, Extremities	0.00	P						
GRM 426 Preventive Med I	0.00	K						

** Credit by Proficiency

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- Winter 1980 -----
PTH 502 Pathology II 0.00 CC
CCS 502 Clin Cncpts/Skills II 0.00 P

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- Spring 1980 -----
PHR 503 Medical Pharmacology III 0.00 P
PTH 503 Pathology III 0.00 P
NEU 451 Neurobiology 0.00 P

Mini-Session January 1979

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- Fall 1980 -----
MED 501 Clinical Pathophys I 0.00 CC

----- Spring 1979 -----

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
BIO 465 Medical Microbiology	0.00	P						
GRM 426 Preventive Med II	0.00	P						
BIO 424 Pharmacology	0.00	P						
BIO 421 Human Physiology	0.00	P						
BIO 418 Microscopic Anatomy	0.00	P						
GRM 403 Behavioral Science II	0.00	P						
GRM 401 Clinical Tutorial II	0.00	P						

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- Winter 1981 -----
PHR 502 Medical Pharmacology II 0.00 P
MED 502 Clinical Pathophys II 0.00 CC

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- Fall 1979 -----

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
CCS 501 Clin Cncpts/Skills I	0.00	P						
PSY 501 Intro Psychopathology	0.00	P						
PTH 501 Pathology I	0.00	CC						
IHM 501 Immunology	0.00	P						

----- Spring 1981 -----
MED 503 Clinical Pathophys III 0.00 P

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

----- To be continued -----

Credits = # Clinical Weeks Earned

Rush University

Continued on next page

Printed on 06/27/95

Rush University Transcript Guide

Brief History. Founded in 1837, Rush Medical College trained physicians until 1942 when the school closed during the war years. Records for students prior to that time are held by the University of Chicago registrar. The charter was reactivated in 1969 and Rush Medical College reopened in 1971. In 1972 the College of Nursing and Allied Health Sciences was added and Rush University was established as the educational unit of Rush-Presbyterian-St. Luke's Medical Center.

The College of Nursing and the College of Health Sciences became separate colleges in 1975 and The Graduate College became a distinct educational unit in 1981.

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A twelve week quarter is used in the clinical years (3rd and 4th year) in Rush Medical College.

The College of Nursing and Allied Health Sciences used a semester system during the 1973-74 school year.

From 1971-74 Rush Medical College had a nineteen week Phase I; four, eleven week quarters in Phase II; and a sixty-five week minimum requirement for Phase III.

Credit Hours. The quarter hour is the unit used by the College of Nursing, the College of Health Sciences and The Graduate College to determine credit for courses taken. As a general rule one quarter hour represents contact time of one lecture hour, two hours of small group discussion or three laboratory or clinical hours per week.

Course credits are not calculated for Rush Medical College students. However, the number of weeks of clinical experiences appears on the transcript of the academic record.

Credit earned as an unclassified student will not necessarily apply toward a Rush degree if the unclassified student is subsequently admitted to a degree program.

Grading System

Grade	Quality	Grade Points
A	Excellent	4
B	Good	3
C	Satisfactory for undergraduates but may not be acceptable at the graduate level	2
D	Minimal pass	1
	Not used at the graduate level in Nursing, The Graduate College or Health Systems Management	
F	Failure	0
P	Passing	
N	Not Passing	
H	Honors - Medical College only	
W	Withdrawal prior to midterm	
WP	Withdrawal passing after midterm	
WF	Withdrawal failing after midterm	
WN	Withdrawal failing for course taken on pass/no pass basis	
K	Credit earned through proficiency examination	
NR	Grade not reported by instructor	
IP	Course is still in progress	
I	Incomplete	
CC	Course continues into the next quarter. Grade received at the end of the series is the grade for the entire course	
XX	Participation in an ungraded course or residency	

Rush Medical College uses honor (H), pass (P), and fail (F) only

Grade Point Average. The grade report and the transcript of the academic record show a grade point average (GPA) for each quarter in which grade points were earned and adds a cumulative GPA for all work taken at Rush. The GPA is computed by dividing the number of earned grade points by the number of quarter hours of credit attempted for those courses. When a course is repeated the second grade only is computed in the GPA. No grade points are assigned for work taken on a pass/no pass basis and, therefore, are not computed in the grade point average. Grade point averages are not included for students in Rush Medical College since all courses are taken on an Honors/Pass/Fail system.

Course Numbers. A three-digit course number follows the course abbreviation. It indicates the level of offering for that course as shown below:

Course Numbers	Level of Offering
300-399	Undergraduate Third Level
400-449	Undergraduate Fourth Level
450-499	Dual Level--may be taken for undergraduate or graduate credit
500-599	Graduate Level
500-549	Master's Level (College of Nursing)
550-599	Doctor of Nursing Level (College of Nursing)
600	Post-Master's Level Residency
601-699	Doctoral Level

Transfer Credit. With the exception of the medical college, transfer credit accepted by Rush University is recorded in quarter hours. The total number of transfer credits is shown but individual courses are not shown unless they are substituted directly for a Rush University course.

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Transcript of the Academic Record. The permanent academic record includes all course work taken at Rush University. External transcripts for medical students reflect the highest grade reported for each course at the time a transcript is requested. The academic record is maintained permanently in the Office of the Registrar.

Copies issued to students will be stamped in red ink "Issued to Student." All copies bear the signature of the registrar or his/her designate and the seal of Rush-Presbyterian-St. Luke's Medical Center.

Graduation Honors. Candidates for the bachelor of science degree who have demonstrated academic excellence are honored at commencement by the Rush University faculty. Those earning a 3.4 or better grade point average based on six quarters at Rush are awarded the bachelor of science cum laude; those with 3.6 or better, magna cum laude; those with 3.8 or better, summa cum laude. Only Rush University course work is calculated into the grade point average. Honors appear on the student's diploma and are announced during the commencement ceremony.

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Explanatory Notes

Undergraduate Nursing: Seminar and Practicum. Until 1989, required baccalaureate nursing courses were offered to students in an established sequential pattern with each course building upon the previous one. The College of Nursing philosophy was that basic nursing concepts can be applied to any clinical setting during any quarter of the curriculum. Students were expected to integrate the basic science principles and their nursing application into any clinical setting. Thus, the clinical practicum experience was not offered in a sequential pattern. By graduation however, each student had gained experience in six major clinical nursing areas - medicine, surgery, pediatrics, obstetrics, psychiatry, and community.

Clinical Medicine. The number of weeks of clinical experience are reflected on the transcript and should not be interpreted as credit hours.

Official Transcript
Rush University

Name: Mr. Curt E Liebman

Soc Sec #: [REDACTED]

Student ID: 477

----- Summer 1981 -----								----- Winter 1983 (cont.) -----									
FAM 601	Core Clerkship: Family Practice						4.00	P	MED 611	Clin Cardiovascular Medicine						4.00	P
SUR 605	Anesthesiology						2.00	P	2/7-2/25								
	attempt	earn	pass	gpa	hrs	gpa	pts	gpa	attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
ses	0.00	6.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	10.00	0.00	0.00	0.00	0.00	0.00	
cum	0.00	6.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	73.00	73.00	0.00	0.00	0.00	0.00	0.00	
----- Fall 1981 -----								----- Spring 1983 -----									
MED 601	Core Clerkship: Intern. Medicine						12.00	P	PSY 601	Core Clerkship: Psychiatry						6.00	P
	attempt	earn	pass	gpa	hrs	gpa	pts	gpa	attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	6.00	0.00	0.00	0.00	0.00	0.00	
cum	0.00	18.00	18.00	0.00	0.00	0.00	0.00	0.00	0.00	79.00	79.00	0.00	0.00	0.00	0.00	0.00	
----- Winter 1982 -----								----- Spring 1982 -----									
OBG 601	Core Clerkship: Obetetr. & Gyne.						8.00	H	SUR 601	Core Clerkship: Surgery						12.00	P
MED 631	Clin Gastroenterology						4.00	P									
	attempt	earn	pass	gpa	hrs	gpa	pts	gpa									
ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	0.00									
cum	0.00	30.00	30.00	0.00	0.00	0.00	0.00	0.00									
----- Summer 1982 -----								----- Fall 1982 -----									
RAD 000	Radiology Elective						3.00	P	PED 601	Core Clerkship: Pediatrics						4.00	P
	6/21-7/9 U Of Mn								DRM 616	Dermatology						4.00	P
MED 615	Emergency Medicine						2.00	H									
	7/19-7/31 Mt Sinai Hosp-Chicago																
RAD 601	Diagnostic Radiology						4.00	P									
PED 601	Core Clerkship: Pediatrics						4.00	P									
	attempt	earn	pass	gpa	hrs	gpa	pts	gpa									
ses	0.00	13.00	13.00	0.00	0.00	0.00	0.00	0.00									
cum	0.00	55.00	55.00	0.00	0.00	0.00	0.00	0.00									
----- Winter 1983 -----								----- To be continued -----									
SUR 657	Prin Ophthalmic Exam						2.00	P									
	1/3-1/15																

Jelesca Gaszy
Office of the Registrar

06/27/95

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 95 JUN 30 AM 9:25
 OK STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

Official transcripts are printed on green paper. The Family Educational Rights and Privacy Act of 1974 prohibits the release of this information without the student's written consent.

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Number 11917 Name Curt E. Liebman Sex M

Date of Birth [REDACTED] Place of Birth Louisville, Kentucky

Parent or Guardian and Address Mr. & Mrs. Martin M. Liebman [REDACTED]

Secondary School and Address Parkway North Senior High St Louis, MO Date Graduated 6-74

Degree A. B. Date Graduated 5-23-78

Rank in Class 131/275 Cumulative Average 3.28

Major(s) BIOLOGY

Status: in good standing unless otherwise indicated

55 JUL 21 AM 9:13
 OK MEDICAL DIVISION
 AND [REDACTED]

Dept.	No.	Course Title	Cr.	Grade
Credit Granted:		C.E.E.B. Adv Placement Exam:		
		Math Calculus AB	6	sem cr

Dept.	No.	Course Title	Cr.	Grade
-------	-----	--------------	-----	-------

LIEBMAN, CURT E
 500686132 1ST SEM 76/77

BIO	331	GENETICS	4	B
BIO	333	EXPER GENETICS	2	A
CHEM	221	ORGANIC CHEM	4	A
PHYS	121	FOUND OF MOD PHYS	4	A

11917 1ST SEMESTER 74-75

TUTOR	100	M. FARADAY'S DIARY	4	CR
MATH	133R	CALCULUS II	4	A
PHYS	116C	UNIVERSE & ITS STRUC	4	B
SCCIG	197	TOP: SOCIOLOGY OF ME	4	B

LIEBMAN, CURT E
 500686132 2ND SEM 76/77

CHEM	222	ORGANIC CHEM	4	A-
BIO	337	COMP ANAT	4	B-
PHYS	122	FOUND OF MOD PHYS	4	A-
RELST	216	CONTEMP RELIGIOUS TH	4	B

11917 2ND SEMESTER 74-75

BIO	201	VERTEBRATE PHYSIO	1	B
BIO	201	ANIMAL MORPHOGENESIS	1	B-
BIO	201	VERT. ANAT & MORPH	1	B
BIO	201	POP. ECOLOGY	1	B
CHEM	130	INORG & ANAL CHEM	4	A-
MATH	134	COMP PROG WKSHP	1	CR
MATH	231R	LINEAR ALGEBRA	4	B
MUSIC	250	SPEC TOP: SYMBOLISM	4	A

LIEBMAN, CURT E
 500686132 1ST SEM 77/78

ECON	111	INTRO TO ECON	4	A
CHEM	346	BIO CHEM	3	B-
POLSC	103	AMER POL PROCESS	4	CR
BIO	343	ELECTRON MICRO	4	A

2ND SEM 77/78

EDUC	221	EDUCATIONAL PSYCHOLOGY	4	A-
ENG	226	AMER CIVILIZATION II	4	B-
BIO	359	CELL PHYSIOLOGY	4	B
BIO	397	Ind.Proj.: Effects of Aflatoxin B ₁	4	A

LIEBMAN, CURT E
 500686132 1ST SEM 75/76

ART	111	INTRO TO ART	4	B
BIO	201	CELL METABO & BIOENE	1	A
BIO	201	BIOCHEM GENETICS	1	A-
BIO	201	CELL STRUC & DYNAMIC	1	A
BIO	201	MENDELIAN INHERITANC	1	A
MATH	234	MATH STAT	4	B-

LIEBMAN, CURT E
 500686132 2ND SEM 75/76

BIO	201	POP GEN & EVOL MECH	1	B
MATH	222	DIFF EQUATIONS	4	B
ANTHR	215	MECH OF HUMAN ADAPTA	4	B
BIO	365	MICROBIOLOGY	4	A-
BIO	201	MORPH OF NON-VASCULA	1	C
PHIL	135	INTRO TO PHIL	4	B-
PHYED	100	PHYS ED ACTIVITY	1	CR

This transcript is subject to the Family Education Rights and Privacy Act of 1974 and is provided to you on the condition that you will not permit any other party to have access to this information without written consent of the individual concerned.

Valid only if college seal applied

Dated 7/28/95

Roger J. [Signature]

REGISTRAR
9-74

4639

NAME Curt E. Lietman Number Sex M

Date of Birth [Redacted]

Parent or Guardian and Address

Secondary School and Address Date Graduated

Degree Date Graduated
 Rank in Class Cumulative Average
 Major(s)
 Status: in good standing unless otherwise indicated

Dept.	No.	Course Title	Cr.	Grade
RUSH MEDICAL		COLLEGE PHASE I PROGRAM,	1978-79	
Chem	346	Biological Chemistry	4	CR
Biol	351	Human Nutrition	2	CR
Biol	366	Intro to Immunology	2	CR
GRMS	401	Clinical Tutorial	2	CR
GRMS	403	Behavioral Science	2	CR
Biol	411	Gross Anatomy	6	CR
Biol	413	Medical Embryology	2	CR
Biol	459	Metabolic Physiology	5	CR
Biol	412	Anat, Extremities	2	CR
GRMS	401	Clinical Tutorial	2	CR
GRMS	403	Behavioral Science	2	CR
Biol	418	Microscopic Anatomy	0	A.C.
Biol	421	Human Physiology	6	CR
Biol	424	Pharmacology	4	CR
GRMS	426	Prev Medicine Part II	2	CR
Biol	465	Medical Microbiology	4	CR

Dept.	No.	Course Title	Cr.	Grade

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 OK TO SIGNATURE OF
 MEDICAL BOARD
 AND SUPERVISION

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Valid only if college seal applied

Dated 7/28/95

Raymond

REGISTRAR 6-78

FORM #2 (MD)

Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256, Oklahoma City, OK 73154-0256

RECEIVED

95 JUL -1 AM 11:38

VERIFICATION OF COMPLETED POST-GRADUATE TRAINING

NAME OF APPLICANT Curt Eliot Liebman, M.D.
(type or print)

OK STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PROGRAM SPECIALTY--CIRCLE ONE OR CHECK TRANSITIONAL (refer to codes on back)

- A ABS ADL AI AM AN BE BLB CD CDS CHN CHP CLP
- CRS D DIA DMF **DR** EM END FOP FP GE GER GP GPM
- GS GYN HEM HNS HS HYP ID IG IM LAR LM MFS N
- NA ND NEP NM NPM NR NS NTR OBG OBS OM ON OPH
- ORS OS OT OTO P PA PD PDA PDC PDE PDR PDS PH
- PHO PM PNP PS PTH PUD PYA PYM R RHI RHU RIP TR
- TRS TS U

TRANSITIONAL OR ROTATING YEAR 1983-1987

POST-GRADUATE YEAR LEVEL (circle one) 1 2 3 **4** 5 6

NAME OF PROGRAM DIRECTOR: Jalil Farah, M.D.

NAME OF INSTITUTION SPONSORING PROGRAM William Beaumont Hosp.
Royal Oak (city) MI (state)

DATE ENTERED: 7/1/83
mo day yr

DATE COMPLETED: 6/30/87
mo day yr

TYPE OF PROGRAM (check one):
ACGME APPROVED RESIDENCY: FELLOWSHIP: _____ INTERNSHIP: _____
NON-APPROVED RESIDENCY: _____ CLERKSHIP: _____ OTHER: _____
If "OTHER", give brief explanation: _____

A Certificate of Training was _____ was not _____ issued as proof of completion of said training.
Attached is a certified copy of the certificate issued.

Curt Eliot Liebman, M.D.
(print or type name of applicant)

[Signature]
(signature of applicant)

To my knowledge this applicant performed satisfactorily in this program, and there was no disciplinary action outstanding or pending against this applicant. I know of no reason this individual should not be licensed to practice medicine.

INSTITUTION
SEAL

KENNETH MATASAR, M.D.
(print or type name of program director)

[Signature]
(signature of program director)

I have information that should be reviewed by the licensing agency in its deliberations leading to licensure.

INSTITUTION
SEAL

(print or type name of program director)

(signature of program director)

MD1TWO.PM3

4639

ADL	Adolescent Medicine	PD	Pediatrics
AM	Aerospace Medicine	PDA	Pediatrics, Allergy
A	Allergy	PDC	Pediatrics, Cardiology
AI	Allergy and Immunology	PA	Pharmacology, Clinical
AN	Anesthesiology	PM	Physical Med & Rehab
BLB	Bloodbanking	P	Psychiatry
BE	Broncho-Esophagology	CHP	Psychiatry, Child
CD	Cardiovascular Diseases	PYA	Psychoanalysis
D	Dermatology	PYM	Psychosomatic Medicine
DMP	Dermapathology	PH	Public Health
DIA	Diabetes	PUD	Pulmonary Diseases
EM	Emergency Medicine	RIP	Radioisotopic Pathology
END	Endocrinology	R	Radiology
FP	Family Practice	DR	Radiology, Diagnostic
GE	Gastroenterology	PDR	Radiology, Pediatric
GP	General Practice	TR	Radiology, Therapeutic
GPM	General Preventive Med	RHU	Rheumatology
GER	Geriatrics	RHI	Rhinology
GO	Gynecological Oncology	ABS	Surgery, Abdominal
GYN	Gynecology	CDS	Surgery, Cardiovascular
HEM	Hematology	CRS	Surgery, Colon & Rectal
HYP	Hypnosis	GS	Surgery, General
IG	Immunology	HS	Surgery, Hand
ID	Infectious Diseases	HNS	Surgery, Head & Neck
IM	Internal Medicine	NS	Surgery, Neurological
LAR	Laryngology	ORS	Surgery, Orthopedic
LM	Legal Medicine	PDS	Surgery, Pediatric
MFM	Maternal and Fetal Medicine	PS	Surgery, Plastic
MFS	Maxillofacial Surgery	TS	Surgery, Thoracic
NPM	Neonatal-Perinatal Med.	TRS	Surgery, Traumatic
ND	Neoplastic Diseases	U	Surgery, Urological
NEP	Nephrology	VS	Surgery, Vascular
N	Neurology		
CHN	Neurology-Child		
NA	Neuropathology	OS	Other, i.e., physician designated a specialty other than those noted above.
NM	Nuclear Medicine		
NR	Nuclear Radiology		
NTR	Nutrition		
OBS	Obstetrics		
OBG	Obstetrics & Gynecology		
OM	Occupational Medicine		
ON	Oncology		
OPH	Ophthalmology		
OT	Otology		
OTO	Otorhinolaryngology		
PTH	Pathology		
CLP	Pathology, Clinical		
FOP	Pathology, Forensic		
PDE	Pediatric Endocrinology		
PHO	Pediatric Hematology-Onc		
PNP	Pediatric Nephrology		

MDI/RMBPMS

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MEDICAL OFFICE OF
MEDICAL LICENSURE
AND REGISTRATION

William Beaumont Hospital Royal Oak, Michigan

4639

This certifies that

Curt Liebman, M. D.

has served as

Resident in Diagnostic Radiology

from July 1, 1983 to June 30, 1987

J. Howell Duggan
Chairman, Board of Trustees

James J. ...
Chief of Service



K. H. ...
Hospital Director

...
Medical Director

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P.O. Box 18256, Oklahoma City, OK 73154-0256

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95 AUG 30 AM 9:28
OK 5/15
MEDICAL BOARD OF OKLAHOMA

PROGRAM SPECIALTY--CIRCLE ONE OR CHECK TRANSITIONAL (refer to codes on back)

A	ABS	ADL	AI	AM	AN	BE	BLB	CD	CDS	CHN	CHP	CLP
CRS	D	DIA	DMP	DR	EM	END	FOP	FP	GE	GER	GP	GPM
GS	GYN	HEM	HNS	HS	HYP	ID	IG	IM	LAR	LM	MFS	N
NA	ND	NEP	NM	NPM	NR	NS	NTR	OBG	OBS	OM	ON	OPH
ORS	OS	OT	OTO	P	PA	PD	PDA	PDC	PDE	PDR	PDS	PH
PHO	PM	PNP	PS	PTH	PUD	PYA	PYM	R	RHI	RHU	RIP	TR
TRS	TS	U										

TRANSITIONAL OR ROTATING YEAR 7/1/87 to 6/31/88

POST-GRADUATE YEAR LEVEL (circle one) 1 2 3 4 **(5)** 6

NAME OF PROGRAM DIRECTOR: Martin Lipton, M.D.

NAME OF INSTITUTION SPONSORING PROGRAM University of Chicago Hospitals
Chicago IL
(city) (state)

DATE ENTERED: 7 / 1 / 87
mo day yr

DATE COMPLETED: 6 / 31 / 88
mo day yr

TYPE OF PROGRAM (check one):

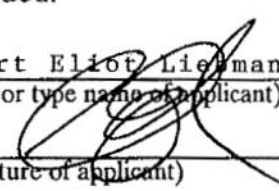
ACGME APPROVED RESIDENCY: _____ FELLOWSHIP: X INTERNSHIP: _____

NON-APPROVED RESIDENCY: _____ CLERKSHIP: _____ OTHER: _____

If "OTHER", give brief explanation: _____

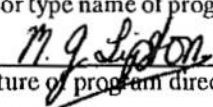
A Certificate of Training was X was not _____ issued as proof of completion of said training. Attached is a certified copy of the certificate issued.

Curt Eliot Liebman, M.D.
(print or type name of applicant)


(signature of applicant)

To my knowledge this applicant performed satisfactorily in this program, and there was no disciplinary action outstanding or pending against this applicant. I know of no reason this individual should not be licensed to practice medicine.

Martin J. Lipton, M.D.
(print or type name of program director)


(signature of program director)

INSTITUTION
SEAL

I have information that should be reviewed by the licensing agency in its deliberations leading to licensure.

(print or type name of program director)

(signature of program director)

INSTITUTION
SEAL

ADL	Adolescent Medicine	PD	Pediatrics
AM	Aerospace Medicine	PDA	Pediatrics, Allergy
A	Allergy	PDC	Pediatrics, Cardiology
AI	Allergy and Immunology	PA	Pharmacology, Clinical
AN	Anesthesiology	PM	Physical Med & Rehab
BLB	Bloodbanking	P	Psychiatry
BE	Broncho-Esophagology	CHP	Psychiatry, Child
CD	Cardiovascular Diseases	PYA	Psychoanalysis
D	Dermatology	PYM	Psychosomatic Medicine
DMP	Dermapathology	PH	Public Health
DIA	Diabetes	PUD	Pulmonary Diseases
EM	Emergency Medicine	RIP	Radioisotopic Pathology
END	Endocrinology	R	Radiology
FP	Family Practice	DR	Radiology, Diagnostic
GE	Gastroenterology	PDR	Radiology, Pediatric
GP	General Practice	TR	Radiology, Therapeutic
GPM	General Preventive Med	RHU	Rheumatology
GER	Geriatrics	RHI	Rhinology
GO	Gynecological Oncology	ABS	Surgery, Abdominal
GYN	Gynecology	CDS	Surgery, Cardiovascular
HEM	Hematology	CRS	Surgery, Colon & Rectal
HYP	Hypnosis	GS	Surgery, General
IG	Immunology	HS	Surgery, Hand
ID	Infectious Diseases	HNS	Surgery, Head & Neck
IM	Internal Medicine	NS	Surgery, Neurological
LAR	Laryngology	ORS	Surgery, Orthopedic
LM	Legal Medicine	PDS	Surgery, Pediatric
MFM	Maternal and Fetal Medicine	PS	Surgery, Plastic
MFS	Maxillofacial Surgery	TS	Surgery, Thoracic
NPM	Neonatal-Perinatal Med.	TRS	Surgery, Traumatic
ND	Neoplastic Diseases	U	Surgery, Urological
NEP	Nephrology	VS	Surgery, Vascular
N	Neurology		
CHN	Neurology-Child	OS	Other, i.e., physician designated a specialty other than those noted above.
NA	Neuropathology		
NM	Nuclear Medicine		
NR	Nuclear Radiology		
NTR	Nutrition		
OBS	Obstetrics		
OBG	Obstetrics & Gynecology		
OM	Occupational Medicine		
ON	Oncology		
OPH	Ophthalmology		
OT	Otology		
OTO	Otorhinolaryngology		
PTH	Pathology		
CLP	Pathology, Clinical		
FOP	Pathology, Forensic		
PDE	Pediatric Endocrinology		
PHO	Pediatric Hematology-Onc		
PNP	Pediatric Nephrology		

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF RADIOLOGY

This certifies that

Curt E. Liebman, M.D.

has faithfully and satisfactorily served as

Instructor in Angiography / Interventional Radiology

July 1, 1987 through June 30, 1988

RECEIVED
95 AUG 30 AM 9:29
OK OFFICE OF THE
MEDICAL DEPARTMENT
AND RADIOLOGY

Sandra J. Wesolowski
8-24-95

"OFFICIAL SEAL"
SANDRA J. WESOLOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 6/1/97

M. J. Lipton
Chairman



[Signature]
Dear

TOTAL P.02

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Licensure Files \ 06/30/1985 - 12/18/2012 \ 10/01/1996 - 11/01/1996 \ 05504 - 19573 \ 19573 \ Page 0026 (front)
NOTE: This image is below archival standards.

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

Email form to: Licensing@okmedicalboard.org

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

Verification of Graduate Medical Education

Applicant's Name Curt Eliot Liebman

Institution: William Beaumont Hospital City/State Royal Oak, MI

Training Level: (e.g. 1, 2, 3, etc.) R1 Specialty/Subspecialty Diagnostic Radiology From: 07/01/1983 To: 06/30/1984

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

Training Level: (e.g. 1, 2, 3, etc.) R2 Specialty/Subspecialty Diagnostic Radiology From: 7/1/84 To: 6/30/85

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

Training Level: (e.g. 1, 2, 3, etc.) R3 Specialty/Subspecialty _____ From: 7/1/85 To: 6/30/86

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

Training Level: (e.g. 1, 2, 3, etc.) R4 Specialty/Subspecialty _____ From: 7/1/86 To: 6/30/87

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

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

Please attach separate document for "YES" response(s) from above

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

Name: Heidi Gorske Signature Heidi Gorske

Title of _____ Signature Date 4/3/2024

Signatory: GME Program Manager

Phone: 248-898-7266 Fax: _____ E-Mail: heidi.gorske@corewellhealth.org

Email form to: Licensing@okmedicalboard.org

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

Verification of Graduate Medical Education

Applicant's Name Curt Eliot Liebman

Institution: University of Chicago Hospital City/State Chicago, IL

Training Level: (e.g. 1, 2, 3, etc.)	<u>6</u>	Specialty/Subspecialty	<u>Interventional Radiology</u>	From:	<u>7</u> / <u>1</u> / <u>1987</u>	To:	<u>6</u> / <u>30</u> / <u>1988</u>
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research Successfully Completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS							
Accredited By: <input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input checked="" type="checkbox"/> None of these							

Training Level: (e.g. 1, 2, 3, etc.)	<u> </u>	Specialty/Subspecialty	<u> </u>	From:	<u> </u> / <u> </u> / <u> </u>	To:	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Successfully Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS							
Accredited By: <input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> None of these							


Training Level: (e.g. 1, 2, 3, etc.)	<u> </u>	Specialty/Subspecialty	<u> </u>	From:	<u> </u> / <u> </u> / <u> </u>	To:	<u> </u> / <u> </u> / <u> </u>
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Training Level: (e.g. 1, 2, 3, etc.)	<u> </u>	Specialty/Subspecialty	<u> </u>	From:	<u> </u> / <u> </u> / <u> </u>	To:	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Successfully Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS							
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- | | | | |
|----|--|------------------------------|--|
| 1. | Did this individual ever take a leave of absence or break from his/her training? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. | Was this individual ever placed on probation? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3. | Was this individual ever disciplined or placed under investigation? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 4. | Were there any negative reports for behavioral reasons ever filed by instructors? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. | Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Please attach separate document for "YES" response(s) from above

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

Name: Rakesh Navuluri MD Signature 

Title of Signatory: Program Director Signature Date 4/15/2024

Phone: 773-702-9662 Fax: _____ E-Mail: VERONIKASALAS@UCHICAGO.EDU



1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Detailed License Verification

Queried on: Thursday, April 11, 2024 at: 2:02 PM

General Information

Name: Curt Eliot Liebman, M.D.

Specialty: Diagnostic Radiology

Address Information

Mailing Address: 6844 Bardstown Road

Address 2: Suite 140

City/State/Zip: Louisville, KY 40291

Phone: (502) 653-7072

Fax:

Home State: KY

License Information

License Number: E-0755
Original Issue Date: 6/4/2021
Expiration Date: 10/31/2024
License Status: Active
License Category: Unlimited

**PRIMARY
SOURCE**

License Number: E-0755
Original Issue Date: 3/8/1996
Expiration Date: 3/1/1997
License Status: Inactive
License Category: Expired

RCVD 4/11/2024
19573
MT

Appearance: Yes

Reason: Licensure

Date of Action: 6/4/2021

Minutes:

LIEBMAN, Curt Eliot, M.D. appeared before the Board for reinstatement of his medical license. Upon on a motion by J. Scribner seconded by R. Branman, the Board voted to grant Dr. Liebman's request. The Board additionally voted to check the Prescription Drug Monitoring Program and review Dr. Liebman's prescribing at six and twelve months. There were two votes opposed.

**PRIMARY
SOURCE**

RCVD 4/11/2024
19573
MT



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340 • Little Rock, AR 72201 • (501) 296-1802 • Fax (501) 296-1972
www.armedicalboard.org

CERTIFICATION

Curt Eliot Liebman, M.D.

I, Amy E. Embry, Executive Director of the Arkansas State Medical Board, do hereby certify that the enclosed Certification of the above referenced practitioner is true and correct as the same that appears on file in this office.

Witness my hand and official seal of the Board,

this 11th Day of April, 2024.

ARKANSAS STATE MEDICAL BOARD

BY:

A handwritten signature in black ink that reads "Amy E. Embry".

**Amy E. Embry
Executive Director**





MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

April 1, 2024

**PRIMARY
SOURCE**

Oklahoma Board of Medical Licensure &
Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

To Whom It May Concern:

This is to certify that as of April 1, 2024, the records of the Medical Board of California (Board) indicate the following information:

Physician:	CURT ELIOT LIEBMAN
License Number:	G148616
Issued Date:	April 11, 2017
Exam Type:	A Written Examination
Expiration Date:	October 31, 2024
License Status:	Current
Board Discipline and/or Administrative Action:	Yes

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor
Deputy Director

RCVD 4/1/2024
19573
MT

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)
Against:)
)
)
CURT ELIOT LIEBMAN, M.D.)
)
Physician's and Surgeon's)
Certificate No. G148616)
)
Respondent)
_____)

Case No. 800-2018-048755

DECISION

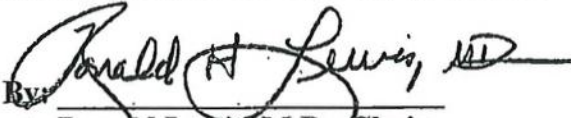
The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 21, 2019.

IT IS SO ORDERED May 22, 2019.

MEDICAL BOARD OF CALIFORNIA

PRIMARY
SOURCE

By: 
Ronald Lewis, M.D., Chair
Panel A

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APR 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 EMILY L. BRINKMAN
Deputy Attorney General
4 State Bar No. 219400
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3374
6 Facsimile: (415) 703-5843
E-mail: Emily.Brinkman@doj.ca.gov
7 *Attorneys for Complainant*

PRIMARY
SOURCE

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APR 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2018-048755

14 **CURT ELIOT LIEBMAN, M.D.**
2461 Santa Monica Blvd. Ste. 108
15 Santa Monica, CA 90404-2138

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate**
17 **No. G148616**

Respondent.

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
23 of California (Board). She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Emily L. Brinkman,
25 Deputy Attorney General.

26 2. Respondent Curt Eliot Liebman, M.D. (Respondent) is representing himself in this
27 proceeding and has chosen not to exercise his right to be represented by counsel.

28 \\\

1 3. On or about April 11, 2017, the Board issued Physician's and Surgeon's Certificate
2 No. G148616 to Curt Eliot Liebman, M.D. (Respondent). The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 800-2018-048755, and will expire on October 31, 2020, unless renewed.

5 JURISDICTION

6 4. Accusation No. 800-2018-048755 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on December 12, 2018. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2018-048755 is attached as exhibit A and incorporated
11 herein by reference.

12 ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, and understands the charges and allegations in
14 Accusation No. 800-2018-048755. Respondent has also carefully read, and understands the
15 effects of this Stipulated Settlement and Disciplinary Order.

16 7. Respondent is fully aware of his legal rights in this matter, including the right to a
17 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at
18 his own expense; the right to confront and cross-examine the witnesses against him; the right to
19 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel
20 the attendance of witnesses and the production of documents; the right to reconsideration and
21 court review of an adverse decision; and all other rights accorded by the California
22 Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9. Respondent admits the truth of each and every charge and allegation in Accusation
27 No. 800-2018-048755.

28 ≡

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

1 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
2 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
3 Disciplinary Order below.

4 CONTINGENCY

5 11. This stipulation shall be subject to approval by the Medical Board of California.
6 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
7 Board of California may communicate directly with the Board regarding this stipulation and
8 settlement, without notice to or participation by Respondent. By signing the stipulation,
9 Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the
10 stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this
11 stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of
12 no force or effect, except for this paragraph, it shall be inadmissible in any legal action between
13 the parties, and the Board shall not be disqualified from further action by having considered this
14 matter.

15 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
16 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
17 signatures thereto, shall have the same force and effect as the originals.

18 13. In consideration of the foregoing admissions and stipulations, the parties agree that
19 the Board may, without further notice or formal proceeding, issue and enter the following
20 Disciplinary Order:

21 DISCIPLINARY ORDER

22 IT IS HEREBY ORDERED that Respondent Curt Eliot Liebman, M.D., Physician's and
23 Surgeon's Certificate No. G148616, is publicly reprimanded pursuant to California Business and
24 Professions Code section 2227, subdivision (a)(4). This public reprimand is issued in connection
25 with the discipline imposed by the Kentucky Board of Medical Licensure, as set forth in
26 Accusation No. 800-2018-048755.

27 PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of
28 this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by

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APR 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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SOURCE

1 the Board or its designee. Respondent shall provide the approved course provider with any
2 information and documents that the approved course provider may deem pertinent. Respondent
3 shall participate in and successfully complete the classroom component of the course not later
4 than six (6) months after Respondent's initial enrollment. Respondent shall successfully
5 complete any other component of the course within one (1) year of enrollment. The prescribing
6 practices course shall be at Respondent's expense and shall be in addition to the Continuing
7 Medical Education (CME) requirements for renewal of licensure.

8 A prescribing practices course taken after the acts that gave rise to the charges in the
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
10 or its designee, be accepted towards the fulfillment of this condition if the course would have
11 been approved by the Board or its designee had the course been taken after the effective date of
12 this Decision.

13 Respondent shall submit a certification of successful completion to the Board or its
14 designee not later than 15 calendar days after successfully completing the course, or not later than
15 15 calendar days after the effective date of the Decision, whichever is later.

16 ACCEPTANCE

17 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the
18 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this
19 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
20 to be bound by the Decision and Order of the Medical Board of California.

21
22 DATED:

4.12.19



23 Curt Eliot Liebman, M.D.
Respondent

24 III

25 III

26 III

27 III

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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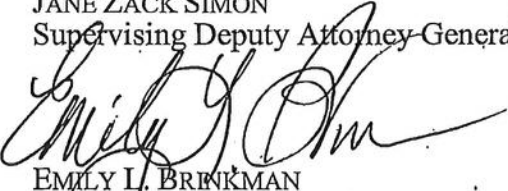
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 4/12/2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General


EMILY L. BRINKMAN
Deputy Attorney General
Attorneys for Complainant

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MEDICAL LICENSURE
AND SUPERVISION

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APR 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

Exhibit A

Accusation No. 800-2018-048755

1 XAVIER BECERRA
 Attorney General of California
 2 JANE ZACK SIMON
 Supervising Deputy Attorney General
 3 EMILY L. BRINKMAN
 Deputy Attorney General
 4 State Bar No. 219400
 455 Golden Gate Avenue, Suite 11000
 5 San Francisco, CA 94102-7004
 Telephone: (415) 510-3374
 6 Facsimile: (415) 703-5843
 E-mail: Emily.Brinkman@doj.ca.gov
 7 *Attorneys for Complainant*

FILED
 STATE OF CALIFORNIA
 MEDICAL BOARD OF CALIFORNIA
 SACRAMENTO December 12, 2018
 BY *[Signature]* ANALYST

8
 9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 **PRIMARY**
SOURCE

13 In the Matter of the Accusation Against:
 14 **Curt Eliot Liebman, M.D.**
 2461 Santa Monica Blvd. Ste. 108
 15 Santa Monica, CA 90404-2138
 16 Physician's and Surgeon's Certificate
 No. G 148616,
 17 Respondent.

Case No. 800-2018-048755
ACCUSATION

18 **RECEIVED**
 APR 19 2024
 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

19
 20 **PARTIES**

- 21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
 22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
 23 Affairs (Board).
 24 2. On or about April 11, 2017, the Medical Board issued Physician's and Surgeon's
 25 Certificate Number G 148616 to Curt Eliot Liebman, M.D. (Respondent): The Physician's and
 26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
 27 herein and will expire on October 31, 2020, unless renewed.

28 ∞

JURISDICTION

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3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 141 of the Code states:

“(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

“(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country.”

6. Section 2305 of the Code states:

“The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state.”

∥∥

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CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Other Jurisdiction)

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7. On August 9, 2018, the Kentucky Board of Medical Licensure (Kentucky Board) issued an Emergency Order of Restriction that prohibited Respondent from prescribing, dispensing or professionally utilizing controlled substances following the issuance of a felony indictment for trafficking controlled substances. Respondent eventually pled guilty to a misdemeanor violation of possession of a controlled substance not in its original container. The facts related to the criminal case indicate that in 2015, Respondent diverted six hydrocodone tablets and two oxycodone tablets that had been prescribed to him by another doctor and provided these pills, along with marijuana, to a friend suffering from knee pain from an old football injury. A copy of the Kentucky Board Order and related documents are attached as Exhibit A.

8. On October 18, 2018, the Kentucky Board and Respondent entered into an Agreed Order placing Respondent's license to practice medicine on probation for five years with terms and conditions effective immediately. The Agreed Order was based on Respondent's guilty plea and conduct related to diverting pain medication and marijuana. As part of Respondent's probation he is required to complete and pass the *ProBe* Program, an ethics program, through the Center for Personalized Education for Physicians

9. Respondent's conduct and the actions of the Kentucky Board as set forth in paragraphs 7 and 8, above, constitute unprofessional conduct within the meaning of section 2305 and conduct subject to discipline within the meaning of section 141 of the Code.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 148616, issued to Curt Eliot Liebman, M.D.;
2. Revoking, suspending or denying approval of Curt Eliot Liebman, M.D.'s authority to supervise physician assistants and advanced practice nurses;

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1 3. Ordering Curt Eliot Liebman, M.D., if placed on probation, to pay the Board the costs
2 of probation monitoring; and

3 4. Taking such other and further action as deemed necessary and proper.
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5 DATED: December 12, 2018

Kimberly Kirchmeyer
6 KIMBERLY KIRCHMEYER
7 Executive Director
8 Medical Board of California
9 Department of Consumer Affairs
10 State of California
11 Complainant

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EXHIBIT A

Kentucky Board of Medical Licensure Documents

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AND SUPERVISION

FILED OF RECORD

OCT 18 2018

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Hearing Panel A, and Curt E. Liebman, M.D., ("the licensee"), and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, hereby ENTER INTO the following AGREED ORDER:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, the licensee diverted eight (8) pain pills (specifically six (6) hydrocodone tablets and two (2) oxycodone tablets) that had been prescribed to the licensee by his treating physician and provided marijuana to a friend who complained of knee pain from an old football injury.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

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1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER**:

1. The license to practice medicine held by Curt E. Liebman, M.D., is hereby **PLACED ON PROBATION FOR A PERIOD OF FIVE (5) YEARS**, with that period of probation to become effective immediately upon the filing of this Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license **SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS**:
 - a. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to enroll in the *ProBe* Program offered through the Center for Personalized Education for Physicians (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at the earliest time;

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- i. The licensee SHALL complete and "unconditionally pass" the *ProBe* Program at the time and date(s) scheduled, at his expense and as directed by CPEP's staff;
 - ii. The licensee SHALL provide the Board's staff with written verification that he has completed and "unconditionally passed" CPEP's *ProBe* Program, promptly after completing the program;
 - iii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBe* Program to the Board's Legal Department promptly after their completion;
 - b. Pursuant to KRS 311.565(1)(v), the licensee SHALL submit payment of a FINE in the amount of one-thousand dollars (\$1,000) to the Board within six (6) months from the date of entry of this Agreed Order; and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly understands and agrees that the Board SHALL NOT consider any request to modify or terminate this Agreed Order unless and until he unconditionally passes the *ProBe* Program and satisfies the fine in full.
4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed

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AND SUPERVISION

Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

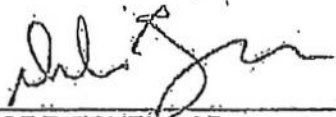

- 5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 10th day of OCTOBER, 2018.

FOR THE LICENSEE:


 CURT E. LIEBMAN, M.D.

 BRIAN GOOD, ESQ.
 COUNSEL FOR THE LICENSEE

FOR THE BOARD:


 DALE E. TONEY, M.D.
 CHAIR, HEARING PANEL A

 LEANNE K. DIAKOV
 General Counsel
 Kentucky Board of Medical Licensure
 310 Whittington Parkway, Suite 1B
 Louisville, Kentucky 40222
 (502) 429-7150

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AND SUPERVISION

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WAIVER OF RIGHTS

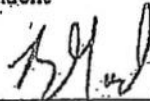
I, Curt E. Liebman, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1875, I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 *et seq*, and I will have the right to raise any objections normally available in such proceedings.

Executed this 10th day of OCTOBER, 2018.



CURT E. LIEBMAN, M.D.
Respondent



BRIAN GOOD, ESQ.
COUNSEL FOR THE RESPONDENT

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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

FILED OF RECORD

AUG 09 2018

K.B.M.L.
IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

COMPLAINT

Comes now the Complainant Randel C. Gibson, D.O., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel B, and on behalf of the Panel which met on July 19, 2018, states for its Complaint against the licensee, Curt E. Liebman, M.D., as follows:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, a confidential source received marijuana and pain pills from the licensee after complaining of knee pain from an old football injury. Task force officers recovered evidence including 36.6 grams of suspected marijuana, two (2) 2mg hydromorphone pills, and five (5) 5mg oxycodone tablets.
4. On or about March 28, 2018, the licensee was indicted on one (1) count of trafficking a Schedule II controlled substance, being Hydromorphone (less than ten (10) dosage units), a Class D felony, and one (1) count of trafficking a Schedule II controlled substance, being Oxycodone (less than ten (10) dosage units), a Class D felony.
5. On or about May 21, 2018, the above charges were amended to charges of possession of a controlled substance not in original container, Class-B misdemeanors, and the licensee entered pleas of guilty.

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6. On or about March 28, 2018, a no true bill was returned on a count of trafficking a Schedule I hallucinogen, being marijuana (less than eight (8) ounces), a Class A misdemeanor.
7. Simultaneous to the issuance of this Complaint, an Emergency Order of Restriction was issued against the licensee's license to practice medicine in the Commonwealth of Kentucky, restricting him from prescribing, dispensing or otherwise utilizing controlled substances in the practice of medicine.
8. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, legal grounds exist for disciplinary action against his license to practice medicine in the Commonwealth of Kentucky.
9. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:
 - (a) His failure to respond may be taken as an admission of the charges;
 - (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.
10. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for October 23, 2018, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

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WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine in the Commonwealth of Kentucky held by Curt E. Liebman, M.D.

This 9th day of August, 2018.

Randel C. Gibson, D.O.

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B.

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 810 Hickman Hill Road, Frankfort, Kentucky 40601; and copies were mailed via certified mail return-receipt requested to the licensee, Curt E. Liebman, M.D., License No. 26066, 702 Executive Park, Louisville, Kentucky 40207, and to his counsel, Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1B, Louisville, Kentucky 40207 on this 9th day of August, 2018.

Leanne K. Diakov

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, considered this matter on July 19, 2018. At that meeting, Inquiry Panel B considered a memorandum from John Lewis, Medical Investigator, dated June 15, 2018; a memorandum from Michael S. Rodman, Executive Director Kentucky Board of Medical Licensure, dated April 16, 2018; a Commonwealth of Kentucky Jefferson Circuit Court, Criminal Division Indictment, filed March 28, 2018; an email from TRO Joshua Filson, Drug Enforcement Administration, dated May 1, 2018; a Jefferson Circuit Court Waiver of Court's Consideration of Pre-Sentence Investigative Report Prior to Sentencing, signed May 21, 2018; correspondence from Michael W. Oylar, Reed Weitkamp Schell & Vice, PLLC, dated April 24, 2018; and correspondence from Brian Good, the licensee's counsel, dated May 31 and June 6, 2018.

Having considered this information and being sufficiently advised, Inquiry Panel B ENTERS the following EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to him, Inquiry Panel B concludes there is probable cause to make the following Findings of Fact, which support this Emergency Order of Restriction:

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1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, a confidential source received marijuana and pain pills from the licensee after complaining of knee pain from an old football injury. Task force officers recovered evidence including 36.6 grams of suspected marijuana, two (2) 2mg hydromorphone pills, and five (5) 5mg oxycodone tablets.
4. On or about March 28, 2018, the licensee was indicted on one (1) count of trafficking a Schedule II controlled substance, being Hydromorphone (less than ten (10) dosage units), a Class D felony, and one (1) count of trafficking a Schedule II controlled substance, being Oxycodone (less than ten (10) dosage units), a Class D felony.
5. On or about May 21, 2018, the above charges were amended to charges of possession of a controlled substance not in original container, Class B misdemeanors, and the licensee entered pleas of guilty.
6. On or about March 28, 2018, a no true bill was returned on a count of trafficking a Schedule I hallucinogen, being marijuana (less than eight (8) ounces), a Class A misdemeanor.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Restriction:

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1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and (12).
4. The Inquiry Panel concludes there is probable cause to believe this licensee's practice constitutes a danger to the health, welfare and safety of patients or the general public.
5. The Board may draw logical and reasonable inferences about a licensee's practice by considering certain facts about a licensee's practice. If there is proof that a licensee has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the licensee will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a licensee's practice presents representative proof of the nature of that licensee's practice in general. Accordingly, probable cause to believe that the licensee has committed certain violations in the recent past presents probable cause to believe that the licensee will commit similar violations in the near future, during the course of the licensee's medical practice.

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6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Hornar, 520 U.S. 924 (1997), 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).
7. KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel B hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Curt E. Liebman, M.D., is RESTRICTED and Dr. Liebman is prohibited from PRESCRIBING, DISPENSING OR PROFESSIONALLY UTILIZING CONTROLLED SUBSTANCES until the Board's hearing panel has finally resolved the Complaint or until such further Order of the Board. Inquiry Panel B further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 9th day of August, 2018.

**PRIMARY
SOURCE**

Randel C. Gibson, D.O.

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B


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MEDICAL LICENSURE
AND SUPERVISION

CERTIFICATE OF SERVICE

I certify that the original of this emergency order was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed via certified mail return-receipt requested to the licensee, Curt E. Liebman, M.D., License No. 26066, 702 Executive Park, Louisville, Kentucky 40207, and to his counsel, Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 on this 9th day of August, 2018.



Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

April 01, 2024

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

**PRIMARY
SOURCE**

RE: License Certification for Curt Eliot Liebman

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME131558
ORIGINAL CERTIFICATION:	03/07/2017
EXPIRATION DATE:	01/31/2025
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	Yes

This license information was last updated on: 04/01/2024

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5. A copy of this request is being forwarded to the Central Records Unit for research and response regarding the existence of any disciplinary activity. Any information resulting from this research will be provided to your office in a separate mailing.



FILED DATE DEC 17 2019
Department of Health

By: Annie Mann
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

CURT LIEBMAN, M.D.,

Respondent.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

DOH CASE NO.: 2018-21744

LICENSE NO.: ME0131558

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FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(2), Florida Statutes, on December 6, 2019, in Altamonte Springs, Florida, for consideration of the Administrative Complaint (attached hereto as Exhibit A) in the above-styled cause pursuant to Respondent's Election of Rights. At the hearing, Petitioner was represented by Corynn Alberto, Assistant General Counsel. Respondent was present but was not represented by counsel. The facts are not in dispute.

Upon consideration, it is ORDERED:

1. The allegations of fact set forth in the Administrative Complaint are approved and adopted and incorporated herein by reference as the findings of fact by the Board.

2. The conclusions of law alleged and set forth in the Administrative Complaint are approved and adopted and

incorporated herein by reference as the conclusions of law by the Board.

3. The violations set forth warrant disciplinary action by the Board.

THEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

Respondent shall be and is hereby issued a letter of concern by the Board.

RULING ON MOTION TO ASSESS COSTS

The Board reviewed the Petitioner's Motion to Assess Costs and imposes the costs associated with this case in the amount of \$128.17. Said costs are to be paid within 30 days from the date this Final Order is filed.

(NOTE: SEE RULE 64B8-8.0011, FLORIDA ADMINISTRATIVE CODE. UNLESS OTHERWISE SPECIFIED BY FINAL ORDER, THE RULE SETS FORTH THE REQUIREMENTS FOR PERFORMANCE OF ALL PENALTIES CONTAINED IN THIS FINAL ORDER.)

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 13th day of December, 2019.

BOARD OF MEDICINE

Claudia Kemp

Claudia Kemp, J.D., Executive Director
For Steven Rosenberg, M.D., Chair

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to CURT LIEBMAN, M.D., 2461 Santa Monica Boulevard, Suite 108, Santa Monica, California 90404; and 11502 Braiden Place, Louisville, Kentucky 40291; by email to Allison Dudley, Assistant General Counsel, Department of Health, at Allison.Dudley@flhealth.gov; and by email to Edward A. Tellechea, Chief Assistant Attorney General, at Ed.Tellechea@myfloridalegal.com; and Donna C. McNulty, Special Counsel, at Donna.McNulty@myfloridalegal.com this 17th day of December, 2019.

PRIMARY
SOURCE

Anne Mores
Deputy Agency Clerk

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APR 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO.: 2018-21744

CURT LIEBMAN, M.D.

Respondent.

_____ /

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, files this Administrative Complaint before the Board of Medicine against Respondent, Curt Liebman, M.D., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of Medicine pursuant to section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed physician within the state of Florida, having been issued license number ME 131558.
3. Respondent's address of record is 2461 Santa Monica Boulevard, Suite 108, Santa Monica, California 90404.

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SOURCE**

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

4. At all times material to this Complaint, Respondent was licensed to practice medicine in the state of Kentucky, having been issued license number 26066.

5. The Kentucky Board of Medical licensure ("Kentucky Board") is the licensing authority charged with regulating the practice of medicine in the state of Kentucky.

6. On or about October 10, 2018, Respondent entered into an Agreed Order with the Kentucky Board, which was offered in response to or in anticipation of the filing of administrative charges against Respondent's Kentucky medical license.

7. The terms of the Agreed Order provided that Respondent's license to practice medicine in Kentucky be placed on probation for five (5) years; that Respondent enter, complete, and pass the *Probe* program; and that Respondent pay a fine of \$1,000.00.

8. The Agreed Order and penalty provided therein became effective on or about October 18, 2018.

9. The Agreed Order constitutes disciplinary action taken against Respondent's Kentucky Medical license, by the Kentucky Board.

10. Section 458.331(1)(b), Florida Statutes (2018), subjects a licensee to discipline for having the license or authority to practice medicine

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MEDICAL LICENSURE
AND SUPERVISION

revoked, suspended, or otherwise acted against, by the licensing authority of any jurisdiction. The licensing authority's acceptance of a consent order offered in response to or in anticipation of the filing of administrative charges against the physician's license shall be construed as action against the physician's license.

11. The Kentucky Board took action against Respondent's license or authority to practice medicine in the state of Kentucky by accepting the Agreed Order, which became effective on October 18, 2018.

12. Based on the foregoing, Respondent violated section 458.331(1)(b), Florida Statutes (2018), by having his license or authority to practice medicine in the state of Kentucky acted against by the licensing authority of the state of Kentucky, via the October 18, 2018 Agreed Order.

WHEREFORE, Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial action and/or any other relief that the Board deems appropriate.

[Signature appears on following page.]

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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SIGNED this 19th day of July, 2019.

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Annelle M... ..*

DATE: JUL 19 2019

Corynn Alberto for

Katelyn R. Boswell
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar Number 124413
(P) 850-558-9865
(F) 850-245-4684
(E) Katelyn.Boswell@flhealth.gov

PCP Date: July 19, 2019

PCP Members: Georges El-Bahri, M.D.; Jorge Lopez, M.D; Brigitte Goersh

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MEDICAL LICENSURE
AND SUPERVISION

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NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

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

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Vision: To be the **Healthiest State** in the Nation

April 01, 2024

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

RE: License Certification for Curt Eliot Liebman

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME131558
ORIGINAL CERTIFICATION:	03/07/2017
EXPIRATION DATE:	01/31/2025
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	Yes

This license information was last updated on: 04/01/2024

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5. A copy of this request is being forwarded to the Central Records Unit for research and response regarding the existence of any disciplinary activity. Any information resulting from this research will be provided to your office in a separate mailing.

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MEDICAL LICENSURE
AND SUPERVISION



Florida Department of Health
Division of Medical Quality Assurance • Bureau of Operations
4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL
32399-3251
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

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STATE OF FLORIDA
BOARD OF MEDICINE

Final Order No. DOH-19-1931-~~FOT~~-MQA

FILED DATE DEC 17 2019
Department of Health

By: Aimee Maus
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2018-21744
LICENSE NO.: ME0131558

CURT LIEBMAN, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(2), Florida Statutes, on December 6, 2019, in Altamonte Springs, Florida, for consideration of the Administrative Complaint (attached hereto as Exhibit A) in the above-styled cause pursuant to Respondent's Election of Rights. At the hearing, Petitioner was represented by Corynn Alberto, Assistant General Counsel. Respondent was present but was not represented by counsel. The facts are not in dispute.

Upon consideration, it is ORDERED:

1. The allegations of fact set forth in the Administrative Complaint are approved and adopted and incorporated herein by reference as the findings of fact by the Board.
2. The conclusions of law alleged and set forth in the Administrative Complaint are approved and adopted and

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incorporated herein by reference as the conclusions of law by the Board.

3. The violations set forth warrant disciplinary action by the Board.

THEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

Respondent shall be and is hereby issued a letter of concern by the Board.

RULING ON MOTION TO ASSESS COSTS

The Board reviewed the Petitioner's Motion to Assess Costs and imposes the costs associated with this case in the amount of \$128.17. Said costs are to be paid within 30 days from the date this Final Order is filed.

(NOTE: SEE RULE 64B8-8.0011, FLORIDA ADMINISTRATIVE CODE. UNLESS OTHERWISE SPECIFIED BY FINAL ORDER, THE RULE SETS FORTH THE REQUIREMENTS FOR PERFORMANCE OF ALL PENALTIES CONTAINED IN THIS FINAL ORDER.)

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 13th day of December, 2019.

BOARD OF MEDICINE

Claudia Kemp
Claudia Kemp, J.D., Executive Director
For Steven Rosenberg, M.D., Chair

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MEDICAL LICENSURE
AND SUPERVISION

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NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

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Annie Mauer
Deputy Agency Clerk

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO.: 2018-21744

CURT LIEBMAN, M.D.

Respondent.

ADMINISTRATIVE COMPLAINT

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MEDICAL LICENSURE
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4. At all times material to this Complaint, Respondent was licensed to practice medicine in the state of Kentucky, having been issued license number 26066.

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MEDICAL LICENSURE
AND SUPERVISION

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[Signature appears on following page.]

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OKLAHOMA STATE BOARD OF
MEDICAL LIFESCIENCE
AND SUPPLEMENTAL

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mt

SIGNED this 19th day of July, 2019.

Corynn Alberto for

Katelyn R. Boswell
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar Number 124413
(P) 850-558-9865
(F) 850-245-4684
(E) Katelyn.Boswell@flhealth.gov

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Janice Morris*

DATE: JUL 19 2019

PCP Date: July 19, 2019

PCP Members: Georges El-Bahri, M.D.; Jorge Lopez, M.D; Brigitte Goersh

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MEDICAL LICENSURE
AND SUPERVISION

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NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

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HAWAII MEDICAL BOARD
STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469, HONOLULU, HAWAII 96801-3469

OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISOR

101 NE 51ST STREET
OKLAHOMA CITY, OK, 73105-1821

04/16/24

RE: Verification of License/Exam Scores Dated 04/16/24 for Curt Eliot Liebman

Board/Commission: HAWAII MEDICAL BOARD

License Type: PHYSICIAN

License Identification: MD-23914-0

Method of Licensure: N - National Board Exam, National Certification or Regional Exam

Date Licensed: 09/18/23

License Status: C - Current, Valid & In Good Standing

License Expiration Date: 01/31/26

Privilege:

Classifications (If applicable):

Disciplinary Action: NONE

According to our Complaint Records which date back to 1985:

No derogatory information is on file

The attached information is on file concerning this Licensee

Certified By:

/s/ Ahlani K. Quiogue

EXECUTIVE OFFICER

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MEDICAL LICENSURE
AND SUPERVISION

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Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
CURT E LIEBMAN MD	Louisville, KY 40291	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036075158	LICENSED PHYSICIAN AND SURGEON	ACTIVE	06/11/1987	02/26/2024	07/31/2026	Y

PRIMARY SOURCE

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33*****46	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	09/02/1987	09/02/1987	07/31/1990	N

Disciplinary Actions

Click here (<https://www.idfpr.com/licenselookup/discipline.asp>) for definitions of the different types of disciplinary actions the Department may impose.

The Reason For Action from this Lookup dates back to January 1, 1990. Any actions and/or Reason For Action taken against a license prior to 1990 may not be displayed. Note that the Reason For Action is extracted from the Monthly Disciplinary Report. Therefore, the text in this column may not begin appearing until the report for the month/year the discipline was issued has been compiled.

Please Note: Reason for disciplinary actions which occurred for Real Estate professions prior to February 1, 2008 will not be listed here. Please contact the department for information regarding past Real Estate disciplines.

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MEDICAL LICENSURE
AND SUPERVISION

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Case Number	License Number	Action	Discipline Start Date	Discipline End Date	Reason for Action
2023010255	036075158	Reprimand	02/25/2024		physician and surgeon license is restored with reprimand due to an adverse action taken by the State of Kentucky in October 2018.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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Kentucky Board of Medical Licensure

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone (502) 429-7150
www.kbml.ky.gov

**PRIMARY
SOURCE**

Name: Curt E. Liebman M.D.
Address: 11502 Braiden Place
City, State Zip: Louisville, KY 40291
Phone: (502) 528-5700
License: 26066
Status: Active Physician
Expiration: 02/28/2025
Practice County: Jefferson
***Area of Practice:** Radiology
Type of Practice: Telemedicine
Year Licensed in KY: 07/01/1988
Medical School: Rush Medical College, Chicago
Year Graduated: 1983
Board Action: Previous Action

*The Board does not verify current specialties. For more information please see the American Board of Medical Specialties at: <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.



A handwritten signature in black ink that reads "Michael S. Rodman".

Michael S. Rodman, Executive Director

This is an official copy downloaded from the Kentucky Board of Medical Licensure website on 04/01/2024.



RCVD 4/1/2024
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KENTUCKY BOARD OF MEDICAL LICENSURE

Andy Beshear
GOVERNOR

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

www.kbml.ky.gov
(502) 429-7150

Date: April 22, 2024

From: Tyra Johnson, Open Records Custodian

Via: email – MTeter@okmedicalboard.org

Re: Curt Liebman, M.D.

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SOURCE**

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

This record is certified not certified

Please find attached the document(s) you requested pursuant to the Kentucky Open Records Act. The Kentucky Board of Medical Licensure is a State agency which is responsible for maintaining the records concerning medical licensure pursuant to KRS 311.530.

Thank you for allowing us to be of assistance. If you require additional information, please do not hesitate to call our office.

CERTIFICATION

I, Tyra Johnson, custodian of the records for the Kentucky Board of Medical Licensure, hereby certify that the attached are true and exact copies of the documents on file with this office.

Tyra Johnson, Open Records Custodian

To: Mary Teter
Application Analyst
Oklahoma State Board of Medical Licensure & Supervision

BOARD SEAL



An Equal Opportunity Employer M/F/D

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mt

FILED OF RECORD

APR 23 2019

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH
OF KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066,
702 EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

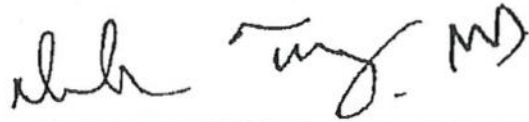
ORDER TERMINATING AGREED ORDER

At its April 18, 2019 meeting, the Kentucky Board of Medical Licensure, acting by and through its Inquiry Panel A considered a request by the licensee to terminate the terms and conditions imposed upon his Kentucky medical license by Agreed Order filed of record October 18, 2018.

In addition to the licensee's request, the Panel has considered a memorandum by the Board's General Counsel, dated March 28, 2019; the Agreed Order filed of record October 18, 2018; Center for Personalized Education for Professionals ("CPEP") PROBE Program Evaluation and Assessment Report, dated March 7, 2019; and the licensee's essay for the PROBE Program.

Having considered all of this information and being sufficiently advised, the Panel hereby GRANTS the licensee's request and **ORDERS** that the Agreed Order in this Case No. 1875 is hereby **TERMINATED**, effective immediately upon the filing of this Order.

SO ORDERED on this 23rd day of April, 2019.



DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL A

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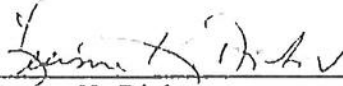
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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SOURCE

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Certificate of Service

I certify that the original of this Order Terminating Agreed Order was delivered to Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222 and copies were mailed to Curt E. Liebman, M.D., License No. 26066, 11502 Braiden Place, Louisville, Kentucky 40291 and Brian R. Good, Esq., Elder & Good PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 on this 23rd day of April, 2019.



Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
502/429-7150

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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FILED OF RECORD

OCT 18 2018

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and
through its Hearing Panel A, and Curt E. Liebman, M.D., ("the licensee"), and, based upon
their mutual desire to fully and finally resolve the pending complaint without an evidentiary
hearing, hereby ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this
Agreed Order:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice
medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, the licensee diverted eight (8) pain pills (specifically six (6)
hydrocodone tablets and two (2) oxycodone tablets) that had been prescribed to the
licensee by his treating physician and provided marijuana to a friend who
complained of knee pain from an old football injury.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal
bases for this Agreed Order:

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APR 22 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice medicine held by Curt E. Liebman, M.D., is hereby **PLACED ON PROBATION FOR A PERIOD OF FIVE (5) YEARS**, with that period of probation to become effective immediately upon the filing of this Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license **SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**
 - a. Within twenty (20) days of the filing of this Agreed Order, the licensee **SHALL** make all necessary arrangements to enroll in the *ProBe* Program offered through the Center for Personalized Education for Physicians (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at the earliest time;

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- i. The licensee SHALL complete and “unconditionally pass” the *ProBe* Program at the time and date(s) scheduled, at his expense and as directed by CPEP’s staff;
 - ii. The licensee SHALL provide the Board’s staff with written verification that he has completed and “unconditionally passed” CPEP’s *ProBe* Program, promptly after completing the program;
 - iii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBe* Program to the Board’s Legal Department promptly after their completion;
 - b. Pursuant to KRS 311.565(1)(v), the licensee SHALL submit payment of a FINE in the amount of one-thousand dollars (\$1,000) to the Board within six (6) months from the date of entry of this Agreed Order; and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly understands and agrees that the Board SHALL NOT consider any request to modify or terminate this Agreed Order unless and until he unconditionally passes the *ProBe* Program and satisfies the fine in full.
4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee’s practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board’s General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed

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Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

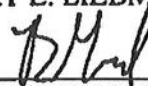
- 5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 10th day of OCTOBER, 2018.

FOR THE LICENSEE:




 CURT E. LIEBMAN, M.D.

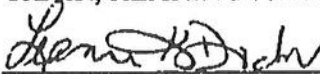


 BRIAN GOOD, ESQ.
 COUNSEL FOR THE LICENSEE

FOR THE BOARD:



 DALE E. TONEY, M.D.
 CHAIR, HEARING PANEL A



 LEANNE K. DIAKOV
 General Counsel
 Kentucky Board of Medical Licensure
 310 Whittington Parkway, Suite 1B
 Louisville, Kentucky 40222
 (502) 429-7150

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WAIVER OF RIGHTS

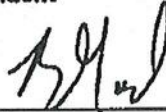
I, Curt E. Liebman, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1875. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 *et seq*, and I will have the right to raise any objections normally available in such proceedings.

Executed this 10th day of OCTOBER, 2018.



CURT E. LIEBMAN, M.D.
Respondent



BRIAN GOOD, ESQ.
COUNSEL FOR THE RESPONDENT

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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its
Inquiry Panel B, considered this matter on July 19, 2018. At that meeting, Inquiry Panel
B considered a memorandum from John Lewis, Medical Investigator, dated June 15, 2018;
a memorandum from Michael S. Rodman, Executive Director Kentucky Board of Medical
Licensure, dated April 16, 2018; [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] correspondence from Michael W. Oyler, Reed Weitkamp Schell & Vice,
PLLC, dated April 24, 2018; and correspondence from Brian Good, the licensee's counsel,
dated May 31 and June 6, 2018.

Having considered this information and being sufficiently advised, Inquiry Panel B
ENTERS the following EMERGENCY ORDER OF RESTRICTION, in accordance with
KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to him,
Inquiry Panel B concludes there is probable cause to make the following Findings of Fact,
which support this Emergency Order of Restriction:

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1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, a confidential source received marijuana and pain pills from the licensee after complaining of knee pain from an old football injury. [REDACTED]

[REDACTED]

[REDACTED]

4. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5. [REDACTED]

[REDACTED]

[REDACTED]

6. [REDACTED]

[REDACTED]

[REDACTED]

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Restriction:

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1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and (12).
4. The Inquiry Panel concludes there is probable cause to believe this licensee's practice constitutes a danger to the health, welfare and safety of patients or the general public.
5. The Board may draw logical and reasonable inferences about a licensee's practice by considering certain facts about a licensee's practice. If there is proof that a licensee has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the licensee will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a licensee's practice presents representative proof of the nature of that licensee's practice in general. Accordingly, probable cause to believe that the licensee has committed certain violations in the recent past presents probable cause to believe that the licensee will commit similar violations in the near future, during the course of the licensee's medical practice.

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6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 520 U.S. 924 (1997), 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

7. KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel B hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Curt E. Liebman, M.D., is RESTRICTED and Dr. Liebman is prohibited from PRESCRIBING, DISPENSING OR PROFESSIONALLY UTILIZING CONTROLLED SUBSTANCES until the Board's hearing panel has finally resolved the Complaint or until such further Order of the Board. Inquiry Panel B further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 9th day of August, 2018.

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Randel C. Gibson D.O.

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

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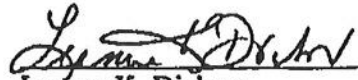
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CERTIFICATE OF SERVICE

I certify that the original of this emergency order was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed via certified mail return-receipt requested to the licensee, Curt E. Liebman, M.D., License No. 26066, 702 Executive Park, Louisville, Kentucky 40207, and to his counsel, Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 on this 9th day of August, 2018.



Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

FILED OF RECORD

AUG 09 2018

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

COMPLAINT

Comes now the Complainant Randel C. Gibson, D.O., Chair of the Kentucky Board
of Medical Licensure's Inquiry Panel B, and on behalf of the Panel which met on July 19,
2018, states for its Complaint against the licensee, Curt E. Liebman, M.D., as follows:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice
medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, a confidential source received marijuana and pain pills from the
licensee after complaining of knee pain from an old football injury. [REDACTED]

[REDACTED]

4. [REDACTED]

5. [REDACTED]

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6. [REDACTED]
[REDACTED]
[REDACTED]

7. Simultaneous to the issuance of this Complaint, an Emergency Order of Restriction was issued against the licensee's license to practice medicine in the Commonwealth of Kentucky, restricting him from prescribing, dispensing or otherwise utilizing controlled substances in the practice of medicine.

8. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, legal grounds exist for disciplinary action against his license to practice medicine in the Commonwealth of Kentucky.

9. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:

- (a) His failure to respond may be taken as an admission of the charges;
- (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.

10. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for October 23, 2018, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

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WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine in the Commonwealth of Kentucky held by Curt E. Liebman, M.D.

This 9th day of August, 2018.

Randel C. Gibson DO

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 810 Hickman Hill Road, Frankfort, Kentucky 40601; and copies were mailed via certified mail return-receipt requested to the licensee, Curt E. Liebman, M.D., License No. 26066, 702 Executive Park, Louisville, Kentucky 40207, and to his counsel, Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1B, Louisville, Kentucky 40207 on this 9th day of August, 2018.

Leanne K. Diakov

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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License Look Up

4/19/2024 5:10 PM

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AND SUPERVISION

Curt Eliot Liebman	
License Number	35.131236
Status	Inactive
Sub-Status	Revocation
Board	Medical Board
License Type	Doctor of Medicine (MD)
Compact/Multi-State Eligible	
License Issue Date	05/02/2017
License Expiration Date	12/01/2020
License Effective Date	07/02/2018
City	Santa Monica
State	CA
Country	
Board Action	Yes

Board Action Details 09/09/2020 BOARD ORDER - License to practice medicine and surgery revoked, and subject to a one thousand dollar (\$1,000.00) fine. Based on the finding that when the doctor failed to disclose prior misdemeanor and/or felony convictions in his renewal application; and based on the prior actions by the Kentucky Board of Medical Licensure, which issued a 10/10/2018 Agreed Order, and a 5/22/2019 Decision and Order by the California Medical Board, Department of Consumer Affairs, those actions individually and/or collectively constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand; and also making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any license or certificate to practice issued by the board. Order effective 9/10/2020. (Journal Entry-No Hearing Requested).

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11/13/19 CITATION - Based on the doctor's submission of a 7/2/2018 renewal application, in which the doctor failed to disclose prior misdemeanor and/or felony convictions; and based on the prior actions by the Kentucky Board of Medical Licensure, which issued a 10/10/2018 Agreed Order, that placed the doctor's license on probation, and by the California Medical Board, which issued a 5/22/2019 Decision and Order which reprimanded the doctor and required completion of prescribing courses. All of the doctor's actions, as alleged, would individually and/or collectively constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand; and also making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any license or certificate to practice issued by the board. Notice of opportunity for a hearing mailed 11/14/2019.

Current date & time: 4/19/2024 5:10 PM

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

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State Medical Board of

Ohio

Page 202 of 415

30 E. Broad St., 3rd Floor

Columbus, Ohio 43215

(614) 466-3934

www.med.ohio.gov

September 9, 2020

Curt Eliot Liebman, M.D.
2461 Santa Monica Blvd., Suite 108
Santa Monica, CA 90404

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APR 25 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

RE: Case No. 19-CRF-0169

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Dear Dr. Liebman:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on September 9, 2020.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Any such appeal must be filed in accordance with all requirements specified in Section 119.12, Ohio Revised Code, and must be filed with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within (15) days after the date of mailing of this notice.

THE STATE MEDICAL BOARD OF OHIO

Kim G. Rothermel, M.D.

Secretary

KGR:jam
Enclosures

CERTIFIED MAIL NO. 91 7199 9991 7038 7110 5064
RETURN RECEIPT REQUESTED

Mailed 9-10-2020

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APR 25 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on September 9, 2020, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Curt Eliot Liebman, M.D., Case No. 19-CRF-0169, as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.



Kim G. Rothermel, M.D.
Secretary

(SEAL)

September 9, 2020

Date

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BEFORE THE STATE MEDICAL BOARD OF OHIO

PRIMARY SOURCE

IN THE MATTER OF :
: Case No. 19-CRF-0169
CURT ELIOT LIEBMAN, M.D. :

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APR 25 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

FINDINGS, ORDER AND JOURNAL ENTRY

This matter came on for consideration before the State Medical Board of Ohio on September 9, 2020, pursuant to a Notice of Opportunity for Hearing issued to Curt Eliot Liebman, M.D., on November 13, 2019. No request for hearing having been received within the statutorily mandated time period, Hearing Examiner Kimberly A. Lee, Esq., on behalf of the Board, reviewed and summarized evidence supporting the Notice, and prepared Proposed Findings and a Proposed Order.

WHEREFORE, having reviewed Ms. Lee's Proposed Findings and Proposed Order, which is attached hereto and incorporated herein, the Board hereby adopts the Proposed Findings and Proposed Order.

It is hereby ORDERED that:

- A. **REVOCATION:** The license of Curt Eliot Liebman, M.D., to practice medicine and surgery in the State of Ohio shall be REVOKED.
- B. **FINE:** Within thirty days of the effective date of this Order, Dr. Liebman shall remit payment in full of a fine of one thousand dollars (\$1,000.00). Such payment shall be made via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Kim G. Rothermel, M.D. /SMC
Kim G. Rothermel, M.D.
Secretary

(SEAL)

September 9, 2020
Date

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STATE MEDICAL BOARD OF OHIO

RECEIVED:

August 14, 2020

BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Matter of

*

Case No. 19-CRF-0169

PRIMARY SOURCE

Curt Eliot Liebman, M.D.,

*

Respondent.

*

Hearing Examiner Lee

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PROPOSED FINDINGS AND PROPOSED ORDER

APR 25 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Basis for Review:

Notice of Opportunity for Hearing: In a notice of opportunity for hearing dated November 13, 2019 ("Notice"), the State Medical Board of Ohio ("Board") notified Curt Eliot Liebman, M.D., that it intended to determine whether to take disciplinary action against his license. The Board based its proposed action on allegations that, on or about October 10, 2018, the Kentucky Board of Medical Licensure ("Kentucky Board") issued an Agreed Order ("Kentucky Agreed Order") which placed Dr. Liebman's Kentucky license on probation for five years and required that he complete and pass a program through the Center for Personalized Education for Physicians. The Board further alleged that, on or about May 22, 2019, with an effective date of June 21, 2019, the California Medical Board, Department of Consumer Affairs ("California Board") issued a Decision and Order which adopted a Stipulated Settlement and Disciplinary Order ("California Order") and which publicly reprimanded Dr. Liebman and required him to take a prescribing practices course. The Board further alleged that Dr. Liebman answered "No" to a question on his July 2018 Ohio license renewal application asking if he had pled guilty to any misdemeanor or felonies when, in fact, he had pled guilty in May 2018 to two counts of Possession of a Controlled Substance Not in Original Container.

The Board further alleged that the Kentucky Agreed Order and California Order, individually and/or collectively, constitute "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Ohio Revised Code Section ("R.C.") 4731.22(B)(22).

The Board further alleged that Dr. Liebman's acts, conduct, and/or omissions regarding his July 2018 renewal application constitute "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any license or certificate to practice issued by the board," as that clause is used in R.C. 4731.22(B)(5). (Exhibits ("Exs.") 1, 1.A)

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Matter of Curt Eliot Liebman, M.D.
Case No. 19-CRF-0169

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OKLAHOMA STATE BOARD OF
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AND SUPERVISION

No Request for Hearing: On November 14, 2019, the Board mailed the Notice by certified mail, return receipt requested, to Dr. Liebman at his address of record. Documentation from the United States Postal Services shows that the Notice was delivered to Dr. Liebman's address of record on November 20, 2019. The Board's Chief Legal Counsel attested in a sworn affidavit dated February 26, 2020, that the Board, as of the date of the affidavit, the Board had not received a request for hearing from Dr. Liebman. (Exs. 1, 1.B)

Request for Proposed Findings and Proposed Order: In a memorandum dated March 13, 2020, the Assistant Legal Counsel requested that a hearing examiner review the evidence as provided and prepare a report of Proposed Findings and Proposed Order. (Ex. 4)

Evidence Examined:

Exhibit 1: February 26, 2020 Affidavit of Kimberly C. Anderson, Chief Legal Counsel, regarding service of the Notice on Dr. Liebman and attesting that the thirtieth and final day to request a hearing was December 16, 2019, and that no request for a hearing had been received as of the date of the affidavit. Ms. Anderson further authenticated the following documents:

Exhibit 1.A: Copy of the Notice dated November 13, 2019 (mailed November 14, 2019) sent by the Board by certified mail, return receipt requested, to Dr. Liebman's address of record.

Exhibit 1.B: Copy of the United States Postal Service certified mail confirmation and associated tracking documentation for the Notice sent to Dr. Liebman's address of record.

Exhibit 2: February 19, 2020 Affidavit of Mitchell Alderson, Chief of Licensure, who certified Dr. Liebman's address of record and the status of his Ohio license to practice medicine and surgery.

Exhibit 3: July 23, 2020 Affidavit of Mark R. Blackmer, Enforcement Attorney, attesting to his role in the investigation of Dr. Liebman. Mr. Blackmer further attached the following documents:

Exhibit 3.A: Certified copy of the Kentucky Board's formal action documents regarding Dr. Liebman including an August 9, 2018 Complaint, August 9, 2018 Emergency Order of Restriction, and the Kentucky Agreed Order.

Exhibit 3.B: Certified copy of Dr. Liebman's July 2, 2018 application for renewal of a license to practice medicine in Ohio.

Exhibit 3.C: Certified copy of documents obtained by the Board from the California Board including the California Order

Exhibit 3.D: Copy of a January 23, 2019 letter from attorney Brian R. Good to Dr. Liebman

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Exhibit 4: March 13, 2020 Memorandum from Colin G. DePew, Assistant Legal Counsel, attaching the above-referenced exhibits and requesting a report of Proposed Findings and Proposed Order.

PROPOSED FINDINGS

1. Curt Eliot Liebman, M.D., was first licensed to practice medicine and surgery in Ohio in May 2017. His license is currently active.

This proposed finding is supported by the following evidence: Ex. 2; Ohio eLicense Center, <<https://elicense.ohio.gov/>>, search terms “Curt,” and “Liebman,” accessed July 31, 2020

2. On August 9, 2018, the Kentucky Board issued an Emergency Order of Restriction against Dr. Liebman, a radiologist, based on information that, in or around 2015, Dr. Liebman had given marijuana and pain pills to an individual who complained about knee pain from an old football injury and that, in May 2018, Dr. Liebman pleaded guilty to misdemeanor charges of possession of a controlled substance not in original container. The Emergency Order of Restriction prohibited Dr. Liebman from prescribing, dispensing, or professionally utilizing controlled substances until further order by the Kentucky Board. The Kentucky Board simultaneously issued a Complaint against Dr. Liebman with the same allegations.

On October 10, 2018, Dr. Liebman and the Kentucky Board entered into the Kentucky Agreed Order, in which he stipulated to the following facts:

In or around 2015, the licensee diverted eight (8) pain pills (specifically six (6) hydrocodone tablets and two (2) oxycodone tablets) that had been prescribed to the licensee by his treating physician and provided marijuana to a friend who complained of knee pain from an old football injury.

Further, the Kentucky Agreed Order placed Dr. Liebman on probation for five years and required that he complete and unconditionally pass the *ProBe* Program at the Center for Personalized Education for Physicians (“CPEP”). It further required him to pay a \$1,000 fine.

This proposed finding is supported by the following evidence: Ex. 3, 3.A

3. On May 22, 2019, and effective June 21, 2019, the California Board issued the California Order in which Dr. Liebman was publicly reprimanded and required to enroll and successfully complete a California Board-approved prescribing practices course. The California Order was based on the Kentucky Board’s Order of Emergency Restriction and the Kentucky Agreed Order.

This proposed finding is supported by the following evidence: Ex. 3, 3.C

4. On July 2, 2018, Dr. Liebman filed an application to renew his Ohio license. Dr. Liebman answered “No” to the following question: At any time since signing your last application

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Matter of Curt Eliot Liebman, M.D.
Case No. 19-CRF-0169

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for renewal of your certificate have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?

This proposed finding is supported by the following evidence: Ex. 3, 3.B

5. On January 23, 2019, Brian R. Good, an attorney in Kentucky, wrote a letter to Dr. Liebman which included an explanation of the Kentucky Agreed Order that Dr. Liebman could share with those he deemed appropriate. This letter was provided to Enforcement Attorney Mark R. Blackmer in June 2019 by Dr. Liebman's representative. In pertinent part, the letter states:

On May 21, 2018, Dr. Liebman pleaded guilty two [sic] counts of Possession of Controlled Substance Not In Original Container, a Class B Misdemeanor. As per the plea agreement, Dr. Liebman was required to pay a \$500 fine, which has been paid in full. In addition, the Commonwealth agreed to set aside his guilty plea 60 days from the date of the plea and dismiss the charges so long as he remained law abiding. The court dismissed the case on or about July 23, 2018 and entered an expungement order on September 21, 2018. In short, Dr. Liebman no longer stands convicted of any crime, he has no criminal record, and there is no public record of the criminal case. Moreover, the Kentucky Board of Medical Licensure resolved the matter with a probationary period containing no restrictions on his day to day practice of medicine.

The letter also states that Dr. Liebman gave his friend the marijuana as well as the tablets of hydrocodone and oxycodone in March 2015.

This proposed finding is supported by the following evidence: Ex. 3, 3.D

6. The Kentucky Agreed Order, as described in Proposed Finding 2 above, constitutes "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in R.C. 4731.22(B)(22).

As the conduct underlying the Kentucky Agreed Order occurred prior to September 29, 2015, the Board is not authorized under R.C. 4731.225 to impose a fine for this violation.

7. The California Order, as described in Proposed Finding 3 above, constitutes "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the

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limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in R.C. 4731.22(B)(22).

As the conduct underlying the California Agreed Order occurred prior to September 29, 2015, the Board is not authorized under R.C. 4731.225 to impose a fine for this violation.

8. Dr. Liebman's acts, conduct, and/or omissions, as described in Proposed Findings 4 and 5 above, constitute "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any license or certificate to practice issued by the board," as that clause is used in R.C. 4731.22(B)(5).

Pursuant to R.C. 4731.225, the Board is authorized to impose a civil penalty for this violation. The Board's fining guidelines provide as follows:

Maximum Fine: \$18,000
Minimum Fine: \$ 1,000

RATIONALE

In March 2015, Dr. Liebman, a radiologist, gave a friend marijuana as well as oxycodone and hydrocodone. The oxycodone and hydrocodone had been prescribed to Dr. Liebman. In May 2018, Dr. Liebman pleaded guilty to misdemeanor charges of having controlled substances not in the original containers. Subsequently, the Kentucky Board entered into an Agreed Order which placed Dr. Liebman on probation for 5 years and required him to pass CPEP program. Similarly, the California Board issued an Order requiring Dr. Liebman to take a prescribing course.

While these facts show an instance in which Dr. Liebman had a significant lapse in judgment, this might not have resulted in significant disciplinary action. However, Dr. Liebman lied to the Board in his July 2018 renewal application. He falsely answered "No" to a question regarding whether he had pled guilty to any crimes. In fact, Dr. Liebman pleaded guilty to two misdemeanors crimes just two months prior to filing his renewal. The timing of the plea and the renewal application makes it impossible to grant Dr. Liebman the benefit of the doubt. Further, while Mr. Good's letter indicates that the court dismissed the case on July 23, 2018 and expunged Dr. Liebman's record in September 2018, both of these events were after Dr. Liebman provided the false answer on July 2, 2018. Finally, while he entered into consent agreements with the Kentucky and California Boards, Dr. Liebman did not even request a hearing before the Ohio Board to explain his actions.

Given Dr. Liebman's actions and failure to request a hearing, the proposed order includes the minimum fine as well as a non-permanent revocation. An indefinite suspension of his license

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Matter of Curt Eliot Liebman, M.D.
Case No. 19-CRF-0169

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AND SUPERVISION

until he has free and clear licenses in both Kentucky and California was considered, but Dr. Liebman has approximately three years remaining on his Kentucky probationary term and there is no indication that Dr. Liebman wishes to retain an Ohio license.

PROPOSED ORDER

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It is hereby ORDERED that:

- A. **REVOCATION:** The license of Curt Eliot Liebman, M.D., to practice medicine and surgery in the State of Ohio shall be REVOKED.
- B. **FINE:** Within thirty days of the effective date of this Order, Dr. Liebman shall remit payment in full of a fine of one thousand dollars (\$1,000.00). Such payment shall be made via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.



Kimberly A. Lee
Hearing Examiner

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November 13, 2019

Case number: 19-CRF- 0169

Curt Eliot Liebman, M.D.
2461 Santa Monica Boulevard, Suite 108
Santa Monica, CA 90404

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OKLAHOMA STATE BOARD OF
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Dear Doctor Liebman:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to grant or register or renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about October 10, 2018, the Kentucky Board of Medical Licensure issued an Agreed Order [October 2018 Kentucky Board Order], which placed your license in that State on probation for five years, and required you to complete and pass a program through the Center for Personalized Education for Physicians. The October 2018 Kentucky Board Order, a copy of which is attached and incorporated herein, related, in part, to your diverting eight pain pills that had been prescribed to you and providing marijuana to a friend who complained of knee pain.
- (2) On or about May 22, 2019, with an effective date of June 21, 2019, the California Medical Board, Department of Consumer Affairs, issued a Decision and Order [June 2019 California Board Order], which accepted and adopted a Stipulated Settlement and Disciplinary Order. The June 2019 California Board Order and the accompanying Stipulated Settlement publicly reprimanded you and required you to take a prescribing practices course. The June 2019 California Board Order and Stipulated Settlement, copies of which are attached hereto and incorporated herein, was based on the discipline imposed by the Kentucky Board of Medical Licensure.
- (3) In your responses to a request by the Board for additional information, in or around February 2019, May 2019, and June 2019, you and your representative provided the Board with certain information. This information included a January 23, 2019 letter from an attorney to you, indicating, in part, that on or about May 21, 2018, you had pled guilty to two counts of Possession of a Controlled Substance Not In Original Container; you paid a fine; it was agreed to set aside your guilty plea within 60 days so long as you remained law abiding; and the court subsequently dismissed the case on or about July 23, 2018.

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- (4) Previously, on or about July 2, 2018, you caused to be submitted to the Board an application for renewal of your license to practice medicine in Ohio [July 2, 2018 Ohio renewal application], and in the attestation clause you swore or affirmed that the information that you provided is "complete and correct."

In the "Questions" section of the July 2, 2018 Ohio renewal application, you answered "No" to a question, which asked:

At any time since signing your last application for renewal of your certificate have you been found guilty of, or pled guilty or no contest to, or received treatment in lieu of conviction of, a misdemeanor or felony?

In fact, on or about May 21, 2018, you pled guilty to two counts of Possession of a Controlled Substance Not In Original Container.

The October 2018 Kentucky Board Order as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

The June 2019 California Board Order as alleged in paragraph (2) above, constitutes "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (3) and (4) above, individually and/or collectively, constitute "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Furthermore, for any violations that occurred on or after September 29, 2015, the board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing

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and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

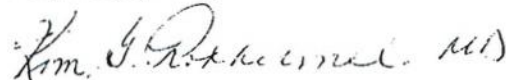
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to grant or register or renew or reinstate your certificate or license to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Kim G. Rothermel, M.D.
Secretary

KGR/MRB/br
Enclosures

CERTIFIED MAIL #91 7199 9991 7038 7114 2427
RETURN RECEIPT REQUESTED

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OCT 18 2018

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702 EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Hearing Panel A, and Curt E. Liebman, M.D., ("the licensee"), and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, the licensee diverted eight (8) pain pills (specifically six (6) hydrocodone tablets and two (2) oxycodone tablets) that had been prescribed to the licensee by his treating physician and provided marijuana to a friend who complained of knee pain from an old football injury.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

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1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER**:

1. The license to practice medicine held by Curt E. Liebman, M.D., is hereby **PLACED ON PROBATION FOR A PERIOD OF FIVE (5) YEARS**, with that period of probation to become effective immediately upon the filing of this Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license **SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS**:
 - a. Within twenty (20) days of the filing of this Agreed Order, the licensee **SHALL** make all necessary arrangements to enroll in the *ProBe* Program offered through the Center for Personalized Education for Physicians (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at the earliest time;

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- i. The licensee SHALL complete and "unconditionally pass" the *ProBe* Program at the time and date(s) scheduled, at his expense and as directed by CPEP's staff;
 - ii. The licensee SHALL provide the Board's staff with written verification that he has completed and "unconditionally passed" CPEP's *ProBe* Program, promptly after completing the program;
 - iii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBe* Program to the Board's Legal Department promptly after their completion;
- b. Pursuant to KRS 311.565(1)(v), the licensee SHALL submit payment of a FINE in the amount of one-thousand dollars (\$1,000) to the Board within six (6) months from the date of entry of this Agreed Order; and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly understands and agrees that the Board SHALL NOT consider any request to modify or terminate this Agreed Order unless and until he unconditionally passes the *ProBe* Program and satisfies the fine in full.
 4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed

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Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

- 5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 10th day of OCTOBER, 2018.

FOR THE LICENSEE:



CURT E. LIEBMAN, M.D.




BRIAN GOOD, ESQ.
COUNSEL FOR THE LICENSEE

FOR THE BOARD:



DALE E. TONEY, M.D.
CHAIR, HEARING PANEL A



LEANNE K. DIAKOV
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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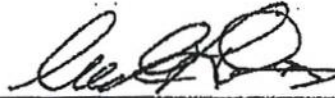
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WAIVER OF RIGHTS

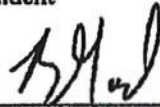
I, Curt E. Liebman, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1875. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 *et seq*, and I will have the right to raise any objections normally available in such proceedings.

Executed this 10th day of OCTOBER, 2018.



CURT E. LIEBMAN, M.D.
Respondent



BRIAN GOOD, ESQ.
COUNSEL FOR THE RESPONDENT

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OKLAHOMA STATE BOARD OF
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

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In the Matter of the Accusation)
Against:)

CURT ELIOT LIEBMAN, M.D.)

Case No. 800-2018-048755

Physician's and Surgeon's)
Certificate No. G148616)

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Respondent)

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OKLAHOMA STATE BOARD OF
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AND SUPERVISION

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 21, 2019.

IT IS SO ORDERED May 22, 2019.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, MD

Ronald Lewis, M.D., Chair
Panel A

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1 XAVIER BECERRA
 Attorney General of California
 2 JANE ZACK SIMON
 Supervising Deputy Attorney General
 3 EMILY L. BRINKMAN
 Deputy Attorney General
 4 State Bar No. 219400
 455 Golden Gate Avenue, Suite 11000
 5 San Francisco, CA 94102-7004
 Telephone: (415) 510-3374
 6 Facsimile: (415) 703-5843
 E-mail: Emily.Brinkman@doj.ca.gov
 7 Attorneys for Complainant

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AND SUPERVISION

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 9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 11

12
 13 In the Matter of the Accusation Against:

Case No. 800-2018-048755

14 **CURT ELIOT LIEBMAN, M.D.**
 2461 Santa Monica Blvd. Ste. 108
 15 Santa Monica, CA 90404-2138

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate**
No. G148616

Respondent.

17
 18
 19 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
 20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
 23 of California (Board). She brought this action solely in her official capacity and is represented in
 24 this matter by Xavier Becerra, Attorney General of the State of California, by Emily L. Brinkman,
 25 Deputy Attorney General.

26 2. Respondent Curt Eliot Liebman, M.D. (Respondent) is representing himself in this
 27 proceeding and has chosen not to exercise his right to be represented by counsel.

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1 3. On or about April 11, 2017, the Board issued Physician's and Surgeon's Certificate
2 No. G148616 to Curt Eliot Liebman, M.D. (Respondent). The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 800-2018-048755, and will expire on October 31, 2020, unless renewed.

5 JURISDICTION

6 4. Accusation No. 800-2018-048755 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on December 12, 2018. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2018-048755 is attached as exhibit A and incorporated
11 herein by reference.

12 ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, and understands the charges and allegations in
14 Accusation No. 800-2018-048755. Respondent has also carefully read, and understands the
15 effects of this Stipulated Settlement and Disciplinary Order.

16 7. Respondent is fully aware of his legal rights in this matter, including the right to a
17 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at
18 his own expense; the right to confront and cross-examine the witnesses against him; the right to
19 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel
20 the attendance of witnesses and the production of documents; the right to reconsideration and
21 court review of an adverse decision; and all other rights accorded by the California
22 Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9. Respondent admits the truth of each and every charge and allegation in Accusation
27 No. 800-2018-048755.

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APR 25 2024

STIPULATED SETTLEMENT (800-2018-048755)

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1 the Board or its designee. Respondent shall provide the approved course provider with any
2 information and documents that the approved course provider may deem pertinent. Respondent
3 shall participate in and successfully complete the classroom component of the course not later
4 than six (6) months after Respondent's initial enrollment. Respondent shall successfully
5 complete any other component of the course within one (1) year of enrollment. The prescribing
6 practices course shall be at Respondent's expense and shall be in addition to the Continuing
7 Medical Education (CME) requirements for renewal of licensure.

8 A prescribing practices course taken after the acts that gave rise to the charges in the
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
10 or its designee, be accepted towards the fulfillment of this condition if the course would have
11 been approved by the Board or its designee had the course been taken after the effective date of
12 this Decision.

13 Respondent shall submit a certification of successful completion to the Board or its
14 designee not later than 15 calendar days after successfully completing the course, or not later than
15 15 calendar days after the effective date of the Decision, whichever is later.

16 ACCEPTANCE

17 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the
18 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this
19 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
20 to be bound by the Decision and Order of the Medical Board of California.

21
22 DATED: 4.12.19 
23 Curt Eliot Liebman, M.D.
24 Respondent

24 III
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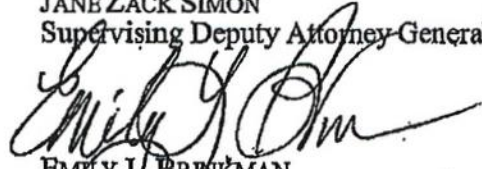
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 4/12/2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General


EMILY L. BRINKMAN
Deputy Attorney General
Attorneys for Complainant

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AND SUPERVISION**

Exhibit A

Accusation No. 800-2018-048755

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1 XAVIER BECERRA
Attorney General of California
2 JANÉ ZACK SIMON
Supervising Deputy Attorney General
3 EMILY L. BRINKMAN
Deputy Attorney General
4 State Bar No. 219400
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3374
6 Facsimile: (415) 703-5843
E-mail: Emily.Brinkman@doj.ca.gov
7 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 12, 2018
BY: [Signature] ANALYST

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2018-048755

14 **Curt Eliot Liebman, M.D.**
2461 Santa Monica Blvd. Ste. 108
15 Santa Monica, CA 90404-2138

ACCUSATION

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16 Physician's and Surgeon's Certificate
No: G 148616,

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17 Respondent.

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20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about April 11, 2017, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G 148616 to Curt Eliot Liebman, M.D. (Respondent): The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on October 31, 2020, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 141 of the Code states:

“(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

“(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country.”

6. Section 2305 of the Code states:

“The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state.”

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CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Other Jurisdiction)

7. On August 9, 2018, the Kentucky Board of Medical Licensure (Kentucky Board) issued an Emergency Order of Restriction that prohibited Respondent from prescribing, dispensing or professionally utilizing controlled substances following the issuance of a felony indictment for trafficking controlled substances. Respondent eventually pled guilty to a misdemeanor violation of possession of a controlled substance not in its original container. The facts related to the criminal case indicate that in 2015, Respondent diverted six hydrocodone tablets and two oxycodone tablets that had been prescribed to him by another doctor and provided these pills, along with marijuana, to a friend suffering from knee pain from an old football injury. A copy of the Kentucky Board Order and related documents are attached as Exhibit A.

8. On October 18, 2018, the Kentucky Board and Respondent entered into an Agreed Order placing Respondent's license to practice medicine on probation for five years with terms and conditions effective immediately. The Agreed Order was based on Respondent's guilty plea and conduct related to diverting pain medication and marijuana. As part of Respondent's probation he is required to complete and pass the ProBe Program, an ethics program, through the Center for Personalized Education for Physicians

9. Respondent's conduct and the actions of the Kentucky Board as set forth in paragraphs 7 and 8, above, constitute unprofessional conduct within the meaning of section 2305 and conduct subject to discipline within the meaning of section 141 of the Code.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 148616, issued to Curt Eliot Liebman, M.D.;
2. Revoking, suspending or denying approval of Curt Eliot Liebman, M.D.'s authority to supervise physician assistants and advanced practice nurses;

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3. Ordering Curt Eliot Liebman, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: December 12, 2018

Kimberly Kirchmeyer
KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

Kentucky Board of Medical Licensure Documents

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K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Hearing Panel A, and Curt E. Liebman, M.D., ("the licensee"), and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, hereby ENTER INTO the following AGREED ORDER:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, the licensee diverted eight (8) pain pills (specifically six (6) hydrocodone tablets and two (2) oxycodone tablets) that had been prescribed to the licensee by his treating physician and provided marijuana to a friend who complained of knee pain from an old football injury.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

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MEDICAL LICENSURE
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1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve the pending complaint without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice medicine held by Curt E. Liebman, M.D., is hereby **PLACED ON PROBATION FOR A PERIOD OF FIVE (5) YEARS**, with that period of probation to become effective immediately upon the filing of this Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license **SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**
 - a. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to enroll in the ProBe Program offered through the Center for Personalized Education for Physicians (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at the earliest time;

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- i. The licensee SHALL complete and "unconditionally pass" the *ProBe* Program at the time and date(s) scheduled, at his expense and as directed by CPEP's staff;
 - ii. The licensee SHALL provide the Board's staff with written verification that he has completed and "unconditionally passed" CPEP's *ProBe* Program, promptly after completing the program;
 - iii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBe* Program to the Board's Legal Department promptly after their completion;
- b. Pursuant to KRS 311.565(1)(v), the licensee SHALL submit payment of a FINE in the amount of one thousand dollars (\$1,000) to the Board within six (6) months from the date of entry of this Agreed Order; and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands and agrees that the Board SHALL NOT consider any request to modify or terminate this Agreed Order unless and until he unconditionally passes the *ProBe* Program and satisfies the fine in full.

4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 311.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed

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Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

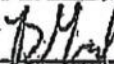
- 5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 10th day of OCTOBER, 2018.

FOR THE LICENSEE:




 CURT B. LIEBMAN, M.D.

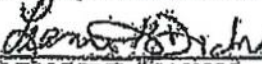


 BRIAN GOOD, ESQ.
 COUNSEL FOR THE LICENSEE

FOR THE BOARD:



 DALE R. TONEY, M.D.
 CHAIR, HEARING PANEL A



 LEANNE K. DIAKOV
 General Counsel
 Kentucky Board of Medical Licensure
 310 Whittington Parkway, Suite 1B
 Louisville, Kentucky 40222
 (502) 429-7150

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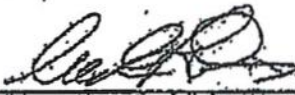
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WAIVER OF RIGHTS

I, Curt E. Liebman, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1875. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 *et seq.*, and I will have the right to raise any objections normally available in such proceedings.

Executed this 10th day of OCTOBER, 2018.



CURT E. LIEBMAN, M.D.
Respondent



BRIAN GOOD, ESQ.
COUNSEL FOR THE RESPONDENT

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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

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K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

COMPLAINT

Comes now the Complainant Randel C. Gibson, D.O., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel B, and on behalf of the Panel which met on July 19, 2018, states for its Complaint against the licensee, Curt E. Liebman, M.D., as follows:

1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, a confidential source received marijuana and pain pills from the licensee after complaining of knee pain from an old football injury. Task force officers recovered evidence including 36.6 grams of suspected marijuana, two (2) 2mg hydromorphone pills, and five (5) 5mg oxycodone tablets.
4. On or about March 28, 2018, the licensee was indicted on one (1) count of trafficking a Schedule II controlled substance, being Hydromorphone (less than ten (10) dosage units), a Class D felony, and one (1) count of trafficking a Schedule II controlled substance, being Oxycodone (less than ten (10) dosage units), a Class D felony.
5. On or about May 21, 2018, the above charges were amended to charges of possession of a controlled substance not in original container, Class B misdemeanors, and the licensee entered pleas of guilty.

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6. On or about March 28, 2018, a no true bill was returned on a count of trafficking a Schedule I hallucinogen, being marijuana (less than eight (8) ounces), a Class A misdemeanor.
7. Simultaneous to the issuance of this Complaint, an Emergency Order of Restriction was issued against the licensee's license to practice medicine in the Commonwealth of Kentucky, restricting him from prescribing, dispensing or otherwise utilizing controlled substances in the practice of medicine.
8. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, legal grounds exist for disciplinary action against his license to practice medicine in the Commonwealth of Kentucky.
9. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:
 - (a) His failure to respond may be taken as an admission of the charges;
 - (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.
10. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for October 23, 2018, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

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WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine in the Commonwealth of Kentucky held by Curt E. Liebman, M.D.

This 9th day of August, 2018.

Randel C. Gibson, D.O.

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 810 Hickman Hill Road, Frankfort, Kentucky 40601; and copies were mailed via certified mail return-receipt requested to the licensee, Curt E. Liebman, M.D., License No. 26066, 702 Executive Park, Louisville, Kentucky 40207, and to his counsel, Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1B, Louisville, Kentucky 40207 on this 9th day of August, 2018.

Learne K. Diakov

Learne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1875

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY CURT E. LIEBMAN, M.D., LICENSE NO. 26066, 702
EXECUTIVE PARK, LOUISVILLE, KENTUCKY 40207

EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, considered this matter on July 19, 2018. At that meeting, Inquiry Panel B considered a memorandum from John Lewis, Medical Investigator, dated June 15, 2018; a memorandum from Michael S. Rodman, Executive Director Kentucky Board of Medical Licensure, dated April 16, 2018; a Commonwealth of Kentucky Jefferson Circuit Court, Criminal Division Indictment, filed March 28, 2018; an email from TRO Joshua Filson, Drug Enforcement Administration, dated May 1, 2018; a Jefferson Circuit Court Waiver of Court's Consideration of Pre-Sentence Investigative Report Prior to Sentencing, signed May 21, 2018; correspondence from Michael W. Oyer, Reed Weikamp Schell & Vice, PLLC, dated April 24, 2018; and correspondence from Brian Good, the licensee's counsel, dated May 31 and June 6, 2018.

Having considered this information and being sufficiently advised, Inquiry Panel B ENTERS the following EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to him, Inquiry Panel B concludes there is probable cause to make the following Findings of Fact, which support this Emergency Order of Restriction:

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1. At all relevant times, Curt E. Liebman, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is radiology.
3. In or around 2015, a confidential source received marijuana and pain pills from the licensee after complaining of knee pain from an old football injury. Task force officers recovered evidence including 36.6 grams of suspected marijuana, two (2) 2mg hydromorphone pills, and five (5) 5mg oxycodone tablets.
4. On or about March 28, 2018, the licensee was indicted on one (1) count of trafficking a Schedule II controlled substance, being Hydromorphone (less than ten (10) dosage units), a Class D felony, and one (1) count of trafficking a Schedule II controlled substance, being Oxycodone (less than ten (10) dosage units), a Class D felony.
5. On or about May 21, 2018, the above charges were amended to charges of possession of a controlled substance not in original container, Class B misdemeanors, and the licensee entered pleas of guilty.
6. On or about March 28, 2018, a no true bill was returned on a count of trafficking a Schedule I hallucinogen, being marijuana (less than eight (8) ounces), a Class A misdemeanor.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Restriction:

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1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an Inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and (12).
4. The Inquiry Panel concludes there is probable cause to believe this licensee's practice constitutes a danger to the health, welfare and safety of patients or the general public.
5. The Board may draw logical and reasonable inferences about a licensee's practice by considering certain facts about a licensee's practice. If there is proof that a licensee has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the licensee will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a licensee's practice presents representative proof of the nature of that licensee's practice in general. Accordingly, probable cause to believe that the licensee has committed certain violations in the recent past presents probable cause to believe that the licensee will commit similar violations in the near future, during the course of the licensee's medical practice.

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6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barohl, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 520 U.S. 924 (1997), 117 S.Ct. 1807 (1997). CE, KRS 13B.125(1).
7. KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel B hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Curt E. Liebman, M.D., is RESTRICTED and Dr. Liebman is prohibited from PRESCRIBING, DISPENSING OR PROFESSIONALLY UTILIZING CONTROLLED SUBSTANCES until the Board's hearing panel has finally resolved the Complaint or until such further Order of the Board. Inquiry Panel B further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 9th day of August, 2018.

Randel C. Gibson, D.O.

 RANDEL C. GIBSON, D.O.
 CHAIR, INQUIRY PANEL B

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OKLAHOMA STATE BOARD OF
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 AND SUPERVISION

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CERTIFICATE OF SERVICE

I certify that the original of this emergency order was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed via certified mail return-receipt requested to the licensee, Curt E. Liebman, M.D., License No. 26066, 702 Executive Park, Louisville, Kentucky 40207, and to his counsel, Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 on this 9th day of August, 2018.



Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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AND SUPERVISION

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CH LIC # 35.141645

Lisa Cullen

From: David.Katko@med.ohio.gov
Sent: Monday, May 6, 2024 10:08 AM
To: Lisa Cullen
Subject: [EXTERNAL] RE: CURT LIEBMAN, MD

Ms. Cullen: Any investigation performed that may have been confidential and not public record absent formal action. The Board unconditionally granted Dr. Liebman his new license. Dave

David P. Katko
Assistant Legal Counsel
State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215
o: 614-466-9255
w: med.ohio.gov

RECEIVED

MAY 06 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



Confidentiality Notice: This message is intended for use only by the individual or entity to whom or which it is addressed and may contain information that is privileged, confidential and/or otherwise exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify me immediately by telephone.

The State Medical Board of Ohio is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA) and other applicable laws. To request a reasonable accommodation due to a disability please contact Cinnamon Pipkin, Fiscal/HR Administrator, 614-466-9306 or by email Cinnamon.Pipkin@med.ohio.gov no later than 14 days prior to the event.

From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Monday, May 6, 2024 11:06 AM
To: Katko, David <David.Katko@med.ohio.gov>
Subject: RE: CURT LIEBMAN, MD

Ok, he just went through the process of applying for a license and nothing regarding his prior license being revoked was asked or explained?

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

Lisa K. Cullen, Director of Licensing
Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470

19573
UKL

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org



From: David.Katko@med.ohio.gov <David.Katko@med.ohio.gov>

Sent: Monday, May 6, 2024 10:00 AM

To: Lisa Cullen <lcullen@okmedicalboard.org>

Subject: [EXTERNAL] RE: CURT LIEBMAN, MD

No.

David P. Katko
Assistant Legal Counsel
State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215
o: 614-466-9255
w: med.ohio.gov



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From: Lisa Cullen <lcullen@okmedicalboard.org>

Sent: Monday, May 6, 2024 10:55 AM

To: Katko, David <David.Katko@med.ohio.gov>

Subject: RE: CURT LIEBMAN, MD

Our Board Secretary is wondering if there was a hearing by the Board to grant him a license after his prior license was revoked.

Thank you for your assistance!

Lisa K. Cullen, Director of Licensing

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



From: David.Katko@med.ohio.gov <David.Katko@med.ohio.gov>
Sent: Monday, May 6, 2024 7:29 AM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: [EXTERNAL] RE: CURT LIEBMAN, MD

Ms. Cullen: There was no formal action associated with Dr. Liebman's license number 35.141645. What specifically are you interested in? Dave

David P. Katko
Assistant Legal Counsel
State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215
o: 614-466-9255
w: med.ohio.gov



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From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Thursday, May 2, 2024 9:17 AM
To: Katko, David <David.Katko@med.ohio.gov>
Subject: FW: CURT LIEBMAN, MD
Importance: High

Hello! I was just following up on my request from last week. I realize this takes time to process, but our Board Secretary is needing to review the documents.

This is the section of my request sent last week. Thank you for your help!!

Hello, I am the Director of Licensing for the Oklahoma Medical Board. I am attempting to assist our Board Secretary regarding information on Dr. Curt Liebman. The Board received documentation yesterday regarding the findings, order and journal entry from September 9, 2020. It reflected the revocation of Dr. Liebman's license.

My licensing analyst discovered that Dr. Liebman has an active license with a different license number. I am requesting records on license number 35.141645. I need to request all public documents for this license number. I am assuming that there would have been a hearing issuing him a license after revocation.

Additionally, the NPDB report we received reflects revocation, but nothing updated. Our Medical Board will be looking for these documents as they determine whether or not to issue Dr. Liebman an Oklahoma license.

Can you please assist me in obtaining these records?

If you have any questions, please feel free to contact me directly at (405) 962-1453 or via email. Thank you in advance for your assistance.

Lisa K. Cullen, Director of Licensing

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



From: Med-PublicRecordRequests@med.ohio.gov <Med-PublicRecordRequests@med.ohio.gov>
Sent: Friday, April 26, 2024 12:11 PM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: [EXTERNAL] Automatic reply: CURT LIEBMAN, MD

ACKNOWLEDGEMENT OF RECEIPT

This message acknowledges receipt of your request for public records, which is under review. For an explanation of what constitutes a public record and the Medical Board's processing of public record requests, please refer to our Public Records Policy posted on our website at:

<https://med.ohio.gov/Portals/0/For%20The%20Public/Public%20Records%20Policy%202019-Update-revised.pdf?ver=2019-01-08-110328-500>

If you have questions concerning the status of your request, please feel free to contact the Medical Board at:

David Katko
Assistant Legal Counsel
(614) 466-9255

David.Katko@med.ohio.gov

CAUTION: This is an external email and may not be safe. If the email looks suspicious, please do not click links or open attachments and forward the email to csc@ohio.gov or click the Phish Alert Button if available.



License Look Up

4/25/2024 3:21 PM

PRIMARY SOURCE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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Curt Eliot Liebman

License Number	35.141645
Status	Active
Sub-Status	
Board	Medical Board
License Type	Doctor of Medicine (MD)
Compact/Multi-State Eligible	
License Issue Date	03/16/2021
License Expiration Date	03/16/2025
License Effective Date	12/17/2022
City	Miami
State	FL
Country	United States
Board Action	No

Board Action Details

Current date & time: 4/25/2024 3:21 PM

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

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AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

CURT ELIOT LIEBMAN



Primary Office Address

XRAY ASSOCIATES
702 EXECUTIVE PARK
LOUISVILLE, KY 40207-4207

Phone (502) 895-5405

PRIMARY SOURCE

Birth date



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OKLAHOMA STATE BOARD OF
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Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

RADIOLOGY (primary)
VASCULAR AND INTERVENTIONAL RADIOLOGY
(RADIOLOGY-DIAGNOSTIC) (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1184664849	06/08/2006	NOT RPTD	NOT RPTD	NOT RPTD	03/15/2024

Current and/or historical medical school

19573
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PRIMARY SOURCE

Sponsoring Institution: BEAUMONT HOSPITAL
Sponsoring State: MICHIGAN
Specialty: DIAGNOSTIC RADIOLOGY
Dates: 07/01/1983 - 06/30/1984
Status: COMPLETED

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Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF RADIOLOGY
Certificate: VASCULAR & INTERVENTIONAL RADIOLOGY
Certificate type: SUB-SPECIALTY

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Expired	11/02/1998	12/31/2008		INITIAL	04/16/2024	

Certifying board: AMERICAN BOARD OF RADIOLOGY
Certificate: DIAGNOSTIC RADIOLOGY
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
LIFETIME	Active	01/01/1987	n/a		INITIAL	04/16/2024	NR

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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SOURCE

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Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
036.075158	MD	IL	06/11/1987	07/31/2026		ACT	UNL	04/03/2024	CURT E LIEBMAN
23914	MD	HI	09/18/2023	01/31/2026		ACT	UNL	03/13/2024	Curt Eliot Liebman
01044249A	MD	IN	08/31/1995	10/31/2025		ACT	UNL	04/02/2024	Curt Eliot Liebman
40458	MD	GA	08/03/1995	10/31/2025		ACT	UNL	04/17/2024	Liebman, Curt E
26066	MD	KY	07/01/1988	02/28/2025		ACT	UNL	04/04/2024	Curt Liebman
131558	MD	FL	03/07/2017	01/31/2025		ACT	UNL	04/03/2024	CURT E LIEBMAN
E-0755	MD	AR	06/04/2021	10/31/2024		ACT	UNL	04/15/2024	Liebman, Curt Eliot
0101268503	MD	VA	01/14/2020	10/31/2024		ACT	UNL	04/05/2024	Curt E Liebman
G-148616	MD	CA	04/11/2017	10/31/2024		ACT	UNL	04/05/2024	CURT ELIOT LIEBMAN
60288556	MD	NY	04/11/2017	09/30/2024		ACT	UNL	02/23/2024	LIEBMAN CURT ELIOT
35.131236	MD	OH	05/02/2017	12/01/2020	07/02/2018	INA	UNL	04/05/2024	Curt Eliot Liebman
9501317	MD	NC	09/16/1995	01/25/1999		INA	UNL	04/11/2024	Curt Eliot Liebman
34809	MD	CO	09/14/1995	05/31/1997	05/31/1997	INA	UNL	04/03/2024	Curt Eliot Liebman
MD109303	MD	MO	09/07/1995	01/31/1997		INA	UNL	08/15/2003	NRT
19573	MD	OK	10/03/1995	10/01/1996		INA	UNL	04/02/2024	CURT ELIOT LIEBMAN
4301048405	MD	MI	04/08/1985	01/31/1996	09/07/1995	INA	UNL	08/25/2003	NRT

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

► **Medical Licensing Boards:** **ACTION REPORTED.** Contact the state board for CALIFORNIA, FLORIDA, KENTUCKY, OHIO.

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

19573
MA



DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
██████	C-0	22N 33N 4	Active	03/31/2026	Paid	04/03/2024	11502 Braiden Pl Louisville, KY 40291-4538

* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

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SOURCE

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MA

Certificate of Completion

NetCE certifies that
Curt Liebman MD 35.141645
has participated in the enduring material titled
#95500 Opioid Safety: Balancing Benefits and Risks
on March 14, 2024
and is awarded 5
AMA PRA Category 1 Credit(s)™.



In support of improving patient care, NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Florida CE Broker Provider #50-2405, Board of Medicine.

This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.

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Sarah Campbell

Director of Development and Academic Affairs

 **NetCE**
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Certificate of Completion

NetCE certifies that
Curt Liebman MD ME131558
has participated in the enduring material titled
#90471 Safe Clinical Use of Fluoroscopy
on March 14, 2024
and is awarded 10
AMA PRA Category 1 Credit(s)[™].



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Florida CE Broker Provider #50-2405, Board of Medicine.

This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.

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MEDICAL LICENSURE
AND SUPERVISION


Sarah Campbell

Director of Development and Academic Affairs



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MA

Certificate of Completion

NetCE certifies that
Curt Liebman MD ME131558
has participated in the enduring material titled
#96313 Human Trafficking and Exploitation
on March 14, 2024
and is awarded 5
AMA PRA Category 1 Credit(s)[™].



In support of improving patient care, NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

JOINTLY ACCREDITED PROVIDER[™]
INTERPROFESSIONAL CONTINUING EDUCATION

Florida CE Broker Provider #50-2405, Board of Medicine.

This course fulfills the Michigan requirement for training in identifying victims of human trafficking. This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.

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Sarah Campbell

Director of Development and Academic Affairs

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AMA/PRA Category 1™ Credit

Baptist Health South Florida is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Baptist Health South Florida certifies that

CURT E LIEBMAN, CURT E LIEBMAN

has participated in the enduring activity titled

Prescribing Controlled Substances

on **November 3, 2023**

and is awarded **2.00** AMA PRA Category 1 Credit(s).™

Baptist Health Continuing Medical Education
BaptistHealth.net/CME • (786) 596-2398



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CURT Eliot LIEBMAN

[REDACTED]

[REDACTED]

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InforMed | 26 N. Beach St. | Suite A
Ormond Beach | Florida | 32174
Toll-Free 1.800.237.6999
Email: support@cme.edu

Certificate of Completion

CURT Eliot LIEBMAN

ME131558

Has successfully completed the enduring material: Substance Use Disorders: A DEA Requirement and is awarded 8 AMA PRA Category 1 Credits™

Completion Date: 06/08/2023

Mike Brooks, CME Director



InforMed is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians.

19573 MB



CERTIFICATE OF COMPLETION

This is to certify that

CURT LIEBMAN MD

NAME

has successfully completed all modules and assessments of
Polaris's Human Trafficking 101 Training.

Given on December of 2023
MONTH YEAR

A handwritten signature in black ink that reads "Catherine Chen".

Catherine Chen
Chief Executive Officer

ACHIEVE CE - EDUCATION SERVICES

Tracking # 50-20641

CERTIFICATE OF COMPLETION

Course # 20-739668

Date completed 12/21/2023

Educator tracking # 50-20641

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AND SUPERVISION

AWARDED TO

CURT LIEBMAN

FOR SUCCESSFULLY COMPLETING

Preventing Medical Errors for Physicians and PAs - 2 AMA PRA Category 1 Credit



Dr. Robert Surratt

Dr. Robert Surratt, MD

Continuing education has been allocated as follows:

Subject area	License	Profession	Location	CE credits
Medical Errors (AMA Category I)	ME131558	Medical Doctor	FL	2

ACCME Activity #: 202286244

AchieveCE /// info@achievece.com /// (866)422-0022

4320 Deerwood Lake Pkwy, 101-332, Jacksonville, FL 32216

All certificates of completion must be held on record for a minimum 4 years. Your course completion will be reported to CE Broker and the appropriate board(s) automatically; do not send to the Board.

14573
MB

RENEW NOW CE

Tracking # 50-18921

CERTIFICATE OF COMPLETION

Course # 20-845587

License(s) # ME131558

Date completed 11/03/2023

Educator tracking # 50-18921

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AWARDED TO

CURT LIEBMAN

FOR SUCCESSFULLY COMPLETING

Prevention of Medical Errors - 2 CME hours - Florida Requirement



Dorothy Caputo

AKH Identifier: 220153-E

Continuing education has been allocated as follows:

Subject area	License	Profession	Location	CE credits
Medical Errors (AMA Category I)	ME131558	Medical Doctor	FL	2

In support of improving patient care, this activity has been planned and implemented by AKH Inc., Advancing Knowledge in Healthcare, and Renew Now CE LLC. AKH Inc., Advancing Knowledge in Healthcare is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Physicians AKH Inc., Advancing Knowledge in Healthcare designates this enduring material activity for a maximum of 2.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. For physicians, hours of participation are the number of AMA PRA Category 1 Credits[™] awarded. **AAPA Credit Designation Statement** AKH Inc., Advancing Knowledge in Healthcare has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 2.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

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Curt Liebman

Date: 5/6/2024



Customer Number: 7000034
Degree:MD

	Date	Credits
Practical Reviews in Radiology - Volume 52, Issue No. 09- Quiz Code: 36373 CT: 1.25; MRI: 0.25; Neuroradiology: 0.50; Ultrasound: 0.50	5/6/2024	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 06- Quiz Code: 36301 MRI: 0.75; Neuroradiology: 0.25; Pain Management: 0.25; Patient Safety: 1.00; Risk Management: 0.25; Ultrasound: 0.25	5/6/2024	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 05- Quiz Code: 36274 CT: 0.50; MRI: 1.00; Pediatric Radiology: 0.25; PET: 0.25; Ultrasound: 0.25	5/6/2024	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 07- Quiz Code: 36327 Breast Imaging: 0.25; Cardiovascular Imaging: 0.25; CT: 0.75; Neuroradiology: 0.50; Pediatric Radiology: 0.25; Trauma: 0.25; Ultrasound: 0.25	5/6/2024	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 08- Quiz Code: 36354 Breast Tomosynthesis: 0.50; CT: 1.00; Domestic Violence: 0.25; Medical Errors: 0.25; Neuroradiology: 0.25; Ultrasound: 0.25	5/6/2024	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 10- Quiz Code: 36390 Cardiovascular Imaging: 0.25; CT: 1.25; Domestic Violence: 0.25; Mammography: 0.25; MRI: 0.75; Patient Safety: 0.25; Ultrasound: 0.50	5/1/2024	4.00

Oakstone Publishing certifies that Curt Liebman has participated in the enduring material, Practical Reviews in Radiology , and is awarded 24 AMA PRA Category 1 Credits™ during the inclusive dates of 5/1/2024 - 5/6/2024.

Total Credits: 24

Total Subcredits:

Cardiovascular Imaging: 0.50; CT: 4.75; Domestic Violence: 0.50;
Mammography: 0.25; MRI: 2.75; Patient Safety: 1.25; Ultrasound: 2.00;
Neuroradiology: 1.50; Pain Management: 0.25; Risk Management: 0.25; Pediatric Radiology: 0.50;
PET: 0.25; Breast Imaging: 0.25; Trauma: 0.25; Breast Tomosynthesis: 0.50;
Medical Errors: 0.25;

Donald L. Deye MD, FACP

Donald L. Deye, MD, FACP
Chief Medical Officer | Oakstone CME

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AND SUPERVISION

19573
ms



Curt Liebman

Date: 11/3/2023

Customer Number: 7000034
Degree:MD

	Date	Credits
Practical Reviews in Radiology - Volume 52, Issue No. 02- Quiz Code: 36207 Breast Imaging: 0.25; Cardiovascular Imaging: 0.25; CT: 0.50; Mammography: 0.25; MRI: 0.75; Nuclear Medicine: 0.25; Patient Safety: 0.25; Pediatric Radiology: 0.25; PET: 0.25; Ultrasound: 0.25	11/3/2023	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 03- Quiz Code: 36226 Breast Tomosynthesis: 0.25; CT: 1.25; MRI: 0.25; Nuclear Medicine: 0.25; Ultrasound: 0.25	11/3/2023	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 04- Quiz Code: 36245 Cardiovascular Imaging: 0.50; CT: 0.25; Cultural Competence: 0.25; Nuclear Medicine: 0.50; Ultrasound: 0.50	11/3/2023	4.00
Practical Reviews in Radiology - Volume 52, Issue No. 01- Quiz Code: 36186 Cardiovascular Imaging: 0.50; CT: 1.50; Neuroradiology: 0.25; Nuclear Medicine: 0.25; Pain Management: 0.25; Ultrasound: 0.25	8/7/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 07- Quiz Code: 36046 Breast Tomosynthesis: 0.25; CT: 0.75; Domestic Violence: 0.25; Medical Radiation Safety: 0.25; MRI: 0.25; Nuclear Medicine: 0.25; PET: 0.25; Trauma: 0.75	6/21/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 12- Quiz Code: 36163 CT: 0.50; Cultural Competence: 0.25; Pain Management: 0.25; Pediatric Radiology: 1.50; Trauma: 0.25; Ultrasound: 0.25	6/21/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 11- Quiz Code: 36139 Breast Imaging: 0.25; Breast Tomosynthesis: 0.25; CT: 0.50; MRI: 0.75; Neuroradiology: 0.25; Nuclear Medicine: 0.25; Patient Safety: 0.25; PET: 0.25; Trauma: 0.25	5/31/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 10- Quiz Code: 36121 Breast Imaging: 0.25; CT: 0.50; Domestic Violence: 0.25; Medical Radiation Safety: 0.25; MRI: 0.25; PET: 0.25	5/31/2023	4.00

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JUN 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

19573
mst



Curt Liebman

Date: 11/3/2023

Customer Number: 7000034

Degree:MD

	Date	Credits
Practical Reviews in Radiology - Volume 51, Issue No. 08- Quiz Code: 36070 CT: 1.25; Cultural Competence: 0.25; MRI: 0.25; Nuclear Medicine: 0.25; Patient Safety: 0.25; Pediatric Radiology: 0.25; PET: 0.25; Trauma: 0.50	5/31/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 09- Quiz Code: 36090 Breast Imaging: 0.25; Cardiac CT: 0.25; CT: 1.00; MRI: 0.50; Pain Management: 0.25; Patient Safety: 0.25; Pediatric Radiology: 0.25; PET: 0.25; Trauma: 0.25; Ultrasound: 0.50	5/31/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 05- Quiz Code: 36001 Breast Imaging: 0.25; CT: 0.50; MRI: 1.00; Patient Safety: 0.75; Pediatric Radiology: 0.25; PET: 0.25	1/15/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 06- Quiz Code: 36021 Breast Tomosynthesis: 0.25; Cardiac CT: 0.25; CT: 0.75; Infection Control - Medical: 0.25; Medical Errors: 0.25; MRI: 0.75; Neuroradiology: 0.25; Nuclear Medicine: 0.25; PET: 0.50	1/15/2023	4.00
Practical Reviews in Radiology - Volume 51, Issue No. 04- Quiz Code: 35975 CT: 0.25; Cultural Competence: 0.25; MRI: 1.00; Patient Safety: 0.25; Pediatric Radiology: 0.50; PET: 0.25	1/15/2023	4.00

Oakstone Publishing certifies that Curt Liebman has participated in the enduring material, Practical Reviews in Radiology , and is awarded 52 *AMA PRA Category 1 Credits*™ during the inclusive dates of 1/15/2023 - 11/3/2023.

Total Credits: 52

Total Subcredits:

Breast Imaging: 1.25; CT: 9.50; MRI: 5.75;
Patient Safety: 2.00; Pediatric Radiology: 3.00; PET: 2.50; Breast Tomosynthesis: 1.00;
Cardiac CT: 0.50; Infection Control - Medical: 0.25; Medical Errors: 0.25; Neuroradiology: 0.75;
Nuclear Medicine: 2.25; Cultural Competence: 1.00; Trauma: 2.00; Domestic Violence: 0.50;
Medical Radiation Safety: 0.50; Pain Management: 0.75; Ultrasound: 2.00; Cardiovascular Imaging: 1.25;
Mammography: 0.25;

Donald L. Deye MD, FACP

Donald L. Deye, MD, FACP
Chief Medical Officer | Oakstone CME

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

19573
mg

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

EVIDENCE OF STATUS – PART A

Full Legal Name: Curt Eliot Liebman
First Middle Last Maiden (if applicable)

Mailing Address: [REDACTED]
Street Address or Post Office Box

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
City State Zip Code Telephone Number Social Security #

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

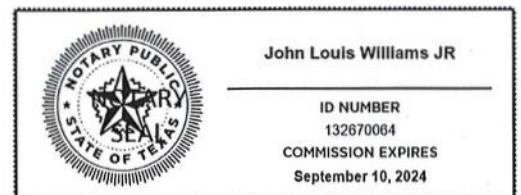
- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code “KIC” and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”)
- Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Curt Eliot Liebman, MD Date 04/02/2024

Subscribed and sworn before me this 2nd day of April, 2024.

Notary Public John Louis Williams Jr.
 Notary Public, State of Texas
 Commission Number 132670064
 County of Harris
 My commission expires 09/10/2024



Electronically signed and notarized online using the Proof platform.

RCVD 6/13/2024
19573
MT

04/22/2024

CURT ELIOT LIEBMAN



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP47307869
Password:Last 4 SSN

RE: MD Application #19573

Dear CURT LIEBMAN,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Evidence of Status
Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE: "YES" ANSWERS ON APPLICATION
Application Instructions
OATH
Time Deficiency Form for: NEED JOB TITLE FOR XRAY ASSOC; ARE YOU CURRENTLY PRACTICING AT PREMIER RADIOLOGY & USARAD HOLDINGS?
Reinstatement CME hours.
Telemedicine form
OTHER DEFICIENCIES: 60HRS OF AMA CATAGORY 1 CMES REQUIRED

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP47307869 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Mary Teter

Mary Teter

Dept. of Licensing

Encl

TIME DEFICIENCY FORM

Name: Curt Liebman	Application # 19573
--------------------	---------------------

We must account **for any/all time from your 18th birthday to present.** Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
03	1995	07	2018	X-Ray Associates of Louisville		KY	MD
WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
03	1995	07	2018	X-Ray Associates of Louisville -Staff Radiologist	Louisville	KY	Associate and Partner
10	2019	Present	Present	PREMIER RADIOLOGY	Miami	FL	Teleradiologist
01	2020	Present	Present	USARAD HOLDINGS	Fort Lauderdale	FL	Teleradiologist
OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	

- need job title for XRAY Associates ✓

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JUN 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

- And you currently practicing @
Premier Radiology + USARADS

19573
MD



State of Oklahoma
Board of Medical Licensure & Supervision

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

Certified Mail and via email [REDACTED]

August 26, 2024

9489 0090 0027 6073 3153 51

Douglas Best, MD Applicant 43946
[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 **September 19, 2024, at 9:00 a.m.** You may appear in person at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. The Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application." ***You are entitled to retain legal counsel representation in this matter.***

The Board will consider your request for medical licensure by agreement.

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.

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

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

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

Confirm your attendance at this meeting, either in person or via Zoom. Should you appear via Zoom, you must be logged in no later than 8:30 a.m.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
MD 43946 DOUGLAS L BEST
MEDICAL DOCTOR

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

Last Medical School Attended:

045-04 Univ Of Sc Sch Of Med, Columbia Sc 29208

Number of Licenses Previously Granted to Graduates of this Medical School:42

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less

- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ____ / ____

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

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43946 DOUGLAS L BEST
 MEDICAL DOCTOR

Practice Address:

June 05, 2024
 INSPIRE RADIOLOGY
 PO BOX 343

 REEDSPORT, OR 97467
 NOT OKLAHOMA

Status:
Res: MD
Received: 06/05/2024
Entered: 06/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 07/08/2024
AMA Rec: 07/08/2024
Board Action:
License #: 43946
Sex: M
Ethnic Origin: 1

Endorsed By: NBME

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	NBME3	PASS	03/04/92	7/23/24	1
Test 2:	NBME1	PASS	06/13/89	7/23/24	1
Test 3:	NBME2	PASS	09/25/90	7/23/24	1
	SPEX	78	3/14/13	7/23/24	1
Test AV:	Note: PASS means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF MISSOURI ST LOUIS					
City: ST LOUIS		State: MO		Country: UNITED STATES	
Degree: PRE-MEDICAL		From: 1/1986		To: 5/1987 Verified:	
School Name: SOUTHEAST MISSOURI STATE UNIVERSITY					
City: CAPE GIRARDEAU		State: MO		Country: UNITED STATES	
Degree: BS		From: 7/1974		To: 5/1978 Verified:	
MEDICAL SCHOOL EDUCATION					
Name: Univ Of Sc Sch Of Med, Columbia Sc 29208					
Foreign Name:					
City: Columbia		State/Country: United States of America			
Degree: DOCTOR OF MEDICINE		From: 8 / 1987		To: 5 / 1991 Diploma Ver'd: Y	

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

Type **Number** **Name**
 MD 43946 DOUGLAS L BEST
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility:MAYO CLINIC COLLEGE OF MEDICINE AND
SCIENCE

Specialty:VASCULAR AND
INTERVENTIONAL RADIOLOGY

Res. Fellowship: Fellowship

City: ROCHESTER

State:MN

Country:UNITED STATES OF AMER

Verified: 07/09/2024

From: 7 / 1995

To: 6 / 1996

ACGME Ver'd: 07/09/2024

Comments:

Facility:MAYO CLINIC COLLEGE OF MEDICINE AND
SCIENCE

Specialty:DIAGNOSTIC RADIOLOGY

Res. Fellowship: Internship/Residency

City: ROCHESTER

State:MN

Country:UNITED STATES OF AMER

Verified: 07/23/2024

From: 6 / 1991

To: 6 / 1995

ACGME Ver'd: 07/23/2024

Comments: MEDICAL LOA 6/7/93- 6/25/93

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type **Number** **Name**
 MD 43946 DOUGLAS L BEST
 MEDICAL DOCTOR

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	MD 04-30803	A	8/14/04	7/31/25	7/8/24
IL	MD 36092562	I	3/30/96	7/31/11	7/8/24
MN	MD 35340	I	7/8/00	3/31/04	7/8/24
AZ	MD 73255	A	6/5/24	7/20/25	7/8/24
HI	MD MD-21356	A	7/28/20	1/31/26	7/8/24
MN	MD- TEMPORARY TP8838	I	5/3/00	7/15/00	7/5/24
IA	MD- TEMPORARY T-957	I	5/23/93	6/4/93	7/5/24
OR	MD MD219727	A	5/6/24	12/31/25	7/8/24
TX	MD Q1091	A	8/1/14	8/31/25	7/8/24
MO	MD 2004012743	A	5/20/04	1/31/25	7/8/24
KS	MD T-04274-76	I		8/14/04	7/5/24
FL	MD ME168785	A	6/3/24	1/31/26	7/8/24

DEFICIENCIES

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:06/05/2024

Applicant Name: BEST, DOUGLAS L

MD 43946

Date Of Birth: [REDACTED] Place Of Birth (City, State): ROLLA, MO

Sex: M Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	UNIVERSITY OF MISSOURI ST LOUIS	ST LOUIS	MO		1/1986	5/1987	PRE-MEDICAL		
UG	SOUTHEAST MISSOURI STATE UNIVERSITY	CAPE GIRAR	MO		7/1974	5/1978	BS		

Medical School Name	City	State	Country	Comments	From	To
Univ Of Sc Sch Of Med, Columbia Sc 29208	Columbia	SC	United States		8/1987	5/1991

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE	ROCHESTER	MN	UNITED S	VASCULAR AND INTERVENTIONAL RADIOLOGY		7/ 1995 6/ 1996
MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE	ROCHESTER	MN	UNITED S	DIAGNOSTIC RADIOLOGY		7/ 1992 6/ 1995
MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE	ROCHESTER	MN	UNITED S	DIAGNOSTIC RADIOLOGY		6/ 1991 6/ 1992

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	To	Verif
INSPIRE RADIOLOGY	RADIOLOGIST		REEDSPORT	OR	2/2024	0/0	
ADVANCED RADIOLOGY CONSULTANTS	RADIOLOGIST		LEAWOOD	KS	10/2019	10/2024	
ALLIANCE RADIOLOGY PA	RADIOLOGIST		OVERLAND PARK	KS	10/2008	9/2019	
ALLIANCE RADIOLOGY PA	RADIOLOGIST		OVERLAND PARK	KS	6/2004	8/2008	
CARLE CLINIC ASSOCIATION	SECTION HEAD, INTERVENTIONAL RADIOLOGY		URBANA	IL	5/2002	6/2004	
ST PAUL RADIOLOGY	GENERAL RADIOLOGY, WITH EMPHASIS ON BODY CT AND UL		ST PAUL	MN	5/2001	3/2002	
MAYO CLINIC	INSTRUCTOR, MAYO MEDICAL SCHOOL		ROCHESTER	MN	6/2000	5/2001	
CARLE CLINIC ASSOCIATION	SECTION HEAD, INTERVENTIONAL RADIOLOGY		URBANA	IL	7/1996	5/2000	

\$500.00
MKT

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:06/05/2024

Questions Answered 06/04/2024

	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered a license or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, or training program?	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 been reported to the National Practitioner Data Bank (NPDB)?	N
K. Has your application for a professional license been denied?	N
M. Have you surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
P. Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:06/05/2024

SOUTHWESTERN BELL TELEPHONE COMPANY	PROGAMMER/ANALY ST/DATA BASE ADMINISTRATOR	ST LOUIS	MO	5/1978	8/1987
--	--	----------	----	--------	--------

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
KS	04-30803		U	8/14/04	7/31/24
IL	036092562		U	3/30/96	7/31/11
MN	35340		U	7/8/00	3/31/04
ND	LT 7206		U	7/31/05	
AZ	Pending		U		
HI	MD-21356		U	7/28/20	1/31/26
MN	TP8838		U	5/3/00	7/15/00
IA	T-0957		U	5/23/93	6/4/93
OR	MD219727		U	5/6/24	12/31/25
TX	Q1091		U	8/1/14	8/31/25
MO	2004012743		U	5/20/04	1/31/25
KS	T-04274-76		U	8/14/04	
FL	ME168785		U	6/3/24	

MD Exam				
Exam	State	Score	Date Taken	#
NBME				

If licensed, where do you intend to locate?

KS

Why do you seek Licensure in the state of Oklahoma?

Tele-Radiology

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

Telephone

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:

There is no direct patient contact or prescribing of medications.

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

Through the transfer of imaging exams via the internet.

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

Yes

If 'Yes', Name of practice:

Community Health Center of Southeast Kansas

If so, Please identify with which category:

Primary Care Or Specialty Care Clinic

Name of Previous Carrier and Policy Holder

MMIC Douglas Best

Name of Current Carrier and policy Holder

Medchoice Inspire Radiology

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

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

I attest that all the above information is accurate as of June 04, 2024: _____ (Signed Online)



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

Send this form to:

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

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

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

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

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

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

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



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

Best, Douglas L.

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

July 23, 2024

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

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

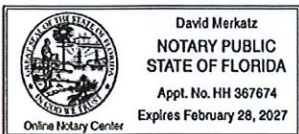
NOTARY

State of Florida, County of Broward

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 23rd day of July, 2024

Notary Public Signature David Merkatz My Notary Commission Expires 02/28/2027



David Merkatz

Notarial Act performed by Audio-Video Communication.

RCVD 7/24/2024
43946
MT

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

**Medical Professional
Information Profile**

This report provides credentialing information for:

Name: **Best, Douglas Lindon**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **218709756**

Recipient: **OK - Oklahoma State Board
of Medical Licensure &
Supervision**

Delivery Date: **07/15/2024**

RECEIVED 7/23/2024

**PRIMARY
SOURCE**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**

43946
57



Affidavit and Release



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

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

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

I hereby release, discharge, and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders, or thelike relating to me or this application to any entity at my request.

DocuSigned by: Douglas L Best [Redacted] Date of Birth

Best, Douglas Lindon Applicant's Printed Last Name, First Name, Middle Initial, and Suffix (e.g., Jr.)

7/5/2024 Date of Signature



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s): **Best, Douglas Lindon**

Date of Birth:

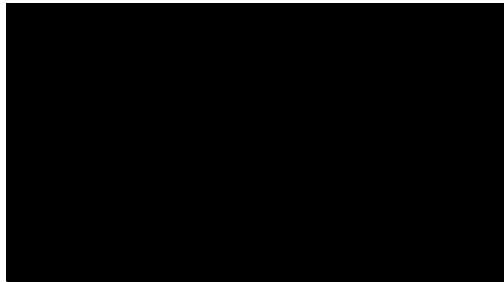


Place of Birth:

Rolla, Missouri, UNITED STATES

Contact Information

Home Address:



Mobile Phone:

Email:

Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/01/1987	05/10/1991	Medical Education	University of South Carolina School of Medicine Columbia South Carolina UNITED STATES
06/01/1991	06/30/1992	Postgraduate Training	Mayo Clinic College of Medicine and Science (Rochester) Program Rochester Minnesota UNITED STATES
07/01/1992	06/30/1995	Postgraduate Training	Mayo Clinic College of Medicine and Science (Rochester) Program Rochester Minnesota UNITED STATES
07/01/1995	06/30/1996	Postgraduate Training	Mayo Clinic College of Medicine and Science (Rochester) Program Rochester Minnesota UNITED STATES
07/01/1996	06/01/2004	Work	Carle Clinic Association 602 W University Ave Urbana, Illinois UNITED STATES
06/01/2000	05/01/2001	Work	Mayo Clinic 200 1st Street SW Rochester, Minnesota UNITED STATES
05/01/2001	04/30/2002	Work	St Paul Radiology 166 4th Street East St Paul, Minnesota UNITED STATES
06/01/2004	08/30/2008	Work	Alliance Radiology PA 8005 W 110th St Ste 2114 Overland Park, Kansas UNITED STATES
10/01/2008	09/30/2019	Work	Alliance Radiology PA 8005 W 110th St Overland Park, Kansas UNITED STATES
10/01/2019		Work	Advanced Radiology Consultants 4901 W 136th St Leawood, Kansas UNITED STATES
02/21/2024		Work	Inspire Radiology Po Box 343 Reedsport, Oregon UNITED STATES

End of Chronology of Activities report for: Best, Douglas Lindon

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Education

The logo for the Federation of State Medical Boards (FSMB) is located in the top right corner. It consists of the lowercase letters "fsmb" in a bold, sans-serif font, enclosed within a stylized shield shape that has a serrated, sunburst-like border.

Medical Education

Medical School: University of South Carolina School of Medicine

Location: Columbia, SC
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.



Institution Name: University of South Carolina School of Medicine

City: Columbia

State/Province: South Carolina

Country: UNITED STATES

Premedical Education:

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

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

Enrollment and Participation:

Our records indicate that **Best, Douglas Lindon**
 attended our medical school for a total of **156** weeks of medical education on the following dates: From MM/DD/YYYY: 08/10/1987 To MM/DD/YYYY: 05/10/1991
 This individual was awarded the degree of **Doctor of Medicine** on 05/10/1991

DS
RR

Unusual circumstances

1. Do this individual's official records reflect (an) interruption(s) in his/her medical education? YES NO X N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Personal/Family	Applicable	N/A	/ /	/ /
Academic remediation	Applicable	N/A	/ /	/ /
Health	Applicable	N/A	/ /	/ /
Financial	Applicable	N/A	/ /	/ /
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/ /	/ /
Other	Applicable	N/A	/ /	/ /

Other Explanation:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Academic Probation	Applicable	N/A	/ /	/ /
Probation for unprofessional conduct/behavior	Applicable	N/A	/ /	/ /
Probation for other reason	Applicable	N/A	/ /	/ /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO X N/A

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

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO X N/A

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

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO X N/A

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


6. Attach Diploma



7. Would you like to upload an additional attachment?

YES NO X

Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<p>ELECTRONIC SEAL VERIFIED</p>	<p>Name: Robert M. Rhinehart</p> <p>Title: Associate Dean</p> <p>Signature: </p> <p>Date of Signature: 7/8/2024</p> <p>Email: Robert.Rhinehart@uscmed.sc.edu</p>
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FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Medical School**

Medical Professional Name: Best, Douglas Linton

University of South Carolina School of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Best, Douglas Linton

SSN: [REDACTED] Student No: Q16976547 Date of Birth: [REDACTED] Date Issued: 21-MAR-2024
 AEEE

Page: 1

Record of: Douglas Lindon Best
 Current Name: Douglas Lindon Best
 Issued To: Federation of State Medical...
 Avow: TEU23HXJ
 Certified Electronic PDF

Course Level: Medical School
 Student Type: Continuing

Current Program
 Doctor of Medicine
 College : School of Medicine
 Campus : USC Columbia
 Major : Medicine

Degree Awarded Doctor of Medicine 10-MAY-1991
 Primary Degree

Program : VP Medicine
 College : School of Medicine
 Campus : USC Columbia
 Major : Medicine
 Inst. Honors: Cum Laude

SUBJ NO.	C	COURSE TITLE	CRED	GRD	R	PTS
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SUBJ NO.	C	COURSE TITLE	CRED	GRD	R	PTS
Institution Information continued:						
ANAT 603	COL	MEDICAL NEUROSCIENCES	3.000	A		12.00
CHEM 651	COL	MEDICAL BIOCHEMISTRY	4.000	A		16.00
FMED 602	COL	FAMILY PRACTICE CONT II	1.000	B		3.00
MEDI 602	COL	INTRO TO CLINICAL MED	3.000	B+		10.50
NPSY 602	COL	HUMAN BEHAVIOR II	2.000	B+		7.00
PHYL 621	COL	MEDICAL PHYSIOLOGY	7.000	B		21.00

Ehrs: 20.000 QPts: 69.50
 GPA-Hrs: 20.000 GPA: 3.475
 Good Standing

INSTITUTION CREDIT:

Fall 1987
 School of Medicine
 Medicine
 New Professional

ANAT 601	COL	MEDICAL GROSS ANATOMY	7.000	B		21.00
ANAT 602	COL	MED MICROSCOPIC ANAT	5.000	B		15.00
CHEM 650	COL	MEDICAL BIOCHEMISTRY	4.000	B+		14.00
NPSY 601	COL	HUMAN BEHAVIOR I	2.000	B+		7.00
			57.00			3.167

Ehrs: 18.000 QPts:
 GPA-Hrs: 18.000 GPA:
 Initial Standing

Fall 1988
 School of Medicine
 Medicine
 Continuing

FMED 603	COL	FAMILY PRACTICE CONT III	1.000	B+		3.50
MBIM 650	COL	MED MICROBIOLOGY & IMM	6.000	B+		21.00
MEDI 603	COL	INTRO CLIN MED-PATHOPHY	5.000	A		20.00
NPSY 603	COL	PSYCHOPATHOLOGY I	2.000	B+		7.00
PATH 641	COL	MEDICAL PATHOLOGY I	4.000	A		16.00
RADI 604	COL	INTRO TO RADIOLOGY	1.000	A		4.00
			19.000			71.50
			19.000			3.763

Ehrs: 19.000 QPts:
 GPA-Hrs: 19.000 GPA:
 Good Standing

Spring 1988
 School of Medicine
 Medicine
 Continuing
 ***** CONTINUED ON NEXT COLUMN *****

Ehrs: 19.000 QPts: 71.50
 GPA-Hrs: 19.000 GPA: 3.763
 Good Standing
 ***** CONTINUED ON PAGE 2 *****

ACADEMIC TRANSCRIPT

This transcript is printed on special security paper with a garnet background, the seal of the University of South Carolina at Columbia and the signature of the University Registrar, Aaron C. Marterer. This is an official sealed instrument; a raised seal is not required. This student is in good academic standing unless otherwise noted.

ELECTRONIC
 SEAL
 VERIFIED



Aaron C. Marterer

University Registrar

SSN [REDACTED]

Student No: Q16976547

Date of Birth: [REDACTED]

Date Issued: 21-MAR-2024
 AEEE

Record of: Douglas Lindon Best
 Level: Medical School

Page: 2

SUBJ NO.	C	COURSE TITLE	CRED	GRD	R	SUBJ NO.	C	COURSE TITLE	CRED	GRD	R
			PTS						PTS		
Institution Information continued:						Institution Information continued:					
Spring 1989						Spring 1990					
School of Medicine						School of Medicine					
Medicine						Medicine					
Continuing						Continuing					
FMED 604	COL	FAMILY PRACTICE CONT IV	1.000	A		FMED 605	COL	FAMILY MEDICINE CLERKSHIP	8.000	A	
					4.00						32.00
MEDI 604	COL	PHYSICAL & LAB DIAGNOSIS	5.000	A		PEDI 605	COL	PEDIATRICS CLERKSHIP	8.000	B+	
					20.00						28.00
NPSY 604	COL	PSYCHOPATHOLOGY II	2.000	B+		SURG 605	COL	SURGERY CLERKSHIP I	8.000	B+	
					7.00						28.00
PATH 642	COL	MEDICAL PATHOLOGY	4.000	A							
					16.00	Ehrs:	24.000	QPts:	88.00		
PCOL 631	COL	MEDICAL PHARMACOLOGY	6.000	A		GPA-Hrs:	24.000	GPA:	3.667		
					24.00	Good Standing					
PMCH 601	COL	CLIN/COMM PREV MEDICINE	3.000	B+							
					10.50	Fall 1990					
Ehrs:	21.000	QPts:	81.50			School of Medicine					
GPA-Hrs:	21.000	GPA:	3.881			Medicine					
Good Standing						Continuing					
						NPSY 651	COL	CLIN NEUROLOGY CLERK I	4.000	B	
											12.00
Fall 1989						Fall 1990					
School of Medicine						School of Medicine					
Medicine						Medicine					
Continuing						Continuing					
MEDI 605	COL	MEDICINE CLERKSHIP I	8.000	B+		OPHT 620	COL	OPHTHALMOLOGY	4.000	A	
					28.00						16.00
NPSY 605	COL	PSYCHIATRY CLERKSHIP	8.000	A		PATH 621	COL	M-IV PATHOLOGY-VA	4.000	B	
					32.00						12.00
OBGY 605	COL	OBSTET/GYNECOL CLERKSHIP	8.000	B		RADI 620	COL	DIAGNOSTIC RADIOLOGY	4.000	A	
					24.00						16.00
Ehrs:	24.000	QPts:	84.00			SURG 640	COL	HONORS GENERAL SURGERY	4.000	A	
GPA-Hrs:	24.000	GPA:	3.500								16.00
Good Standing						Ehrs: 20.000 QPts: 72.00					
						GPA-Hrs: 20.000 GPA: 3.600					
						Good Standing					
***** CONTINUED ON NEXT COLUMN *****						Spring 1991					
						School of Medicine					
						Medicine					
						Continuing					
						***** CONTINUED ON PAGE 3 *****					

ACADEMIC TRANSCRIPT

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Aaron C. Marterer

University Registrar

UNIVERSITY OF SOUTH CAROLINA
 OFFICE OF THE UNIVERSITY REGISTRAR
 COLUMBIA, SC 29208-0001
 803 777 5555 (P) 803 777 6349 (F)

FICE: 3448
 CEEB: 5818
 ACT: 3880

SSN [REDACTED]

Student No: Q16976547

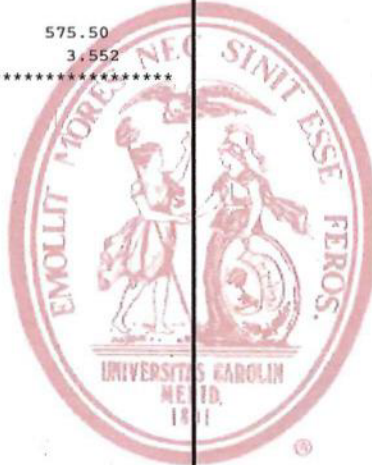
Date of Birth: [REDACTED]

Date Issued: 21-MAR-2024
 AEEE

Record of: Douglas Lindon Best
 Level: Medical School

Page: 3

SUBJ NO.	C	COURSE TITLE	CRED	GRD	R	PTS
Institution Information continued:						
MEDI 607		COL SR MEDICINE CLERKSHIP I	8.000	B		24.00
SURG 607		COL SR SURGERY CLERKSHIP I	8.000	B+		28.00
Ehrs:		16.000 QPts:	52.00			
GPA-Hrs:		16.000 GPA:	3.250			
Good Standing						
***** TRANSCRIPT TOTALS *****						
INSTITUTION	Ehrs:	162.000 QPts:	575.50			
	GPA-Hrs:	162.000 GPA:	3.552			
TRANSFER	Ehrs:	0.000 QPts:	0.00			
	GPA-Hrs:	0.000 GPA:	0.000			
OVERALL	Ehrs:	162.000 QPts:	575.50			
	GPA-Hrs:	162.000 GPA:	3.552			
***** END OF TRANSCRIPT *****						



ACADEMIC TRANSCRIPT

This transcript is printed on special security paper with a garnet background, the seal of the University of South Carolina at Columbia and the signature of the University Registrar, Aaron C. Matterer. This is an official sealed instrument; a raised seal is not required. This student is in good academic standing unless otherwise noted.



Aaron C. Matterer

University Registrar

ACADEMIC TRANSCRIPT GUIDE

University of South Carolina

ACCREDITATION: The University of South Carolina is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award degrees from the associate degree to the doctoral level. In addition to this comprehensive accreditation, the professional schools within the Columbia and Greenville campuses are individually accredited by their respective associations.

CALENDAR: The University of South Carolina follows a semester calendar which includes condensed and extended parts of term. For Fall and Spring semesters, there are 70 class days with a minimum of 2100 minutes of instruction for a standard 3 credit hour class. All nonstandard one or two day per week classes must meet the minutes of instruction requirements as part of the calendar. Regulations governing the regular academic year also pertain to the summer semester.

CAMPUS LOCATIONS: Aiken, Beaufort, Columbia, Greenville, Lancaster, Salkehatchie, Sumter, Union, Upstate.

COURSE NUMBERING SYSTEM: Courses numbered from 100 to 699 are taken at different levels for undergraduate credit. All courses numbered 100 to 499 are for associate and baccalaureate degree candidates. Courses numbered 500 to 699 may be taken for undergraduate or graduate credit and are open to advanced undergraduates. Courses numbered 700 to 899 may be taken for graduate credit only. Courses numbered 900-999 may be taken by students enrolled in the South Carolina College of Pharmacy.

COURSE SUBJECTS: The implementation of a new student information system in 2013 required modification to many departmental subjects (e.g. AEGJ became ENGL) and the elimination of some course number prefixes (e.g. ENGL L101 became ENGL 101).

GRADE FORGIVENESS: Undergraduates earning a D+, D, F, FN, or WF in courses taken Fall 2007 or later may take up to two (2) of these courses for a second time for the purpose of grade forgiveness. Both the first and second grades will appear on the University of South Carolina transcript with only the second grade, designated by Repeated GF to be used in the computing of the University of South Carolina institutional grade point average.

SOUTH CAROLINA HONORS COLLEGE: The SCCC and SCHC course subject indicates courses offered by the South Carolina Honors College, which are either honors version of regular University courses or special pro-seminars. Courses tend to be in discussion format, foster strong faculty-student rapport, and frequently include intensive work on individual or group projects.

SOUTH CAROLINA COLLEGE OF PHARMACY-SCCP COURSES: The SCCP course subject indicates courses offered by the South Carolina College of Pharmacy formed in 2006 by the merger of the Colleges of Pharmacy at the University of South Carolina in Columbia and the Medical University of South Carolina in Charleston.

CURRENT GRADING SYSTEM: The current grading system include grade symbols created after the implementation of a new student information system in Fall 2013.

COVID 19 PANDEMIC: To address complications presented by the COVID19 pandemic, USC Faculty Governance passed a temporary grading policy for undergraduate and graduate students. The policy allows students to request final Spring 2020 grades to be replaced with Pass/Fail grades of S+, S, or U.

- S+ can replace a grade of A, B+, B, C+, or C.
- S can replace a grade of D or better (equates to passing grade).
- U can replace a grade of F.

<u>Grade</u>	<u>Description</u>	<u>Quality Points</u>	<u>Additional Grades and Symbols</u>	
A	Excellent	4.0	AUD - Audit**	IP - Course in progress or preregistered**
B+	Very Good	3.5	_AC - Academic Forgiveness (degree applied)	NG - No Grade (course not gradable)**
B	Good	3.0	_AD - Academic Forgiveness (degree applied)**	NR - No Report**
C+	Above Average	2.5	_AF - Academic Forgiveness**	S - Satisfactory**
C	Average	2.0	_AR - Academic Forgiveness	T - Thesis/Dissertation Research**
D+	Below Average	1.5	EX - Exam Credit Hours Earned**	S+ - Satisfactory** (Spring 2020 Only)
D	Poor	1.0	EXP - Exempt Credit Hours Earned**	U - Unsatisfactory** <small>(Does not affect GPA in Thesis/ Dissertation Research courses)</small>
F	Failing	0.0	_HE - Hours Earned**	U. - Unsatisfactory
			I - Incomplete**	W - Withdrawn Without Penalty**
			I_PF - Incomplete for Pass/Fail Course (MD level)**	WF - Withdrawn With Penalty

(**does not affect GPA)

A complete transcript guide is available at sc.edu/registrar under the Transcripts link.

AUTHENTICITY TEST: The face of this document has a garnet background, the seal, University Registrar's signature and the name of the institution appears in small print. When photocopied, the word COPY OF CERTIFIED PDF appears prominently across the face of the entire document. ALTERATION OR FORGERY OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE. A black and white transcript is not an original and should not be accepted as an official institutional document. This transcript cannot be released to a third party without written consent of the student in accordance with the Family Educational Rights and Privacy Act of 1974.

Contact: USC, Office of the University Registrar, Columbia SC 29208-0001; (803) 777-5555; Fax: (803) 777-6349 or <http://registrar.sc.edu>.

University of South Carolina



Known all men by these presents

That the Board of Trustees by virtue of authority vested in it by the State of South Carolina upon recommendation of the Faculty of the

School of Medicine

has conferred upon

Douglas Lindon Best

the degree of

Doctor of Medicine

Cum Laude

I certify this is a true

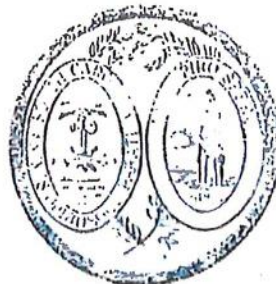
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7/8/2024

together with all the rights, honors, privileges, and responsibilities to that degree appertaining.

Given at Columbia, South Carolina this 10th day of May in the year of Our Lord one thousand nine hundred and ninety-one and in the one hundred and ninetieth year of the University's founding.

John M. Palms
President



Carroll O. Jeff
President, Board of Trustees

Donal Dunphy
Dean

Thomas L. Steyer
Secretary of the University

**ELECTRONIC
SEAL
VERIFIED**

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Postgraduate Training****Postgraduate Training**

Accreditation ID: 4202621105
Institution: Mayo Clinic College of Medicine and Science (Rochester) Program
Location: Rochester, MN
 UNITED STATES

Accreditation ID: 4272621064
Institution: Mayo Clinic College of Medicine and Science (Rochester) Program
Location: Rochester, MN
 UNITED STATES

Credentials Analysis Information for Postgraduate Training

Program Code: 4202621105

Issue:

Mayo Clinic College of Medicine and Science (Rochester) Program, Department of Radiology-Diagnostic verified Post Graduate Training dated 07/01/1995 to 06/28/1996 that is not part of their program.

Solution:

FCVS reports only the information verified by the primary institution.

Program Code: 4202621105

Issue:

FCVS has identified a Post Graduate Training Discrepancy at Mayo Clinic College of Medicine and Science (Rochester) Program, Department of Radiology-Diagnostic.

Unusual Circumstances**Solution:**

FCVS does not follow up with the Medical Professional or Institution with inconsistent information on Unusual Circumstances questions.

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Verification of Postgraduate Medical Education****Accreditation Code:** 4202621105**Institution Name:** Mayo Clinic College of Medicine and Science (Rochester) Program**Affiliated University:** Mayo Clinic College of Medicine and Science**City:** Rochester**State:** Minnesota**Country:** United States**Verification For:** Douglas Lindon Best**Date of Birth:** [REDACTED]**Program Participation:**

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 06/29/1991	To: 06/28/1992	Program Type: Residency
PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 06/29/1992	To: 06/28/1993	Program Type: Internship
PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 06/29/1993	To: 06/28/1994	Program Type: Residency
PGY: 4	Accredited By: ACGME	Status: Complete
Specialty: Radiology-Diagnostic		
From: 06/29/1994	To: 06/30/1995	Program Type: Residency
PGY: 5	Accredited By: ACGME	Status: Complete
Specialty: vascular/Interventional Radiology		
From: 07/01/1995	To: 06/28/1996	Program Type: Fellowship
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID: 218709756


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

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

1. Did this individual ever take a leave of absence from his/her training?
 Dr. Douglas Best was on a medical leave of absence from June 7, 1993 through June 25, 1993, which did not extend his training. Yes No Not Available
2. Was this individual ever placed on probation? Yes No Not Available
3. Was this individual ever disciplined or placed under investigation? Yes No Not Available
4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No Not Available
5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? Yes No Not Available

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Teresa Koski	
	Title: Education Program Coordinator	Degree: None
	Signature: 	
	Date of Signature: 7/12/2024	

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes No
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Best, Douglas Lindon

Accreditation ID: 4202621105

Institution: Mayo Clinic College of Medicine and Science
(Rochester) Program

Specialty: Radiology-Diagnostic

Unusual Circumstances

Training Period: 6/1/1991 - 6/30/1992 Internship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

Unusual Circumstances

Training Period: 7/1/1992 - 6/30/1995 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Best, Douglas Lindon



200 First Street SW
Rochester, Minnesota 55905
507-284-2220

**Mayo Clinic School of
Graduate Medical Education**

June 4, 2019

Federation Credentials Verification Service
Federation of State Medical Boards
400 Fuller Wisser Road
Euless, TX 76039

RE: Authorization of Signature for Credentialing

I, Steven H. Rose, M.D., Dean, Mayo Clinic School of Graduate Medical Education, hereby authorize the following title within the Mayo Clinic School of Graduate Medical Education to verify and sign requested verifications for FCVS.

- Education Administrative Coordinator

If you have any questions, please contact me at Rose.Steven@mayo.edu or 507-293-9550

Sincerely,

A handwritten signature in cursive script that reads "Steven H. Rose, M.D.".

Steven H. Rose, M.D.
Dean, Mayo Clinic School of Graduate Medical Education

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE

Verification of Postgraduate Medical Education

Accreditation Code: 4272621064

Institution Name: Mayo Clinic College of Medicine and Science (Rochester) Program

Affiliated University: Mayo Clinic College of Medicine and Science

City: Rochester

State: Minnesota

Country: United States

Verification For: Douglas Lindon Best

Date of Birth: [REDACTED]

Program Participation:

PGY: 5	Accredited By: ACGME	Status: Complete
Specialty: Vascular & Interventional Radiology		
From: 07/01/1995	To: 06/28/1996	Program Type: Fellowship
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID: 218709756

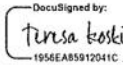
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- | | | | | |
|---|-----|----|-------------------------------------|---------------|
| 1. Did this individual ever take a leave of absence from his/her training? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No | <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Teresa Koski		
	Title: Education Administration Coordinator	Degree: None	
	Signature: 	<small>DocuSigned by: 1956EAR5912041C</small>	
	Date of Signature: 7/12/2024		

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes No

If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Best, Douglas Lindon

Accreditation ID: 4272621064

Institution: Mayo Clinic College of Medicine and Science
(Rochester) Program

Specialty: Radiology-Diagnostic/Vascular & Interventional
Radiology

Unusual Circumstances

Training Period: 7/1/1995 - 6/30/1996 Fellowship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Best, Douglas Lindon



200 First Street SW
Rochester, Minnesota 55905
507-284-2220

**Mayo Clinic School of
Graduate Medical Education**

June 4, 2019

Federation Credentials Verification Service
Federation of State Medical Boards
400 Fuller Wisser Road
Eules, TX 76039

RE: Authorization of Signature for Credentialing

I, Steven H. Rose, M.D., Dean, Mayo Clinic School of Graduate Medical Education, hereby authorize the following title within the Mayo Clinic School of Graduate Medical Education to verify and sign requested verifications for FCVS.

- Education Administrative Coordinator

If you have any questions, please contact me at Rose.Steven@mayo.edu or 507-293-9550

Sincerely,

A handwritten signature in black ink that reads "Steven H. Rose, M.D.".

Steven H. Rose, M.D.
Dean, Mayo Clinic School of Graduate Medical Education

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations

fsmb

Licensure / Examinations

Exam: SPEX

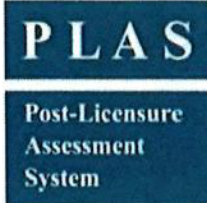
Exam: NBME Part I

Exam: NBME Part II

Exam: NBME Part III

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



Post-Licensure Assessment System (PLAS) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Recipient:

Federation Credentials Verification Service

ATTN: FCVS

FCVSID:

866429

Examinee: Best, Douglas Lindon

Examinee ID: 33996521

Date of Birth: [REDACTED]

Alt Name(s):

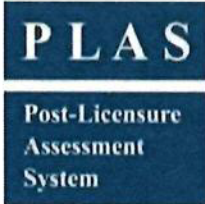
It is certified that the above named physician took the Special Purpose Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

Date of Certification: 07/15/2024

Date of Exam	State Exam Taken For	SPEX	Comments
3/14/2013	TEXAS	78.00	

SPEX is a cognitive examination to assist licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have a valid, unrestricted license in a United States or Canadian jurisdiction.

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



Post-Licensure Assessment System (PLAS) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Examinee: Best, Douglas Lindon

Examinee ID: 33996521

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

SPEX transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., Incomplete. SPEX examinations are reported using a two-digit scale on which a score of 75 is the recommended minimum passing score.

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the PLAS Committee on Irregular Behavior and Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the PLAS Secretariat, Suite 300, 400 Fuller Wiser Rd, Euless, TX 76039-3856, telephone (817) 868-4000.

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

Irregular Behavior - The PLAS Committee on Irregular Behavior and Score Validity determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *SPEX Information Bulletin*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the PLAS Secretariat, Suite 300, 400 Fuller Wiser Rd, Euless, TX 76039-3856, telephone (817) 868-4000.

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Record of Scores

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

Recipient: To Whom It May Concern

Date: 07/09/2024

Examinee: Best, Douglas L

Examinee ID: 3-399-652-1

Date of Birth: [REDACTED]

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pas)	Anat	Phys	Bioe	Path	Micr	Phar	Beh Sci
06/13/1989	Pass	Three-Digit	625	(380)	595	550	610	615	580	635	655
		Two-Digit	89	(75)	88	85	88	89	87	90	91

NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min. Pas)	Med	Surg	ObGyn	Prev	Pedi	Psych
09/25/1990	Pass	Three-Digit	505	(290)	425	475	535	620	410	565
		Two-Digit	82	(75)	78	80	83	87	78	84

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min. Pas)
03/04/1992	Pass	Three-Digit	475	(315)
		Two-Digit	81	(75)

218 709 756

Form 1 (MD)

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

RECEIVED

JUL 08 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Email form to: Licensing@okmedicalboard.org

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

Applicant's Name Douglas L. Best, MD

Institution: University of South Carolina School of Medicine City/State Columbia, SC

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

From 8 / 10 / 87 To 5 / 10 / 91
Month Day Year Month Day Year

Awarded degree of Doctor of medicine on 5 / 10 / 1991
Month Day Year

PRIMARY
SOURCE

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

Please explain any "YES" response from above: _____

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

Name: Robert M. Rhinehart Signature: [Signature]
 Title of Signatory: Assoc Dean (Regutan) Signature Date: 7/8/2024
 Phone: (803) 216-3625 Fax: (803) 216-3627 E-Mail: robert.rhinehart@uscmed.sc.edu

43946
MA

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

**PRIMARY
SOURCE**

Email form to: Licensing@okmedicalboard.org

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

Verification of Graduate Medical Education

Applicant's Name Douglas L. Best, MD

Institution: Mayo Clinic College of Medicine and Science City/State Rochester, MN 55905

Training Level: (e.g. 1, 2, 3, etc.) 1 Specialty/Subspecialty Diagnostic Radiology From: 06/29/1991 To: 06/28/1992
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPC None of these

Training Level: (e.g. 1, 2, 3, etc.) 2 Specialty/Subspecialty Diagnostic Radiology From: 06/29/1992 To: 06/28/1993
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPC None of these

Training Level: (e.g. 1, 2, 3, etc.) 3 Specialty/Subspecialty Diagnostic Radiology From: 06/29/1993 To: 06/28/1994
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPC None of these

Training Level: (e.g. 1, 2, 3, etc.) 4 Specialty/Subspecialty Diagnostic Radiology From: 06/29/1994 To: 06/30/1994
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPC None of these

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

Please attach separate document for "YES" response(s) from above

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

Name: Megha Tollefson, M.D. Signature _____
 Title of Signatory: Sr. Associate Dean Signature Date _____
 Phone: 507-255-9200 Fax: _____ E-Mail: msgmeverification@mayo.edu



200 First Street SW
Rochester, Minnesota 55905
507-284-2220

Mayo Clinic School of
Graduate Medical Education

**PRIMARY
SOURCE**

Date: July 9, 2024

To: Oklahoma State Medical Board

RE: Douglas Best, M.D.

Dr. Best took a medical leave of absence from June 7, 1993, through June 25, 1993, which did not result in an extension of training.

Sincerely,

Teresa C. Koski
Education Administration Coordinator
Mayo Clinic School of Graduate Medical Education



Form 2 (MD)

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

Email form to: Licensing@okmedicalboard.org

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

Verification of Graduate Medical Education

Applicant's Name Douglas L. Best, MD

Institution: Mayo Clinic College of Medicine and Science City/State Rochester, MN 55905

Training Level: (e.g. 1, 2, 3, etc.) 5 Specialty/Subspecialty Vascular/Interventional Radiology From: 07 / 01 / 1995 To: 06 / 28 / 1996

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPC None of these

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPC None of these

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPC None of these

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS

Accredited By: ACGME LCGME RSC CFPC RCPC None of these

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

Please attach separate document for "YES" response(s) from above

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

Name: Megha Tollefson, M.D. Signature _____

Title of Signatory: Sr. Associate Dean Signature Date _____

Phone: 507-255-9200 Fax: _____ E-Mail: msgmeverification@mayo.edu



Department of Inspections,
Appeals, & Licensing

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

July 5, 2024

Verification of Licensure

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

PRIMARY
SOURCE

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

NAME: Douglas Best, MD
DATE OF BIRTH: [REDACTED]

LICENSE NUMBER: T-0957
LICENSE TYPE: Temporary
ISSUE DATE: 05/23/1993
EXPIRATION DATE: 06/04/1993

STATUS: Inactive
DISCIPLINARY ACTION: No

RECEIVED

JUL 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

This license information was last updated on: 07/05/2024

The above format is prepared for all physicians regulated by this Board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated, a copy of that information will be provided to your office in a separate mailing within ten business days. For questions regarding disciplinary and investigative history contact Kari Rolls at kari.rolls@iowa.gov.**

Sincerely,

Dakota Allison
Director of Licensure
Iowa Board of Medicine

43946
mt

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612



State Board of Healing Arts

phone: 785-296-7413
fax: 785-296-0852
Email: KSBHA_Licensing@ks.gov
www.ksbha.org

Susan Gile, Executive Director

Laura Kelly, Governor

July 05, 2024

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

This is to certify that: Douglas L. Best has been licensed to practice in Kansas in the following profession: Medical Doctor (MD)

License Number:	T0427476
Year of Birth:	1957
Profession:	Medical Doctor Temporary (MD)
License Status:	Cancelled-Superseded
Original License Date:	
Expiration Date:	08/14/2004
Disciplinary Action:	No



Please visit www.KSBHA.org to view Board Actions available to the public. To receive certified copies of Board Actions, please email KSBHA_openrecords@ks.gov. All communications to the Board must include the name and license number of the licensee.

BOARD MEMBERS: R. JERRY DEGRADO, DC, PRESIDENT, WICHITA • RICHARD BRADBURY, DPM, VICE PRESIDENT, SALINA • ABEBE ABEBE, MD, SHAWNEE
MARK BALDERSTON, DC, SHAWNEE • MOLLY BLACK, MD, SHAWNEE • ROBIN D. DURRETT, DO, GREAT BEND • TOM ESTEP, M.D., WICHITA
STEVEN J. GOULD, DC, CHENEY • CAMILLE HEEB, MD, TOPEKA • DAVID JORDAN, PUBLIC MEMBER, LAWRENCE • JENNIFER KOONTZ, MD, NEWTON
STEPHANIE SUBER, DO, LAWRENCE • SHERRI WATTENBARGER, PUBLIC MEMBER, LENEXA • KATHY WOLFE MOORE, PUBLIC MEMBER, KANSAS CITY • RONALD M. VARNER, DO,
AUGUSTA

TTY (HEARING IMPAIRED) 711 OR 1.800.766.3777 VOICE/TTY • E-MAIL: KSBHA_HEALINGARTS@KS.GOV

RCVD 7/5/2024
43946
MT



Michael L. Parson
Governor
State of Missouri

Sheila Solon, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 Missouri Boulevard P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
573-751-3166 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

James Leggett
Executive Director
healingarts@pr.mo.gov
pr.mo.gov/healingarts

To:
Oklahoma Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105-1821

RECEIVED

JUL 15 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Douglas Lindon Best, M.D.

PRIMARY
SOURCE

LICENSE TYPE:	Medical Physician & Surgeon
LICENSE NUMBER:	2004012743
DATE ISSUED:	5/20/2004
STATUS:	Active
EXPIRATION DATE:	1/31/2025
DISCIPLINARY ACTION:	None





Jessica Sartain
Verifications Clerk

07/09/2024

Date

43946
57



335 Randolph Avenue, Suite 140
St. Paul, MN 55102
612.617.2130 (phone) | 612.617.2166 (fax)
medical.board@state.mn.us | mn.gov/boards/medical-practice

July 05, 2024

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

PRIMARY
SOURCE

This is to certify that a standard search of the available records of the Minnesota Board of Medical Practice indicates the following:

Physician:	Douglas Lindon Best
Date of birth:	[REDACTED]
Was issued license number:	35340
On:	July 08, 2000
Expiration date is:	March 31, 2004
Status:	Cancelled Inactive
Issued on the basis of:	NBME - Natl Brd of Med. Examiners (NBME)
Corrective action:	None
Disciplinary action:	None

RECEIVED

JUL 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Licensure History:

35340 - Previous License Issued: July 11, 1992 Expired: June 26, 1997
 TP8838 - Temporary Permit Issued: May 03, 2000 Expired: July 15, 2000

This license information was last updated on: 7/3/2024 12:55:14PM

The above format is the standard format prepared for all physicians regulated by this Board.

Please be advised that the Board does not release information as to whether there has been a complaint filed or an investigation conducted on individual verifications. All physicians are considered in good standing unless noted otherwise.

Further public records including disciplinary and corrective actions may be available from the Board's website at <https://mn.gov/boards/medical-practice/> under professional profile. If other information is needed, please contact the Minnesota Board of Medical Practice at 612-617-2130.

Sincerely,

Elizabeth A. Huntley
Executive Director



43946
MA



BOARD OF MEDICINE

Established 1890

4204 Boulder Ridge Rd Suite 260
Bismarck, ND 58503-6162

Phone (701) 450-4060 • Fax (701) 989-6392
www.ndbom.org

July 5, 2024

**PRIMARY
SOURCE**

This is to certify that a standard search of the available records of the North Dakota Board of Medicine indicates the following:

PHYSICIAN: Douglas Best, MD
YEAR OF BIRTH: [REDACTED]
LICENSE NUMBER: LT 7206
ISSUE DATE:
EXPIRATION DATE:
STATUS: Locum - Expired
DISCIPLINARY ACTION: No

RECEIVED

JUL 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

This license information was last updated on: 07/04/2024

If our records above show that the license has been disciplined, photocopies from the public file are available upon written request.

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Sincerely,

Sandra DePontis
Executive Director

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

43946
MA



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

PRIMARY SOURCE

Name and Mailing Address

DOUGLAS LINDON BEST



Primary Office Address

STE 150
8000 W 110TH ST
OVERLAND PARK, KS 66210-2382

Phone (913) 393-9729

Birth date



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JUL 08 2024

Physician's major professional activity

OFFICE BASED PRACTICE

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Self-designated practice specialty

VASCULAR AND INTERVENTIONAL RADIOLOGY
(RADIOLOGY-DIAGNOSTIC) (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1659321438	05/11/2006	NOT RPTD	NOT RPTD	NOT RPTD	06/21/2024

Current and/or historical medical school

43946
MA



US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE COLUMBIA

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	NOT REPORTED	Degree Date:	05/1991

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE
Sponsoring State:	MINNESOTA
Specialty:	VASCULAR AND INTERVENTIONAL RADIOLOGY (RADIOLOGY-DIAGNOSTIC)
Dates:	07/01/1995 - 06/30/1996
Status:	COMPLETED

Sponsoring Institution:	MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE
Sponsoring State:	MINNESOTA
Specialty:	DIAGNOSTIC RADIOLOGY
Dates:	07/01/1991 - 06/30/1995
Status:	COMPLETED



PRIMARY
SOURCE

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Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF RADIOLOGY
Certificate: VASCULAR & INTERVENTIONAL RADIOLOGY
Certificate type: SUB-SPECIALTY

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Expired	11/03/1997	12/31/2007		INITIAL	07/02/2024	

Certifying board: AMERICAN BOARD OF RADIOLOGY
Certificate: DIAGNOSTIC RADIOLOGY
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
LIFETIME	Active	06/07/1995	n/a		INITIAL	07/02/2024	NR

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2024 American Board of Medical Specialties. All rights reserved.

Current and/or historical medical licensure



License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
168785	MD	FL	06/03/2024	01/31/2026		ACT	UNL	07/03/2024	Douglas Best
21356	MD	HI	07/28/2020	01/31/2026		ACT	UNL	06/25/2024	DOUGLAS BEST
MD219727	MD	OR	05/06/2024	12/31/2025		ACT	UNL	05/14/2024	Douglas Lindon Best
Q1091	MD	TX	08/12/2014	08/12/2025	08/27/2014	ACT	UNL	06/10/2024	DOUGLAS L BEST
04-30803	MD	KS	08/14/2004	07/31/2025	06/03/2024	ACT	UNL	06/12/2024	Douglas L. Best
2004012743	MD	MO	05/20/2004	01/31/2025	12/08/2023	ACT	UNL	07/03/2024	Douglas Lindon Best
036.092562	MD	IL	03/30/1996	07/31/2011		INA	UNL	07/03/2024	DOUGLAS LINDON BEST
35340	MD	MN	07/08/2000	03/31/2004		INA	UNL	07/05/2024	Douglas Lindon Best
T-0957	MD	IA	05/23/1993	06/04/1993		INA	TEM	07/03/2024	Douglas Lindon Best
T-957	MD	IA	05/23/1993	06/04/1993		INA	TEM	01/02/2007	NRT
LT 7206	MD	ND	NRT	08/26/1978		INA	LIM	07/03/2024	Douglas Lindon Best

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
██████	C-0	22N 33N 4 5	Active	07/31/2025	Paid	06/25/2024	Radiology Department St. Luke's Northland Hospital 5830 NW Barry Rd Kansas City, MO 64154-2778
██████	C-0	22N 33N 4 5	Active	07/31/2023	Paid	06/16/2023	Radiology Department 12300 Metcalf Ave Overland Park, KS 66213-1324

* Only the last three characters of DEA numbers are displayed



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SOURCE

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AND SUPERVISION

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

07/09/2024

DOUGLAS L BEST



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP69877558
Password:Last 4 SSN

RE: MD Application #43946

Dear DOUGLAS BEST,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

- Evidence of Status
- Application Instructions
- OATH
- Extended Background Check
- Time Deficiency Form for: ARE YOU CURRENTLY PRACTICING AT INSPIRE RADIOLOGY?
- Exam verification date
- Telemedicine form
- MedSchool-Transcript Univ Of Sc Sch Of Med, Columbia Sc 29208
- PostGrad - Form 2 MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE
- PostGrad - Form 2 MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE
- PostGrad - Form 2 MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE
- USMLE Exams Incomplete

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP69877558 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Mary Teter

Mary Teter

Dept. of Licensing

Encl

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wisser Road Euless, TX 76039-3855 (817) 868-4000 www.FSMB.org

6. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.
 7. **Evidence of Status Form** - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
 8. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
 9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
 10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. **Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

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

_____ Douglas L Best _____ August 26, 2024
 Name of Applicant (type or print) Signature of Applicant Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Name: Douglas L. Best, MD	Application # AP69877558
---------------------------	--------------------------

We must account **for any/all time from your 18th birthday to present.** Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
02	2024	02	2034	Inspire Radiology	Reedsport	OR	Radiologist

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	

RECEIVED 7/23/2024
 MD 43946
 TS



State of Oklahoma
Board of Medical Licensure & Supervision

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

Certified Mail and via email anggarner29@gmail.com

August 9, 2024

9489 0090 0027 6073 3154 05

Angela Garner, MD Applicant 43646
[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 requested a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **September 19, 2024, at 9:00a.m.** You may appear in person at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73104 or via Zoom. 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." ***You are entitled to retain legal counsel representation in this matter.***

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 asked by the Board. This is to assure the Board that requirements for licensure have been met through the content of your application as provided for in accordance with 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.*

Confirm your attendance at this meeting, either in person or via Zoom. Should you appear via Zoom, you must be logged in no later than 8:30 a.m.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43646	ANGELA JANE GARNER
MEDICAL DOCTOR		

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

Last Medical School Attended:

665-01 Saba Univ Sch Of Med, Saba, Netherland Antilles

Number of Licenses Previously Granted to Graduates of this Medical School:68

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

The Secretary of the Board has reviewed this application and:

1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS** _____

But 7-26-24

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

- Passed USMLE
- No DUIs or Legal Issues
- No Malpractice Issues
- US Graduate
- Graduated Medical School in 4 years or less

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

*NO TEMP
But 7-26-24*

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



Oklahoma State Board of Medical Licensure and Supervision
Telemedicine Questionnaire

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APR 25 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

AS
(initial)

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

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

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

AS
(initial)

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

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

AS
(initial)

I will be located in the state of Kansas consulting Oklahoma patients.

AS
(initial)

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

AS
(initial)

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

AS
(initial)

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

AS
(initial)

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

AS
(initial)

I will create a record of the encounter.

AS
(initial)

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

AS
(initial)

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

Oklahoma Telemedicine Act

Oklahoma Telemedicine Rules

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

Printed Name: Angela Garner

Date: 3/29/24

Signature: [Handwritten Signature]

43246
MA

From: [REDACTED]
To: [Mary Teter](#)
Subject: Re: [EXTERNAL] Re: Applicant- OK Application MD 43646
Date: Tuesday, May 21, 2024 1:27:01 PM
Attachments: [image001.png](#)

Hi Mary,

I will have a mid level NP to do F2F.
I will not be going any telemedicine.

This is what I do full time Mary, a Hospice physician. I am a triple boarded physician in Internal Medicine, Hospice and Palliative Care, Hospice Medical Director and a fellow in pain management

I am going to help the owner start up a new location because this is what I am an expert in and have done for almost 20 years. I know all the rules and regulations very well. I often get hired to start a new hospice, what I am known for. I get job offers weekly...have a very good reputation.

I do not plan on staying on to work after its up and going...he will find a local doctor to take my place.

I hope that clarifies this for the board.
Thank you
Angela Garner

On Tue, May 21, 2024 at 1:21 PM Mary Teter <MTeter@okmedicalboard.org> wrote:

Good day Angela Garner,

The Board Secretary would like additional clarification on your employment at Monarch Hospice, such as;

- Are you going to see patients face to face? Telemedicine?
- Supervising any mid-levels (such as PAs or NPs)

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MAY 21 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Thank you for your email, it has been received.

43646
MA

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43646 ANGELA JANE GARNER
 MEDICAL DOCTOR

Practice Address:

April 20, 2024
 AMEDISYS HOSPICE CARE
 8900 INDIAN CREEK PARKWAY
 SUITE 150
 OVERLAND PARK, KS 66210
 NOT OKLAHOMA

Status:

Res: MD
 Received: 04/20/2024
 Entered: 04/20/2024
 Temp Issued:
 Temp Expires:
 Train Issued:
 Train Expires:
 Fed Rec: 05/15/2024
 AMA Rec: 05/15/2024
 Board Action:
 License #: 43646
 Sex: F
 Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	11/19/03	4/22/24	1
Test 2:	USMLE 1	PASS	6/28/00	4/22/24	1
Test 3:	USMLE 2	PASS	9/26/01	4/22/24	1
Note: PASS means higher than 75					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION	
School Name: DONNELLY COLLEGE City: KANSAS CITY Degree:	State: KS Country: UNITED STATES From: 12/1997 To: 6/ 1998 Verified:
School Name: DONNELLY COLLEGE City: KANSAS CITY Degree: PRE-MED COURSES;	State: KS Country: UNITED STATES From: 9/1994 To: 4/ 1995 Verified:
School Name: WICHITA STATE UNIVERSITY City: WICHITA Degree: PRE-MED COURSES;	State: KS Country: UNITED STATES From: 9/1993 To: 5/ 1994 Verified:
School Name: ST. MARY'S OF THE PLAINS COLLEGE City: WICHITA Degree: BS NURSING	State: KS Country: UNITED STATES From: 6/1983 To: 5/ 1985 Verified:
School Name: WICHITA STATE UNIVERSITY City: WICHITA Degree: BSN	State: KS Country: UNITED STATES From: 5/1981 To: 6/ 1983 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43646	ANGELA JANE GARNER
MEDICAL DOCTOR		

MEDICAL SCHOOL EDUCATION

Name: Saba Univ Sch Of Med, Saba, Netherland Antilles

Foreign Name:

City: Saba

State/Country: Netherlands Antilles

Degree: DOCTOR OF MEDICINE **From:** 6 / 1998 **To:** 5 / 2002 **Diploma Ver'd:** Y

Comments: REMEDIATION 1/1999-4/1999

POST GRADUATE EDUCATION

Facility: UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF MEDICINE

Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: KANSAS CITY

State: MO **Country:** UNITED STATES OF AMERICA

Verified: 04/23/2024

From: 7 / 2002 **To:** 6 / 2005

ACGME Ver'd: 04/23/2024

Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43646	ANGELA JANE GARNER
MEDICAL DOCTOR		

<u>DEFICIENCIES</u>

From: [REDACTED]
To: [Mary Teter](#)
Subject: [EXTERNAL] Re: Applicant- OK Application MD 43646
Date: Monday, May 20, 2024 9:18:30 AM
Attachments: [image001.png](#)

Morning Mary,

My attorney told me since the board investigation was immediately revoked, or resinded. it was as if it did not happen.

I was not actually investigated, he wrote a letter of explanation and it was revoked.

I made a mistake to answer no....I know its there, I have a statement about it. My apologies for my error.

Academic probation? I do not recall that...I had to repeat a class because I was failed by a professor who was very unethical...every single semester he failed an attractive female student to repeat his course when his advances were denied...

That is the truth. He never even showed me my final test grade. No way he could get away with that in this world now!

I am going to be the medical director for Monarach Hospice. I work for Monarch now and the owner plans to open up a location near Tulsa.

Thank you
Angela Garner

On Mon, May 20, 2024 at 8:30 AM Mary Teter <MTeter@okmedicalboard.org> wrote:

Good day Angela Garner,

The Board Secretary has reviewed your application. He is requesting statements for the following questions:

1. Why you answered "No" to ever having any Disciplinary Board Action
2. Why you answered "No" to ever being reported to NPDB (National Practitioner's Databank)
3. Specific details regarding your academic probation in Medical School

Angela Garner, MD



June 26, 2024

Oklahoma State Board of Medical Licensure
101 NE 51st Street
Oklahoma City, OK 73105
RE: Question H

Dear Oklahoma State Board of Medical Licensure:

I was medical director for an alternative treatment center that did stem cell injections. There was a contamination case of ecoli in Stem cells. It was a nationwide issue and many, many lawsuits against the company. They ran out of money, so the clinic, myself and my NP that gave the injection were all named in the case. My youngest son died shortly before this, and I did not want the stress of a trial, so I settled out along with the clinic. My NP did go to trial and was found not guilty. I did testify on her behalf.

They even made a podcast about it called " Bad Batch.!"

Cordially,

Angela Garner, MD



*Signed in my presence this 26th day
of June 2024.*

*Michelle A. Visos (Notary Public)
Michelle A. Visos*

RECEIVED 6/26/2024
43646
VB

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612



State Board of Healing Arts

phone: 785-296-7413
fax: 785-296-0852
Email: KSBHA_Licensing@ks.gov
www.ksbha.org

Susan Gile, Executive Director

Laura Kelly, Governor

April 22, 2024

**PRIMARY
SOURCE**

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st St
Oklahoma City, OK 73154-0256

This is to certify that: Angela Jane Garner has been licensed to practice in Kansas in the following profession:
Medical Doctor (MD)

License Number: 04-33114
Year of Birth: 1963
Profession: Medical Doctor (MD)
License Status: Active
Original License Date: 06/21/2008
Expiration Date: 07/31/2024

Disciplinary Action: YES



Please visit www.KSBHA.org to view Board Actions available to the public. To receive certified copies of Board Actions, please email KSBHA_openrecords@ks.gov. All communications to the Board must include the name and license number of the licensee.

BOARD MEMBERS: R. JERRY DEGRADO, DC, PRESIDENT, WICHITA • RICHARD BRADBURY, DPM, VICE PRESIDENT, SALINA • ABEBE ABEBE, MD, SHAWNEE
MARK BALDERSTON, DC, SHAWNEE • MOLLY BLACK, MD, SHAWNEE • ROBIN D. DURRETT, DO, GREAT BEND • TOM ESTEP, M.D., WICHITA
STEVEN J. GOULD, DC, CHENEY • CAMILLE HEEB, MD, TOPEKA • DAVID JORDAN, PUBLIC MEMBER, LAWRENCE • JENNIFER KOONTZ, MD, NEWTON
STEPHANIE SUBER, DO, LAWRENCE • SHERRI WATTENBARGER, PUBLIC MEMBER, LENEXA • KATHY WOLFE MOORE, PUBLIC MEMBER, KANSAS CITY • RONALD M. VARNER, DO,
AUGUSTA

TTY (HEARING IMPAIRED) 711 OR 1.800.766.3777 VOICE/TTY • E-MAIL: KSBHA_HEALINGARTS@KS.GOV

RCVD 4/22/2024
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PRIMARY SOURCE

Page 336 of 415 RECEIVED

MAY 15 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION FILED

JAN 08 2019

EV

BEFORE THE BOARD OF THE HEALING ARTS OF THE STATE OF KANSAS

In the Matter of ANGELA J. GARNER, M.D. Kansas License No. 04-33114

KS State Board of Healing Arts

Docket No. 19-HA00040

JOURNAL ENTRY SUSTAINING PETITIONER'S MOTION TO RESCIND EMERGENCY ORDER

On this 8th day of January 2019, this matter comes before the Presiding Officer on the Petitioner's Motion to Rescind Emergency Order Filed December 20, 2018 ("Motion"). Upon consideration of the Motion, the Presiding Officer finds, concludes and orders as follows:

- 1. On November 5, 2018, Petitioner filed a Petition alleging that Angela Garner, M.D. ("Licensee") committed violations of the Healing Arts Act and requesting disciplinary action against Licensee's license.
2. Petitioner also filed a motion seeking a temporary suspension of Licensee's license to practice medicine and surgery, pursuant to K.S.A. 77-536 and K.S.A. 65-2838(c), on November 5, 2018, which incorporated the allegations of the Petition by reference.
3. On November 14, 2018, Petitioner filed supplemental materials in support of the Motion.
4. On November 30, 2018, upon request of counsel for Licensee, the Presiding Officer advised all parties that he would allow additional time, to December 7, 2018, to respond to or supplement the Motion filed and served on November 5, 2018, including correcting any factual errors perceived to exist by any party in the Motion.
5. On December 6, 2018, upon request of counsel for Licensee, the Presiding Officer advised all parties that he would allow more additional time, to December 12, 2018, to respond to or supplement the Motion filed and served on November 5, 2018, including correcting any factual errors perceived to exist by any party in the Motion.
6. On December 13, 2018, Licensee filed a response to the Motion and an Answer to the Petition.
7. On December 20, 2018, the Presiding Officer entered the Emergency Order of License Limitations and Emergency Proceedings ("Order"). The Order granted, in part, the November 5, 2018 motion seeking a temporary suspension of Licensee's

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license to practice medicine and surgery. The Order temporarily limited Licensee's license as described in paragraph No. 11 of the Order.

8. On January 7, 2019, Petitioner filed the instant Motion. The Motion advised the Presiding Officer that on January 3, 2019, Licensee agreed to modify her practice in a manner that relieves Petitioner's immediate concerns that her continued practice of medicine will constitute an imminent danger to public health, safety, or welfare. The Motion further advised the Presiding Officer that the Licensee was not opposed to the Motion.
9. Based on the representations made in the Motion, the Presiding Officer sustains the Motion. The Second Amended Notice of Hearing, On Emergency Order Limitations filed December 28, 2018 is therefore withdrawn. A hearing date will be noticed for a formal hearing on the Petition.
10. The Motion is granted without prejudice to any future emergency motions that may be filed in this matter. Nothing in this Journal Entry should be construed as a finding or conclusion on any of the claims or defenses presented in the Petition or Answer.

THEREFORE, Petitioner's Motion to Rescind Emergency Order Filed December 20, 2018 is **SUSTAINED**. The Emergency Order of License Limitations and Emergency Proceedings, filed December 20, 2018, is **RESCINDED**.

This Journal Entry is entered on the 8th day of January, 2019.

Kansas State Board of Healing Arts

/s/ Tucker Poling, for
Robin Durrett, D.O.
Presiding Officer

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MA

CERTIFICATE OF SERVICE

I certify that a true copy of the foregoing Order was served this 8th day of January, 2019 by depositing the same in the United States Mail, first-class postage prepaid, and emailing, addressed to:

Angela J. Garner, MD

[REDACTED]
Lenexa, KS 66227
Licensee

Brian J. Niceswanger, #12531
Stephanie A. Preut, #24971
82 Corporate Woods, Suite 900
10851 Mastin Boulevard
Overland Park, KS 66210
(T) 913.701.6810
(F) 913.341.2293
KCCivilLit@evans-dixon.com
Attorneys for Licensee

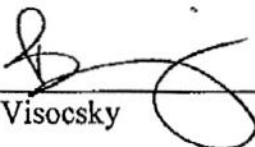
And copies were hand-delivered to:

Jared T. Langford, Associate Litigation Counsel
J. Todd Hiatt, Associate Litigation Counsel
Susan R. Gering, Deputy Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson Lower Level, Ste A
Topeka, KS 66612

And a copy was given to:

Robin Durrett, D.O.
KSBHA Presiding Officer
Kansas State Board of Healing Arts

and the original was filed with the office of the Executive Director.



Beth Visocsky

3 43646
MA

PRIMARY SOURCE

BEFORE THE BOARD OF THE HEALING ARTS OF THE STATE OF KANSAS

FILED DEC 20 2018

BV

In the Matter of ANGELA J. GARNER, MD Kansas License No. 04-33114

KS State Board of Healing Arts

Docket No. 19-HA00040

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MAY 15 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

EMERGENCY ORDER LICENSE LIMITATIONS AND EMERGENCY PROCEEDINGS

NOW on this 20th day of December 2018, this matter comes before the Presiding Officer on Petitioner's Motion for Ex Parte Emergency Order of Suspension and for Emergency Proceedings ("Motion"). Upon consideration of the agency record, including the pleadings and attached exhibits, the Presiding Officer finds, concludes and orders as follows:

- 1. On November 5, 2018, Petitioner filed a Petition alleging that Angela Garner, M.D. ("Licensee") committed violations of the Healing Arts Act and requesting disciplinary action against Licensee's license.
2. Petitioner also filed the Motion seeking a temporary suspension of Licensee's license to practice medicine and surgery, pursuant to K.S.A. 77-536 and K.S.A. 65-2838(c), on November 5, 2018, which incorporated the allegations of the Petition by reference.
3. On November 14, 2018, Petitioner filed supplemental materials in support of the Motion.
4. On November 30, 2018, upon request of counsel for Licensee, the Presiding Officer advised all parties that he would allow additional time, to December 7, 2018, to respond to or supplement the Motion filed and served on November 5, 2018, including correcting any factual errors perceived to exist by any party in the Motion.
5. On December 6, 2018, upon request of counsel for Licensee, the Presiding Officer

143646 MA

advised all parties that he would allow more additional time, to December 12, 2018, to respond to or supplement the Motion filed and served on November 5, 2018, including correcting any factual errors perceived to exist by any party in the Motion.

6. On December 13, 2018, Licensee filed a response to the Motion and an Answer to the Petition.

7. The Presiding Officer has reviewed and considered all pleading, exhibits, and affidavits submitted by the parties in relation to the Motion.

8. The Presiding Officer finds, pursuant to K.S.A. 65-2838(c) and K.S.A. 77-536(c), that there is cause to believe that:

- a. grounds exist for disciplinary action; and
- b. Licensee's immediate continuation in her current practice would constitute an imminent danger to the public health and safety.

9. The grounds that support such reasonable cause include, but are not limited to the following:

- a. The facts and documentary evidence as set forth and incorporated in the Motion at paragraphs 1 through 3, 8, 9, and 11 through 18, the Petition at paragraphs 5 through 22 and 32 through 34, and Exhibit 1 and 2 contained in the November 14, 2018 supplement, all incorporated here by reference.
- b. Licensee permitted staff members to administer unknown dosages of IV magnesium, considered a "High Alert Medication" by the Institute of Safe Medical Practices because of its heightened risk of significant patient harm, without any prior patient consultation with Licensee and without Licensee's knowledge and/or documentation reflecting whether the rate of

IV infusion remained below 150mg/minute, including to patients with known medical histories that included anemia and tachycardia of unknown origin and heart disease with stent placement.

- c. Licensee ostensibly delegated medical care and treatment to staff members who are not appropriately licensed, educated, and trained to provide such medical care and treatment, including providing authorization that would allow such staff to place central venous catheters into patients without Licensee's supervision.
- d. A staff member purportedly overseen by Licensee administered IV therapy to a patient who came to the clinic with nausea and vomiting of unknown origin without any prior patient consultation with Licensee or diagnostic work up of these symptoms, having been given no protocol for patients presenting with nausea and vomiting.
- e. Licensee has not properly supervised and directed the care and treatment rendered by such staff to patients receiving IV infusion treatments;
- f. Licensee has allowed such staff to provide IV therapies that were contraindicated based on the patient's medical history without Licensee consulting with staff or the patient or reviewing the patient's chart prior to the treatment being rendered;
- g. Licensee has failed to ensure that such medical care and treatment was properly documented including but not limited to specifying all the compounds and dosages injected into the patients;
- h. There is no indication that Licensee has adjusted her practice in respect to

the facts described above, and therefore there are reasonable grounds to believe that Licensee's violations are continuing in nature.

10. The Board further finds that the legal authorities and policy considerations contained in the Motion at paragraphs 5 through 7 and 10 justify the requested emergency suspension pursuant to K.S.A. 65-2838(c) and K.S.A. 77-536(c).

11. Therefore, pursuant to K.S.A. 77-536(b), Licensee's license to practice medicine and surgery is temporarily limited as follows:

- Licensee shall not practice in connection with the IV Nutrition Clinic referenced at paragraphs 5 and 6 of the Petition, or any substantially similar IV therapy clinic, including but not limited to serving as a medical director or supervising physician to any such IV therapy clinic.

12. A notice of expedited hearing to determine whether the temporary limitations described above shall remain in place during the pendency of proceedings pursuant to the Petition is filed and served contemporaneously with this Order.

IT IS, THEREFORE, ORDERED that the license of Angela Garner, M.D., is hereby **LIMITED** on a temporary basis pending a hearing to determine if there is adequate cause for the limitation to remain in effect during the proceedings on the underlying Petition.

IT IS SO ORDERED this 20th day of December, 2018.

Kansas State Board of Healing Arts

/s/Robin Durrett
Robin Durrett, D.O.
Presiding Officer

CERTIFICATE OF SERVICE

I certify that a true copy of the foregoing Order was served this 20th day of December, 2018 by depositing the same in the United States Mail, first-class postage prepaid, addressed to:

Angela J. Garner, MD

[REDACTED]
Olathe, KS 66061

Licensee

Brian J. Niceswanger, #12531
Stephanie A. Preut, #24971
82 Corporate Woods, Suite 900
10851 Mastin Boulevard
Overland Park, KS 66210
(T) 913.701.6810
(F) 913.341.2293
KCCiviLit@evans-dixon.com
Attorneys for Licensee

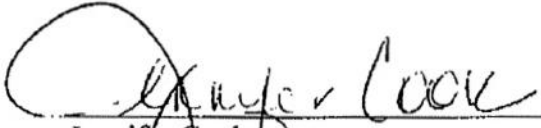
And copies were hand-delivered to:

Jared T. Langford, Associate Litigation Counsel
Susan R. Gering, Deputy Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson Lower Level, Ste A
Topeka, KS 66612

And a copy was given to:

Robin Durrett, D.O.
KSBHA Presiding Officer
Kansas State Board of Healing Arts

and the original was filed with the office of the Executive Director.



Jennifer Cook
Legal Assistant

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mr

FILED

CAB

JUN 27 2008

BEFORE THE BOARD OF HEALING ARTS OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of Angela J. Garner, M.D. Applicant for Kansas Licensure

PRIMARY SOURCE

Docket No. 08-HA00219

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MAY 15 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

FINAL ORDER

NOW ON THIS 21st day of June, 2008, comes on for conference hearing before the Kansas State Board of Healing Arts ("Board") the application for licensure of Angela J. Garner, M.D. ("Applicant"). Katy Lenahan, Licensing Administrator, provided information to the Board. Applicant did not appear.

After reviewing the file, hearing the information provided by Ms. Lenahan, and being duly advised in the premises, the Board makes the following findings and orders:

- 1. On or about March 10, 2008, Applicant filed an application for Licensure to practice medicine and surgery in the state of Kansas.
2. Information provided as part of the application indicates that Applicant matriculated at Saba University School of Medicine ("Saba") from January 1998 to May 2002.
3. Information provided as part of the application indicates that Applicant passed the ECFMG examination.
4. Applicant currently holds an active license to practice medicine and surgery in the state of Missouri, having been issued such license on January 1, 2008.
5. Although Saba was not an accredited medical school at the time that Applicant was enrolled and graduated, Applicant meets the requirements of K.S.A. 65-2833 for licensure by endorsement based upon her licensure in the state of Missouri and passage of the ECFMG

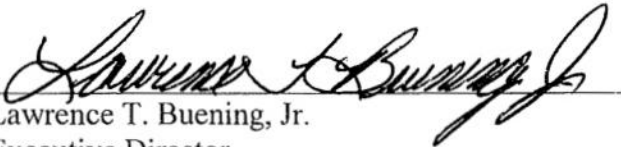
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examination.

IT IS, THEREFORE, ORDERED that Applicant is eligible for license by endorsement based upon her licensure in Missouri and that her Application for licensure is granted.

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a Petition in District Court as authorized under the Kansas Act for Judicial Review and Civil Enforcement of Agency Actions, K.S.A. 77-601 *et seq.* A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any such petition must be served upon the Board addressed to the Executive Director, 235 S. Topeka Boulevard, Topeka, Kansas 66603. A request for reconsideration is not a prerequisite for judicial review.

KANSAS STATE BOARD OF HEALING ARTS


Lawrence T. Buening, Jr.
Executive Director

CERTIFICATE OF SERVICE

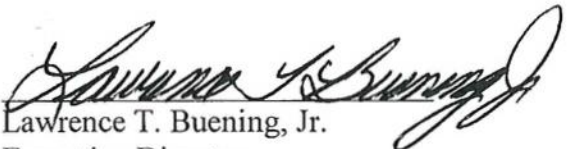
I, hereby certify that a true copy of the foregoing **FINAL ORDER** was served this 30th day of June, 2008 by depositing the same in the United States Mail, first-class postage prepaid, and addressed to:

Angela J. Garner, M.D.
Confidential
Olathe, KS 66061

and a copy hand delivered to the office of:

Katy Lenahan, Licensing Administrator
Kansas Board of Healing Arts
235 S. Topeka Boulevard
Topeka, Kansas 66603

and the original filed with the office of the Executive Director.


Lawrence T. Buening, Jr.
Executive Director

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APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 04/20/2024

Foreign Graduate

Applicant Name: GARNER, ANGELA JANE

MD 43646



Date Of Birth: [REDACTED]

Place Of Birth (City, State): WICHITA, KS

Sex: F

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	DONNELLY COLLEGE	KANSAS CITY	KS		9/1994	4/1995	PRE-MED COURSES;		
UG	WICHITA STATE UNIVERSITY	WICHITA	KS		9/1993	5/1994	PRE-MED COURSES;		
UG	ST. MARY'S OF THE PLAINS COLLEGE	WICHITA	KS		6/1983	5/1985	BS NURSING		

Medical School Name	City	State	Country	Comments	From	To
Saba Univ Sch Of Med, Saba, Netherland Antilles	Saba		Netherlands A		6/1998	5/2002

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC	KANSAS CITY	MO	UNITED S	INTERNAL MEDICINE		7/2002	6/2005

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
ONE COMMUNITY HOSPICE	MEDICAL DIRECTOR		INDEPENDENCE	MO		8/2018		
AMEDISYS HOSPICE CARE	MEDICAL DIRECTOR		OVERLAND PARK	KS		8/2018		
CATALYST HEALTH CENTER	MEDICAL DIRECTOR		LEAWOOD	KS		10/2012	8/2022	
KANSAS CITY MEDICAL PARTNERS	STAFF PHYSICIAN		LEAWOOD	KS		7/2012	3/2013	
TRUMAN MEDICAL CENTER	MEDICAL DIRECTOR		KANSAS CITY	MO		7/2005	6/2012	
ST. LUKE???'S HOSPITAL,	RN		KANSAS CITY	MO		1/1997	12/1997	
ASCENSION VIA CHRISTI ST. JOSEPH	RN		WICHITA	KS		5/1985	12/1996	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
AR	E-16129		U	12/2/22	5/31/24
FL	ME153344		U	10/14/20	1/31/26
KS	04-33114		U	6/21/09	7/31/24
MO	2005018781		U	7/1/05	1/31/25

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

\$750.00
MA

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2024

Foreign Graduate

Questions Answered 04/19/2024

Questions Answered 04/19/2024	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered a license or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, or training program?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	Y
FORTHCOMING	
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you been reported to the National Practitioner Data Bank (NPDB)?	N
K. Has your application for a professional license been denied?	N
M. Have you surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
P. Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	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: 04/20/2024

Foreign Graduate

If licensed, where do you intend to locate?

KS

Why do you seek Licensure in the state of Oklahoma?

Other: Hospice Medical Director

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

KAMMCO

Name of Current Carrier and policy Holder

KAMMCO

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

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

I attest that all the above information is accurate as of April 19, 2024: _____ (Signed Online)



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

Send this form to:

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

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

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

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

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

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

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

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APR 25 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION



Angela J. Garner

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

Garner, Angela J

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

4/3/24

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

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

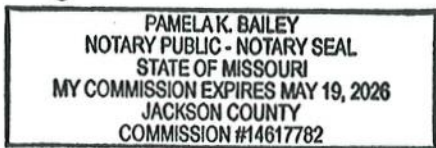
NOTARY

State of Missouri, County of Jackson

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 3 day of April, 2024

Notary Public Signature Pamela K. Bailey My Notary Commission Expires May 19, 2026



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MB



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

**PRIMARY
SOURCE**

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

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 04/22/2024

Examinee: Garner, Angela Jane
Alt Name(s):

Examinee ID: 0-614-958-7
Date of Birth: [REDACTED]

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

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/28/2000	Pass	192	(179)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/26/2001	Pass	211	(174)	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/19/2003	Pass	205	(182)	

End of Exam History

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

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals information on this examinee. The Physician Data Center Report is enclosed.

NOTE: The Educational Commission for Foreign Medical Graduates (ECFMG) records include prior Clinical Skills Assessment history for this examinee. Details cannot be released by the ECFMG without written authorization from the examinee.

RECEIVED

APR 22 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

43646
MKT



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

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

Examinee: Garner, Angela Jane

Examinee ID: 0-614-958-7

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

**PRIMARY
SOURCE**

Email form to: Licensing@okmedicalboard.org

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

Applicant's Name Angela Garner, MD

Institution: Saba University School of Medicine City/State Saba, Caribbean Netherlands

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

From 01/05/1998 To 05/31/2002
Month Day Year Month Day Year

Awarded degree of Doctor of Medicine 05/31/2002
Month Day Year

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. Remediation of Neuro. 1/1999-4/1999 YES NO

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain. See above YES NO

3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below. YES NO

4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below. YES NO

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below. YES NO

Please explain any "YES" response from above: _____

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

Name: Paula Boisseau Signature: Paula Boisseau
 Title of Signatory: Registrar Signature Date: 05/01/2024
 Phone: 978 862 9650 Fax: 978 862 9699 E-Mail: registrar@saba.edu

TRANSCRIPT OF ACADEMIC RECORD

P.O. BOX 1000, SABA, DUTCH CARIBBEAN

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MAY 10 2024

STUDENT NAME
Garner, Angela J.

DEGREE(S) CONFERRED:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

STUDENT NUMBER: [REDACTED] PROGRAM: Medical Doctor MATRICULATED AS OF: 1/5/1998 DATE ISSUED: 5/6/2024 Medical Doctor Degree - 5/31/2002

DESCRIPTION	GRADE	SCORE	QUAL. UNITS	SEM. PTS.	WEEKS/HOURS *	DESCRIPTION	GRADE	SCORE	QUAL. UNITS	SEM. PTS.	WEEKS/HOURS *
WINTER 1998--SABA UNIVERSITY						FALL 1998--SABA UNIVERSITY					
SESSION DATES 1/5/1998 - 4/16/1998						SESSION DATES 9/1/1998 - 12/10/1998					
Gross Anatomy	C	77	2.0	20.0	10	Epidemiology & Prev Med	B	81	3.0	18.0	6
Histology & Cell Biology	B	86	3.0	24.0	8	Microbiology & Immunology	C	78	2.0	20.0	10
Medical Embryology	B	81	3.0	18.0	6	Medical Genetics	C	75	2.0	10.0	5
	ATT	ERN	QPTS	GPA		Neuroscience	I				
CURRENT	24.0	24.0	62.0	2.58			ATT	ERN	QPTS	GPA	
CUMULATIVE	24.0	24.0	62.0	2.58		CURRENT	21.0	21.0	48.0	2.29	
CURRENT STATUS	GOOD STANDING					CUMULATIVE	81.0	81.0	224.0	2.77	
						CURRENT STATUS	GOOD STANDING				
SUMMER 1998--SABA UNIVERSITY						WINTER 1999--SABA UNIVERSITY					
SESSION DATES 5/4/1998 - 8/13/1998						SESSION DATES 1/4/1999 - 4/16/1999					
Biochemistry	B	80	3.0	30.0	10	Neuroscience	B	83	3.0	27.0	9
Physiology	B	85	3.0	30.0	10		ATT	ERN	QPTS	GPA	
Medical Psychology	B	81	3.0	30.0	10	CURRENT	9.0	9.0	27.0	3.00	
Medical & Legal Ethics	A	92	4.0	24.0	6	CUMULATIVE	90.0	90.0	251.0	2.79	
	ATT	ERN	QPTS	GPA		CURRENT STATUS	GOOD STANDING				
CURRENT	36.0	36.0	114.0	3.17							
CUMULATIVE	60.0	60.0	176.0	2.93							
CURRENT STATUS	GOOD STANDING					SUMMER 1999--SABA UNIVERSITY					
						SESSION DATES 5/3/1999 - 8/13/1999					
						Pharmacology	A	92	4.0	40.0	10
						Pathology I	B	87	3.0	30.0	10
						Physical Diagnosis	A	94	4.0	36.0	9
							ATT	ERN	QPTS	GPA	
						CURRENT	29.0	29.0	106.0	3.66	
						CUMULATIVE	119.0	119.0	357.0	3.00	
						CURRENT STATUS	HONORS				

Paula Bourbeau

University Registrar

TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE REGISTRAR'S SIGNATURE AND RAISED SEAL

TRANSCRIPT - GUIDE PRINTED ON REVERSE

TRANSCRIPT OF ACADEMIC RECORD
P.O. BOX 1000, SABA, DUTCH CARIBBEAN

STUDENT NAME
Garner, Angela J.

DEGREE(S) CONFERRED:

STUDENT NUMBER: [REDACTED] PROGRAM: Medical Doctor MATRICULATED AS OF: 1/5/1998 DATE ISSUED: 5/6/2024 Medical Doctor Degree - 5/31/2002

DESCRIPTION	GRADE	SCORE	QUAL. UNITS	SEM. PTS.	WEEKS/ HOURS *	DESCRIPTION	GRADE	SCORE	QUAL. UNITS	SEM. PTS.	WEEKS/ HOURS *
WINTER 2000--SABA UNIVERSITY						Fourth Year Clinical--SABA UNIVERSITY					
SESSION DATES 1/3/2000 - 4/13/2000						2001-2002					
Clinical Pathology II	B	83	3.0	24.0	8	Radiology	A				5
Intro. to Clinical Medicine	A	91	4.0	32.0	8	Cardiology	A				4
Medical Board Review	A	90	4.0	40.0	10	Internal Medicine (Elective)	A				4
	ATT	ERN	QPTS	GPA		Emergency Medicine	B				4
CURRENT	26.0	26.0	96.0	3.69		Orthopedics	B				5
CUMULATIVE	145.0	145.0	453.0	3.12		Gastroenterology	B				4
CURRENT STATUS	HONORS					Cardiology	B				4
						Total Weeks: 30					

Third Year Clinical--SABA UNIVERSITY					
2000-2001					
Psychiatry	B				6
OBGYN	C				8
Internal Medicine	A				12
Pediatrics	B				6
Surgery	B				12
					Total Weeks: 44

***** END OF TRANSCRIPT *****

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MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

Paula Bosson

University Registrar

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TRANSCRIPT - GUIDE PRINTED ON REVERSE

Form 2 (MD)

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

**PRIMARY
SOURCE**

Email form to: Licensing@okmedicalboard.org

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

Verification of Graduate Medical Education

Applicant's Name Angela Garner, MD

Institution: University of Missouri-Kansas City School of Medicine City/State Kansas City, MO

Training Level: (e.g. 1, 2, 3, etc.) 1-3 Specialty/Subspecialty Internal Medicine From: 7 / 1 / 02 To: 6 / 30 / 05
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____ / ____ / ____ To: ____ / ____ / ____
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

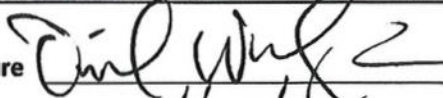
Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____ / ____ / ____ To: ____ / ____ / ____
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____ / ____ / ____ To: ____ / ____ / ____
 Internship Residency Chief Residency Fellowship Research **Successfully Completed?** YES NO IN PROGRESS
 Accredited By: ACGME LCGME RSC CFPC RCPSC None of these

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

Please attach separate document for "YES" response(s) from above

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

Name: David Wooldridge Signature 
 Title of Signatory: Program Director Signature Date 4/23/24
 Phone: 816 404 0950 Fax: 816 404 0959 E-Mail: wooldridged@umkc.edu



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfmg.org

Issue Date: 23 Apr 2024

To: STATE BOARD OF LICENSURE & SUPERVISION
LISA CULLEN
DIRECTOR OF LICENSING
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on
all requests.

**PRIMARY
SOURCE**

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 0-614-958-7

Applicant's Name: Angela Jane Garner

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 11 Jun 2002

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

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Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	28 Jun 2000	*	*
USMLE Step 2 CK	26 Sep 2001	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
ECFMG Clinical Skills Assessment	Nov 2001

Most Recent Passing Performance on English Test: Apr 2001

Name of Medical School and Country: Saba University School of Medicine, The Bottom, SABA

Degree Year: 2002

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfmg.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: 6JM8WZ33Z2

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

† Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

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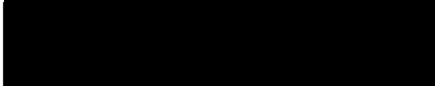
AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

ANGELA JANE GARNER



Primary Office Address

15600 WOODS CHAPEL RD
KANSAS CITY, MO 64139-1354

Phone UNKNOWN

Birth date



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Physician's major professional activity

OFFICE BASED PRACTICE

PRIMARY
SOURCE

Self-designated practice specialty

INTERNAL MEDICINE (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1952366692	04/18/2006	NOT RPTD	NOT RPTD	NOT RPTD	04/19/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

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On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: SABA UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	NOT REPORTED	Degree Date:	2002

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE
Sponsoring State:	MISSOURI
Specialty:	INTERNAL MEDICINE
Dates:	07/01/2002 - 06/30/2005
Status:	COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a



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designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

PRIMARY SOURCE

Certifying board: AMERICAN BOARD OF INTERNAL MEDICINE
Certificate: HOSPICE AND PALLIATIVE MEDICINE
Certificate type: SUB-SPECIALTY

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	01/01/2023	n/a	04/01/2025	RE-CERT	05/14/2024	Y
TIME LIMITED	Expired	10/04/2012	12/31/2022		INITIAL	05/14/2024	Y

Certifying board: AMERICAN BOARD OF INTERNAL MEDICINE
Certificate: INTERNAL MEDICINE
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	10/02/2015	n/a	04/01/2025	RE-CERT	05/14/2024	Y
TIME LIMITED	Expired	08/23/2005	12/31/2015		INITIAL	05/14/2024	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2024 American Board of Medical Specialties. All rights reserved.

+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
153344	MD	FL	10/14/2021	01/31/2026		ACT	UNL	05/03/2024	ANGELA GARNER
2005018781	MD	MO	07/01/2005	01/31/2025	12/22/2023	ACT	UNL	05/02/2024	Angela Jane Garner

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License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
04-33114	MD	KS	06/21/2008	07/31/2024	05/23/2023	ACT	UNL	05/10/2024	Angela Jane Garner
E-16129	MD	AR	12/02/2022	05/31/2024		ACT	UNL	04/15/2024	Garner, Angela Jane

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

- ▶ **Medical Licensing Boards:** *ACTION REPORTED*. Contact the state board for KANSAS.
- Medicare/Medicaid Sanctions from DHHS:** NO ACTIONS REPORTED AT THIS TIME
- US DOJ Drug Enforcement Administration:** NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----568	C-0	22N 33N 4 5	Active	09/30/2026	Paid	05/14/2024	14700 E 42nd St S Independence, MO 64055-4773

* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG certification

Applicant Number: 06149587

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile information



The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

EVIDENCE OF STATUS - PART A

Full Legal Name: Angela Jane Garner
Mailing Address: [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted] Telephone Number: [Redacted] Social Security #: [Redacted]

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
United States passport (except limited passports, which are issued for periods of less than five years)
Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Handwritten Signature] Date 4/3/24
Subscribed and sworn before me this 3 day of April, 2024

Notary Public Pamela K. Bailey
Commission Number 14617782
My commission expires May 19, 2026

NOTARY SEAL
PAMELA K. BAILEY
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
MY COMMISSION EXPIRES MAY 19, 2026
JACKSON COUNTY
COMMISSION #14617782

Handwritten initials: 43646 MAF

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

RECEIVED

APR 25 2024

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wisser Road Euless, TX 76039-3855 (817) 868-4000 www.FSMB.org

6. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.
 7. **Evidence of Status Form** - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
 8. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
 9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
 10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. **Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

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

Angela Garner, MD _____ 3/4/24
 Name of Applicant (type or print) Signature of Applicant Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

43646
 mt

05/16/2024

ANGELA JANE GARNER



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP24134957
Password:Last 4 SSN

RE: MD Application #43646

Dear ANGELA GARNER,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE: "YES" ANSWER ON APPLICATION Time Deficiency Form for: 5/1981- 6/1983; 12/1997- 6/1998; ARE YOU CURRENTLY WORKING AT AMEDISYS HOSPICE AND ONE COMMUNITY AS A MEDICAL DIRECTOR?- MUST USE TIME DEFICIENCY FORM
OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS AN MD?

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP24134957 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Mary Teter

Mary Teter

Dept. of Licensing

Encl

Name:	Angela Garner, MD	Application #	AP24134957
--------------	-------------------	----------------------	------------

We must account *for any/all time from your 18th birthday to present.* Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
05	1981	06	1983	Wichita State University	Wichita	KS	BSN
12	1997	96	1998	Donnelly College	KC	KS	n/a

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
08	2018	PRES	ENT	Amedisys Hospice Care	Overland Park	KS	Medical Director

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	

RECEIVED 6/26/2024
43646
VB

From: [REDACTED]
To: [Licensing](#)
Subject: [EXTERNAL] info needed
Date: Monday, May 20, 2024 3:54:30 PM
Attachments: [To Whom It May Concern-ltr01 .pdf](#)
[Final Release Settlement and Confidentiality Agreement - Garner \(signed\).pdf](#)
[Time deficiency form.pdf](#)

Hello,



I am currently working as an MD. I am medical director for Amedisys and One community hospice.

Attached is the information requested.

I am not sure when I can get a notarized statement regarding the malpractice case. I have attached the settlement statement and letter from my attorney that explains it all. I also have my own statement I provided on my NPDB.

Its very simple. Was a contamination case of ecoli in Stem cells. It was a nationwide issue and many, many lawsuits against the company. They ran out of money..so we were all sued. They even made a podcast about it called " Bad Batch."

If I still need to type out an explanation and have it notarized I can, but working full time its tough to get to bank during the day.

Thank you
angela garner

- WHEN WAS THE LAST TIME YOU PRACTICED AS AN MD?
- ARE YOU CURRENTLY WORKING AS DIRECTOR FOR AMEDISYS AND ONE COMMUNITY?

Mary Teter

From: Mary Teter
Sent: Friday, July 26, 2024 12:14 PM
To: [REDACTED]
Subject: Oklahoma Medical Licensure Application

Your application for licensure in the state of Oklahoma has been reviewed by the Board Secretary. Your application will be sent to the Medical Board for electronic voting on Friday, August 2, 2024.

You were not approved for temporary licensure per the Board Secretary.

Per the Oklahoma Administrative Code 435:1-1-7 (b)(2), **“All fees are non-refundable.”**

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

Ms. Mary Teter, Application Analyst
Oklahoma State Board of Medical Licensure & Supervision
101 NE 51st Street, Oklahoma City, OK 73105
Phone: 405-962-1400 ext. 152
Email: mteter@okmedicalboard.org
Website: <http://www.okmedicalboard.org>



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JUL 26 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

43646
mt



Oklahoma Board of Medical Licensure and Supervision



Search Results

Last Update: Tuesday, July 23, 2024 3:55 AM CDT

GILMORE, LAURA SHANNON							
Practice Address: 102 N S BROADWAY AVE CARNEGIE OK 73015 Address last updated on 2/5/2024		Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO Medical School: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 Graduated: 6 / 2002 CME Year: 2027					
Phone #: Fax #: County: CADDO License: 22979 Dated: 4/26/2006 Expires: 4/1/2025 License Type: Medical Doctor Specialty: General Practice Other Specialty							
Pending and/or Past Disciplinary Actions: No Disciplinary Action Taken.							
<i>All information below is entered by the licensee but not verified by the Oklahoma Medical Board.</i>							
Certifications: New Patients: Yes Medicaid: Yes Medicare: Yes HMO/PPO: Aetna Elect Choice Aetna HMO Aetna Managed Choice Aetna PPO AmCare Health Plans of Oklahoma, Inc (formerly Foundation Health) BCE Emergis Beechstreet PPO Blue Cross Blue Shield-Blue Preferred Blue Cross Blue Shield-Blue Traditional Blue Cross Blue Shield-Plan 65 Select Blue Works Workers Comp BlueChoice PPO BlueLincs HMO CCN Managed Care Champ VA CIGNA HMO CIGNA PPO CommunityCare HMO, Inc CommunityCare Senior HMO CompMed Coventry Health Care National Network Dept of Rehabilitation Services (DRS) Evolutions Healthcare First Health Focus Healthcare Galaxy Health Network Global Health HMO Great West Healthcare Guidestar Health Systems Health Payors Organization (HPO) Health Smart Preferred Care (HSPC) HealthChoice Heartland Health Plan of Oklahoma Humana ChoiceCare Humana Medicare Advantage PPO Humana Tricare/PGBA Medicare Blue Multiplan PPO National Preferred Provider Network (NPPN) Oklahoma Health Network PPO		Locations: 102 N S BROADWAY AVE CARNEGIE OK 73015 Phone #: Fax #: 1322 Klabzuba Ave Prague, OK 74864 Phone #: (405) 567-4922 Fax #: (8) 202- 809 NE HWY 60 Seiling, OK 73663 Phone #: (580) 922-7373 Fax #: (1) 202- 1101 E 15th St Pawhuska, OK 74056 Phone #: (918) 287-3232 Fax #: (1) 202- 3700 N Kickapoo Ave #132 Shawnee, OK 74804 Phone #: (405) 878-6641 Fax #: (2) 201- 2716 W Gore Blvd C Lawton, OK 73505 Phone #: (580) 357-3280 Fax #: (4) 201-		Hours: Mon: Tue: Wed: Thu: Fri: Sat: Sun: Mon: Tue: Wed: Thu: 8:00AM - 5:00PM every other week Fri: Sat: Sun: Mon: Tue: Wed: Thu: 8:00AM - 5:00PM every other week580 Fri: Sat: Sun: Mon: Tue: Wed: 8:00AM - 5:00PM every other week Thu: Fri: Sat: Sun: Mon: PRN coverage Tue: PRN coverage Wed: PRN coverage Thu: PRN coverage Fri: PRN coverage Sat: Sun: Mon: PRN coverage Tue: PRN coverage Wed: PRN coverage Thu: PRN coverage Fri: PRN coverage		Languages:	

GILMORE, LAURA SHANNON															
<p>One Health Plan PPO OSMA Health (formerly Plico PPO) PacifiCare Commercial HMO PacifiCare of Oklahoma, Inc Perfect Harmony HMO PHCS (Private Healthcare Systems) Physicians Direct Network PPO Oklahoma PPO USA Preferred Community Choice Preferred Health Network-ppoNEXT Prime Advantage Health Plan Private Healthcare Systems (PHCS) Pronet Prudential Health Care Plan, Inc Railroad Medicare Secure Horizons HMO SoonerCare HMO SoonerCare PPO Sparks Premiercare Texas Medicaid Tricare for Life Tricare Standard Tyson Preferred Network (TPN) UniCare Health Plans of Oklahoma United Healthcare Choice United Healthcare EPO United Healthcare HMO United Healthcare Options PPO United Healthcare POS United Insurance USA Managed Care Welcor/Sooner Worknet of Oklahoma</p> <p>Hospital Privileges: AllianceHealth Durant Durant, OK Carnegie Tri-County Municipal Hospital Carnegie, OK Comanche County Memorial Hospital Lawton, OK Pawhuska Hospital, Inc. Pawhuska, OK Prague Regional Memorial Hospital Prague, OK Seiling Municipal Hospital Seiling, OK SSM Health St. Anthony Shawnee Hospital (fmly Unity Health Ctr) Shawnee, OK</p>	<p>Sat: Sun:</p>														
	<p>Primary Supervisees(s):</p> <table border="0"> <thead> <tr> <th>Name:</th> <th>Type:</th> <th>License Number:</th> <th>Full/Part Time:</th> </tr> </thead> <tbody> <tr> <td>DANA LAU</td> <td>APRN</td> <td>103316</td> <td></td> </tr> <tr> <td>ABBIE MCLEMORE</td> <td>APRN</td> <td>113722</td> <td></td> </tr> </tbody> </table>				Name:	Type:	License Number:	Full/Part Time:	DANA LAU	APRN	103316		ABBIE MCLEMORE	APRN	113722
Name:	Type:	License Number:	Full/Part Time:												
DANA LAU	APRN	103316													
ABBIE MCLEMORE	APRN	113722													

From: [REDACTED]
To: [Lisa Cullen](#)
Subject: [EXTERNAL] Re: MD 22979, request to increase midlevel supervision
Date: Tuesday, July 23, 2024 10:33:32 AM
Attachments: [image001.png](#)

Good morning. Yes, this is a correct and current list. My company has requested an increase from me to accommodate expansion plans currently underway.

Thank you so much for your quick response.

Get [Outlook for Android](#)

From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Tuesday, July 23, 2024 10:20:57 AM
To: [REDACTED]
Subject: RE: MD 22979, request to increase midlevel supervision

Dr. Gilmore,

I have received your request. I have attached the supervisees you currently have listed on your license. This list must be correct. Additionally, it appears that you are only utilizing 2 of the allowed 6 midlevel practitioners, is this correct?

Please advise.

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

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



From: Licensing <licensing@okmedicalboard.org>
Sent: Monday, July 22, 2024 10:14 AM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: MD 22979, request to increase midlevel supervision

From: Laura Gilmore [REDACTED]
Sent: Sunday, July 21, 2024 10:51 AM
To: Licensing <licensing@okmedicalboard.org>
Subject: [EXTERNAL] MD 22979, request to increase midlevel supervision

Good morning. I am a supervising physician for a company who sends providers into homes to provide wound care services. The need for these services is increasing due to the hardships many of our chronic wound patients face due to their overall health and mobility status, financial restraints, difficulties arranging transportation to outpatient wound clinics, other limitations, or any combination of these factors. I am therefore requesting an increase in the number of mid-levels I may supervise to 10 in order to compensate for the increased need we are seeing.

Thank you so much for your consideration.

Dr Laura S Gilmore, MS, MD

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

***Policy for Physicians Requesting Permission to Supervise Additional
Physician Assistants and/or Advanced Practice Registered Nurses***

All requests by a licensed physician for permission to supervise additional (above the allowed six in any combination) physician assistants and/or advanced practice registered nurses shall include a list of all the physician's current supervisees and must be received by the Board in writing and signed by the physician no later than 14 30 calendar days prior to the next regularly scheduled board meeting in order to be considered at that board meeting. Exceptions may apply in emergency situations.

Originally adopted: June 2019

First amendment adopted: June 2022

Proposed second amendment: September 2024

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

Minutes

The Board of Medical Licensure and Supervision met on July 25, 2024, in accordance with the Oklahoma Open Meeting Act and the Administrative Procedures Act. This meeting was held in the Board Office at 101 NE 51st Street, Oklahoma City, Oklahoma. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on July 24, 2024, at 8:09 a.m. pursuant to 25 O.S. § 311.A.9.

Members present:

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

Members absent:

Steven Katsis, MD
 Jessica Keller, MD
 Don Wilber, MD

Others present included:

Sandra Harrison, JD, Interim Executive Director
 Billy Stout, MD, Board Secretary
 Emery Reynolds, MD, Medical Advisor
 Robert C. Margo, JD, Board Legal Advisor
 Barbara Smith, Executive Secretary
 Lisa Cullen, Director of Licensing
 Joseph L. Ashbaker, AAG
 Alex Pedraza, AAG
 Jason Fennell, I.T. Administrator

Mr. Nutt, 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.

Sandra Harrison, Interim Executive Director, made brief opening remarks. Ms. Harrison advised that police officers were here for security and anyone appearing before the Board should see the receptionist if they have any questions.

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.

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.

Further, the order of matters on the agenda has been changed from previous practice to allow the disciplinary matters to be considered first. Mr. Margo stated that, in his opinion, most people are fresher in the morning and it allows the participants to better plan their day. Also, there is no time constraint with the disciplinary matters being heard at the top of the agenda which the Board sometimes runs into with disciplinary matters being placed at the bottom of the agenda. In closing, Mr. Margo advised he will introduce each agenda matter with the president's permission.

ALAN AKIRA HASEGAWA, MD, due to illness, did not appear in response to allegations of unprofessional conduct. David Russell, Defendant's counsel, was unable to appear due to issues with his vehicle. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State, and gave a brief history of the matter. He presented an executed Voluntary Submittal to Jurisdiction for the Board's consideration. Mr. Ashbaker stated his license is currently inactive. The Board pointed out that the third sentence on the first page of the document should have "Interim" in front of "Executive Director." The Board also pointed out that in the formal Complaint, which is on page 20 in the board notebook, another doctor's name is mentioned instead of Defendant's name. Dr. Holder moved to accept the Voluntary Submittal to Jurisdiction with the corrections stated above. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

DAVID GUY HEON, MD, did not appear in response to Notice of Intention to Impose Administrative Remedy. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Pedraza gave a brief history of the matter. The following exhibits were admitted without objection:

- Exhibit No. 1 – Notice of Administrative Fine
- Exhibit No. 2 – Proof of Service
- Exhibit No. 3 – Answer
- Exhibit No. 4 – Payment of fine

Following review and discussion, including questioning of counsel by Mr. Margo regarding proper service, Dr. Vanhooser move to ratify the administrative fine. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

GAYLA R. WATTS-SPARGER, RC, appeared personally in response to allegations of unprofessional conduct. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State, and gave a brief history of the matter. He then presented a Voluntary Submittal to Jurisdiction (“VSJ”) for the Board’s consideration. Mr. Margo confirmed with Defendant that she is aware she has a right to counsel and wishes to move forward without the benefit of counsel. The Board pointed out several issues with the language and errors contained in the VSJ as presented. Following review and discussion, Mr. Hall moved to adopt the Voluntary Submittal to Jurisdiction subject to the corrections of deleting paragraphs 10 “b” and “c” and the document being re-signed and notarized. Defendant verbally agreed to the changes and she does not wish to consult with a lawyer regarding the changes to the document. Ms. Keast seconded the motion and the vote was unanimous in the affirmative.

DAVID MATTHEW YOUNG, MD, did not appear for the presentation of his Surrender Lieu of Prosecution. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Pedraza gave a brief history of the matter and advised that this is a Surrender in Lieu of Prosecution provided prior to a Complaint and Citation being filed. Mr. Bullard moved to accept the Surrender in Lieu of Prosecution as presented. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

Dr. Chambers RECUSED from the following matter.

Next, **STEVEN B. SKARKY, MD**, appeared personally in support of (Defendant’s) Motion to Modify Probation. Gary Ricks, Board Compliance Officer, appeared on behalf of the State. All witnesses expected to testify were sworn. Dr. Skarky stated that he understands he has a right to counsel and desires to move forward in this matter without the benefit of counsel. Mr. Ricks presented a brief history of the matter and stated that Staff is not opposing this motion. Dr. Skarky wishes to modify Paragraph 5, subparagraph h (iii) of the Order Accepting Voluntary Jurisdiction dated January 19, 2023. Polygraph experts have previously stated if polygraph examinations are administered too frequently, a participant will become very robotic and the results are often skewed. Dr. Skarky is requesting the polygraph testing be reduced from quarterly to bi-annually for the remainder of his probation. Mr. Hall moved to approve Defendant’s Motion to Modify Probation. Ms. Keast seconded the motion and the vote was unanimous in the affirmative.

Dr. Chambers rejoined the meeting.

LOWELL JAMES ROBERTSON, MD, appeared for review of his agreement. Gary Ricks, Board Compliance Officer, appeared on behalf of the State. John Kuhn, MD, Director of Oklahoma Health Professionals Program, Inc., appeared in support of the physician. All witnesses expected to testify were sworn. Mr. Ricks gave a brief history of the matter and Dr. Robertson shared his recovery journey with the Board. The agreement is set to automatically end September 15, 2024, and no action is required from the Board. The Board congratulated Dr. Robertson on his hard work and success with recovery.

The Board took a 10-minute recess.

Roll was called for purposes of establishing a continued quorum for the record.

ALEXANDRA CORRIGAN, MD, appeared electronically in support of her application for full medical license. All witnesses expected to testify were sworn. Billy H. Stout, MD, Board Secretary, gave a brief history of the matter and presented an Agreement for Licensure for the Board's consideration. Mr. Margo confirmed with the applicant she had a right to counsel which she waived. Following review and discussion, Dr. Holder moved to approve the application under terms of agreement. Ms. Keast seconded the motion and the vote was unanimous in the affirmative.

GREGG VALENZUELA, MD, appeared in support of his application for full medical license. All witnesses expected to testify were sworn. Following review and discussion, Ms. Keast moved to approve the application for licensure. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

NATHAN BOREN, MD, appeared in support of his request to supervise up to eight (8) mid-level practitioners. All witnesses expected to testify were sworn. Dr. Boren answered questions regarding his medical practice setting. Following review and discussion, Dr. Holder moved to approve the request. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

Next, **Sandra Harrison** presented the **Interim Executive Director's Report** to the Board:

- **Statistics** – The Medical Board currently licenses just under 30,000 practitioners with 20,000 of those currently actively practicing. The agency is in the process of hiring another individual to process Compact licenses.
- **Issues** – The Board of Osteopathic Examiners recently sent correspondence to out of state prescribers regarding CDS being prescribed in Oklahoma. Information has been posted on our website and Ms. Harrison has met with other agencies impacted by this issue. The med spa issue has been under much consideration and the Medical Board is co-chairing a workgroup reviewing med spas as they relate to current statutes.
- **Legislation/Interim Studies** – All allied professionals will now be afforded all administrative remedies effective November 1, 2024. Ms. Harrison reported that there is currently a short list of items that bills will need to address in the next session.
- **Interim Studies** – All house interim studies have been approved and Ms. Harrison may be required to testify at the studies.
- **Rulemaking** – The PA Advisory Committee recently approved rule amendments and those are on their way through the formal rulemaking process. The approved rule amendments were a collaborative effort. There will be MD rules presented later in the year. In the future, board staff will work to avoid rulemaking during the holidays.
- **Executive Orders** – Ms. Harrison reported that Executive Order 2024-12 amends the method for contracting with public relations firms and state agencies will be moving to a statewide contract method. On June 17th of this year, Governor Stitt also issued an Executive Order which details an Efficiency in Licensing Task Force.
- **Operational** –
 - Lisa Cullen was recognized for becoming a Certified Medical Board Licensing Specialist by the Federation of State Medical Boards and Administrators in Medicine.

- Valeska Barr will attend the PA Licensing Compact Annual Meeting later this year as Oklahoma's PA Compact Commissioner. The meeting will be held in Washington, DC.
- Dela Kwetey was recognized for 32 years of service on board staff.
- An all-staff meeting was held on July 3rd where Ms. Harrison re-introduced herself and set expectations for the staff.
- Ms. Harrison advised that the 2025 budget has been officially approved.
- Staff has assisted the Department of Education regarding the use of inhalers in Oklahoma school systems.
- The Social Work Board will no longer be contracting with us for investigations and our meeting space.
- And currently, Ms. Harrison and staff are reviewing various work processes. Staff members have come up with good ideas, specifically related to special licenses and the APPA program.

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

- (a) Approval of **Minutes of the June 27, 2024 Board Meeting**
- (b) Ratification of **licensure applications** previously approved via Board Secretary or circularization (*Attachment #1 to agenda*)
- (c) Ratification of **re-registration applications** previously approved pursuant to 59 O.S. § 495a.1 (*Attachment #2 to agenda*)
- (d) Ratification of **MD Compact licenses** (initial and renewal) issued from June 1, 2024 to June 30, 2024 (*Attachment #3 to agenda*)
- (e) Approval of the **Physician Assistant Advisory Committee recommendations**
- (f) Reappointment of **Suzanne Heppel, MT-BC**, and **Shelly Welsh, MS, CCC-SL**, to the **Music Therapy Committee** for additional terms of three years set to expire on July 1, 2027
- (g) Reappointment of **Leah Davidson, LP**, and **Justin Stone, LP**, to the **Oklahoma State Board of Examiners of Perfusionists** for five-year terms set to expire on July 1, 2029
- (h) Reappointment of **Carrie Dooly, RE**, to the **Registered Electrologists Advisory Committee** for a three-year term set to expire October 1, 2027
- (i) Appointment of **Kyle Stanley, DPT, PT**, to the **Physical Therapy Advisory Committee** to fill the seat previously held by Kelly Berry, PT, for a three-year term set to expire on July 1, 2027
- (j) Appointment of **Lisa Ball, RC**, to the **Respiratory Care Advisory Committee** to fill the seat previously held by Melody Beard, RC, for a four-year term set to expire on July 25, 2028

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

There being no further business, Mr. Nutt moved to adjourn the meeting. The time was 11:00 a.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 July 30, 2024, and made the following recommendations to the Board:

RECOMMENDATION #1: Recommend approval of the application of **BRANDY BROWN** by endorsement.

RECOMMENDATION #2: Recommend approval of the request of **ANNA FOGLE, OT**, to supervise more than four (4) OTAs through October 31, 2024, including maintaining the required records as set forth in the letter dated June 27, 2024.

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

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

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

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

RECOMMENDATION #7: Recommend approval of the incomplete application(s) for Occupational Therapist licensure as listed on *Attachment #1* hereto.

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

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

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

RECOMMENDATION #11: Recommend denial of the CEU courses listed on *Attachment #3* hereto which were previously recommended for denial by the reviewers.

RECOMMENDATION #12: Recommend tabling the following CEU courses recommended for committee review, as listed on *Attachment #4* hereto, pending receipt of additional information to include course objectives and information directly related to the practice of Occupational Therapy: *Principles, Systems and Body Organization, Ankrum Institute; Treating the Foot, Knee and Leg, Ankrum Institute; and Treating the Sacrum, Ankrum Institute.* listed on

INCOMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS

OA 2652	WILLIS, JAMIE DAWN
OA 2654	PAXTON, KATHERINE BERGHORN
OA 2656	GUTIERREZ, JOSE
OA 2657	FORD, TAWNY LYNN
OA 2658	HODGE, ASHLYN R
OA 2660	SWAIM, KELLI LYNN
OA 2661	ALVIS, MARTHA ANNE
OA 2662	GONZALEZ, HAYLEY
OA 2663	HUFFORD, AUTUMN
OA 2665	SHAW, SEANNAH ROSE
OA 2666	GRAMM, GRAYCIE PAIGE
OA 2667	RAFFERTY, HALEY REBECCA
OA 2668	HEADRICK, SPENCER
OA 2669	OLVERA, REYNA ALEJANDRA
OA 2670	RAGAN, ALEXIS RAE
OA 2671	JACKSON, LEONARD
OA 2672	ORTEGA, NAILEA
OA 2673	SATTERFIELD, KYLA JO
OA 2674	STAFFORD, AMANDA VIOLET
OA 2675	WILSON, AVERY DRU
OA 2676	HERNANDEZ, AUDRIE LYNN
OA 2677	SMITH, MESKE RAE
OA 2678	MCMANN, SYDNI RE'ANN
OA 2679	MCCOY, NICOLE ROSE
OA 2680	WINTERS, JARED COLE
OA 2681	WADLEY, BROOKLYN SHAE
OA 2682	MAHONEY, JAZZY STAR

INCOMPLETE OCCUPATIONAL THERAPIST ASSISTANT REINSTATEMENT APPLICATION

OA 1655	HOUSTON, ERIN LOIS
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COMPLETE OCCUPATIONAL THERAPIST ASSISTANT REINSTATEMENT APPLICATION

OA 2167	WHITTENBERG, TIFFANY RAE
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COMPLETE OCCUPATIONAL THERAPIST ASSISTANT APPLICATIONS

OA 2651	COLON, JASMINE F
OA 2653	VAUGHN, LINSEY G
OA 2659	COHEE, TIONA
OA 2664	HARRIS, STACY RENEE

INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS

OT 5948	WEBB, MCKENNA M
OT 5955	WHITFIELD, KEELY RAE
OT 5957	DAROY, ADEA MARI ALCAIDE
OT 5958	SULLIVAN, SHANNA
OT 5964	CHAVEZ, JAZMIN
OT 5966	BURNS, IRIS WOOD

INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS (CONTINUED)

OT 5967	BELL-MORROW, TIFFANY
OT 5968	DOTSON, SAVANNAH ROSE
OT 5969	THOMAS, DANIELLE
OT 5970	STIEFEL, NICOLE
OT 5971	NOBLE, MADISON BROOKE
OT 5972	THORNBURG, TIERANEY MARI'L
OT 5973	WYLIE, CRYSTAL FAITH
OT 5974	PRUSMACK, SARAH R
OT 5975	DOSSER, KAYLEY
OT 5976	BOATRUGHT, HAYLEE MAKENZI
OT 5977	LEE, JULIENNE ELIZABETH
OT 5978	KRISULEVICZ, KAITLYN
OT 5979	BUSSELLE, AUTUMN DAWN
OT 5981	FROST, TABETHA
OT 5982	BEITZEL, MEGAN ELIZABETH
OT 5983	HAMMOND, KALEIGH NICOLE
OT 5984	WILLIAMS, LAURA
OT 5985	NEU, JENNIFER
OT 5986	HORWATH, KATHRYN
OT 5987	HARRIS, BRITTON BREANN
OT 5988	WISHALL, ALYSSA
OT 5989	HANCE-MOBLEY, PATRICIA M
OT 5990	EUGENE, BRITTON
OT 5991	JONES, CASSIDY

INCOMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATION

OT 1386	SUGGS, FRITZIE Q
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COMPLETE OCCUPATIONAL THERAPIST APPLICATIONS

OT 5949	LAWLER, KATIE LEIGH
OT 5950	FLETCHER, HANNA MARIE
OT 5951	BARTLETT, SARAH LORRAINE
OT 5952	SCHENK, CHRISTINA LYNN
OT 5953	DELUCA, BROOKE DANIELLE
OT 5954	MEJIA, JENNIFER L
OT 5956	TRICE, BREONA
OT 5959	REDICK, ROBERT GARY
OT 5960	MARSHALL, BROOKE ALEXIS
OT 5961	MEDLIN, MCKINLEY LYNN
OT 5962	FANG, SAMUEL CHEN
OT 5963	GALVAN, ELISA ORALIA
OT 5965	LANE, DANAE JOY
OT 5980	REYNOLDS, MARIE ELISE

**COURSES RECOMMENDED FOR APPROVAL
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LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	ACTION SEATING & MOBILITY	ACTNow 2024	13	RECOMMEND APPROVAL OF 13 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 13 CEUS AS REQUESTED LGL
	GREAT LAKES SEMINARS	Understanding Pain: Reducing Perceived Threat by Changing Perception	4	BASED ON COURSE OBJECTIVES AND LECTURE TITLES, 4 CEUS (OF THE 8.5 REQUESTED) ARE RECOMMENDED FOR APPROVAL AS RELEVANT TO OCCUPATIONAL THERAPY PRACTICE. MC	7/30/2024	BASED ON COURSE OBJECTIVES AND LECTURE TITLES, 4 CEUS (OF THE 8.5 REQUESTED) ARE RECOMMENDED FOR APPROVAL AS RELEVANT TO OCCUPATIONAL THERAPY PRACTICE. MC
	LITTLE LIGHT HOUSE	Assistive Technology in the Classroom	2.5	RECOMMEND 2.5CEU APPROVED AS REQUESTED.	7/30/2024	RECOMMEND 2.5CEU APPROVED AS REQUESTED.
	LITTLE LIGHT HOUSE	LAMP: Words for Life on iOS and Assistive Technology in the Classroom	8.5	RECOMMEND 8.5 CEUS BE APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 8.5 CEUS BE APPROVED AS REQUESTED. MC
	LITTLE LIGHT HOUSE	Meeting the Sensory Needs of Young Children	9.5	RECOMMEND 9.5 CEUS AS REQUESTED. MC	7/30/2024	RECOMMEND 9.5 CEUS AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Functional Neurological Disorders	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Health Literacy: The Role of Practitioners in a Client's Right to Understand	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Principles of Orthopedic Management of the Lumbar Spine Objective Examination and Interpretation	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Extensor Tendon Repair Rehabilitation	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Extensor Tendon Repair Rehabilitation	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Community Reintegration and Functional Therapy for the Inpatient Rehabilitation Population What is it and Why is it Important	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Advanced Pulsed Shortwave Diathermy - Online	1.5	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Therapy Tests and Measures - 1 Hour - Online	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Progressive Resistance Exercise for Aging Adults - Online (1.5)	1.5	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Electrode Application and Safety - Online	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Advanced Pulsed Shortwave Diathermy	1.5	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC

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LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	CEU INSTITUTE	The Interplay of Neuropsychiatric and Psychosocial Factors in Acquired Brain Injury (1hr)	1	RECOMMEND 1 CEU AS REQUESTED. MB	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MB
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Mouth, Feeding and Speech Development	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Mouth, Feeding and Speech Development	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Health Literacy The Role of Practitioners in a Clients Right to Understand	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Principles of Orthopedic Management of the Lumbar Spine	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Community Reintegration and Functional Therapy for the Inpatient Rehabilitation Population: What it is and Why it's Important	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Community Reintegration and Functional Therapy for the Inpatient Rehabilitation Population: What it is and Why it's Important	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Neuro Examinations for the Outpatient Therapist	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Neuro Examinations for the Outpatient Therapist	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	LITTLE LIGHT HOUSE ACADEMY	Teaching Strategies: Let's Play!	3	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC
	LITTLE LIGHT HOUSE ACADEMY	Teaching Strategies: Let's Play!	3	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC
2463	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
632	AOTA	American Occupational Therapy Association membership	2	RECOMMEND 2CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 2CEU APPROVED AS REQUESTED.KM
2064	Rocky Mountain University of Health Professions	Leadership in OT Capstone Healthcare Advocacy Use and design of evidence-based practice	30	RECOMMEND APPROVAL OF THE MAXIMUM (30) CEUS FOR 9 CREDIT HOURS OF POST-PROFESSIONAL OTD COURSEWORK COMPLETED IN DECEMBER 2022. MC	7/30/2024	RECOMMEND APPROVAL OF THE MAXIMUM (30) CEUS FOR 9 CREDIT HOURS OF POST-PROFESSIONAL OTD COURSEWORK COMPLETED IN DECEMBER 2022. MC

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LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
292	Family Support and Prevention Service, Oklahoma State Dept of Health	Motivational Interviewing	6.5	RECOMMEND 6.5CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 6.5CEU APPROVED AS REQUESTED.KM
5456	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
1880	Caddo Kiowa	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
562	St. Catherine University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
5615	Structure & Function Education	Dry needling for UE	25	RECOMMEND 25 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 25 CEU APPROVED AS REQUESTED. KM
292	SoonerStart	Feeding and Eating in Early Intervention	10.5	RECOMMEND 10.5 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 10.5 CEU APPROVED AS REQUESTED. KM
292	LinkedIn Learning	Tech Ethics: Avoiding Unintended Consequences	0.75	RECOMMEND 0.75 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 0.75 CEU APPROVED AS REQUESTED. KM
292	LinkedIn Learning	Tech on the Go: Ethics in Cybersecurity	0.5	RECOMMEND 0.5 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 0.5 CEU APPROVED AS REQUESTED. KM
5732	ICTC/Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED. KM
1966	Home CEU	HIPPA and YOU	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
790	Integrus Health	Caregiver Resiliency	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Jim Thorpe Clinical Development	Pushing Back Against Pusher's Syndrome	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Motor Learning and the OPTIMAL Theory	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Wound Care: An Overview of Assessment and Management Principles	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
790	Integrus Health	Caring for Transgender and Gender Diverse Patients	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Recognizing when to Call a Code Stroke	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Braking the Cycle: A Case for Prioritizing Diabetes Management in Therapy	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
1974	Oklahoma State Department of Education	Eligibility & IEP Alignment	1.5	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL

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LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5540	Summit	Practical Application of Reflex Integration - Assessing Underlying Patterns for Improved Functional Outcomes	2	RECOMMEND APPROVAL OF 2 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 2 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Neglect following aquired brain injury	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Breaking the cycle:A case for prioritizing diabetes management in therapy	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Seating and positioning:Acheiving desired outcomes	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Oklahoma ABLE Yech: The state assistive technology program for Oklahoma	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Seating and positioning:Acheiving desired outcomes	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	LAVT BIG: Introduction	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Brain injury from a patients perspective	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Essential exercises for lower extremity amputee	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Chest x-rays for therapy	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Human Trafficing 201	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Vision and common eye conditions	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Dignity of risk following brain injury	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
1641	Stillwater Medical Center	Oklahoma Able Tech Programs and Services	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
292	Oklahoma Association of Neonatal and Pediatric Therapists	Navigating the Intensive Therapy Scene: Practical Tips for Physical, Occupational, and Speech Therapists presented by Oklahoma Association of Neonatal and Pediatric Therapists	1.5	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL
5697	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	12	RECOMMEND APPROVAL OF REQUESTED 12.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 12.0 CEU'S LGL

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645	OU Department of Rehabilitation	Golden Reflexions on the Past, Present, Future of Occupational Therapy. Carrie Ciro presented at the Sharon Sanderson Lectureship	1.5	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL
5732	ICTC/Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
584	Integrus Health	Amputation education and precautions	0.5	RECOMMEND APPROVAL OF .5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF .5 CEUS AS REQUESTED LGL
584	Integrus Health	Pathophysiology and treatment of stroke	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
584	Integrus Health	Autonomic dysreflexia	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2463	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
584	Integrus Health	Anatomy and pathophysiology of the brain	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
5732	ICTC/Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
584	Integrus Health	Spinal cord injury and disease	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
5547	Medical University of South Carolina	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
5832	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
5547	University of Oklahoma Health Sciences Center	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	4	RECOMMEND APPROVAL OF 4 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 4 CEUS AS REQUESTED LGL
790	Integrus Jim Thorpe Clinical Development	Improving Upper Extremity Motor Recovery Following Neurological Injury	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
2088	Integrus Jim Thorpe Clinical Development	Caring for transgender and gender diverse patients	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
2088	Integrus Jim Thorpe Clinical Development	Recognizing when to call a code stroke	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL

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JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1532	University of St Augustine for Health Sciences	OCT5130C - Skills and Techniques for Client Care Management OCT5225C - Process of Occupational Therapy	30	RECOMMEND APPROVAL OF 30 CEUS FOR 4-CREDIT HOUR COLLEGE COURSE. MC	7/30/2024	RECOMMEND APPROVAL OF 30 CEUS FOR 4-CREDIT HOUR COLLEGE COURSE. MC
1532	University of St Augustine for Health Sciences	OCT 5140 - Domain of Occupational Therapy and OCT 5146 - Occupational Engagement & Theories of Practice	30	RECOMMEND APPROVAL OF 30 CEUS FOR 3-HOUR COLLEGE COURSE. MC	7/30/2024	RECOMMEND APPROVAL OF 30 CEUS FOR 3-HOUR COLLEGE COURSE. MC
292	SoonerStart	Implementing Evidence-Based Practices in Early Childhood Intervention	11	RECOMMEND 11 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 11 CEUS APPROVED AS REQUESTED. MC
5615	Herman & Wallace Pelvic Rehabilitation Institute	Herman and Wallace Pelvic Floor Level 1	21.5	RECOMMEND 21.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 21.5 CEUS APPROVED AS REQUESTED. MC
5350	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	12	RECOMMEND 12 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 12 CEUS APPROVED AS REQUESTED. MC
1532	University of St Augustine for Health Sciences	OCT 5 135 C 003 - Anatomy OT	5	RECOMMEND APPROVAL OF 5 CEU'S AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 5 CEU'S AS REQUESTED LGL
703	McBride Orthopedic Hospital	Billing Updates 2024- Shockwave Therapy	2	RECOMMEND 2CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 2CEU APPROVED AS REQUESTED KM
1838	Chrysalis Orofacial	TOTS: Tethered Oral Tissues Specialty Training	14	RECOMMEND 14CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 14CEU APPROVED AS REQUESTED KM
795	Summit	Getting It Right: Therapy Prescription and Dosage	2	RECOMMEND 2CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 2CEU APPROVED AS REQUESTED KM
703	McBride Orthopedic Hospital	Autoimmune Rheumatological Diseases - Overview	1.5	RECOMMEND 1.5CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 1.5CEU APPROVED AS REQUESTED KM
999	Medical University of South Carolina	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	9	RECOMMEND 9CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 9CEU APPROVED AS REQUESTED KM
5441	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL FOR 8 CEU AS REQUESTED. KM	7/30/2024	RECOMMEND APPROVAL FOR 8 CEU AS REQUESTED. KM

**COURSES RECOMMENDED FOR DENIAL
OCCUPATIONAL THERAPY ADVISORY COMMITTEE
JULY 30, 2024**

PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
GREAT LAKES SEMINARS	Finding Dysfunction: A Master Clinician's Approach to Finding the Cause of Patients' Pain	16.5	DO NOT RECOMMEND THIS COURSE FOR CEU APPROVAL FOR OT PRACTICE. THE COURSE IS CLEARLY WRITTEN FOR PT PRACTICE. MC	7/30/2024	DO NOT RECOMMEND THIS COURSE FOR CEU APPROVAL FOR OT PRACTICE. THE COURSE IS CLEARLY WRITTEN FOR PT PRACTICE. MC

**COURSES RECOMMENDED FOR COMMITTEE REVIEW
OCCUPATIONAL THERAPY ADVISORY COMMITTEE
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	ANKRUM INSTITUTE	Principles, Systems and Body Organization	14	DOES NOT APPEAR DIRECTLY RELEVANT TO OCCUPATIONAL THERAPY PRACTICE - REFER TO BOARD FOR REVIEW. MC	7/30/2024	DOES NOT APPEAR DIRECTLY RELEVANT TO OCCUPATIONAL THERAPY PRACTICE - REFER TO BOARD FOR REVIEW. MC
	ANKRUM INSTITUTE	Treating the Sacrum	14	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)	7/30/2024	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)
	ANKRUM INSTITUTE	Treating the Foot, Knee and Leg	14	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)	7/30/2024	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)

ATHLETIC TRAINERS ADVISORY COMMITTEE
Recommendations to the Board

The Athletic Trainers Advisory Committee met on July 31, 2024, and made the following recommendations to the Board:

RECOMMENDATION #1: Recommend approval of the application of **AMBER KNAPP** for Athletic Trainer licensure pending completion of the file.

RECOMMENDATION #2: Recommend approval of the incomplete application(s) for Athletic Trainer licensure pending completion of the file(s) as shown on ***Attachment #1*** hereto.

RECOMMENDATION #3: Recommend approval of the incomplete application(s) for reinstatement of Athletic Trainer licensure pending completion of the file(s) as shown on ***Attachment #1*** hereto.

RECOMMENDATION #4: Recommend approval of the complete application(s) for Athletic Trainer licensure as shown on ***Attachment #1*** hereto.

INCOMPLETE ATHLETIC TRAINER APPLICATIONS

AT 1357	FOSTER, ANNA
AT 1360	MODGLIN, ALLISON
AT 1362	BREDEHOEFT, SYDNEY ANNE
AT 1363	WHITE, JAKOBI
AT 1364	DIAZ, DENISE DANIELLE
AT 1367	GOLDEN, MACKENZIE
AT 1368	DECARRILLO, DAMON LEE
AT 1369	STREIT, GILLIAN MICHAELA
AT 1370	LYONS, ALEXIS W
AT 1372	WRIGHT, JESSICA ELIZABETH
AT 1373	PHILLIPS, OLIVIA JORDAN
AT 1374	AUSTIN, SAMANTHA
AT 1375	HOUSTON, LAUREN MICHEL ESTRIDGE
AT 1376	DETRINGO, COURTNEY AILEEN
AT 1377	DURAN, EMYLEE RENEE
AT 1378	KOMLODI, TATUM BREANNE
AT 1379	LEE, AMBER SKYE
AT 1380	UNKRAUT, CHRISTOPHER DAVID
AT 1381	FERKEL, JOSEPH EDWARD
AT 1382	EGLINTON, JACOB ANDREW

INCOMPLETE ATHLETIC TRAINER REINSTATEMENT APPLICATIONS

AT 521	PURDUM, RACHEL LYNN
AT 683	STOCKETT, JOSEPH CLAYTON

COMPLETE ATHLETIC TRAINER APPLICATIONS

AT 1356	CROSS, BRADY DAVID
AT 1358	GIBBS, PRESTON ALEXANDER
AT 1359	AKANDE, OLANREWAJU
AT 1361	PERESE, HAILEY
AT 1365	NEAL, SHAKOTA LACY CHEYENNE
AT 1366	TAYLOR, MICHAEL J
AT 1371	GEARHART, CONNOR

THE ADVISORY COMMITTEE ON DIETETIC REGISTRATION
Recommendations to the Board

The Advisory Committee on Dietetic Registration of the Board of Medical Licensure and Supervision met on July 31, 2024, and made the following recommendations to the Board.

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

RECOMMENDATION #2: Recommend approval of the complete application(s) for Provisional Licensed Dietitian licensure as indicated on *Attachment #1* hereto.

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

RECOMMENDATION #5: Recommend approval of the complete application(s) for reinstatement of Licensed Dietitian licensure as indicated on *Attachment #1* hereto.

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

INCOMPLETE PROVISIONAL DIETITIAN APPLICATIONS

PD 890	LASHBROOK, ASHTYN HOPE
PD 892	HARPER, KINSEY DAWN
PD 893	CORDELL, ALLYSON
PD 894	GARRETT, EVAN MICAHLA

COMPLETE PROVISIONAL DIETITIAN APPLICATIONS

PD 884	ORCUTT, ADRIENNE NICOLE
PD 885	NEEL, AMBERLEY ANISTON
PD 889	MERILATT, AUTUMN LEIGH

INCOMPLETE LICENSED DIETITIAN APPLICATIONS

LD 2592	STAUNER, PATRICK
LD 2708	JANECZEK, KATHRYN
LD 2966	BROOKS, LANCE
LD 2967	KIRCHOFER, EMILY LAUREN
LD 2972	WATSON, KODI LEE
LD 2975	HUTTO, RACHEL
LD 2977	GALLUP, CHRISTINE ALYSSA
LD 2983	MEYERS, STEPHANIE DAWN
LD 2984	MASON, MICHAEL EUGENE II
LD 2985	MEHSLING, DYLAN CONOR
LD 2989	MUELLER, MACKENZIE NICOLE
LD 2990	DEOGBURN, KATRYNA
LD 2991	DANIELS, RACHEL
LD 2992	REDGRAVE, ERIN ELIZABETH
LD 2999	NOE, AARON
LD 3000	DROGE, ALEXANDRA
LD 3001	BAILLIE, HELEN SAOU
LD 3005	WILLIS, JUDITH LYNNE
LD 3006	TORAIN, SHANDY
LD 3009	ALTONEN, MADELINE
LD 3011	CARRICK, TAYLOR SANDRA
LD 3012	FLOOD, LUKE CHARLES
LD 3013	PIERCE, GENA
LD 3014	HOLLADAY, KATIE ALLISON
LD 3016	BORDERS, CYNTHIA FLORES
LD 3018	TAPOCSI, CHRISTINE EVA
LD 3019	SWANSON, HILLARY REBECCA
LD 3020	SCHUYLER, CAYLEE
LD 3021	ELERI, JANE
LD 3022	HOLDEN, EMILY RAYNE
LD 3024	MOLZAHN, THERESE CHRISTINE
LD 3025	WILLIAMS, HOPE
LD 3026	OBERPRILLER, CATHERINE RUTH
LD 3028	HUFNAGEL, ALLI GRACE
LD 3029	MARLER, ASHLYN MICHELE
LD 3031	MORRIS, AMANDA A

INCOMPLETE LICENSED DIETITIAN APPLICATIONS (CONTINUED)

LD 3032	FAITH, KATELYN
LD 3033	ZOTOS, MARIA
LD 3035	KNOTEN, NATASHA DENEEN
LD 3036	HALVERSTADT, CARA LYNN
LD 3037	MORGANSTEIN, ANDREA
LD 3038	CARTER, KELSEY ROSE
LD 3039	D'ORAZIO, ALESSANDRA FIORI
LD 3040	PINKERTON, LACEE
LD 3042	GARVEY, ELIZABETH ANN

INCOMPLETE LICENSED DIETITIAN REINSTATEMENT APPLICATIONS

LD 897	BRITTON, KELLY DIANE
LD 1358	HAY, TATUM JEAN
LD 1828	COBLE, JILL LYNNETTE

COMPLETE LICENSED DIETITIAN REINSTATEMENT APPLICATIONS

LD 826	HAYNES, JANA KAYE
LD 1184	MARTIN, DARLA
LD 1450	LEDANE, HOLLY ANN
LD 1731	METZ, KERRI ELIZABETH
LD 2288	PIKE, LAUREN
LD 2609	LEE, SARAH SAMANTHA

COMPLETE LICENSED DIETITIAN APPLICATIONS

LD 2786	VANDER WEERD, LISA STANEK
LD 2956	MARTZ, SOPHIA LOUISE
LD 2957	FURLEIGH, KAYLA MICHELLE
LD 2958	WHITWORTH, EMILY JO
LD 2959	SCAFF, HANNAH GRACE
LD 2960	GYONDLA-WOOD, JULIE LYNN
LD 2961	NUTT, CIERRA
LD 2962	HICKS, ANNA JOSEPHINE
LD 2963	TUPA, JESSICA
LD 2965	OSAGIEDE, ESOSA
LD 2968	VICKERS, CHRISTIAN L
LD 2969	ROBISON, DIANE
LD 2970	PROUGH, EMILY CHRISTINE
LD 2971	JUERGENS, CANDICE JEAN
LD 2973	NORGAARD, JENNIFER
LD 2974	KEARSE, KIRSTEN ELIZABETH
LD 2976	LENZINI, CHRISTY
LD 2978	BANDI, SNEHA DEEPAK
LD 2979	HUMPHREYS, AMANDA K
LD 2980	MASSAD, KAYLEY SUSAN
LD 2981	FERNANDEZ, ANDREA
LD 2982	CLIFFORD, CHRISTINE ANN
LD 2986	DANH-DO, LINDA
LD 2987	LAIRD, TERA

COMPLETE LICENSED DIETITIAN APPLICATIONS (CONTINUED)

LD 2988	BEGICK, KATHRYN LEIGH
LD 2993	MALO, PAMELA
LD 2994	WALKER, MISTI
LD 2995	HILDEBRAND, SARAH ELIZABETH
LD 2996	SARGENT, SUSAN MARCELL
LD 2997	TAGGART, SARAH ELIZABETH
LD 2998	KETTLER, ANNEMARIE ROSE
LD 3002	JAMES, BRITTNI ANN
LD 3003	LUNDQUIST, ANNA ELIZABETH GYLAND
LD 3004	DEUSCHLE, NINA
LD 3007	MUNIZ, SHEILA
LD 3008	WIGANT, JENNIFER NOEL
LD 3010	GASPARD, GIOVANNA PATRICIA
LD 3015	WHITNEY, LISA
LD 3017	KEITH, DIANA
LD 3023	NAPIER, HALEY RONEE
LD 3027	CRAW, DESSIREA LANAE
LD 3030	FARIAS, ARNOLD FRANCISCO
LD 3034	MCCUTCHEON, RAVEN A
LD 3041	BALLARD, LISA
LD 3044	MILLS, ISABELLE HUNTER

MUSIC THERAPY COMMITTEE
Recommendations to the Board

The Music Therapy Committee of the Oklahoma Board of Medical Licensure and Supervision met on August 5, 2024, and made the following recommendations:

RECOMMENDATION #1: Recommend approval of the incomplete application of **SARAH LYNETTE BAILEY** for Licensed Professional Music Therapist licensure pending completion of the file.

PHYSICAL THERAPY ADVISORY COMMITTEE
Recommendations to the Board

The Physical Therapy Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on August 6, 2024, and made the following recommendations to the Board.

RECOMMENDATION #1: Approve the application of **JEANNIE BROWN** for Physical Therapist Assistant licensure pending completion of the file to include completion of 35 days of direct supervision with an adequate performance evaluation from the supervising physical therapist at the conclusion thereof and proof of CEU requirements obtained during the license lapse.

RECOMMENDATION #2: Approve the application of **MATTHEW JACKSON** for Physical Therapist licensure pending completion of the file to include completion of 57 days of direct supervision with an adequate performance evaluation from the supervising physical therapist at the conclusion thereof and proof of 80 CEU requirements obtained during the license lapse.

RECOMMENDATION #3: Approve the application of **KRISTA NEELY** for Physical Therapist Assistant licensure pending completion of the file to include completion of 167 days of direct supervision with an adequate performance evaluation from the supervising physical therapist at the conclusion thereof and proof of 150 CEU hours.

RECOMMENDATION #4: Approve the request of **HANNAH STATON**, applicant, Physical Therapist, to sit for the Federation of State Boards of Physical Therapy exam for a third time

RECOMMENDATION #5: Approve the request of **NOELANI CORBIN**, applicant, Physical Therapist Assistant, for a special accommodation of a separate room while sitting for the Federation of State Boards of Physical Therapy.

RECOMMENDATION #6: Approve the request of **PHILEMON NARTEY**, applicant, Physical Therapist, for special accommodations of double time and a separate room while sitting for the Federation of State Boards of Physical Therapy.

RECOMMENDATION #7: Approve the request of **CASSONDRA SMITH**, applicant, Physical Therapist Assistant, for special accommodations of time and a half, zoom text, and a separate room while sitting for the Federation of State Boards of Physical Therapy.

RECOMMENDATION #8: Approve the incomplete application(s) for Physical Therapist Assistant licensure as shown on *Attachment #1* pending completion of the file(s).

RECOMMENDATION #9: Approve the incomplete application(s) for reinstatement of Physical Therapist Assistant licensure as shown on *Attachment #1* pending completion of the file(s).

RECOMMENDATION #10: Approve the complete application(s) for Physical Therapist Assistant licensure as shown on *Attachment #1*.

RECOMMENDATION #11: Approve the incomplete application(s) for Physical Therapist licensure pending completion of the file(s) as shown on *Attachment #1*.

RECOMMENDATION #12: Approve the complete application(s) for Physical Therapist licensure as shown on *Attachment #1*.

RECOMMENDATION #13: Ratify the continuing education courses and providers previously reviewed and recommended for approval by the CEU/PDU Review Subcommittee from April 1,

2024, through July 31, 2024, pursuant to applicable rule.

INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS

TA 3769	NIXON, TAYLOR
TA 3772	PLUNK, MACEY FAYE
TA 3834	KENNICUTT, TANNER RAY
TA 3837	UDDIN, WASIM
TA 3841	CRAWFORD, LYDIA JANE
TA 3842	PERKINS, KARI JEAN
TA 3843	KELLY, JAYCE MICHELLE
TA 3844	SIMMONS, TATE AUSTIN
TA 3845	VEACH, TRINITY LYNN
TA 3846	HOWARD, MIA MARIE
TA 3847	EVANS, ALEXANDER CHASE
TA 3848	BRIIX, OLIVIA AIMEE
TA 3849	POLAND, FAITH ELAINE
TA 3850	RITCHEY, DELILA JO
TA 3851	BIFFLE, BRENDAN K
TA 3852	FRITZ, BRANDON M
TA 3853	SMITH, CASSONDRA LYNN
TA 3854	COOPER, REAGAN
TA 3855	STRICKLER, MARIE JEANETTE
TA 3856	KNAPSKI, CYNTHIA
TA 3857	BUSH, LOGAN
TA 3858	REEVES, KES
TA 3859	BRINLEE, CHLOE ELIZABETH
TA 3860	CALLAHAN, MARY KATE
TA 3861	MILLER, MALORIE MARIE
TA 3862	WILLIS, ALLI MARIE
TA 3863	HERNANDEZ MADRID, JENNIFER RASHEL
TA 3864	KOTT, BRALEY RAE
TA 3865	TURNER, MAKAYLA ROSE
TA 3866	TRAVIS, LESLIE LOUELLA GAYNELLE
TA 3867	LOWE, CARISSA JEAN
TA 3868	NICKLES, ALLISON J
TA 3869	BOWLING, REBECCA MARIE
TA 3870	STEWART, SARAH MELISSA

INCOMPLETE PHYSICAL THERAPIST ASSISTANT REINSTATEMENT APPLICATIONS

TA 3310	SELF, KADY
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COMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS

TA 3494	BLANCHARD, ASHLEE NICHOLE
TA 3835	JONES, ANITA JEANETTE
TA 3836	MATTHEWS, TRAE LYNN
TA 3838	GILLESPIE, HEATHER ANN
TA 3839	BROWN, LAUREN NICOLE
TA 3840	PORTER, BRIONNA LEIGH

INCOMPLETE PHYSICAL THERAPIST APPLICATIONS

PT 6382	STATON, HANNAH LYNN
PT 6429	BARRON, MARIA SALVACION
PT 6584	KELFER, BRITTA JOY
PT 6585	LOUDERBACK, BAILE
PT 6586	MORGANO, NICOLE MARIE
PT 6587	SCHULTE, KENDALL NICOLE
PT 6590	LITTLE, SHELBY GRACE
PT 6591	SEVILLA, ASHLEY CHEYENNE
PT 6594	STEWART, KENNEDY ELISE
PT 6595	KENNEDY, JORDAN
PT 6597	OSMUS, ERIN CRABB
PT 6598	DUVERGER, ELISE DANIELLE
PT 6599	LEWIS, LILLIAN
PT 6600	WORLEY, KATHERINE MARIE
PT 6601	ROSE, MADELINE KATE
PT 6602	ANDERSON, BRIANA MARIE
PT 6603	GUILLOT, JUSTIN DONOVAN
PT 6604	VALKOUN, JACLYN MARIE
PT 6605	MATHIEN, ZACHARY
PT 6606	ROGERS, HANNAH KHRISTINE
PT 6607	PHILLIPS, ABIGAIL LEE
PT 6608	MOECKEL, KRISTOPHER NEAL
PT 6609	WIRES, CHRISTOPHER MICHAEL ROBERT
PT 6610	BLACKBURN, LEXIS ANN LEARMONTH
PT 6611	DUBLER, TARIN
PT 6612	PARROTT, JORDAN
PT 6613	GUIDRY, MITCHELL HAYDEN
PT 6614	MARTIN, SYDNEY RAEANN
PT 6615	TRAN, HOAI AN TRONG
PT 6616	HEINTZMAN, DONOVAN
PT 6617	YOHANAN, RACHEL ANNA
PT 6618	MCFARLAND, JACOB ALLEN DEAN
PT 6619	MOONEY, DAKOTA BLANE
PT 6620	JOHNSON, GREGORY LYLE
PT 6621	LOCKHART, ERIN ELIZABETH
PT 6622	PARKS, ALEXZANDER JACOB

COMPLETE PHYSICAL THERAPIST APPLICATIONS

PT 6588	PHILIPP, TAYLOR MARIE
PT 6589	PLETT, LEANN
PT 6592	AITKEN, DEREK JOHN
PT 6593	GUILLOT, JULIA GRACE

RESPIRATORY CARE ADVISORY COMMITTEE
Recommendations to the Board

The Respiratory Care Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on August 13, 2024, and made the following recommendations to the Board.

RECOMMENDATION #1: Approval of the application of **ASHLEY BAGLEY** for Respiratory Care Practitioner licensure pending completion of the file to include obtaining 12 CEUs.

RECOMMENDATION #2: Tabling the application of **LYDIA CARUSO** for Respiratory Care Practitioner licensure pending successfully retaking the NBRC with a personal appearance before the Committee.

RECOMMENDATION #3: Approval of the application of **CRYSTAL FRY** for Provisional Respiratory Care Practitioner licensure pending completion of the file.

RECOMMENDATION #4: Approval of the application of **HEATHER RILEY** for Respiratory Care Practitioner licensure pending completion of the file to include proof of 12 CEUs focused on ventilator management and ABG results.

RECOMMENDATION #5: 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 #6: Approval of the complete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1*.

RECOMMENDATION #7: 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 #8: 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 #9: Approval of the complete application(s) for reinstatement of Respiratory Care Practitioner licensure as identified on the page(s) attached as *Attachment #1* hereto.

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

INCOMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS

PR 2325	LAIRD, SONIA
PR 2326	TRAN, HALEY CIANN
PR 2327	RUEDA-AMAYA, NOAH

COMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS

PR 2311	STULL, NYKOLE MARIE
PR 2314	MITCHELL, PADEN DELANEY
PR 2316	KPOGO, LOUISA ABLA
PR 2317	TOVAR, MIRANDA NICOLE
PR 2319	OCONNOR, CRYSTAL
PR 2320	HILDINGER, ERICA LYNN
PR 2321	HANDRICH, CAITLIN N
PR 2322	HIEL, ALLISON RAEANN

INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 5482	HEBERT, DAVID JOSEPH
RC 5821	SMITH, STACEY WAYNE
RC 6414	CASTILLO, MARTHA LUCY
RC 6416	DAVIS, KORRIE
RC 6418	MEDINA REYES, REYNALDO
RC 6419	HICKS, ERIC STEPHEN
RC 6424	SCHNAUBELT, DAVID MIKAEL
RC 6425	BORCAN, MICHELLE
RC 6426	SMOTHERS, ALLIE
RC 6427	MEDEIROS, SHAE B
RC 6429	PEREZ, BREANNA M
RC 6431	VOGEL, TYLER MICHAEL
RC 6432	MIRELES, JENNIFER RENEE
RC 6435	WILKINSON, RENEE
RC 6436	RYER, REBECCA NOELLE
RC 6437	LANGE, ADAM DANIEL
RC 6441	SMITH, JASMINE
RC 6442	DAVIS, KARLIE VERONICA
RC 6445	MASON, ASHLEY SIMONE
RC 6446	JAVED, USMAN
RC 6447	LE, THERESA NGOC-TRAN
RC 6448	KOHLSCHEMIDT, TIFFANY
RC 6449	GOLDSBOROUGH, AMY-LEA
RC 6451	ROJAS, EMMA
RC 6454	CASTILLO, MARIANA ELISE
RC 6456	LITTRELL, LINDSEY SHEA
RC 6457	WHETSEL, JENNA LAINE
RC 6458	GAMBLE, PRESTON ALLEN
RC 6461	CHRISTIAN, LISA KIM
RC 6464	JONES, EMILY DAWN
RC 6465	MILLS, ASHLEY J
RC 6467	HUTCHINS, ALEXANDER GARRETT

INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS (CONTINUED)

RC 6470	COSGROVE, PAUL SCOTT
RC 6472	SHAUGHNESSY, AMBER NICOLE
RC 6473	CORLEY, JENNAVIVE RICHELLE
RC 6475	SAUCEDO, LUIS DAVID
RC 6476	DANG, MALAY CHANTHAPRASEUTH
RC 6477	CUSTER, JESSICA
RC 6478	PAGE, DECIMAL
RC 6479	RYAN, MARY LYNN
RC 6480	HENESH, EMILY KATHERINE
RC 6481	TANKSLEY, DIONNE
RC 6482	MEYER, DANIEL J
RC 6483	SAMMARCO, BRADLEY
RC 6486	SAUNDERS, TERESA
RC 6487	ROLLER, SAMUEL JAMES

INCOMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS

RC 3492	PAPPOE, TRACY ADOLEY
RC 4436	MOWLES, AMANDA GAIL

COMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS

RC 1926	HENDON, BARBARA LAROE
RC 2298	LOZADA, KARLEN ANTONIETA
RC 4806	TAYLOR, MARCIA HASHAW

COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 3545	BUTLER, JOSHUA JOHN
RC 5502	MOORE, LAYFOREST
RC 6259	BARTON, BROOKLYN JO
RC 6413	WEST, LAURA GAYLE
RC 6415	SAYRES, BRITTANY
RC 6417	MAYEAUX, TYLER J
RC 6420	BROWN, RONNIE EARL JR
RC 6421	CHITTUM, MELANIE ANN
RC 6422	PERKINS, TIMOTHY
RC 6423	BAUMANN, JOSHUA FREDRICK
RC 6428	KOSS, CHRISTOPHER MICHAEL
RC 6430	FLOUD, KATHLEEN
RC 6433	PARKS, BRANDYN ALLEN
RC 6434	BAUMANN, TIFFANY LYNN
RC 6438	MENDOZA, ELIZABETH
RC 6439	ARROYO, JOHN DAKOTA
RC 6440	RAMIREZ, TANEKA D
RC 6443	ANDERSON, APRIL ESTHER
RC 6444	CAIN, SYDNEY ANN
RC 6450	ESCALANTE, GREGORIO
RC 6452	WRIGHT, DEREK NEAL
RC 6453	LACY, CASSIE
RC 6455	CARY, SHAWNA

COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS (CONTINUED)

RC 6459	QUALLS, BROOKE NICOLE
RC 6460	DODSON, DENNIS AARON
RC 6462	RICHARDS, KERSTIN LOUISE
RC 6463	ROBERTSON, BAILEY NICOLE
RC 6466	ACQUAYE, PRINCESS EMELIA
RC 6468	WOFFORD, ELISABETH
RC 6469	WOODS, TAILOR DAWN
RC 6471	AGUIRRE, CONNIE
RC 6474	NGUYEN, THUY VAN
RC 6484	SHEWMAKER, TYLER WADE
RC 6485	BYRD, FELICIA PHOEBE LYNN

**THERAPEUTIC RECREATION COMMITTEE
Recommendations to the Board**

The Therapeutic Recreation Committee met on August 13, 2024, and made the following recommendations to the Board.

RECOMMENDATION #1: Approval of the incomplete application of **SARA ASHBAKER** for Therapeutic Recreation Specialist licensure pending completion of the file.

RECOMMENDATION #2: Approval of the complete application of **KELLI MARIE DECKER** for Therapeutic Recreation Specialist licensure.

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 August 20, 2024, and made the following recommendations:


RECOMMENDATION #1: Approval of the complete application of **SUSAN WILMA BENEAR** for Registered Prosthetist Orthotist Assistant licensure.

RECOMMENDATION #2: Approval of the incomplete application of **CONNOR BRENDAN FRONK** for Licensed Orthotist licensure pending completion of the file

RECOMMENDATION #3: Approval of the incomplete applications of **MICHAEL PATRICK MADDEN** and **JACE JORDAN JOHNSON** for reinstatement of Licensed Prosthetist Orthotist licensure pending completion of the files.

RECOMMENDATION #4: Approval of the complete applications of **MINDI SALINAS** and **CHRISTELL BAUM** for Licensed Prosthetist Orthotist licensure

Joel Kendall, Ph.D.

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 joel.kendall@swosu.edu

 2220 Stratta Drive
Weatherford, OK 73096

EDUCATION

University of Oklahoma

Doctor of
Philosophy -
Higher Education
Administration
2005

Indiana University

Master of Arts -
1996

Oklahoma State University

Bachelor of Arts -
1994

PROFESSIONAL EXPERIENCE

July
2021-
Present

Provost and Vice President for Academic Affairs

Southwestern Oklahoma State University

Serve in an Cabinet-level position as Provost for a public regional university in western Oklahoma. Provide oversight for the university in all areas of academic affairs and institutional planning.

- Oversee six colleges, 17 academic departments, 200 full-time faculty, and additional part-time and adjunct instructors in providing more than 100 academic programs at the associate's, bachelor's, master's, and doctorate level.
- Oversee university library services and sponsored programs.
- Serve as State Chair for the Chief Academic Officers.
- Ensure institutional alliance with Higher Learning Commission policies, procedures and criteria for accreditation.
- Provide oversight and direction for the timely submission of data and reports to the Higher Learning Commission.
- Provided the oversight and direction in the university's 10-year re-accreditation process that spanned two years.
- Directed the university in its revision of its Strategic Plan and Mission Statement.

July
2018-
June
2021

Associate Provost

Southwestern Oklahoma State University

Serve in an administrative-level position as Associate Provost for a public regional university in western Oklahoma. Provide oversight for the university in several areas of academic affairs and institutional planning.

- Ensure institutional alliance with Higher Learning Commission policies, procedures and criteria for accreditation.
- Provide oversight and direction for the timely submission of data and reports to the Higher Learning Commission.
- Provided the oversight and direction in the university's 10-year re-accreditation process that spanned two years.
- Directed the university in its revision of its Strategic Plan and Mission Statement.
- Serve on the university's Executive Council, providing input and insight on administrative issues.
- Serve on several university standing committees, including the Assessment Committee, Administrative Council, Excellence in Teaching and Learning Committee, Executive Compliance Committee, General Education Committee and Retention Council.
- Created the Strategic Plan Review Team and a process to systemically review the university's progress toward meeting the goals of its Strategic Plan in a system that involves students, staff, faculty and alumni.
- Served as the Curriculum Team Lead for the university's implementation of a new Enterprise Resource Program, leading a team of 10 staff members

Joel Kendall, Ph.D.

AFFILIATIONS

American
Conference of
Academic Deans

Association
for Education
in Journalism
and Mass
Communication

Southwestern
Council for
Education in
Journalism
and Mass
Communication

Southern States
Communication
Association

Oklahoma
Collegiate Press
Association -
Faculty Chair

July
2017-
June
2018

Department Chair

Department of Art, Communication & Theatre
Southwestern Oklahoma State University

Served as department chair for one of 17 departments at a public regional university in western Oklahoma. Provided oversight for the second-largest department in the College of Arts & Sciences, as measured by number of student majors, while also teaching communication courses.

- Oversaw department's General Education courses, including Introduction to Public Speaking and Art Survey.
- Managed 10 full-time faculty and five adjunct teachers.
- Handled budget for variety of budget line items, including theatre program, art program and publications program.
- Promoted positive image of department through participation in community and professional organizations.
- Taught communication and general education courses in fall, spring and summer semesters.

July
1998-
June
2017

Professor

Department of Arts, Communication & Theatre
Southwestern Oklahoma State University

Hired as instructor in 1998, granted tenure in 2002, and promoted to full professor in 2012. Taught courses ranging from Introduction to Mass Communication to Mass Communication Law and Ethics.

- Taught undergraduate journalism, communication, general education, and continuing education courses from 1998 to 2017.
- Helped increase the number of students majoring in Communication Arts from 25 to 157, the most within the College of Arts and Sciences.
- Developed a new sequence in Public Relations within the major.
- Worked with the Department of Marketing to create a new cross-college minor in Public Relations.
- Advised the University Media Association and other student clubs.
- Served as adviser for student newspaper, yearbook and other student publications. The newspaper won the Oklahoma College Press Association's Overall Newspaper Excellence Award five times.
- Advised students majoring in communication arts with a mass communication emphasis. The number of advisees ranged from 23 to 84.
- Oversaw 5-6 student workers and handle publications budget line item.
- Served as publications manager for Westview literary journal and undergraduate research magazine published at university.
- Acquired \$118,000 in grant money to update journalism laboratory.
- Presented research at the state, regional and national level.
- Published research articles in peer-reviewed journals.
- Served as director/founder of Legal and Ethical Studies for Small-Market Media, a training program for students and media professionals.
- Served as editor and reviewer of journalism textbooks.
- Served as team member for the SWOSU Science and Math Academy.
- Selected to a variety of university-wide committees, including leadership of the Faculty University Promotion and Tenure Review Committee.

Joel Kendall, Ph.D.

PUBLICATIONS & PRESENTATIONS

Sample of peer-reviewed articles and peer-selected presentations

University quality: student perception and media representation.

Published in *Southwestern Mass Communication Journal* (2007).

"State and national media coverage of Oklahoma's proposed constitution amendment outlawing the considering of Sharia law in court decisions." Presented at Association of Educators in Journalism and Mass Communication National Conference, St. Louis, MO (2011).

"Mass media impact on institutional reputation and rankings." Presented at Association of Institutional Research Mid-winter Conference, Norman, OK (2006).

March
1996-
July
1998

Editor-in-Chief

Woodward News

Woodward, OK

Served as the editor-in-chief of a daily newspaper that at the time was the 12th largest paper in the state in terms of circulation.

- Responsible for layout of pages and managed full-time news staff of five and additional part-time writing staff.
- Solely responsible for design, news content and news budget.
- Won several state-wide awards for writing, design and overall publication.

August
1995-
January
1996

Publications Manager

Environmental Services - Indiana University

Bloomington, IN

Assembled promotional materials for safety organization at Indiana University.

August
1996-
August
1998

Assistant Instructor

Indiana University

Bloomington, IN

Taught junior-senior level communication courses and laboratory classes while pursuing a graduate degree at Indiana University.

COMMUNITY INVOLVEMENT

- President, Weatherford Chamber of Commerce
- President, Weatherford Tip-In Club
- Treasurer, Weatherford Track Boosters
- Cooperative Council for Oklahoma School Administration peer trainer
- Weatherford Middle School Safe Schools Committee
- Boys & Girls Club of America grant writer
- Deacon Chair, First Baptist Church
- FarmHouse Fraternity Capital Campaign
- Weatherford Ag Boosters
- Leadership Team, Cross County Booster Club
- Custer County 4-H Sponsor

Joel Kendall, Ph.D.

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REFERENCES

Brent Kisling

Executive Director, Oklahoma Department of Commerce
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Oklahoma City, OK 73104
(405) 815-6552
brent.kisling@okcommerce.gov

Steve Strickler

Assistant Professor, Art, Communication & Theatre
Southwestern Oklahoma State University
Weatherford, OK 73096
(580) 774-3082
steve.strickler@swosu.edu

Krystal Moses

Weatherford Public Schools
509 N. Custer
Weatherford, OK 73096
(580) 772-2270
kmoses@wpsok.org

Sarah Yount

Rural Health Clinical Pharmacist
Southwestern Oklahoma State University
Weatherford, OK 73096
(580) 774-6042
sarah.yount@swosu.edu

Stewart Kennedy

President, Dry Surface Technologies
201 W. Oklahoma Avenue
Guthrie, OK 73044
(405) 826-1345
stewart@ngvfleet.com

Jeff DeFehr

President, Western Equipment, LLC
4501 E Main Street
Weatherford, OK 73096
(580) 772-5578
jdefehr@west-equip.com



Oklahoma Medical Licensure Boards

Medical Doctors - MD


Doctors of Osteopathy - DO



License Details

Last Update: Monday, August 26, 2024 3:56 AM CDT

Wallet Card

MEIER, MEGAN MCMAHAN	
	
<p>Practice Address: MCBRIDE CLINIC ORTHOPEDIC HOSPITAL 400 N BRYANT AVE EDMOND OK 73034 Address last updated on 6/3/2024</p> <p>Phone #: (405) 230-9200 Fax #: (405) 330-5591 County: OKLAHOMA License: 30773 Dated: 7/1/2014 Expires: 7/1/2025 License Type: Medical Doctor Specialty: Family Medicine Sports Medicine (Family Practice) NPI #: 1861788689</p>	<p>Status: Active Status Class: Fully Licensed Restricted to: Registered to Dispense: NO CME Year: 2026 Fee History: 06/03/24 \$200.00 06/01/23 \$200.00 05/19/22 \$200.00 Hospital Privileges: None listed References: No reference on file</p>

Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF OKLAHOMA, NORMAN, OK, UNITED STATES		8/2002	12/2006	BACHELOR OF SCIENCE	06/11/14

Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	8/2007	5/2011	DOCTOR OF MEDICINE	Y	6/4/2014	5/14/2014	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	SPORTS MEDICINE	7/2014	6/2015	Y			05/06/14	N
VCU/RIVERSIDE REGIONAL MEDICAL CENTER, NEWPORT NEWS, OK, UNITED STATES OF AMERICA	FAMILY MEDICINE	6/2011	6/2014	Y	05/16/14		05/07/14	N

National Verifications

Type	Date Primary Source Verified
Federation Clearance	5/7/2014
AMA Profile	5/7/2014

Certifications

Certification
AMERICAN BOARD OF FAMILY MEDICINE
AMERICAN BOARD OF FAMILY MEDICINE - Sports Medicine

Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	06/17/09	5/7/2014
USMLE 2CK	08/03/10	5/7/2014
USMLE 2CS	08/12/10	5/7/2014
USMLE 3	02/06/12	5/7/2014

Practice History

Employer	Specialty	Supervisor	From	To	Verified
MCBRIDE CLINIC ORTHOPEDIC HOSPITAL, EDMOND, OK, USA	FAMILY MEDICINE / SPORTS MEDICINE		8/2020		
VARIOUS – JOBS INCLUDE LIFEGUARD, WATER SAFETY, RETAIL SALES, AMBASSADOR FOR CHILDREN'S MIRACLE NETWORK & BOARD MEMBER OF OK CHILDREN'S MEDICAL RESEARCH FOUNDATION	NEUROSCIENCE RESEARCH & VARIOUS JOBS		1/2007	8/2007	

Pending and/or Past Disciplinary Actions

No Disciplinary Action Taken

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

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

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