



## Oklahoma State Board of Medical Licensure and Supervision

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January 23-24, 2025 ~ 9:00 a.m.

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		<b>Consent Agenda:</b> a) Approval of <b>Minutes of the November 21, 2024 Board Meeting</b> <i>(pg. 532)</i> b) Ratification of <b>licensure applications</b> previously approved via Board Secretary or circularization <i>(Attachment #1 to agenda)</i> c) Ratification of <b>re-registration applications</b> previously approved pursuant to 59 O.S. § 495a.1 <i>(Attachment #2 to agenda)</i> d) Ratification of <b>MD Compact licenses</b> (initial and renewal) issued from November 1, 2024 to December 31, 2024 <i>(Attachment #3 to agenda)</i>

		<p>e) Ratification of <b>Current Training Programs</b> recognized by the Oklahoma State Board of Medical Licensure and Supervision (<i>Attachment #4 to agenda</i>)</p> <p>f) Ratification of <b>Physical Therapy Advisory Committee</b> recommendations (<i>pg. 542</i>)</p> <p>g) Approval of <b>Registered Electrologists Advisory Committee</b> recommendations (<i>pg. 544</i>)</p> <p>h) Approval of <b>Music Therapy Committee</b> recommendations (<i>pg. 546</i>)</p> <p>i) Approval of <b>Athletic Trainers Advisory Committee</b> recommendations (<i>pg. 547</i>)</p> <p>j) Approval of <b>Advisory Committee on Dietetic Registration</b> recommendations (<i>pg. 549</i>)</p> <p>k) Appointment of <b>Brian R. Boggs, MD, Board Secretary</b>, to the <b>Advisory Committee on Dietetic Registration</b> effective March 1, 2025, to fill the seat of ex-officio board member previously held by Billy H. Stout, MD</p> <p style="text-align: center;"><b>End of Consent Agenda</b></p>
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## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## MOTIONS

SAMPLE MOTIONS:

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

EXAMPLES:

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

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

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

**Possible reasons for denial:**

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

**SAMPLE MOTIONS:***Not Guilty*

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

**EXAMPLE:**

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

*Guilty* - Requires TWO Motions:

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

**EXAMPLE:**

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

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

**EXAMPLE:**

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

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

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

GENERAL TERMS ~ (recommended for inclusion in all orders)

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

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

## CDS VIOLATIONS

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

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

#### IMPAIRMENT

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

## MENTAL HEALTH

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

## QUALITY OF CARE

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

## UNAUTHORIZED PRACTICE

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

**Order Language (Effective Immediately):**

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

\*\*\*\*\*

**Order Language (Review):**

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

\*\*\*\*\*

**"No-show" Applicants:**

The motion will be to table the application pending receipt of a request from applicant to personally appear before the Board. Receipt of said request is required at least seven (7) days *prior* to the scheduled board meeting.

\*\*\*\*\*

**When Requiring a Personal Appearance:**

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



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

### Wallet Card

FORD, WILLIAM RICHARD	
<b>Practice Address:</b> <a href="#">4870 S. LEWIS SUITE 130 TULSA OK 74105-5151</a> Address last updated on 8/4/2021 <b>Phone #:</b> (918) 493-1945 <b>Fax #:</b> (918) 398-6811 <b>County:</b> TULSA <b>License:</b> 10326 <b>Dated:</b> 8/12/1974 <b>Expires:</b> 8/1/2025 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Psychiatry <b>NPI #:</b> 1679501910	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2027 <b>Fee History:</b> 08/02/24 \$350.00 08/10/23 \$350.00 08/04/22 \$350.00 <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### 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	8/1969	/1973		Y			N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
UNIVERSITY HOSPITAL, OKLAHOMA CITY, OK, USA	PSYCHIATRY RES.	7/1974	6/1976					N
UNIVERSITY HOSPITAL, OKLAHOMA CITY, OK, USA	1ST YEAR PG TRNG.- PSYCHIATRY RES. W/	7/1973	6/1974					N

### Certifications

Certification
ABPS - Psychiatry
AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY (Psychiatry specific)

### Practice History

Employer	Specialty	Supervisor	From	To	Verified
MUSKOGEE VETERANS HOSPITAL, MUSKOGEE, OK, USA	PSYCHIATRY ADDICTION MEDICINE		9/2009	3/2016	
OKMULGEE MEMORIAL HOSPITAL, OKMULGEE, OK	PSYCHIATRY		1/2008	10/2008	
PARKSIDE PSYCHIATRIC HOSPITAL AND CLINIC, TULSA, OK	PSYCHIATRY		6/2006	12/2007	
SOLO PRACTICE WILLIAM R. FORD M.D., TULSA, OK	PSYCHIATRY		7/2004		
SOLO PRACTICE-LAUREATE PSYCH CLINIC & HOSPITAL, TULSA, OK, USA	PSYCHIATRY		1/1990	6/2004	



BROOKHAVEN HOSPITAL, TULSA, OK, USA	PSYCHIATRY / MEDICAL DIRECTOR		9/1986	1/1990	
GRAND LAKE MENTAL HLTH CENTER, VINITA, OK, USA	MEDICAL DIRECTOR / PSYCHIATRY		6/1983	8/1986	
EASTERN STATE HOSPITAL, VINITA, OK, USA	PSYCHIATRY		12/1981	6/1983	
CONNORS-STATE PEN & E ST HOSP, VINITA, OK, USA	STAFF PSYCHIATRIST /CONSULTANT		4/1981	12/1981	
PRIVATE PRACTICE, TULSA, OK, USA	PSYCHIATRY		1/1979	4/1981	
TULSA PSYCHIATRIC CENTER, TULSA, OK, USA	PSYCHIATRY		8/1976	11/1978	

### Pending and/or Past Disciplinary Actions

No Disciplinary Action Taken

### License Verification and Disclaimer

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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.*

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](mailto:licensing@okmedicalboard.org) or Phone: (405) 962-1400 ext. 170

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

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

**FILED**

DEC 13 2024

*IN RE:* )  
WILLIAM RICHARD FORD, M.D. ) AC-24-09  
LICENSE NO. MD 10326 )

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**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 William Richard Ford, 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 proof of completion of continuing medical education, specifically:

1. Licensee was required to complete sixty (60) hours of continuing education by August 1, 2024.
2. In accordance with Oklahoma Administrative Code Section 435:10-15-1, licensee was randomly selected for audit of compliance for continuing medical education (CME) requirements. Licensee was sent a letter via email to licensee's last known email address informing him of his CME requirements, his being subject to an audit and his 30 day deadline to submit any proof of hours completed. This email was sent on Wednesday, September 4, 2024.
3. Receiving no response to said email, a second email was sent as a second reminder on Thursday, September 19, 2024.
4. To date, no documentation of any CME completion has been submitted to Board Staff.

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 (\$1,500.00).**

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: January 23, 2025  
 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




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



December 16, 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 1925 99**.

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	December 16, 2024, 11:37 am
<b>Location:</b>	TULSA, OK 74105
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail Restricted Delivery Return Receipt Electronic

#### Recipient Signature

Signature of Recipient:

Address of Recipient:

4870 S LEWIS AVE STE 130,  
TULSA, OK 74105

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State of Oklahoma

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WILLIAM RICHARD FORD, MD  
4870 S. LEWIS  
SUITE 130  
TULSA, OK 74105

**RESTRICTED  
DELIVERY**

**RESTRICTED  
DELIVERY**





# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

KHAN, SHAMIKA RUTH	
<b>Practice Address:</b> <a href="#">13402 EAST 86TH STREET NORTH OWASSO OK 74055</a> Address last updated on 10/28/2023 <b>Phone #:</b> (918) 401-3165 <b>Fax #:</b> <b>County:</b> TULSA <b>License:</b> 5763 <b>Dated:</b> 3/29/2023 <b>Expires:</b> 10/31/2024 <b>License Type:</b> Occupational Therapist <b>Specialty:</b> <b>NPI #:</b>	<b>Status:</b> Inactive <b>Status Class:</b> Expired License <b>Restricted to:</b> <b>CME Year:</b> 2024 <b>Fee History:</b> 10/28/23 \$100.00 12/19/22 \$120.00 <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Other Licenses

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

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
117844	TX	Active	1/31/2023	1/5/2023		Primary Source Verified

### Education History

School	Type	From	To	Degree	Verified
TUSKEGEE UNIVERSITY, TUSKEGEE INSTITUTE, AL, UNITED STATES		8/2013	12/2015	MASTERS IN OCCUPATIONAL THERAPY	
TUSKEGEE UNIVERSITY, TUSKEGEE, AL, UNITED STATES		1/2012	5/2013	PRE-REQS	
TENNESSEE STATE UNIVERSITY, NASHVILLE, TN, UNITED STATES		8/2004	5/2010		
TUSKEGEE UNIVERSITY, TUSKEGEE INSTITUTE, AL, UNITED STATES		8/1998	5/2004	BACHELOR OF ARTS IN PSYCHOLOGY	
BOOKER T. WASHINGTON HIGH SCHOOL, TUSKEGEE, AL, UNITED STATES		8/1994	5/1998	DIPLOMA	

### Practice History

Employer	Specialty	Supervisor	From	To	Verified
Ascension St. John Rehabilitation Hospital , OWASSO, OK, UNITED STATES – WORKING AS DIRECTOR OF THERAPY OPERATIONS FOR SOON TO OPEN HOSPITAL.	DIRECTOR OF THERAPY OPERATIONS		12/2022		
Encompass Health, RICHARDSON, TX, UNITED STATES – WORKED AS	LEAD OCCUPATIONAL THERAPIST		8/2019	11/2022	
Encompass Health, ABILENE, TX, UNITED STATES – WORKED AS OCCUPATIONAL THERAPIST AND PASC	OT		8/2016	8/2019	
NONE, TUSKEGEE, AL, UNITED STATES	UNEMPLOYED		12/2015	7/2016	
MEASUREMENT INCORPORATED, NASHVILLE, TN, UNITED STATES	TEST EVALUATOR		6/2010	12/2011	

### Pending and/or Past Disciplinary Actions

Date	Action	Reasons	Remarks
11/12/2024	Complaint Citation		

Board Filings and/or Orders
<a href="#">11/12/2024</a>
<a href="#">11/12/2024</a>

**License Verification and Disclaimer**

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

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Items highlighted in blue are Primary Source Verified.

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

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
SHAMIKA RUTH KHAN, OT, )  
LICENSE NO. OT 5763, )  
 )  
Defendant. )

**FILED**

NOV 12 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 24-07-6376

CITATION

YOU ARE HEREBY NOTIFIED that on the 12<sup>th</sup> day of November 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 Occupational Therapy Practice Act at 59 O.S. § 888.1, *et seq.*; Okla. Admin. Code §§ 435:30-1-10(2), (5), (7).

On **January 23, 2025**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

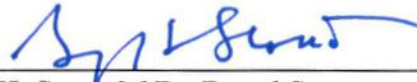
If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and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

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



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

Dated this 12<sup>th</sup> day of November 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**

NOV 12 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
SHAMIKA RUTH KHAN, OT, )  
LICENSE NO. OT 5763, )  
 )  
Defendant. )

Case No. 24-07-6376

**VERIFIED COMPLAINT**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Shamika Ruth Khan, OT (“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 occupational therapists in the State of Oklahoma. 59 O.S. § 888.1, *et seq.* and Okla. Admin. Code 435:30-1-1, *et seq.*
2. In Oklahoma, Defendant holds occupational therapist license no. OT 5763.

**II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT**

3. Defendant was initially issued her Occupational Therapy license, No. 5763, by the Board on March 29, 2023.
4. The Board initially received a complaint from Defendant’s former employer informing that Defendant had been terminated based on a determination that Defendant had documented treatment time for a patient which she had not in fact not provided. Following investigation, it was additionally determined that Defendant had fraudulently documented treatment time for at least seven (7) other patients on the same date.

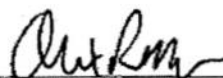
### III. VIOLATIONS

5. Based on the foregoing, Defendant is guilty of violating the following relevant provisions of law:
- a. Engaging in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board, in violation of 59 O.S. § 888.9(A)(2) of the Occupational Therapy Practice Act, to wit:
    - i. Dishonorable or immoral conduct that is likely to deceive, defraud or harm the public, in violation of Okla. Admin. Code § 435:30-1-10(2).
    - ii. Participation in fraud, abuse and/or violation of state or federal laws, in violation of Okla. Admin. Code § 435:30-1-10(5).
    - iii. Improper management of medical records, inaccurate recording, falsifying or altering of patient records, in violation of Okla. Admin. Code § 435:30-1-10(7).

### IV. CONCLUSION

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

Respectfully submitted,



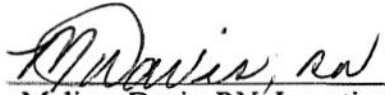

---

Alex A. Pedraza, OBA No. 33584  
 Assistant Attorney General  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION  
 101 N.E. 51<sup>st</sup> Street  
 Oklahoma City, Oklahoma 73105  
 405.522.5264  
 Email: [Alex.Pedraza@oag.ok.gov](mailto:Alex.Pedraza@oag.ok.gov)

**VERIFICATION**

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

1. I have read the above Complaint regarding Shamika Ruth Khan, OT.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

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

Date: November 12, 2024

Oklahoma, Oklahoma  
County, State of Execution



Board of Medical Licensure & S  
State of Oklahoma

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

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2800 Tranquility Lake Blvd  
Apt 7305  
Pearland, TX 77584



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ZIP 73105 \$016.06<sup>0</sup>  
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November 16, 2024


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<b>Status:</b>	Delivered, Left with Individual
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#### Recipient Signature

Signature of Recipient:	 Shanika Khan
Address of Recipient:	2400 Tranquility 1, K #788

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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. )  
 )  
SHAMIKA RUTH KHAN )  
LICENSE NO. OT 5763, )  
 )  
Defendant. )

**FILED**

DEC 11 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 24-07-376

**ANSWER TO VERIFIED COMPLAINT**

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

1. The allegations in Paragraph 1 of the Complaint state a legal conclusion to which no response is required. Otherwise, OT Khan states that the Board is authorized to license and oversee occupational therapists as outlined by statute.
2. OT Khan states that she holds occupational therapist license no. OT 5763 conferred to her by the State of Oklahoma.
3. OT Khan states that she was initially licensed as an occupational therapist by the State of Oklahoma on March 29, 2023.

4. OT Khan is without sufficient information or belief to admit or deny the allegations in any complaint received by the Board and the results of any Board investigation as alleged in Paragraph 4 and demands strict proof thereof.

5. OT Khan denies that she 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  
CROWE & DUNLEVY, P.C.  
Braniff Building  
324 North Robinson, Suite 100  
Oklahoma City, OK 73102  
(405) 235-7700  
(405) 239-6651 (Facsimile)  
elizabeth.scott@crowedunlevy.com

**ATTORNEY FOR DEFENDANT  
SHAMIKA RUTH KHAN**

**CERTIFICATE OF SERVICE**

This will certify that on the 11th day of December, 2024, 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





# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

MELTON, EDWARD GERARD	
<b>Practice Address:</b> <a href="#">Not Currently Practicing TULSA OK 74133</a> Address last updated on 5/22/2023 <b>Phone #:</b> (918) 764-9300 <b>Fax #:</b> (918) 764-9275 <b>County:</b> TULSA <b>License:</b> 24098 <b>Dated:</b> 6/1/2006 <b>Expires:</b> 12/20/2022 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Psychiatry General Practice <b>NPI #:</b> 1134299407	<b>Status:</b> Inactive <b>Status Class:</b> Disciplinary Action <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2024 <b>Fee History:</b> 05/10/22 \$200.00 05/31/21 \$200.00 04/02/20 \$200.00 <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Education History

School	Type	From	To	Degree	Verified
SAN ANTONIO COLLEGE, SAN ANTONIO, TX		1/1998	5/1998	AAS-BIOLOGICAL SCIENCES	06/10/04
UNIVERSITY OF TEXAS, SAN ANTONIO, TX		1/1997	5/1999	N/A	06/16/04
US MILITARY ACADEMY, WEST POINT, NY		6/1988	5/1992	BS	06/14/04
WILLOWRIDGE HIGH SCHOOL, MISSOURI CITY, TX		9/1984	5/1988		

### 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	8/2002	6/2004	MD	Y	6/2/2004	6/24/2004	N
Univ of TX at San Antonio, UTSA Long School of Medicine	7/2000	8/2002	TRANSFERRED	N		6/14/2004	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
COLLEGE OF MEDICINE TULSA, TULSA, OK	PSYCHIATRY	7/2004	8/2007	Y	05/01/06		05/28/04	N

### National Verifications

Type	Date Primary Source Verified
Federation Clearance	6/2/2004
AMA Profile	6/2/2004

### Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	10/1/02	6/15/2004
USMLE 2	1/20/04	6/15/2004
USMLE 3	3/18/06	4/13/2006

### Practice History

Employer	Specialty	Supervisor	From	To	Verified
MELTON HEALTH AND MEDICAL SERVICES, TULSA, OK, U.S.	PSYCHIATRY		9/2007		
STRENGTH OF MIND, TULSA, OK, U.S.	PSYCHIATRY		6/2006	12/2007	
THE UNIVERSITY OF OKLAHOMA, TULSA, OK, U.S.	PSYCHIATRY		6/2004	8/2007	
FAMILY RESTAURANT, UNKNOWN, PR	MANAGEMENT		8/1999	6/2000	
US ARMY, VARIOUS, US	1 LT		6/1988	2/1997	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
12/20/2022	Suspension, License		
12/7/2021	Complaint Citation		

Board Filings and/or Orders
<a href="#">02/06/2023</a> <a href="#">12/20/2022</a> <a href="#">09/22/2022</a> <a href="#">12/07/2021</a> <a href="#">12/07/2021</a>

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

Items highlighted in blue are Primary Source Verified.

**CASE NO. 21-09-6046**

---

**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,

*versus*

EDWARD GERARD MELTON, M.D.,  
LICENSE NO. 24098

Defendant

---

**DR. MELTON'S MOTION TO OBTAIN COPY  
OF INVESTIGATIVE FILE**

---

DANIEL J. GAMINO  
Daniel J. Gamino & Associates, P.C.  
3035 NW 63<sup>RD</sup> Street, Suite 214  
Oklahoma City, OK 73116  
(405) 840-3741  
ATTORNEY FOR DEFENDANT

**RECEIVED**

NOV 26 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

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

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

**Plaintiff,                                    )**

**vs.    )**

**Case No. 21-09-6046**

**EDWARD GERARD MELTON, M.D.,        )**  
**LICENSE NO. 24098,                        )**

**Defendant.                                )**

**DR. MELTON'S MOTION TO OBTAIN COPY OF  
INVESTIGATIVE FILE**

COMES NOW the Defendant, Edward Gerard Melton, M.D., Medical License No. 24098 by and through the undersigned legal counsel and based on legal authority set forth herein, moves the Board staff to provide instant a complete copy of the investigative file in his case and all ancillary files, information or documents regarding the investigation and prosecution of this matter.

**STATEMENT OF THE CASE**

1. On December 7, 2021, the Board staff issued a Verified Complaint against Dr. Melton in this cause. (Exhibit A).
  
2. On January 10, 2022, Dr. Melton legal counsel filed Defendant's Answer (Exhibit B).

3. On January 24, 2022, Dr. Melton legal counsel filed Defendant's Motion to Dismiss with an exculpatory written statement from TG. (Exhibit C).

4. On January 24, 2022, Dr. Melton's legal counsel filed Defendant's First Set of Discovery Requests. Those discovery requests included the following, to-wit: (Exhibit S email from Attorney Greg Denney office).

"Request for Production No. 1: Produce all evidence, written or recorded, and used in this matter by your office to investigate this matter.

Request for Production No. 2: Produce a copy of your entire investigative file."

5. Board staff did not purport to respond to that discovery request until more than nine months later on October 6, 2022. And even then, the Board staff did not produce **any** of the requested documents. (Exhibit D). Instead, Dr. Melton was prejudiced by ongoing threats to his counsel that were unsubstantiated. With a series of delays and excuses, Dr. Melton's Attorneys were rendered ineffective and this resulted in forcing Dr. Melton to represent himself *pro se*.

6. Dr. Melton's Motion to Dismiss that was filed back on January 24, 2022 was heard by the Board en banc on September 15, 2022. Dr. Melton was prejudiced at that time by being forced to participate in that hearing on the Motion to Dismiss without the discovery material previously requested nearly eight months prior.

7. On November 17, 2022, Dr. Melton was further prejudiced by being forced to hearing on the merits of the case before the Board en banc without discovery material previously requested nearly 10-months previously.

**LEGAL AUTHORITY REQUIRES COOPERATION  
IN PRETRIAL DISCOVERY.**

Title 75 O.S. 2021, §310 of the Administrative Procedures Act (APA) states, “No greater exclusionary effect shall be given any such rule or privilege than would obtain in an action in court.”

8. Oklahoma law is well settled that any attorney serving as a prosecutor has a high ethical duty to disclose evidence in advance of any trial or hearing, Rule 3.8 of the Rules of Professional Conduct, Title 5 O.S. Chapter 1, Appendix 3-A which provides in pertinent part:

**“Rule 3.A Special Responsibilities of a Prosecutor.**

The prosecutor in a criminal case:

(d) Make timely disclosure to the defense of all evidence or information known to the prosecutor that tends to negate the guilt of the accused or mitigate the offense, and, in connection with sentencing, disclose to the defense and to the tribunal all unprivileged mitigating information known to the prosecutor, except when the prosecutor is relieved of this responsibility by a protective order of the tribunal.” (Emphasis added).

9. In administrative proceedings the Oklahoma Supreme Court has imposed similar guidelines on prosecuting attorneys, to-wit:

“Rule of Professional Conduct requiring a prosecutor to make timely disclosure of the existence of evidence, known to the prosecutor, that tends to negate the guilt of the accused, mitigate the degree of the offense, or in connection with sentencing, disclose to the defense and tribunal all unprivileged mitigating information known to the prosecutor, except when the prosecutor is relieved of that responsibility by a protective order of the tribunal, imposes no requirement on a prosecutor to disclose



privileged information that he or she is not required to disclose by applicable law.” *State ex rel. Oklahoma Bar Association v. Ward*, 353 P.3d 509, 2015 OK 48. (Emphasis added).

10. At no time has there been a protective order declaring any portion of the material or information as confidential from any tribunal related to Dr. Melton’s case. Applicable law is uniformly settled upon the prosecutor to fulfill that Dr. Melton should have received a fair hearing and all proceedings thereof to fulfill due process. Therefore, there is no reason the investigative file should not have been shared prior to Dr. Melton’s hearings in September and November 2022, or cannot be shared now.

11. The same Oklahoma Supreme Court Opinion declared that, “A criminal trial is not a game of hide-and-seek, and gamesmanship in discovery will not be condoned.” And the Court concluded, to-wit:

“Responsibility of a prosecutor, an officer of the court is to treat discovery matters with the seriousness that they deserve, an attorney representing the state is expected fully comply with the request for discovery.” (Emphasis added).

12. In addition, any civil action in Oklahoma also requires full pretrial discovery. In civil cases pretrial discovery is controlled by the Oklahoma Discovery Code, 12 O.S. 2021, §3224 et seq. Section 3226 defines the scope of discovery, to-wit:

“B. DISCOVERY SCOPE AND LIMITS.

Unless otherwise limited by order of the court in accordance with the Oklahoma Discovery Code, the scope of discovery is as follows:

1. IN GENERAL

a. Parties may obtain discovery regarding any matter, not privileged, which is relevant to the subject matter involved in the pending action, whether it relates to the claim or defense of a party seeking discovery or to the claim or defense of any other party, including the existence, description, nature, custody, condition and location of any documents, electronically stored information or other tangible things and the identity and location of persons having knowledge of any discoverable matter. It is not a ground for objection that the information sought will be inadmissible at trial if the information sought appears reasonably calculated to lead to the discovery of admissible evidence.” (Emphasis added).

13. Oklahoma appellate cases are legion in number that apply the Discovery Code as ordered by the legislature that it “shall be liberally construed to provide the just, speedy and inexpensive determination of every action,” 12 O.S. 2021, §3225.

### **PROPOSITION I**

#### **BOARD STAFF UNLAWFULLY SUPPRESSED EXCULPATORY EVIDENCE IN DR. MELTON’S CASE.**

The law is well settled that a prosecutor must disclose all exculpatory evidence before court proceedings. Case law is uniform in that regard, to-wit:

“Defendant was entitled to disclosure by government of any evidence in its possession favorable to defendant.” *US v. Bremer*, 482 F.Supp. 821 (W.D. Okl. 1979).

“State must disclose to defendant any materials in its possession which would tend to exculpate defendant.” *Collins v. State*, 561 P.2d 1373, 1977 OK CR 112.

The duty on the prosecutor is so strict it lies even if the defendant makes no request for those documents, to-wit:

“Government’s obligation under *Brady v. Maryland*, 373 U.S. 83 to disclose exculpatory evidence does not turn on accused request, and the

duty to disclose such information continues throughout the judicial process.” *Douglas v. Workman*, 560 P.3d 1156 (10<sup>th</sup> Cir. 2009). (Emphasis added).

The state must produce evidence “material to any matter involved in the action and that are in possession, custom, or control of the state or any person under contract with the state” *Article 39.14 of Texas Code of Criminal Procedure, titled the “Michael Morton Act.”*

“First, in advance of trial, and perhaps during the course of a trial as well, the prosecutor must decide what, if anything, he should voluntarily submit to defense counsel...[T]here are situations in which evidence is obviously of such substantial value to the defense that elementary fairness requires it be disclosed even without specific request.” *U.S. v. Agurs*, 427 U.S. 97 (1976).

While awaiting Board hearings, Dr. Melton shared exculpatory evidence with Dr. Billy Stout, Secretary of the Board and with Larry Carter, then the Director of Investigations for the Board. The Board Staff would have shared the same with the prosecution and this must be discernible for investigating conduct of Board Staff as well as the prosecutor. The prejudice that results from violating due process deprives Dr. Melton of his constitutional right to be heard at a reasonable time in a reasonable manner. (See Exhibit V).

“One of the prosecutions duties is to disclose exculpatory evidence to the defense even when there has been no request by the accused, and this duty encompasses impeachment evidence.” *Scott v. Mullin*, 303 F.3d 1222 (10<sup>th</sup> Cir. 2002). (Emphasis added).

“If prosecution possesses evidence that in context of particular case is obviously exculpatory, it has obligation to disclose evidence to defense counsel, whether general request is made or whether no request is made.” *Banks v. Reynolds*, 54 F.3d 1508 (10<sup>th</sup> Cir. 1995). (Emphasis added).

The prosecutor's duty to disclose exculpatory evidence applies whether the evidence was suppressed in good faith or in bad faith, to-wit:

“Analysis of alleged *Brady* violation is same whether allegedly exculpatory evidence was withheld in good faith or bad faith.” *Knighon v. State*, 912 P.2d 878, 1996 OK CR 2.

The requirements noted in the case law above are mirrored in the Oklahoma Rules of Professional Conduct previously cited herein.

See also Rule 8.4 of the Rules of Professional Conduct which provides in pertinent part as follows:

**“Rule 8.4. Misconduct**

It is professional misconduct for a lawyer to:

- (c) Engage in conduct involving. . . misrepresentation;
- (d) Engaging conduct that is prejudicial to the administration of justice.”

That legal authority supports and independently emphasizes the duty on any Board prosecuting attorney to provide exculpatory information to any physician respondent.

Unlawful suppression of exculpatory evidence can easily mislead a Court or Board sitting as trier of fact. And any action by legal counsel that misleads a Court or agency is contrary to the Oklahoma Supreme Court Professional Code of Conduct, ¶4.5 which provides as follows, to-wit:

“Will never knowingly. . . engage in conduct which misleads the court or agency.”

There was in fact a multitude of exculpatory evidence withheld unlawfully from Dr. Melton and other evidence that was fraudulent, and thus the tribunal (Board) was misled. Further, Dr. Melton was deprived of due process. The Investigative File was never provided to Dr. Melton for either hearing and it included critical information for which Dr. Melton had a right to receive in order to properly prepare a defense. Further, the Investigative File was requested by Dr. Melton in his interrogatories propounded back on January 24, 2022, to include but not limited to the following, to-wit:

1. **Multiple versions of his Professional Renewal Center (PRC) Assessment, which was certainly given to the Board staff, but was not provided to Dr. Melton.** This made it impossible for Dr. Melton to know which version was provided to the Board or if the report had been altered. In addition, the assessment was not included in the Record on Appeal (ROA) making it an incomplete document. Further, a confidential letter was sent to the Medical Board Staff on January 10<sup>th</sup>, 2023 after the hearing and should have been provided to Dr. Melton by the Medical Board staff. Further, per PRC, their normal policy is not to send anything after the Final Assessment and Discharge Summary unless there is a special request for unusual reasons. The Investigative File must show what these unusual reasons were and if it was because the Preliminary Assessment and Confidential Letter were used inaccurately and in a derogatory fashion instead of the exculpatory Final Assessment and Discharge Summary. Further the Investigative File may show if this was an attempt to subvert the Final Assessment. The "Preliminary Evaluation" that we now know preceded the Final "Assessment Discharge Summary" should have been provided to Dr. Melton. We now know that the Preliminary Report was sent to Dr. Stout on either October 20 or 21, 2022 or November 1, 2022 (per PRC). The Final "Assessment Discharge Summary" was sent to Dr. Stout from PRC on November 1, 2022 (per PRC). The Final Assessment and Discharge Summary was provided and in hand well before Dr. Melton's hearing on November 17, 2022, and therefore there would be no reason to share the Preliminary Assessment with the Medical Board. The Motion to Order

Examination stated, “the results of said test to be provided to the Secretary of the Board.” The understanding by Dr. Melton and as indicated on PRC’s own website, is that one report will be provided, and this is the Final Assessment and Discharge Summary. Further, the release signed by Dr. Melton from PRC stated, “further disclosure is prohibited without my specific written consent.” Therefore, there was no way for Dr. Melton to have known that multiple versions were provided to Dr. Stout without having the Investigative File. The investigative file with all notes, emails and communications must clarify why it was requested and necessary to receive a Preliminary Report, that contained errors for which Dr. Melton had no ability to rectify. Enough was established in the Final Assessment and Discharge Summary that Dr. Melton was not impaired to practice and that intensive treatment would have benefitted Dr. Melton greatly. Dr. Melton was never given any opportunity to know that either the, “Preliminary Evaluation Summary” or that a confidential letter ever existed before January 10, 2023 when Dr. Stout conveyed a false story to his then Attorney Jordan, that it was “just recently received”. Further, none of these multiple versions and documents were included in the ROA that is dated June 7, 2023 well after these documents were received by Board staff.

2. **Original versions of the transcribed text messages with KH (and for which there were no dates nor times) were not provided to Dr. Melton nor included in the ROA by the Board staff.** The original text messages were transcribed by Larry Carter, then the Director of Investigations for the Board. The transcribed text messages also included edits made by Larry Carter. This “transcribing” and “editing” makes it impossible for the Board to know the timing of the actual original text messages. Further suppression of a key piece of evidence by Medical Board staff was the letter from Dr. Melton to KH terminating the patient-physician relationship.
3. **Dr. Melton’s exculpatory evidence submitted to Board staff was not provided to the Board for review at either of his hearings, nor was it included in the ROA.** All of Dr. Melton’s exhibits were suppressed and he submitted them as instructed by the Board staff. Even Joe Ashbaker admitted his documents into evidence using the same instructions as provided to Dr. Melton. The instructions were to include evidence in folders for each Board Member. But Board Staff instead ensured Dr. Melton’s exhibits



were unavailable for his defense. Board staff also ensured that an inaccurate Assessment report was received by the Board. Dr. Melton's tendered exhibits were not and are not included in the ROA. This is a lack of due process and leads to the conclusion that the Board Staff impeded fair proceedings at all costs. The APA makes it clear the rules of evidence are relaxed and that upon agreement evidence is allowed and Joe Ashbaker received all exhibits from Dr. Melton but these were never admitted into evidence nor provided to the Board for their consideration.

4. **Correspondence between TG and the Board staff was suppressed.** This correspondence was critical as it that would show TG's state of mind and would have caused the Medical Board to understand and question any statements made by the Board Investigator related to TG. Such disconnects would impeach TG as a witness.
5. **The AG's subsequent approval of the Board's order did not include the label of Sexual Predatory Behavior** and therefore this allegation was not approved by the AG.
6. **The conduct in question for Dr. Melton as a physician related to patients and neither TG nor KH were patients of Dr. Melton's.** KH was a former patient and TG was never a patient.
7. **No evidence whatsoever was introduced or provided supporting the Conclusion of Law of Sexual Predatory Behavior.** Further, no definition was provided by the Medical Board staff whatsoever including behaviors and actions supporting the Conclusions of Law allegation of Sexual Predatory Behavior.
8. **The Medical Board lacked consistency with their own precedent cases.** Instead, the Medical Board was guided by Mr. Margo to the criminal case of Officer Holtzclaw, to align with the precedent cases of the Board utilizing Predatory Sexual Behavior when there is also a criminal allegation. Dr. Melton was not given notice of any criminally violent sexual behavior, nor was there any evidence or testimony thereof. The Investigative File must shed light on why there was a lack of notice. Further the Investigative File must show if there was any prejudicial ex parte communications by Board Staff.
9. **The ROA was compiled by Dr. Billy Stout, who also made the unusual request to PRC for the confidential letter.** The Final Assessment and Discharge summary was excluded from the ROA. Other exculpatory evidence submitted by Dr. Melton was left out of the ROA. Actual text messages from KH were excluded from

the ROA. This multitude of errors in the ROA implicates the compounding of errors was a rampant characteristic of Dr. Melton's case.

10. **There is ample evidence forthcoming that the entire case against Dr. Melton was fraud brought upon the Board members by Board staff.** Continuing education materials obtained ex post facto after the hearing indicates the standards intended for not only physicians but also Board Members and Board staff were completely disregarded (boundary crossings vs. boundary violations and that West Point, Dr. Melton's alma mater, is recommended for building strength as a method to avoid professional mis-steps). That is except for the miscarriage of profiling that psychiatrists are the most likely of physicians to be disciplined for boundary violations which has no basis provided for such a ridiculous assertion. The Board staff's prosecution of Dr. Melton was a shameful conspiracy to take advantage of his sick fiancé in a paranoid and delusional state of a medical emergency. TG was then frightened and silenced from telling the truth. All these actions taken by the Board staff was to win a case at all costs. These actions included even sending their own investigator alone to Dr Melton's home while his youngest daughter was with him as a method of rogue intimidation.

In Dr. Melton's case the calendar reveals the Board staff's unlawful suppression.

In October, 2021, Board staff received emails from TG critical of Dr. Melton and the Board Investigator Robbin Roberts (RR) responded thereto. It is clear that in Robbin Robert's email response to James Marks, that she was going to spare no limits with Tanith to win a case prejudicially. (Exhibit H). The entire Investigative File has likely been corrupted by such a prejudiced investigator who oversimplified Dr. Melton's case. For example, RR said in her testimony during the November 17, 2022 Hearing, "I just think the main – just in a nutshell the main issue is a physician has a relationship with a patient and prescribed CDS to her, that's against the Medical



Practice Act. **It's not that complicated.**" RR determined to investigate and seek evidence with **no probable cause**. In addition, RR has a history of sanctioning TG. Privacy violations are not an exemption even for board investigators. RR's investigative report was kept from Dr. Melton while it was shared with the Board Members. This single document may have become exculpatory had Dr. Melton been fully informed of the inaccuracies. In addition, Dr. Melton would have been able to respond to the inaccuracies included in this report and the Board Members would have been better informed. The Verified Complaint is a fraud under the color of law. In RR's email on October 5, 2021, Ms. Roberts stated, "I visited with Tanith over the phone today. *She admitted everything I already suspected.*" This statement without any evidence is prejudiced as it was unfounded. RR had no reason to be suspicious of Dr. Melton as he had an immaculate record for 17 years.

On December 7, 2021, Board Complaint was filed against Dr. Melton.

On January 10, 2022, Dr. Melton legal counsel filed a Motion to Dismiss with an attached Affidavit from TG.

On September 15, 2022, Board en banc hearing was held on the Motion to Dismiss.

The central point of the Motion to Dismiss was information attached to the Motion from TG, and her credibility was very much at stake at the time of this critical hearing on whether the case would go forward or be dismissed.

Board staff had in its exclusive possession for more than 10-months since October, 2021, several additional emails between witness TG and Board Investigator Robbin Roberts. Those early emails were inappropriately and baselessly critical of Dr. Melton. The Board staff also had in its exclusive possession subsequent emails and text messages from TG where she vehemently recanted her previous criticisms of Dr. Melton and adamantly denies any need or desire to pursue any complaint against Dr. Melton. Of note, TG never filed a complaint, nor were the Board Staff's complaint procedures followed: 1) a complaint form was never received nor certified to by TG or KH, 2) there was never any acknowledgement of the receipt of the complaint to TG or KH, and 3) there were never any results of the review of the complaint sent to TG or KH. Given there was no complaints, the Verified Complaint filed by RR was a fraud under cover of law.

At the Motion to Dismiss hearing on September 15, 2022, TG's credibility as a witness and as the complaining party against Dr. Melton was the central issue. Her mental health was an issue. Her personal credibility was in question. Yet, the Board staff suppressed text messages and information that proved TG's actual credibility was nil. In addition, the Board's Investigator had a history with TG and fully knew she was prone to making farfetched allegations as TG admits in an email to RR. Evidence to the same was in RR's possession and not shared with the Board members. Yet again, in RR's email on October 5, 2021, Ms. Roberts stated, "I visited with Tanith over the phone today. *She admitted everything I already suspected.*" RR's suspicions were

unfounded and prejudiced, yet she was entrusted by the Board Staff to disclose all information as the only witness at Dr. Melton's hearing.

The personal long-term committed relationship between Dr. Melton and TG, who was his fiancé of 8 years, and who met the definition of "family" under the Oklahoma Administrative Code 75:15-1-2, was inappropriately reframed by the Board staff. Investigator and Board Staff inappropriately reframed this personal long-term committed relationship as a patient-physician relationship while quibbling that a prescription establishes the patient-physician relationship. All of this was done with pursuing a case full of lies from a vexed and unwell woman and an investigator motivated by a conflict of interest (investigating and sanctioning TG 10 years prior). RR behaved inappropriately in being suspicious without any evidence. Instead, RR then fished for the evidence to validate her own version of dis-reality. The definition under the Code: "Family means the children, spouses, parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of clients." If they knew the truth, the members of the Board would have dismissed the case. Instead, the Board staff re-framed a family as the dad abusing the mom and without a scrap of evidence to support it. A very inconsistent TG should have been heard along with her ongoing struggles with health concerns. Instead, Board Staff exercised tremendous efforts to ensure the Board was misled.

Dr. Melton was deprived of this and perhaps more exculpatory evidence at the critical hearing on the Motion to Dismiss.

If Dr. Melton had benefit of the October, 2021 emails and subsequent emails between TG and Robbin Roberts, and subsequent text messages between TG and AAG Amanda Everett the Board would have used that evidence to adjudge TG's state of mind. This would have undercut the Board staff from using a non-complainant, and now unwilling witness against Dr. Melton. If the Board en banc received that evidence at the hearing on the Motion to Dismiss, it would be fully informed on the issues presented. Any evidence that impeaches the credibility of a witness is critical. That is especially true if that unwilling witness is the only witness the Medical Board staff was using against Dr. Melton (of note is that TG testified on behalf of Dr. Melton). Further, as noted in the ROA, the Board staff brought no witness other than their own investigator, Robbin Roberts who never interviewed or brought KH's supposed complainant, to the hearing in order for her to be cross-examined by Dr. Melton. The evidence of the letter terminating the Doctor-Patient relationship was also suppressed and was never provided to the Board. Further, new evidence shows that KH as she was portrayed by Board Staff was fictitious and was never a complainant. The Board staff knowingly falsified presenting KH as a complainant when she in fact was not. The Investigative File must have the unredacted email that was supposedly sent by KH. The Investigative File must also have the original text messages supposedly sent by KH that were used to derive the transcription. The unredacted and original versions will likely

prove these did not come from KH. The redaction of the email address, the exclusion of the original text messages and that KH was never spoken to nor brought as a witness were all methods used by Board staff to hide the fact that KH was not a complainant.

The Board staff action in suppressing that exculpatory evidence was catastrophic to Dr. Melton. Instead of dismissing the Complaint, the Board was not fully informed and the jeopardy to Dr. Melton's medical license increased geometrically and continues to this day. Even more devastating is that the Board placed a criminal label of "Sexual Predatory Behavior" upon Dr. Melton for which there was no clear and convincing evidence of any sexual act that meets the "meaning" anywhere put forth during the hearing. This Board's finding goes against all previous cases and findings of the Board. Research did not disclose a single precedent case in which a fiancé or spouse is involved in a sexual misconduct finding anywhere by the Board or in any other civil case. Rather, the Board reserves the use of this finding for when a physician has a criminal finding of sexual crimes.

**WHAT OTHER EXCULPATORY EVIDENCE  
WAS NOT DISCLOSED?**

Dr. Melton is totally unaware presently of what additional exculpatory evidence was withheld by the Board staff. Therefore, this request is made for a copy of the complete investigative file, with all attachments, information, reports, emails, and documents, notes, and drafts and any material. The entire Investigative file is being requested since it is clear that the Medical Board staff, by not providing this evidence

already specified is exculpatory (and that we have come to learn about through other means), cannot be entrusted with gatekeeping evidence and determining themselves what is and is not exculpatory.

Based on the fragmentary information now in possession of Dr. Melton, several serious additional questions are now raised that may be answered by Dr. Melton's review of the Investigative File and other information in the possession of the Medical Board staff.

### **1. PROFESSIONAL RENEWAL CENTER RECORD.**

Dr. Melton now has in hand three different documents allegedly prepared by PRC. However, only one document was ever anticipated or required which was provided to Dr. Melton titled "Assessment and Discharge Summary." Those documents include the following, to-wit:

1. An undated Confidential Preliminary Evaluation Summary and Recommendations, seven pages in length, sent to Dr. Stout on either October 20, 21 or November 1, 2022 (per PRC).
2. An undated Confidential Assessment Discharge Summary 17-pages in length, sent to Dr. Stout on November 7, 2022. This document is the only document Dr. Melton was made aware of, as it was sent to him on November 8, 2022.
3. A confidential one-page letter to Dr. Stout, Board Secretary dated January 10, 2023 which is well after all Board proceedings against Dr. Melton were concluded.

The investigative file must reveal when each of these respective documents were received by the Board staff and why there was more than the single document that was

required and ordered. The Investigative File must reveal Board staff's communication with PRC and any PRC response thereto. These communications were not reflective of due process and have subjected Dr. Melton to a biased tribunal.

Prior to Dr. Melton's hearing, he received his "Assessment and Discharge Summary" from PRC which was a 17-page document and which stated on page 15:

"Data do not indicate that Dr. Melton is currently impaired in his ability to practice psychiatry from a psychological and psychiatric perspective."  
(Emphasis added).

This is the report Dr. Melton understood was supposedly handed out to the Medical Board by AAG Joe Ashbaker, who withheld the report from the Medical Board until the day of the hearing. AAG Joe Ashbaker then presented it the day of the hearing even though it was exculpatory and would have eliminated the need for a hearing outright. However, AAG Joe Ashbaker refers to the Confidential Preliminary Evaluation Summary and Recommendations as what was presented at the hearing to Board Members as stated in the ROA, "knowing what you just read" and "...somebody's daughter. That's somebody's mom, somebody aunt, somebody's kid." The only reference AAG Joe Ashbaker could have been making is to a false statement in the Confidential Preliminary Evaluation Summary and Recommendations that was removed from the final Confidential Assessment Discharge Summary. This statement was "He said RK was a patient he was obsessed with."

After Dr. Melton contacted PRC, he learned that there was in fact also:



1. A Preliminary Evaluation Summary and Recommendations that was not signed nor dated. This preliminary evaluation that was sent directly to Billy Stout, MD contained—derogatory, untrue and inaccurate language that was not included at all in the Assessment and Discharge Summary provided to Dr. Melton.
2. A confidential letter sent to Dr. Billy Stout dated January 10, 2023 which contained language that was not included and counter to the Assessment and Discharge Summary provided to Dr. Melton.

The Investigative file must show if this was done to try to align with perjurious statements made by AAG Joe Ashbaker who completely mis-characterized Dr. Melton's assessment during the hearing, misleading the Board members. AAG Joe Ashbaker mislead the Board members making them believe the Confidential Preliminary Evaluation Summary and Recommendations was the final report or that the final Confidential Assessment Discharge Summary was not yet in hand. However, as shown by the dates, this report was in hand and received well before the hearing on November 7, 2022.

## **2. TRANSCRIPTION OF TEXT MESSAGES BETWEEN DR. MELTON AND KH.**

KH was named in Paragraph 4(a) of the Verified Complaint.

At trial on November 17, 2022, Board prosecutor Mr. Ashbaker introduced Board Exhibit 2 entitled "Transcription of text messages between Defendant and KH." (Exhibit E). The 11-page document appears to be a compilation of several text messages prepared by Board Chief Investigator Larry Carter.



The original source text messages were never produced. Mr. Carter was never presented and sworn as a witness to testify to the timeframe of any purported text messages. The compilation on Page 1 proclaims “Text messages begin on 6/23, 9:27 a.m.” (Exhibit E). But no year is identified! Nor did Mr. Carter testify if his “compilation” includes a complete quotation of all purported text messages, or did Mr. Carter take it upon himself to “edit” the purported text messages? In his “editing” did Mr. Carter omit all or part of certain purported text messages or responses?

Mr. Carter’s own “compilation” refers on 13 occasions to “messages cuts out an unknown number of lines from the conversation” (Two on Page 1, two on Page 2, two on Page 3, two on Page 4, one each on Page 5, 6, 7, 8, and 11”). What exactly does that mean?

Mr. Carter did not testify if the bold face he used three times on Page 3 of the “compilation” was his own or in the original?

Mr. Carter did not testify if the unusual spelling, capitalization and punctuation quoted on Pages, 1, 5, 6, and 9 was his own or in the original?

And Mr. Carter did not testify what is meant by the following entries in his “compilation.”

“This comment makes me think there were phone calls intermixed with the text messages, but unclear.” Page 7.

“It looks like we are missing two messages in the string.” Page 7.

“It looks like another two messages are missing here.” Page 7.

“One message missing in the string.” Page 10.

A review of the investigative file should answer all of those questions. It should also yield the original source text messages to allow an independent comparison with the edited “compilation” allegedly prepared by Mr. Carter and admitted into evidence.

**3. NEWLY DISCOVERED INDEPENDENT EVIDENCE**  
**SHOWS KH NEVER SENT THE BOARD ANY EMAIL OR PROVIDED**  
**ANY TEXT MESSAGES.**

KH was interviewed by Kelmar Global Private Investigations and Security company. They specifically asked KH if she submitted anything to the Medical Board? KH said she did not, to-wit:

“Did you email or communicate in any way with anyone on the medical board about Dr. Melton?”

And KH’s response was:

“No”

Since KH was never interviewed by the Board investigator and never called as a witness to be cross-examined by Dr. Melton, he lost the ability for the Board to understand that KH never sent anything to the Medical Board. The transcribed text messages did not originate from KH and are therefore fraudulent.

Further, any questions about KH were previously resolved by a LOC.

Finally, the letter terminating the patient-physician relationship with KH was suppressed and never shared with the Board. Since the transcribed text messages have no dates or times, Dr. Melton lost the opportunity for the Board to understand that the

patient-physician relationship had been terminated on June 22, 2021, prior to any alleged text messages. An honest investigation would have concluded the very limited nature and timeframe of Dr. Melton's questionable conduct as a boundary crossing instead of a boundary violation. However, great efforts were instead made to mislead the Medical Board that this was something more serious.

#### **4. EXCULPATORY EMAILS FROM TG.**

Dr. Melton now has in hand some email traffic between Board investigator Robbin Roberts and TG that occurred in October, 2021. At that time TG was in a manic bi-polar episode. TG was in a state of panic. Clearly her emails are rushed. She is fearful. She has fled to her parents in Kansas City. TG's mental and emotional distress in those October, 2021, emails is evident.

Board Investigator Robbin Roberts was already well acquainted with TG and her sometimes erratic conduct. Ms. Roberts conducted an investigation for the Licensed Clinical Social Worker Board in or around 2011 concerning TG. At that time, Ms. Roberts reviewed several dozen emails between TG and SH that were sent between September 2011 to July, 2012. These emails show that TG had a history of making false accusations and erratic behavior. Further TG has made allegations against others she's had a personal committed relationship with including her ex-husband (see allegations filed with the District Attorney's office). Ms. Roberts reviewed Victim Protective Orders filed respectively by SH and TG against each other in December, 2011 (Tulsa County PO-2011-3972 and PO-2011-3998). Not only should the Board

staff and Board been made aware of this prior investigation, but TG's history of erratic behavior, her history of bringing horrible allegations against those she is in a personal committed relationship with when these relationships end, but also TG's history to play a victim. If this was shared with the Medical Board, TG would have been completely impeached as a witness and all information provided by TG would have been deemed useless because TG's credibility would be shredded.

Indeed, Ms. Roberts did not reveal that TG's initial email of October 2, 2021 was not directed to the Medical Board. That email of October 2, 2021 at 7:44 p.m. reveals TG's manic episode exhibited by her extreme emotional distress (Exhibit F). Instead, it was directed to James M. Marks, Executive Director of the Oklahoma State Board of Licensed Social Workers. Mr. Marks response email directed TG to Ms. Roberts at the Medical Board (Exhibit G).

On October 5, 2021, Ms. Roberts confirmed she had contacted TG, "I visited with Tanith over the phone today. *She admitted everything I already suspected.*" Ms. Roberts then goes on to list a false timeline, of course, one that was in line with "*...everything I suspected.*" The stage is set from this point, TG would go on to make claims and give accounts of being bullied by Roberts to even make up stories and that she should agree to being a patient. But this email makes it clear why TG recanting didn't end the case because the Board staff just needed her to remain as a victim, they "have to protect her from herself". There was no evidence of abuse or of current prescriptions. The Board staff failed to note the last Rx was 2 years and 7 months before

the investigation (see Exhibit H). The Board staff also overlooked that Dr. Melton had a clean record of 17 years in private practice. Instead, *prejudice* came from familiarity with the former accused TG whom Ms. Roberts investigated for inappropriate relations with patients 10 years prior. Rather than seeing to a logical recusal, Ms. Roberts and Board Staff failed to honor the ethics of recusal. RR states in her email, "I felt like Tanith was truthful with the questions I asked her and is truly concerned about her safety. By stating this, Ms. Roberts sets the stage that whatever she says TG said, it should be the "truth" because "She admitted everything I already suspected." Even still, Ms. Roberts did get impeached by TG. TG continued her role playing as a victim of Dr. Melton and the Board staff kept this cloaked by "confidentiality" and did not share this with Dr. Melton. TG tried but lacked in communicating forcefully enough to stop the case from moving forward. All of this is the Board staff disregarding due process for the sake of claiming to protect a victim who has no credibility because she is an expert as an LCSW and she fully knew the weight of words as a victim to play both sides. The Investigative file must clarify if the Board staff made ex parte communications with Board members to fully bring the fraud of bogus allegations being made against Dr. Melton that were prejudicial. In addition, Dr. Melton has evidence of this pattern of the methods employed by the Board staff on two other doctors. (See Exhibit U). This evidence includes published communications wherein the Board staff conspires with third parties. Further, information and testimony from multiple doctors, who may be called as witnesses to their experiences, will show the Board staff's

inappropriate “methods.” (Exhibit U). These inappropriate methods include the Board staff: 1) seeking to “catch doctors off guard”, 2) conspiring with other doctors to remove doctors (such as Dr. Anagnost) from the competition, 3) seeking patients to sue doctors, 4) maintaining “secret files”, and 5) drawing out investigations even after obtaining contrary evidence. That the Board members never question Board staff is telling of the codependent relationship fraught with ex parte communications. Ms. Roberts never disclosed TG’s past history and behavior and simply concludes “Apparently, the relationship has been physically and emotionally abusive.” (But not a single bit of proof is offered to support that claim.). RR states, “I encouraged her to file a police report since she may have to involve the courts in order to get her belongings back, including her cat. She said she will think about it and if she does, will let me know. That will be helpful to my case as well as her own. Let me know if you need anything else.” (Exhibit H). TG in fact never filed any police report. Nor did she do anything other than try to resolve her relationship with Dr. Melton. If she was in fact in a “physically and emotionally abusive” relationship as Robbin Roberts indicated, then TG would not have desperately tried to resolve the relationship with Dr. Melton. This shows Dr. Melton was the true victim, not knowing anything about communications between TG and Robbin Roberts and the Board staff hiding this from Dr. Melton such that he was caught off guard and completely confused.

TG followed up with an email also on October 5, 2021 and attached a text message from Dr. Melton. The text message reveals only Dr. Melton’s concern about

Ms. Garner's wellbeing. (Exhibit I). Only paranoia or an investigator trying to make a case from "everything I already suspected" would ever try to allege that Dr. Melton was being inappropriate and controlling. Dr. Melton was crying out for help for his own children's (his girls) well-being.

However, by October 19, 2021, Ms. Roberts contacted TG that Ms. Roberts' jurisdiction was limited to the Oklahoma Medical Practice Act. RR states, "this is a personal/family issue with lots of drama and is not related to my investigation. . . . ." (Exhibit J). And Ms. Roberts had full knowledge since August, 2012 of TG's unstable mental health (Exhibit K).

On October 27, 2021, at 10:44 p.m., TG was already experiencing second thoughts about information she had provided to Robbin Roberts. TG's text to Ms. Roberts provides as follows:

"If it isn't too late, I'm going to ask that you don't submit the other "chat" as evidence. I feel like I have burdened you with far too much info that you even asked for. In no way did I think me giving you additional details would cause you to get in trouble. And when I heard that it did that, I was embarrassed and wanted to apologize for that immediately.

Please disregard copies of the "chat" he had.

I've given this entire ball of stress, worry, and fear to God. I can't control anything. . . ." (Exhibit R). (Emphasis added).

Yet Ms. Roberts proceeded with the investigation of Dr. Melton. And Ms. Roberts signed the Verified Complaint on November 30, 2021. (Exhibit A).



However, by January, 2022, TG was over her prior manic episode as she was back on her required medication. TG's mental state was much improved. TG's text messages thereafter are much more cogent and better organized. Her thoughts are more complete. She is much more mentally settled.

TG is crystal clear that she never made a complaint against Dr. Melton! Ms. Garner's email to Robbin Roberts of January 12, 2022 at 4:54 p.m. is lengthy and it is totally contrary to the allegations in the Board Complaint (Exhibit M). Yet--contrary to the evidence--the Board staff falsely claimed TG made a written complaint against Dr. Melton (see Exhibit D, false answer to request for admission number 5). That deliberate Board staff misrepresentation was compounded throughout the remainder of the case.

Following the Board hearing on the merits November 17, 2022, TG emailed additional exculpatory information on December 9, 2022 to Board Executive Director Lyle Kelsey, Board Secretary Dr. Stout, Board Chief Investigator Larry Carter (Exhibit L).

TG's cover email provided as follows, to-wit:

"Gentlemen:

Attached is my full explanation and statement regarding the case of Edward G. Melton, M.D. Case No.: 21-09-6046. I submitted my retraction of all statements on January 27, 2022 and also in the hearing on November 17, 2022. Everything I said was ignored. I respectfully implore you to read my statement; my voice must be heard and my words listened to." (Exhibit L).



TG attached to the December 9, 2022 email her five-page letter wherein she recanted all prior testimony, to include the following, to-wit:

“In the filing against Dr. Melton, I was listed in a Verified Complaint as number 2 complainant. What I did was **complain** about my fiancé, **I did not submit a complaint nor did I ask anyone to file a complaint against Dr. Melton.** The egregious lies and mischaracterizations I made about him were based on false pretenses and my misplaced anger stemming from our recent breakup. The statements and claims I made were attacking him as my Fiancé, and not him as a Physician. . . . I lied when I identified him as Abuser and myself as a Victim. In fact, Dr. Melton is the victim because I was trying to keep attention away from an affair I had been having with my ex-husband. . . .

On January 27, 2022, I submitted a formal and legal retraction in which I admitted all of the lies, misrepresentations and insinuations I said/wrote about Dr. Melton. No one listened to or even acknowledged my words. On November 17, 2022, during the hearing, I testified and admitted I had been lying, and yet my voice was ignored. . . . My lies have done more harm and have impacted far more people than I had ever imagined. I refuse to be ignored any more. My voice and words will be heard. Dr. Melton was victimized by my lies and mischaracterizations as follows. . . .” (Exhibit L).

But at trial on November 17, 2022, before the Medical Board Ms. Roberts did not reveal to the Board that TG sometimes acted erratically due to TG’s known bipolar disorder. Ms. Roberts did not reveal to the Board the contents of the lengthy exculpatory email she received from TG on January 12, 2022. In this email, TG wrote in pertinent part:

“The court (Board) filing states I made a complaint about him (Dr. Melton) **which is completely false!**. . . . I am **not a victim and I have only the highest regard for Dr. Melton.** . . . . I feel as though I am being used as a pawn against Edward. When you initially contacted me, he and I were experiencing a very bad time in our relationship, but as we have in the past, we got through it. . . . **As you served as the investigator for a**

complaint filed against me in 2010, you were aware of the impulsive choices I had been known to make. . . . But again, I did not file any complaint, formal or informal, with the Board and the facts have been skewed. . . . I ask that this legal filing against Dr. Melton be dismissed immediately, and completely erased from any data base.” (Underlining in the original). (Exhibit M).

Also, at trial in September, 2022 and again in November, 2022, the Board was never advised of TG’s text messages to the original Board prosecutor Amanda Everett, Assistant Attorney General. The text message of January 21, 2022 at 10:48 p.m. include the following, to-wit:

“Ms. Everett: I have left you two phone messages, the last two by voicemail, but I have not heard from you. I’m forwarding you the email that I recently sent to Ms. Roberts. I do not understand how a legal case has been established and filed, when allegations that are stated in the filing were never addressed in any interview or investigation with me.” (Underlining in the original). (Exhibit N).

And TG followed up with a second email message to Assistant Attorney General Everett on January 24, 2022 at 7:53 pm. That second email provided in pertinent part:

“The issue that is more of a concern is that any complaint stating I was a patient of Dr. Melton’s is a completely false allegation. I have always maintained my own PCP, which Dr. Melton required that any and all medications be managed by my PCP. The last prescription I remember Dr. Melton prescribing was early 2018 for Adderall, which was because my PCP passed away and then possibly early 2019 for Ambien when I missed an appointment with my PCP. I’m certain all those prescription were called in from my PCP’s office and there was somehow a misunderstanding with the pharmacy to list the wrong physician. My PCP was prescribing all of my medication after Dr. K took over as PCP in the spring of 2018. . . . I find it incomprehensible how such extreme language of ‘sexual predatory behavior’ has been including in the filings. . . . To be honest, I feel much has been manipulated to intentionally try to mischaracterize Dr. Melton.” (Underlining in the original). (Exhibit O).

Because the Board staff suppressed these contemporaneous emails, the Board was deprived of knowledge of the true medical history and actions of TG. Due to this, Dr. Melton was deprived of evidence to use to impeach TG as shown in the emails written as early as 2021 to Board Investigator Ms. Roberts.

The text messages and emails referred to above clearly show that in October, 2021, TG was unhappy with her fiancé Dr. Melton. However, by January, 2022, TG was back on her medications for her bipolar disorder and had regained her health and attempted in every way she knew to intervene with Board staff to prevent a baseless allegation being brought against Dr. Melton. Again, as shown by Exhibit V, that was sent to Larry Carter, then Director of Investigations, wherein TG states on November 21, 2022, to wit: "I enjoyed playing the role of the victim - no one doubts a victim. But the reality is, I did it to impress my ex-husband, Kyle Reans." Dr. Melton found this hand-written confession and share it with both Larry Carter and Dr. Stout (only much later when it was found).

Even if after the hearing and especially if close to the hearing or while awaiting the AG approval, that suppressed evidence clears Dr. Melton. But those suppressed documents were never presented to the Board or to Dr. Melton to use in his defense as it would have shed light on TG's true nature of playing the role of victim. It further would have shown her history of erratic behaviors. It would have further shown that TG had a history of making false allegations against all those she had been in a past

long-term committed relationship with that wasn't working out to her liking and would have led to the full and complete impeachment of TG as a witness.

A review of the investigative file must reveal who made the decision to unlawfully suppress those exculpatory documents to prevent Dr. Melton from using them to defend against baseless allegations.

In fact, new evidence will prove that TG was playing the victim as she confessed this in writing and also told doctors when she was later hospitalized of her horrifying acts against Dr. Melton.

**5. THE ATTORNEY GENERAL LETTER DID NOT  
INCLUDE SEXUAL PREDATOR LANGUAGE.**

As required by Oklahoma law any Order of the Board must be reviewed by the Office of the Oklahoma Attorney General. And if the order is not approved it is "Null and Void". In this case, the Attorney General did review the proposed Board Order (Exhibit P) and issued Opinion No. 2022-55A on December 19, 2022. (Exhibit Q).

At the Board hearing on the merits on November 17, 2022 the Board voted (although a record of these votes as required by law are not included the ROA, and the ROA simply states, "Roll call was had." Contrary to the Board attorney's claims that the votes were recorded and reported in the minutes, they were non-existent ever since.) to make certain Conclusions of Law that Dr. Melton was guilty of unprofessional conduct as follows, to-wit:

- “(a) Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient in violation of 59 O.S. §509(17).
- (b) 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).
- (c) Conduct likely to harm the public, in violation of Okla. Admin. Code §435:10-7-4(11).
- (d) Improper management of medical records, in violation of Okla. Admin. Code §435:10-7-4(36).
- (e) Engaging in predatory sexual behavior, in violation of Okla. Admin. Code. §435:10-7-4(45).
- (f) Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, in violation of Okla. Admin. Code. §435:10-7-4(49).” (Exhibit P).

But like any Board Order imposing sanctions in an individual proceeding the Board Order was subject to review by the Oklahoma Attorney General (AG). The Board Order correctly stated in pertinent part, to-wit:

**“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.”** (Exhibit P).

Approximately one month later, on December 19, 2022, the Attorney General issued Opinion No. 2022-55A. (Exhibit Q). The AG Opinion identified the power of the Board to include the following, to-wit:

“The Board has received complaints against Defendant for various acts in violation of the Oklahoma statutes and the Board rules, such as (1) making inappropriate sexual comments to a patient, (2) prescribing Schedule II and IV medications to a patient with whom Defendant was sexually

involved, and (3) providing controlled substances without establishing a valid physician/patient relationship and without records to support such treatment.” (Exhibit Q).

But the Attorney General Opinion did not ever identify any evidence in the record to support Paragraph 7(e) of the Order, to-wit:

“e. Engaging in predatory sexual behavior, in violation of Okla. Admin. Code §435:10-7-4(45).”

Yet the Board Order still included that language despite lack of a finding of any supporting evidence by the Attorney General. In fact, the AG makes references to nothing specific as is found in the Board Order. Each of the three references from the AG opinion “(1) making inappropriate sexual comments to a patient, (2) prescribing Schedule II and IV medications to a patient with whom Defendant was sexually involved, and (3) providing controlled substances without establishing a valid physician/patient relationship and without records to support such treatment” are nowhere to be found in the Verified Complaint. Dr. Melton never provided controlled substances, nor could he dispense them. This statement is entirely false. The Investigative File must provide the letter sent to the AG by Board staff that will clarify what they asked the AG to approve.

Inclusion of such a heinous conclusion in a public Board Order is a gross injustice to Dr. Melton. Access to the Board Investigative File must yield information on how unproven allegations and unreviewed conclusions of law were included in an order that by its own qualification must be completely reviewed to become final. No precedent



cases exist to have an Indefinite Suspension of a medical license on the conclusions of Law listed by the former Attorney General. Institutionalized prejudice is quite evident when so much of a shell game is made of the proceedings to suspend a medical license that for 17 years withstood the test of time and scrutiny of thousands of patients and families of those beloved ones to qualify Dr. Melton as a distinguished physician.

**6. SUPPRESSED EVIDENCE SHOWS TG WAS  
NEVER A PATIENT OF DR. MELTON.**

Excerpts from the afore quoted emails and text messages also document that TG was never a patient of Dr. Melton. TG's own language is unmistakable, to-wit:

"I have been made aware of the court filing against Dr. Edward Melton, and I am very angry and upset. The court filing states I made a complaint against him, which is completely false!" (Text message from TG to Robbin Roberts, January 12, 2022). (Emphasis in the original).

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"Dr. Melton has always ensured I understood my responsibility to maintain my own health care needs, which was always the understanding I would keep my own PCP. It was as a friend and out of our love for each other, that he helped with my medications and his prescription of a mood stabilizer completely changed my life. Please note, I \*have \*always \*had \*my \*own \*physician and anything Dr. Melton suggested or advised was always known and supported by my physician and certainly was \*never a concern to anyone." (TG email to Robbin Roberts, January 12, 2022). (Emphasis added).

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"During this holiday season, I found myself trying to keep my home and my fiancé and three daughters happy and calm and secure but now I'm preparing to defend my fiancé, a physician who has been horribly mischaracterized by your investigation." (TG email to Robbin Roberts, January 12, 2022).

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"The first time I received a call from you, you immediately identified me as 'a patient of Dr. Melton's.' I instantly and adamantly replied that I had never been his patient. This continued to be an issue for you, but I was

relieved when it seems that you acknowledged that in fact, I was never his patient. There was never a meeting of the minds between us that I was his patient. My consent for him to help me has always been without reservations (as is the case for many people who are lucky to have a physician in their circle of friends and family).” (TG email to Robbin Roberts, January 12, 2022). (Emphasis added).

\*\*\*

“Edward has only shown dedication to me, over the course of our almost eight-year engagement. Within those eight-years, I have experienced traumas, and he has stuck by me, supporting me and helping me get through the rough times. But it was also as a physician (although not my personal one) that he was the one person in my entire life who recognized the mood issues I had struggled with my entire adult life. Using his knowledge as a physician doesn’t make him my doctor; I decide who is my doctor.” (Text message from TG to Robbin Roberts, January 12, 2022). (Emphasis added).

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“Again, I want to make it explicitly clear that I did not make any complaint about Dr. Melton. I have never been his patient, nor he my physician. I have always had my own physician who continues to prescribe for me the same medication initially prescribed in 2015.” (TG email to Robbin Roberts, January 12, 2022). (Emphasis added).

\*\*\*

“The issue that is more of a concern is that any complaint stating I was a patient of Dr. Melton’s is a completely false allegation. I have always maintained my own PCP, which Dr. Melton required that any and all medications be managed by my PCP. The last prescription I remember Dr. Melton prescribing was early 2018 for Adderall, which is because my PCP passed away and then possibly early 2019 for Ambien when I missed an appointment with my PCP. I’m certain all these prescriptions were called in from my PCP’s office and there was somehow a misunderstanding with the pharmacy to list the wrong physician. My PCP was prescribing all of my medication after Dr. K took over as PCP in the spring of 2018.” (Email from TG to AAG Everett, January 24, 2022). (Emphasis added).

\*\*\*

“I was never his patient. It is of utmost importance that you know this investigation/legal filing is not anything I support and I made it clear to the investigator that my belief is that this was not an investigation done in good faith. . . . On several occasions I made it clear I have never been his patient. Any frustrations that I expressed at any time shouldn’t be



considered supportive of a complaint. To be honest, I feel much has been manipulated to intentionally try to mischaracterize Dr. Melton.” (Email from TG to AAG Everett, January 24, 2022). (Emphasis added).

The above quotations were suppressed by the Board staff. Therefore, the Board never saw them at the pivotal hearing on the Motion to Dismiss of September 15, 2022.

TG’s plain language exposes the Board staff’s work to manipulate her information and to mislead the Board that TG was a patient of Dr. Melton. What is made exceedingly clear is TG is not a victim. She has become protective of her family and is now incensed with the conduct of the investigator.

Further at the hearing TG questions why her health data was run and used as she had not consented to this and there was no order by the Board or any Tribunal to obtain this information. This TG questioned if it was a violation of her HIPAA rights.

Those quotations also corroborate Dr. Melton’s testimony that the PMP entries identifying him as prescribing physician were in error. Further 59 O.S. 2021, §478.1 and 435:10-1-4 Statute defines a patient/physician relationship as:

“Establishing a physician/patient relationship; exceptions

A physician/patient relationship is established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules except the following providers are not subject to the face-to-face encounter: [...]

There was never any agreement between TG or Dr. Melton, nor were there any face-to-face medical encounters.

Further, case law precedent as outlined in *Damron v. Ornish* 862 S.W. 2d 683 (Tex. App. 1993) outlines that:

"The Supreme court noted that Hunsuker did not attend regular examinations, nor were any return appointments scheduled. Hunsuker performed "self-treatment" by continuing to take prescription medicine. **Prescription renewal was insufficient to toll the patient-physician relationship.**"

TG admitted to calling in her own prescriptions and therefore she was performing "self-treatment". In addition, prescriptions alone without regular examinations or appointments do not meet the definition of a patient-physician relationship. No records were ever found of any appointments for TG in Dr. Melton's medical records because there was no patient-physician relationship ever. TG herself told RR she was not a patient. Dr. Melton's office manager, KC, told RR that TG was not a patient and RR found no medical records of a patient-physician relationship. Initial diagnostics to prescribe a medication that will be managed by TG's PCP does not toll the patient-physician relationship for Dr. Melton. In addition, the absence of a single medical encounter and follow-ups negates the patient-physician relationship. Further to go beyond this, while lacking any evidence, with an allegation of sexual misconduct and predatory sexual behavior with Dr. Melton's fiancé is misguided and an abuse of power.

The Board has promulgated an administrative rule defining physician/patient relationship. OAC 435:10-1-4 provides in pertinent part as follows. The board had

made a distinction 13 years prior when the old definition held “treatment” and “prescribing medication” as separate and distinct with prescribing using the meaning of its plain text does not define inappropriate sexual behavior nor *especially* Predatory Sexual Behavior to-wit:

Physician/patient relationship definition from 13 years ago:

**“Doctor-patient relationship”** means a person has a medical complaint/issue, which has been addressed by the doctor and there is a correlation between the complaint/issue and the treatment/performed or the drug given/prescribed/dispensed.” (Exhibit W).

Robbin Roberts in her testimony admitted as did AAG Joe Ashbaker that this 13-year-old definition was what they believed to be the current definition for a patient-physician relationship. This is why the prosecution focused on prescriptions = patient. This was the foundation for RR’s investigation without probable cause and why RR sought out evidence to substantiate her false accusations. In fact, RR admits during the hearing that she never spoke to KH and then she states contrarily that KH told her about TG. RR also admits in testimony regarding the patient-physician relationship that (ROA pg. 217), “I wouldn’t know where to find that. I do not have it memorized, no”. RR investigates based upon what defines a patient, but she doesn’t know the definition?

Per the ROA pg. 180, “Q[uestion]: Robin, did you actually speak with K.H.? A[nsWER];, “I did not”.

Per the ROA pg. 207, “Q[uestion]: So I think of probable cause, wanting to go investigate further, can you explain how we go from investigating K.H. to investigating Tanith? A[nsWER] **When K.H. says** that you may be having an inappropriate relationship with someone named Tanith, and ask if Tanith is a patient and you say no, but did admit you were in a relationship, just, I mean, good investigating says go ahead and make sure that is correct.”

First RR says she did not speak to KH and then she says, “when KH says”. How could KH have said anything to RR if RR never spoke to her?

Physician/patient relationship current definition:

**“Physician/patient relationship”** Means a relationship established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely scheduled, actual face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules. The act of scheduling an appointment, whether by a physician or a physician’s agent, for a future evaluation will not in and of itself be considered to establish a physician/patient relationship.” (Emphasis added).

In the new definition it is clarified that the patient/physician relationship is not tolled by **“drug given/prescribed/dispensed”** but instead by “diagnose or treat” for which there is none of for TG by Dr. Melton. This was Dr. Melton’s evidence through testimony, that the prescriptions were up to TG’s PCP.

Newly discovered evidence shows that TG would become hospitalized in May 2023 as a result of the baseless allegations used to suspend Dr. Melton’s license. She admitted while hospitalized to lying about Dr. Melton when communicating with her ex-husband for sympathy (once again playing the role of a victim). TG also admits she “carried on a ‘sexting’ conversation and responded as if she were Ed speaking back to this patient. She says she later printed out and turned this sexting conversation over to the medical board investigators.” (Exhibit X).

**7. A CRIMINAL LABEL OF SEXUAL PREDATOR WAS  
UNLAWFULLY APPLIED TO DR. MELTON  
WITHOUT CLEAR AND CONVINCING EVIDENCE.**

“Predatory sexual behavior” is a heinous label and not defined anywhere in Oklahoma statutes or by the Medical Board. This heinous label has been reserved by the Medical Board in only cases wherein a physician has been found guilty of criminal sexual behavior. So by the plain language of its words “predatory sexual behavior” is not supported by any evidence in the record.

*“Merriam-Webster.com online LEGAL Definition: **Sexual Predator**: a person who has committed a sexually violent offense and especially one who is likely (as because of a mental abnormality or a psychological disorder) to commit more sexual offenses.”*

There is no mention of any sexually violent offense anywhere in this case. There was no clear and convincing evidence produced by the Medical Board because *there was no sexually violent offense*. There was no sexually violent offense as alleged in another cases. There was no sexually violent offense ever alleged or pursued in Dr. Melton’s history. Former AAG Amanda Everett, who was the original prosecuting AAG assigned to the Medical Board did communicate horrible ideas to Dr. Melton’s prior attorney, Greg Denney “At this time, I am not making any offer short of revocation of Dr. Melton’s license...” (See Exhibit T), (email from AAG Everette & Greg Denney).” Dr. Melton has *never* had a single incident of legal action remotely in any way with the Board. Usual complaints from patients any doctor expects from disgruntled patients have always been handled well and in Dr. Melton’s favor. AAG

Everett told Attorney Greg Denney that there were multiple patients complaining about sexually inappropriate behavior, but there were *none*. Not even KH made a complaint. TG made this very clear that she never made a complaint.

In addition, as shown in Exhibit T (email from AAG Everette to Attorney Greg Denney), dated February 2, 2022, AAG Everette confused Dr. Melton, who had a clean record of practice for 17 years, with Dr. Josh Johnson. AAG Everette told Attorney Greg Denney his client had ongoing issues with the Medical Board staff for 10 years (which she thought was Dr. Josh Johnson). AAG Everette also later told Attorney Greg Denney that she had in fact confused the cases (she got them mixed-up), as she had been out of the office with COVID. It was clear that AAG Everett in fact did confuse the cases, as in the Exhibit T AAG Everette forwarded information for Dr. Josh Johnson and not Dr. Melton. Further, AAG Amanda Everett's harsh stance of "any offer short of revocation" made sense as it was for a physician (Dr. Josh Johnson) that had a 10-year history of issues with the Medical Board Staff but did not make any sense to be applied to Dr. Melton, a physician with an immaculate profession and record and no history of issues with the Medical Board legal staff. After this, AAG Everette left the Medical Board staff and was replaced by AAG Joe Ashbaker.

Further, and of note, the only cases that involve Sexual Predatory Behavior are cases in which the physician is actually charged with a crime. We have found 31 investigations by the Medical Board's investigator RR over the last 8 years. In this time and for these investigations, sexual predatory behavior has been alleged 3 times. In the



other instances, other than Dr. Melton's, both doctors were charged criminally and incarcerated. Further there was no evidence whatsoever showing clear and convincing evidence of even minimal sexual contact or that TG was a patient.

Again, the board counsel did not introduce evidence or witness testimony regarding the alleged violation of predatory sexual behavior set forth in 7(e) of the Complaint. Board counsel did not ask questions, introduce exhibits, or otherwise define predatory sexual behavior. In addition, there was no mention of the phrase or link to any conduct to the alleged statutory violation in the closing argument. To the extent any evidence was intended, by implication or innuendo, to suggest predatory sexual behavior it was certainly not proven by the required legal standard of clear and convincing evidence. In fact, it was not given even an inkling of effort throughout prosecuting Dr. Melton's case.

**8. THE MEDICAL BOARD FINDINGS LACKED  
CONSISTENCY WITH THEIR PRIOR FINDINGS WHICH IS A SIGN OF  
DISCRIMINATION, LACK OF DUE PROCESS AND SYSTEMIC RACISM**

Prior Board orders that do find violations of sexual misconduct or predatory sexual behavior describe behavior that includes sexual conduct with a minor, an undercover police officer or sexual conduct with a patient who had not already been in a committed long-term relationship with the provider.

Many states such as Washington (WAC-246-16-100) and New Jersey Administrative Code (Section 13:35-6.3) include within their administrative codes covering Sexual Misconduct specific exclusions from sexual misconduct when there is



“a preexisting, established personal relationship” or “an individual in a long-term committed relationship”. This shows that there is precedent in many states to consider a pre-existing long-term committed personal relationship and that these are excluded from allegations of sexual misconduct.

A few Medical Board precedent cases that in no way align with Dr. Melton’s case are: *State of Oklahoma ex. Rel. The Oklahoma Medical Licensure and Supervision v. Johnny McCay Fowler Jr. M.D., Case No. 08-05-3507*. Precedent board case wherein Fowler was found guilty of and arrested for sexual battery against a police officer, finding of sexual abuse, misconduct or exploitation. The physician is charged with “sexual misconduct” not sexual predatory behavior and received 3-year probation. In Dr. Melton’s case there is no evidence of any sexual contact whatsoever, and yet his allegations include sexual predatory behavior and does not include probation, but instead Dr. Melton receives an indefinite suspension without any clear guidance on how his license would be reinstated.

*State of Oklahoma ex. Rel. The Oklahoma Medical Licensure and Supervision v. Robi Paul Chatterji MD, Case No. 11-01-1968*. Another precedent board case wherein there was documented evidence that Chatterji had sex with a patient (sexual relationship with and prescribing dangerous drugs to pregnant patient and employee). He is charged with sexual exploitation and placed on probation for 2 years with 10 terms and conditions of probation. Again, in Dr. Melton’s case there is no evidence of any sexual contact whatsoever, and yet his allegations include sexual predatory behavior and does

not include probation and only vague remedies are offered.

These precedent Medical Board cases that found only sexual misconduct or sexual exploitation and provided for intermediary short-term probation and clearly outlined remedies and did not find either doctor each who had more heinous proven acts with sexual predatory behavior were cases dealing with *white* doctors. Dr. Melton's case gives a horrific criminal label of sexual predatory behavior without any behaviors or evidence and one can only surmise this is somehow correlated to discrimination against him as a Mexican-American. There were too any rules violated. The majority (if not 100%) of the Medical Board staff and Medical Board are white not diverse. All throughout, there was not a single request by Medical Board staff or the Medical Board to challenge and account for the rules required in Dr. Melton's hearing, the compilation of his ROA, the inclusion of clear and convincing evidence and consistency with precedent cases.

**THE ENTIRE CASE AGAINST DR. MELTON SHOULD BE DISMISSED.**

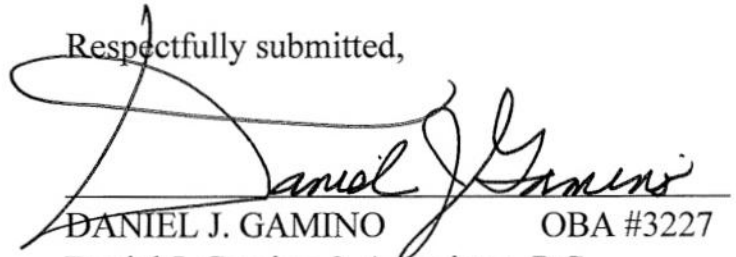
Given the lack of due process, fraudulent evidence as well as suppressed evidence and finally the application of a criminal label with no evidence, no behaviors nor founded precedent cases at all, the entire case against Dr. Melton should be dismissed. Further all damaging records should be expunged. Dr. Melton deserves his name back and his ability to practice medicine. The property of his medical license should be returned to him that was denied through unconstitutional methods and a complete disregard for published rules and law that cannot be accounted for by anything

else but an exquisite violation of Dr. Melton's civil rights.

**CONCLUSION**

For the foregoing reasons and legal authorities set forth above, Dr. Melton prays that he receives a complete copy of the Investigative File in his case to include all attachments, reports, emails, documents, notes, drafts, correspondence of any kind or character, etc., and for such other and further relief as the Board may grant.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel J. Gamino", is written over a horizontal line. The signature is fluid and cursive.

DANIEL J. GAMINO OBA #3227

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*Attorney for Defendant Dr. Edward Melton*

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing instrument was on the date below and in the method shown, served on the following:

_____	Mailed with postage prepaid thereon
_____	FAXED
_____ <i>11-26-2024</i>	Hand-delivered
_____	Emailed
_____	E-filed

Madalyn Martin  
Assistant Attorney General  
Legal Counsel Division  
313 NE 21<sup>st</sup> Street  
Oklahoma City, OK 73105

  
DANIEL J. GAMINO

# EXHIBIT A

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. )  
 )  
EDWARD GERARD MELTON, M.D. )  
LICENSE NO. MD 24098, )  
 )  
Defendant. )

**FILED**

DEC 07 2021

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 21-09-6046

**VERIFIED COMPLAINT**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision ("Board"), for its Verified Complaint against Edward Gerard Melton, M.D. ("Defendant"), alleges and states as follows:

**I. JURISDICTION**

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1 *et seq.*
2. In Oklahoma, Defendant holds medical license no. 24098.
3. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

**II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT**

4. This action arises out of complaints related to conduct by Defendant, as follows:
  - a. Defendant made inappropriate comments to K.H., a patient, that were flirtatious or sexual in nature.
  - b. Defendant carried on a personal sexual relationship with T.G., a patient to whom he prescribed Schedules II and IV medications at least 27 times from 2015-2020.

PF

- c. On at least one occasion, Defendant prescribed controlled substances without sufficient examination and the establishment of a valid physician-patient relationship and/or Defendant failed to maintain adequate records to support his treatment and prescribing of controlled substances.

### III. VIOLATIONS

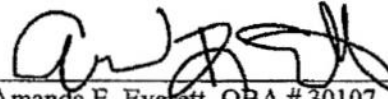
- 5. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
  - a. Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient, in violation of 59 O.S. §509(17).
  - b. Failure to maintain 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).
  - c. Conduct likely to harm the public, in violation of Okla. Admin. Code § 435:10-7-4(11).
  - d. Improper management of medical records, in violation of Okla. Admin. Code § 435:10-7-4(36).
  - e. Engaging in predatory sexual behavior, in violation of Okla. Admin. Code § 435:10-7-4(45).
  - f. Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, in violation of Okla. Admin. Code § 435:10-7-4(49).

### IV. CONCLUSION

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



Respectfully submitted,



Amanda E. Everett, OBA # 30107  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
405.962.1400  
Amanda.Everett@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 **EDWARD GERARD MELTON, MD,**  
and,
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Robbin Roberts**  
**OKLAHOMA STATE BOARD OF MEDICAL**  
**LICENSURE AND SUPERVISION**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2021, in Oklahoma County, State of Oklahoma.

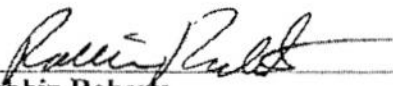
Respectfully submitted,

Amanda E. Everett, OBA # 30107  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
405.962.1400  
Amanda.Everett@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 **EDWARD GERARD MELTON, MD,**  
and,
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

  
 \_\_\_\_\_  
**Robbin Roberts**  
**OKLAHOMA STATE BOARD OF MEDICAL**  
**LICENSURE AND SUPERVISION**

Executed this 30<sup>th</sup> day of November, 2021, in Oklahoma County, State of Oklahoma.

# **EXHIBIT B**

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

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. 24098, )  
 )  
Defendant. )

**FILED**

JAN 10 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No.: 21-09-6046

**DEFENDANT'S ANSWER**

COMES NOW the Defendant, by and through his attorney of record, Gregory J. Denney, Esq. of GREGDENNEYLAW, P.L.L.C., and for his *Answer*, alleges and states as follows:

1. The Defendant admits paragraphs One (1) and Two (2) of the *Verified Complaint*.
2. The Defendant admits in part and denies in part paragraph Three (3) of the *Verified Complaint*. Defendant admits that he was licensed to practice in Oklahoma between 2015 and 2020. However, Defendant specifically denies the allegations of improper action, and demands strict proof thereof by a preponderance of the evidence.
3. The Defendant denies the allegations in paragraph Four (4), including all subparagraphs, of the *Verified Complaint*, and demands strict proof thereof by a preponderance of the evidence. Defendant affirmatively states that no inappropriate comments have been made by Defendant to any patient, including

PF

000007

K.H. Furthermore, Defendant has always ensured his medical care, including all treatment and medications prescribed after evaluation of each individual patient, has been appropriate and proper.

4. That Defendant denies the allegations in paragraph Five (5), including all subparagraphs, of the *Verified Complaint*, and demands strict proof thereof by a preponderance of the evidence. As stated above, Defendant has always conducted himself in a professional and appropriate manner. Neither Defendant's practice nor conduct has in any way violated any provision of the Oklahoma Administrative Code or Oklahoma statutes.
5. The Defendant denies the allegations contained in the "Conclusion" paragraph of the *Verified Complaint*, and demands strict proof thereof by a preponderance of the evidence.
6. That Defendant requests this Honorable Board deny the *Verified Complaint* and dismiss this matter.

**WHEREFORE**, Defendant respectfully requests that this Board deny the *Verified Complaint* and dismiss this action; and for such other relief to Defendant as may be deemed appropriate by this Board.

Respectfully submitted,



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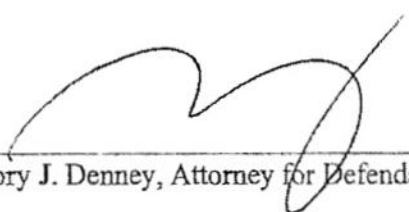
Gregory J. Denney, OBA No. 17918  
Amanda L. Hinshaw, OBA No. 31086  
GREGDENNEYLAW, PLLC  
1204 South Cheyenne Avenue  
Tulsa, OK 74119  
Telephone: (918) 295-0077  
Facsimile: (918) 295-8578  
Email: greg@gregdenneylaw.com  
Email: amanda@gregdenneylaw.com  
**ATTORNEYS FOR DEFENDANT**

**CERTIFICATE OF SERVICE**

I hereby certify that on the 6<sup>th</sup> day of January, 2022, a true and complete copy of the above and foregoing *Defendant's Answer* was served by being deposited in the U.S. mail, with proper postage affixed thereon, and/or hand-delivered, via licensed process server to the following:

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

Edward Melton, M.D., Defendant

  
\_\_\_\_\_  
Gregory J. Denney, Attorney for Defendant



# **EXHIBIT C**

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

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. 24098, )  
 )  
Defendant. )

**FILED**

JAN 24 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No.: 21-09-6046

**DEFENDANT'S MOTION TO DISMISS**

Defendant, Edward Melton, M.D., by and through his attorney of record, Gregory J. Denney of GREGDENNEYLAW, PLLC, and, pursuant to Okla. Admin. Code § 435:3-3-10, requests dismissal of the *Verified Complaint* filed December 7<sup>th</sup>, 2021 herein.

**FACTUAL ALLEGATION**

The Board alleges Defendant made inappropriate comments to a patient, K.H. The Board also alleges Defendant had a sexual relationship with a patient, T.G., and prescribed medications to T.G. Finally, the Board alleges Defendant prescribed controlled substances without sufficient examinations and failed to maintain records to support the prescribing of such substances. Defendant specifically denies any inappropriate action and any violation of Oklahoma statutes and administrative code.

PF

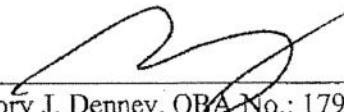
**ARGUMENT AND AUTHORITIES**

Complaints with the Board must be investigated under Okla. Admin. Code § 435:3-3-1. In order to properly bring a complaint, the Board must have sufficient evidence of each and every allegation made against Defendant. The allegations in the complaint filed against Defendant lack sufficient evidence and must be dismissed. The individual on whom the complaint is based, T.G., specifically denies the allegations and claims any allegations made on her behalf are untrue.<sup>1</sup> Given the affirmative statements of T.G., the alleged complaining patient, the complaint is invalid on its face and lacks merit.

**CONCLUSION**

The complaint at issue is invalid on its face and lacks evidence sufficient to show any inappropriate action on behalf of Defendant. Based on the foregoing, the *Verified Complaint* should be dismissed.

Respectfully submitted,

  
 \_\_\_\_\_  
 Gregory J. Denney, OBA No.: 17918  
 Amanda L. Hinshaw, OBA No. 31086  
 GREGDENNEYLAW, PLLC  
 1204 South Cheyenne Avenue  
 Tulsa, OK 74119  
 Telephone: (918) 295-0077  
 Facsimile: (918) 295-8578  
 Email: greg@gregdenneylaw.com  
 Email: amanda@gregdenneylaw.com  
**ATTORNEYS FOR DEFENDANT**

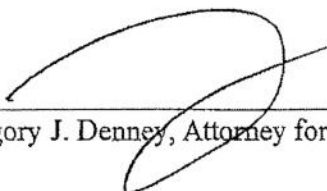
<sup>1</sup> See Defendant's Exhibit "1" Letter from T.G.

CERTIFICATE OF SERVICE

I hereby certify that on the 18<sup>th</sup> day of January, 2022 a true and complete copy of the above and foregoing *Defendant's Motion to Dismiss* was served by being deposited in the U.S. mail, with proper postage affixed thereon, and/or hand-delivered, via licensed process server to the following:

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

Edward Melton, M.D., Defendant

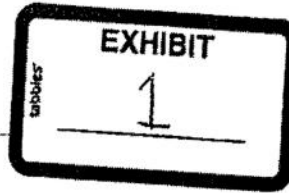
  
\_\_\_\_\_  
Gregory J. Denney, Attorney for Defendant

1/13/22, 10:22 AM

Inbox [1/3951] - TulsaConnect WebMail - greg@gregdenneylaw.com

**Legal Filing Against E. Melton, MD**

From: "Tanith Garner" <tanith@meltonmedical.com>  
 To: droberts@okmedicalboard.org



01/12/22 16:54

Robbin,

I have been made aware of the court filing against Dr Edward Melton, and I am very angry and upset. The court filing states I made a complaint against him, which is completely false! The only complaint that was filed was from K. Hinz, and that had been resolved. The email I sent to James Marks was regarding personal matters, and in no way pertained to the K. Hinz issue. I am not a victim and I have only the highest regard for Dr Melton. In fact, I have and I always will go to him for help, guidance, and advice. Dr. Melton has always ensured I understood my responsibility to maintain my own healthcare needs, which was always the understanding I would keep my own PCP. It was as a friend and out of our love for each other, that he helped with my medication and his prescription of a mood stabilizer completely changed my life. Please note, I \*Have \*Always \*Had \*My \*Own \*Physician and anything Dr. Melton suggested or advised was always known and supported by my physician and certainly was \*Never a concern to anyone.

This legal filing is entirely about me (it's clear from what we've talked about) and based on a complaint that I never filed. To state in a legal filing that I made a complaint is false. **My personal concerns/complaints that I shared with you don't even come close to this level.** And it is because of this filing, based on a false complaint, an 8 year relationship, that was already in repair, is getting unnecessary interference and stress. During this holiday season, I found myself trying to keep my home with my fiancé and three daughters happy and calm and secure but now I'm preparing to defend my fiancé, a physician who has been horribly mischaracterized by your investigation.

The first time I received a call from you, you immediately identified me as "a patient of Dr. Melton's". I instantly and adamantly replied that I had \*never been his patient. This continued to be an issue for you, but I was relieved when it seemed that you acknowledged that in fact, I was never his patient. There was never a meeting of the minds between us that I was his patient; My consent for him to help me has always been without reservations (as is the case for many people who are lucky to have a physician in their circle of friends and family).

I would like to restate my and Edward's personal history. I met Edward on a singles dating social app, and we started dating in 2011. We continued to date off and on until 2014, when I was hired as the Director of Counseling at ONPI. From that time forward, we both have been committed to each other and to the success of our clinic. So I have been personally involved with Edward and therefore, "Dr. Melton" for your purposes, since 2011 to present. Your filing \*Blatantly \*Understates our relationship, engagement,

1/13/22, 10:22 AM

Inbox [1/3951] - TulsaConnect WebMail - greg@gregdenneylaw.com

level of commitment and Professionalism that surpasses a \*Decade and, on several occasions, you highlight as a problem in prescribing practices. But who are they a problem for? What was the detriment? Who filed a complaint \*6 (\*Six) \*Years ago, or even \*2 (\*Two) \*Years ago? Dr. Melton has the authority to use his knowledge as a physician to heal and to help \*Anyone his conscience commands him to.

Our clinic is comprised of 3 employees and Dr Melton, as the sole provider. And, like everywhere else in the world, we have been profoundly and personally affected by the COVID pandemic. Our physical clinic closed in May 2020, yet Dr Melton continues to provide psychiatric treatment via Telehealth, to 25-30 patients daily. The demands and immense toll that has been placed on Physicians and other healthcare workers the past two years is undeniable, so to have this unjust filing in the middle of a pandemic is incomprehensible. It's irresponsible.

The email to James Marks, the Executive Director of my licensing board, regarded \*only me expressing my concern that due to personal issues, I was worried Edward would file a complaint against me, and these concerns I shared pertained to Edward Melton, my fiancé, NOT Dr Edward Melton, the physician. I have nothing but respect for him as a physician. Edward was reminding me of my own professional responsibilities to keep the well-being of the public as the foremost concern.

I feel as though I am being used as a pawn against Edward. When you initially contacted me, he and I were experiencing a very bad time in our relationship, but as we have in the past, we got through it. The impulsive decision I made in sharing personal details about myself and then current troubles in my relationship with Edward (Not Dr. Melton) was foolish and just plain wrong, and it kept our discussions personal. As you served as the investigator for a complaint filed against me in 2010, you were aware of the impulsive choices I had been known to make. It was very clear from our interactions in 2010, you were carrying out the duties of an investigator. However, this time, we spoke on a much more personal level, and not as you in the role of an investigator. Acting on impulse, I shared the anger and hurt I felt towards Edward my fiancé, and used that to fuel my attack against him when you asked me to provide random information to help "give (you) the portrayal" you were looking for. *But again, I did not file any complaint, formal or informal, with the Board and the facts have been skewed.*

Remarkably, how can you report that Dr. Melton slept with me "as his patient" (your mischaracterization) when there was never even remotely a discussion about whether we have ever slept together, ever at ALL? You certainly seemed to understand I had nothing negative to provide regarding Dr Melton, and certainly no complaint. But you want to characterize him as a "sexual predator"? Why? Because he called the leadership at the Medical Board? He was informing them that you were not conducting yourself genuinely and in fact were believed to be demanding or coercing information

1/13/22, 10:22 AM

Inbox [1/3951] - TulsaConnect WebMail - greg@gregdenneylaw.com

from me. I did threaten him with retaliation, but I never meant to act on it. I was angry and I was wrong to accept your invitation for "anything that helps".

It was when you called me out of the blue, asking questions about the age of our office manager, stating that "she looks very young" and also asked what his youngest daughter's last name and address was, it became clear that this investigation had become a personal vendetta. How, in any way, were those questions about our office manager or his daughter relevant to the complaint filed by K. Hinz? In fact, those questions as well as the information you asked me to provide, *"to give me the portrayal of what I'm seeing" you were clearly intending to portray Dr Melton as a predator at any cost.*

Edward has only shown dedication to me, over the course of our almost 8 year engagement. Within those 8 years, I have experienced traumas, and he has stuck by me, supporting me and helping me get through the rough times. But it was also as a physician, (though not my personal one), that he was the one person in my entire life who recognized the mood issues I had struggled with my entire adult life. Using his knowledge as a physician doesn't make him my doctor; I decide who is my doctor. As part of this stressful time in our relationship, I had convinced myself, almost to the point of paranoia, that Edward was trying to control me, but in actuality, he was trying to help me and to protect us. This was due to the fact I was sending him texts that were out of character, and at times did not make sense, and I would not answer the phone, when he called. Because of these uncharacteristic behaviors, he reached out to my parents and a friend, expressing his concerns and worries for me.

Again, I want to make it explicitly clear that I did not make any complaint about Dr Melton. I have never been his patient, nor he my Physician. I have always had my own Physician, who continues to prescribe for me the same medication initially prescribed in 2015. I have attached the OK Medical Board's Policies and Procedure for filing a complaint against a Physician, of which I did none of the steps listed. Because there is an online form used in the filing of a complaint, please provide me with a copy of said complaint.

I ask that this legal filing against Dr Melton be dismissed immediately, and completely erased from any database. Our children can easily do an internet search and \*stumble upon a court filing that states their Dad is a "Sexual Predator" and their step-mom is the victim! **I can't even fathom the trauma that would cause them.** This filing is completely inappropriate and \*irresponsible. I look to my fiancé, who happens to be a physician, for love and support. To mischaracterize our love and relationship as "predatory" is not the message our children should ever hear.

Respectfully submitted,  
Tanith Garner, LCSW



1/13/22, 10:22 AM

Inbox [1/3951] - TulsaConnect WebMail - greg@greddeneylaw.com

## Complaint Procedures

You have the right to file a complaint with our agency. The OSBMLS has jurisdiction over the following professionals: Medical Doctors (MD), Physician's Assistants (PA), Physical Therapists (PT), Physical Therapy Assistants (TA), Occupational Therapists (OT), Occupational Therapy Assistants (OA), Anesthesiologist Assistants (AA), Athletic Trainers (AT), Registered Electrologists (RE), Respiratory Care Practitioners (RC), Licensed Dietitians (LD), Pedorthists (LPED), Orthotists/Prosthetists (LO/LPR), and Radiologist Assistants (RA). We also contract our investigative services for Podiatrists (DPM) and Perfusionists (LP).

Please answer all applicable questions on the [complaint form](#) and be as specific as possible. Any applicable questions not answered may result in a delay in the resolution of your complaint. Please provide as much detail as possible as our decision for further action will be based on the facts as presented in your complaint.

You will receive acknowledgment of our receipt of your complaint. Your complaint will then be reviewed by the Medical Director and Executive Director for possible violations of the [Oklahoma Medical Practice Act](#) and the [Board's rules and regulations](#). You will then be notified of the results of that review.

Should your complaint be assigned to a Board investigator, you will be notified of that investigator's name and telephone extension for follow-up.

Should you change addresses before your complaint is resolved, please notify this office so we may contact you with the results of any review, investigation or disciplinary hearing.

This agency is an administrative licensing agency and has no jurisdiction over persons not holding one of our professional licenses. If you feel someone is practicing without a license, you should contact the District Attorney's office in that county for criminal prosecution.

*Sincerely,*

*Tanith Garner, LCSW  
VP of Operations  
Oklahoma NeuroPsychiatric Institute  
1129 S. Aspen Ave  
Broken Arrow, OK 74012  
918-764-9300  
918-764-9275 Fax*

*CONFIDENTIALITY NOTICE: This e-mail message and any attached documents are intended only for the use of the individual or entity to which it is addressed and is confidential. The Electronic Communications Privacy Act, 18 U.S.C. 2510-2521, covers this message and accompanying documents. If not the intended recipient, you have received this message in error, and you are hereby notified that any dissemination, distribution, or copying of this communication, or use of its contents, is strictly prohibited. If you have received this communication in error, please notify me by reply email or by telephone at (918) 764-9300 and permanently delete this message from your system.*

# **EXHIBIT D**

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

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. 24098, )  
 )  
Defendant. )

**FILED**

OCT - 6 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No.: 21-09-6046

**PLAINTIFF'S RESPONSE TO DEFENDANT'S FIRST SET OF  
DISCOVERY REQUESTS**

These responses are made based on information presently available to the State upon reasonable investigation. There may be further facts and/or documents affecting its responses, of which The State is presently unaware despite reasonable investigation and inquiry. The State reserves the right to modify these responses with such relevant information as it may subsequently discover. These responses are made without prejudice to its using, or relying on at hearing, subsequently discovered information.

The responses herein are based upon the information currently available to it after a diligent inquiry, and such responses should not be construed to necessarily reflect all facts or documents that relate to such discovery requests. These responses therefore should not be deemed and do not constitute a waiver of the State's right to rely on additional or different facts or information at hearing.

The information supplied in these responses is not based solely upon the knowledge of the executing party, but include the knowledge of the party's agents, representatives, and attorneys, unless privileged. The word usage and the sentence structure are that of the attorneys who, in fact, prepared these responses and said language does not purport to be exact language of the executing party.

### **GENERAL OBJECTIONS AND RESPONSES**

A. The State objects to any of the definitions, instructions, or requests which, due to their broad scope, may call for discovery-exempt information. Unless otherwise noted, all responses exclude attorney-client privileged communications, attorney work product, trial preparation material, post-litigation documents or activities, and any other material exempt under Federal or Oklahoma law.

B. The State objects to any of the definitions, instructions, or requests which, due to their broad scope, may call for discovery-exempt information. Unless otherwise noted, all responses exclude attorney-client privileged communications, attorney work product, trial preparation material, post-litigation documents or activities, and any other material exempt from disclosure or protected under the Oklahoma law, other applicable law, or that otherwise falls outside the purview of the rules of discovery applicable to this administrative proceeding. The responses herein also exclude any public information or documents equally available to both parties.

C. The State expressly reserves the right to demand the return of any privileged documents or information inadvertently produced and reserves the right to object to any such document's or information's admission at any hearing. The State reserves the right to place any

documents and information previously produced, produced contemporaneously herewith, or produced in the future under the protection of a protective order.

D. Subject to these general objections and the specific objections set forth, *infra*, the State has already produced documents which appear responsive to the individual document requests, unless it is indicated that such documents will be produced at a later date.

**STATE'S RESPONSE TO DEFENDANT'S  
INTERROGATORIES**

**INTERROGATORY NO. 1:** Please list and state each and every Rule, law, regulation, or the code you are using to prosecute Dr. Melton.

**RESPONSE TO INTERROGATORY NO. 1:** The State objects to this request as it is overly broad, vague, unintelligible, incoherent, and seeks information neither relevant nor reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, the State provides the following: Title 59 Oklahoma Statutes Sections 480 through 518 and Oklahoma Administrative Code title 435.

**INTERROGATORY NO. 2:** Please produce a list of all witnesses you intend to call in this matter. Please state their name and address and phone number and a brief synopsis of their testimony.

**RESPONSE TO INTERROGATORY NO. 2:** The State objects to this request as it asks for information that would require the State to violate statutes and rules requiring the State to keep confidential certain personal identification information of witnesses, complainants, employees, etc. Without waiving said objection, the state has enclosed it's witness and exhibit list.

**STATE'S RESPONSE TO DEFENDANT'S REQUEST  
FOR PRODUCTION OF DOCUMENTS**

**REQUEST FOR PRODUCTION NO. 1:** Produce all evidence, written or recorded, and used in this matter by your office to investigate this matter.

**RESPONSE TO REQUEST FOR PRODUCTION NO. 1:** The State objects to this request on the grounds that the request seeks information subject to the attorney-client privilege, the State's investigative and deliberative process privileges, the attorney work product doctrine, and the privilege afforded to complainants under the Open Records Act. Furthermore, it is overly broad, vague, incoherent and unintelligible. Without waiving said objection the State has provided all evidence and has included all the information gathered by the State during its investigation within legal restrictions.

**REQUEST FOR PRODUCTION NO. 2:** Produce a copy of your entire investigation file.

**RESPONSE TO REQUEST FOR PRODUCTION NO. 2:** The State objects to this request on the grounds that the request seeks information subject to the attorney-client privilege, the State's investigative and deliberative process privileges, the attorney work product doctrine, and the privilege afforded to complainants under the Open Records Act. Without waiving said Objection, see Response to Request for Production No. 1.

**STATE'S RESPONSE TO DEFENDANT'S REQUEST  
FOR ADMISSIONS**

**REQUEST FOR ADMISSION NO. 1:** Admit or deny the original complaining witness in this matter, Tanith Garner, wrote and delivered a hand-written statement that stated: "I do not want to make any complaint against Dr. Melton".

**RESPONSE TO REQUEST FOR ADMISSION NO. 1:** Deny that

Tanith Garner was the original complaining witness. Admit otherwise.

**REQUEST FOR ADMISSION NO. 2:** Admit or deny Tanith Garner requested you dismiss the complaint in this matter.

**RESPONSE TO REQUEST FOR ADMISSION NO. 2:** Admit.

**REQUEST FOR ADMISSION NO. 3:** Admit or deny Tanith Garner is a patient of Dr. Melton.

**RESPONSE TO REQUEST FOR ADMISSION NO. 3:** Admit.

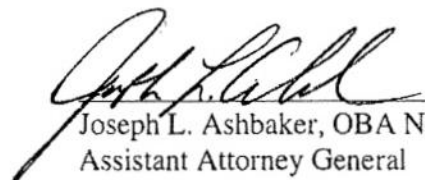
**REQUEST FOR ADMISSION NO. 4:** Admit or deny Dr. Melton and Tanith Garner have been engaged for eight (8) years.

**RESPONSE TO REQUEST FOR ADMISSION NO. 4:** The state is without sufficient knowledge to admit or deny this request.

**REQUEST FOR ADMISSION NO. 5:** Admit or deny Tanith Garner filed a written complaint against Dr. Melton.

**RESPONSE TO REQUEST FOR ADMISSION NO. 5:** Admit.

Respectfully Submitted,



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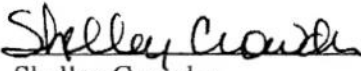
Joseph L. Ashbaker, OBA No. 19395  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
405/962.1400  
405/962.1499 – Facsimile



**CERTIFICATE OF DELIVERY**

The State's Responses to the Defendant's First Set of Discovery Requests was mailed, via U.S. Mail, to the Defendant, on the 6<sup>th</sup> day of ~~September~~ October 2022 at the following:

Dr. Edward Melton  
7411 Rutherford Road  
Noble, Oklahoma 73068  
*Defendant Pro Se*

  
Shelley Crowder

# **EXHIBIT E**

KH = complainant, [REDACTED]  
Dr. M = EDWARD MELTON, MD

TEXT MESSAGES BEGIN ON 6/23, 9:27 am

Dr. M: Good morning Kim!

KH: Gooooood morning!!

KH: Wassup?

Dr. M: Wanted to see if you were serious about work

KH: you mean with you?

KH: Like I'm your office?

KH: In

Dr. M: yep

KH: Hmmmmmm, interesting

KH: Well. It might be a possibility. I don't know how much longer

(message cuts out an unknown number of lines from the conversation)

KH: I worked in Tulsa before and the drive was hard on me but the deal there is that I was on my feet all day and working early morning and late night hours. I get home exhausted.

KH: I will be moving to Tulsa when dad passes

Dr. M: I'm working from home but we need to get a small office around my house soon to replace the current one

KH: I see. I'd love to work for you. Let me give this some serious thought.

Dr. M: You'd be pretty good with mostly admin/paperwork stuff I think. Not much at all patient

(message cuts out an unknown number of lines from the conversation)

KH: Probably \$15. For gas and stuff

KH: Health insurance?

Dr. M: I'd get you health insurance...probably vision and dental too



128J

KH: That sounds great! I'd love it. Let me talk it over with my dad. I'll get right back with you.  
Thanks for thinking of me.

Dr. M: We would work well together

KH: Yesssssss

KH: We'd be a great team.

KH: Where do you live?

KH: Oh. And what would the hours be?

(message cuts out an unknown number of lines from the conversation)

KH: I don't know anything about billing but I'm sure I could learn. Might take me a bit.

Dr. M: I know you could...you're the only pt I'd consider employing. Personal Aide could be the job description too. I need motivation? No I need help lol

KH: Lol!!!

KH: Nahhhhhh.....

KH: Okay. I think it all sounds great.

KH: When would you want me to start with all the stuff with my car I've got to do.

KH: So I'd still work on Fridays though right? I'd need the hours.

Dr. M: Yes personal assistant is a true need (symbol)! Will you send me a "resume"  
[edwardgmelton@icloud.com](mailto:edwardgmelton@icloud.com) or just text to my cell 918-361-1501

Dr. M: I'm on vacation next couple of weeks so let's expect Mid July? I'm going to talk to Tarith. She needs the help so bad too. Just won't admit it lol

KH: Okay. Let me see if I can find the darn thing on my computer and dust it off to send.

KH: I'd be happy to work for you!

KH: I'm so excited!

KH: Where are you going? I wanna goooooo

(message cuts out an unknown number of lines from the conversation)

KH: ...Long time now. Yay meee

128K

Dr. M: That means you're available for/to work much more and now we can treat this like a Family business lol Good!

KH: Sounds like the perfect scenario!!!

Dr. M: It could be a lifelong gig, and with good people :)

KH: I'm happy about that. I'm very excited!

Dr. M: As a physician hiring a patient, no problems unless there becomes a problem. Anything I should really know but really keep off the record

(message cuts out an unknown number of lines from the conversation)

KH: **You'll still be my doctor, won't youuuuuu?**

Dr. M: **Until it's taken away from us.....I expect until I retire**

KH: Okayyyy....what?

KH: What's taken away from us??? Confused here

Dr. M: **I'm your doc...until I get cited for unprofessional blah blah....as if somehow I got in trouble....just like with family .... No one says anything until you overdose your kid...**

(message cuts out an unknown number of lines from the conversation)

Dr. M: Kim warning .... I cuss like a brain injury

KH: Dr. Melton warning....so do I.

Dr. M: Right on

KH: And I've had quite a few brain injuries

Dr. M: I gotsta get going

KH: Okay. Time for me to go to bed.

Dr. M: I'll rub your head

KH: Lol!!!

Dr. M: Lol

Dr. M: Right! I'll do the same

Dr. M: You'll get to meet the girls. You're not my new girlfriend, you're coming on board as a permanent member of the family :) I do mean permanent...you better too (inserted emojis)

128L

KH: Your new girlfriend???! Hahahahaha

KH: I sure dooooo

Dr. M: I've \*Never has an employee over

KH: We could certainly start some gossip. Lol

KH: What do you mean?

Dr. M: I've Never...had someone from the clinic come over and

(message cuts out an unknown number of lines from the conversation)

KH: What do you mean?

Dr. M: I've Never...had someone from the clinic come over and meet the girls.

KH: Ohhh.

Dr. M: But Tanith of course

Dr. M: Tanith has an appt at 5

KH: Of course!

KH: Good thing I'll be there at 4 then.

Dr. M: So no worries. We can spend time going over things more

KH: Sounds great!

Dr. M: Do you know how excited I am for is? I'll keep cool lol

KH: Awe!!! I'm totally excited.

Dr. M: Better get back to patients!

Dr. M: Stay pumped:))

KH: I'm so glad you have such confidence in me. I'll try not to let you down!!

KH: I will!

Dr. M: You can't if you tried

KH: Have a great day, Ed. I'll see you guys soon

(message cuts out an unknown number of lines from the conversation)

128M

Dr. M: No worries, I'm just looking at winter short days and of course weathery days.

Dr. M: As for now, I don't think you should drive

KH: I'm not worried about the rain today. Piece of cake.

KH: Well since I'll be getting off at 4 that should not be a problem

KH: So I think we're fine.

KH: I mean 4 when I work for you.

KH: Are you upset with me??

Dr. M: No way. Just juggling patients lol

Dr. M: I'm not good with letting someone do something

(message cuts out an unknown number of lines from the conversation)

Dr. M: You were relieved when I told you not to drive today. You still are. You have trouble with your vision. Anytime I'm wrong please show me.

KH: Noooooooo!!!

KH: I wasn't worried about the dumb rain!

KH: My vision is not such a huge deal. I just like driving late in the dark

KH: Don't like

Dr. M: ? You made it clear rain and dark were paralyzing to you

KH: Rain is definitely not paralyzing to meeeeeee

Dr. M: I don't understand why you didn't come today ?

KH: I was concerned about flooding

KH: I though you said to stay home.

KH: I think we got our wires crossed.

KH: I can blaze up now if you want me to

Dr. M: I planned for it. You weren't convincing me it was ok to come. Now I'm really confused :/

KH: I just don't want to stay past 6 because I have to get up so early.

KH: No don't be. I misunderstood

128N



Dr. M: I want Tanith to visit with you but she's back home at 6. Plan was 4-5 she'd be with us.

Dr. M: Then just us

Dr. M: To review my work

KH: I'm sorry. I truly did misunderstand

KH: You're upset with me.

KH: I was afraid you'd want me to stay later

KH: That's why I told you I needed to leave by six.

KH: I thought that was why you didn't want me to come

KH: After all, I mean

(message cuts out an unknown number of lines from the conversation)

KH: Ed? What are you thinking?

Dr. M: I just had plans fall apart and now not sure why. I guess I'm touching on feeling duped. You had no intention of this. When this happens and other people are affected it embarrasses me. Totally not your fault. But instincts now tell me today's plan should have happened or shouldn't have been planned for.

Dr. M: I'm very cerebral and strategic.

Dr. M: I'm responsible for a lot of people's lives.

KH: Oh Ed. I'm very sorry. I do NOT want you to feel duped. I was very excited about coming tonight. I had my car filled up with gas and ready to go.

Dr. M: Then you should have come. I knew it. You got cold feet

KH: You've got to know that the last thing in the world is to disappoint you.

KH: Nooooo. I definitely did not.

KH: I don't get cold feet. I felt very secure

KH: You're really mad at me. I'm sorry

KH: What can I do to make this right?

KH: Do you really think I'd do something on purpose to hurt my chances to work with you? No. I wouldn't

1280

Dr. M: Seriously? I'm not mad

KH: Tell it to your text!

KH: Geeeeez!!

KH: I'm a bit shaken up.

Dr. M: I'm worried about the clinic not getting the dedication. I made no mention of anger??

KH: You sure sounded mad to me

(this comment makes me think there were phone calls intermixed with the text messages, but unclear)

Dr. M: When I'm mad.....kdfiaflkdfjtlksdfajdf

KH: I am very dedicated.

KH: Lolo!

Dr. M: I was concerned....totally focused and critical thinking

KH: I'm a people pleaser and go out of my entire way to make people happy. Especially an employer.

KH: Do you want me to come up tomorrow after work?

KH: I can stay over at Whitney's

(it looks like we are missing two messages in the string)

Dr. M: Just to be transparent

KH: I'm trying to stay all professional and naïve

Dr. M: You can have your way with me since you're going to work so hard for the clinic (emoji inserted)

KH: DR MELTON!!!!

KH: You're either completely pissed at me or flirty with meeeee.

Dr. M: Now Kim

KH: Now Ed

Dr. M: I'm never cruel, and that would be \*Cruel

KH: What would be cruel,...

(it looks like another two messages are missing here)

Dr. M: I don't want you to think you should quit your job to please me. I'm here until I retire. 2-3 years. Then I'm still going to need help. So learn me first? Feeling trapped is not a good place to be.

KH: It's okay, Ed. I was going for personable and approachable with vulnerability

KH: I'm not trying to please. You've offered me a great opportunity.

KH: Look Ed...I'm an emotional, sweet, kind, hard worker and caring person. I'm playful too. That's me.

KH: I'll try to learn you too

KH: We're just very different but I think that's okay

KH: I can learn from you.

KH: You've taught me so much these past years, I really appreciate it

KH: Are we okay?

KH: Sometimes I feel like you love me and sometimes I feel that you are completely upset with me.

Dr. M: I'm playing a new role and the doc-patient relationship has ended. I'm not ethically allowed to maintain both. Some would say any former patient ever. So I need to know that I'm the one you would talk to with any doubts.

Dr. M: ^^role of employer

(message cuts out an unknown number of lines from the conversation)

Dr. M: We can be friends but that has to be as clear as our playfulness has been for the past week

KH: Okay. No more playfulness

KH: I'll do the same with Tanith

Dr. M: You and she are going to do well

KH: I'll be strictly professional and respectful to you and Tanith.

KH: I never meant to be otherwise

KH: I just want to do a good job and not let anyone down

Dr. M: I will be playful but I worried after yesterday plus not much from you today .... You really don't like it

KH: Don't like what?

KH: I wait for you to contact me.

KH: I don't want to take all your time. I know you're very busy

KH: Plus I know you're packing and your mind is on vacation

KH: I'm trying to be respectful

KH: You have very conflicting feelings about me, don't you.

KH: I'm pretty easy to get along with and I like everyone

KH: Thoughts??

Dr. M: I would never take advantage of my status. That's what we've understood I want to make sure. We're personal before you get employed and after being your doc. We can be as playful as we want, just to be clear :)

KH: I'm trying to follow that. Dumb it down for me. I'm just a theatre major. Lol

KH: So we can be playful? Or no.

KH: You're not my doc. I get that.

KH: I'm your employee not your patient. Okay

KH: I'm not as black and white as you are. I'm more of a kaleidoscope. Lol

KH: Are we good now?

KH: I feel like I'm stressing you out!

KH: Not my intention

Dr. M: I don't want you to freak out or feel I'm bad for having a tendency to get rigid

Dr. M: I'm much more personal and kaleidoscopish with friends and family

Dr. M: As you've seen

KH: You have to be somewhat rigid in your line of work, I get that, Ed

KH: I'm not very rigid at all

KH: But that's okay too

KH: I realize you know my disorder but you really don't know me. I kind of thought you did.

KH: But we've never spent time with each other as just two people

128R

KH: You must have known me enough to want to hire me though

KH: I'm really trying here

KH: Thoughts!

KH: ?

Dr. M: I'm So sorry

Dr. M: I have been trying to get my girls in order: (emoji inserted)

Dr. M: I thought I knew you, so the personal was established

Dr. M: WAS established

Dr. M: You're right, the person and disorder are separate. I wouldn't hire ANY other patient because we started liking each other especially recently

Dr. M: I'm trusting my instincts to go with \*You. You're very much the someone we can expect of each other ... license and reputation open to scrutiny.

Dr. M: I know you're probably sleeping. I'm turning in too then ;)

(one message missing in the string)

Dr. M: No problem Kim. We didn't plan anything so there's nothing to be concerned about. I'm not demanding anything. I think you have plenty to attend to with your dad, work and distance from your girls.

KH: I appreciate that. I was really worried that you would be upset with me again. I can breathe easier.

Dr. M: I don't know why, I've never been upset with you. In 10 years not once.

Dr. M: I pick apart problems themselves. I guess you not making it here for work related reasons day before yesterday is the issue. But work is different.

KH: I remember when we first met. I remember your office. I remember everything. You sat with me and listened for two hours as I cried. You were kind and warm and put me on just the right medications. You steered me through painful issues and was very supportive. You know all my vulnerabilities and what makes me cry. You know me more than anyone. When you hired me on, I was very excited and couldn't wait to start. You showered me with praise and support. Then you talked about how you feel about relationships. I soon after found out that you and Tanith had been together for 7 years. Then you became sexual that I ignored at first because I kept thinking I was just imagining things. Then you told me I could expect to be sexually harassed by you and I could have my way with you. You kept getting mad at me too. You were very cold, rigid and controlling making me feel you might take the job away.

1285

You've been very unfair. You even told me that I was unprofessionally silly. I found myself groveling to you to keep you happy. I had to keep explaining myself to you. I hate myself for that. You have been extremely unethical and unprofessional. I am so disappointed and disgusted with you. You are disrespecting Tanith too. How dare you taking advantage of us. You are not a good man like I thought. You would have made my life miserable. I'm sure you've done this to other women and have been unfaithful to Tanith. I can't have been the first. Will I work for you? Hell no!

Dr. M: I'm very sorry for being friendly and silly, as you said. I meant nothing other than to try to establish a relationship that keeps us smart and ethical. You accused me of being mean when I was trying to make sense of your being friendly and silly but not coming to review work that was being developed for you. You're very confusing and certainly not straightforward. I was very right to explain my concerns about professionalism and ethics. You were very playful even before you were offered a job. You were a lot like me being silly. I put on the table the understanding of roles we'd leave behind and accept. Of course because I told you our work was real and important, I was happy to have a personal/friendly relationship as you were from the very beginning. Tanith has been wonderful to me and my children. We've had our problems and you're wrong to assume anything. She accepted you coming on board and immediately felt it was strange you didn't show up after leaving work on Thursday. I felt it as well. I came to realize you weren't planning to meet with me, Tanith and the girls, and now the personal facet of working with us seemed odd. So I began withdrawing my hopes and reestablishing work as the priority. You seemed to take offense. You said some terrible things as if tongue in cheek...very confusing. But you were "just being friends". I felt if you had "resigned as soon as you offered a job" that I was obligated. But I also knew you are very personable and would be a great help to us. So as much as it was uncomfortable, it was necessary to settle the dichotomy of friends/employer vs history of caregiver. It was exactly to protect both of us. You don't lose your job with the dealership and we understand

(message cuts out an unknown number of lines from the conversation)

Dr. M: that we can't become friends with a professional history and work together. That was the goal. We both may have "put it on thick". We're human. But I'm glad you see at least that you can't work with me. I'm not upset with you. Again, I've never been. It was wonderful to see you strengthen over the years. I think your ability to stand your ground is the most important result, so would anyone in any relationship with you. You understand I knew it was a risk to try to move into a different relationship/roll with you. I felt you were disingenuous up until today. That is respectable to be genuine. But to hurl insults when my intentions were not bad? I hope you will be a lot forgiving and less judgmental when you allowed us to be "friends" being playful. It would be sad to believe this has just been opportunism. I really care very much that life and health go well for you. Your dad, daughter and granddaughter and your pets all are so important to you and they're fortunate to have you. Keep the faith that your destiny is your will. God bless and stay honest.

128T

# **EXHIBIT F**

distribution is prohibited. If you are not the intended recipient, please contact the sender immediately and destroy all copies of the original message.

**From:** KD Riddling <[ksu19921996@gmail.com](mailto:ksu19921996@gmail.com)>  
**Sent:** Saturday, October 2, 2021 7:44 PM  
**To:** James Marks <[James.Marks@oswb.ok.gov](mailto:James.Marks@oswb.ok.gov)>  
**Subject:** [EXTERNAL] Urgent Matter

**Good afternoon**

I am writing with an urgent matter. I don't want to get into too many details, but I just left an extremely toxic relationship last Friday, and he has become very unstable and threatening. I am currently in Kansas City at my parents house. I planned to return to Tulsa to get all of my items from the house, as I had to leave with nothing, and he has refused to provide any of my personal belongings. As recently as this morning, he is refusing this request and indicated that if I do not allow him to "track my location" via cell phone, he is calling "the authorities and my Board" to report me as unstable and in need of immediate help. He texted two of my friends via text at 1:00AM, **telling them I am a danger and need help. Which is completely false and is him simply manipulating and seeking revenge.**

Please understand I am dealing with a true narcissist who is also a Physician. So he plans to use everything in his power to take me down, because I would not follow his demands. I have reams of texts from this week alone that I am happy to provide to anyone, which will show the status of my mental health and his rapidly declining status.

Please advise on any suggestions on how to handle this very difficult, scary, and traumatic situation I am in.

Thank you.  
Tanith Garner, LCSW  
918-809-9526

Sent from my iPhone



# **EXHIBIT G**

**From:** James Marks <James.Marks@oswb.ok.gov>  
**Sent:** Monday, October 4, 2021 12:23 PM  
**To:** KD Riddling <ksu19921996@gmail.com>  
**Cc:** Jinna Dreessen <Jinna.Dreessen@oswb.ok.gov>  
**Subject:** RE: [EXTERNAL] Urgent Matter

Ms. Garner. It's difficult for us to provide you with any "suggestions" on this matter other than to make sure you're taking the necessary steps as it relates to your own personal safety. I'd recommend you involve seeking legal counsel to assist you in this matter, and possibly law enforcement in the retrieval of your personal items if that option is available. I will share that as of writing of this communication, we do not have an active/open complaint that has been filed against you. Should one be received, we'll process it accordingly.

Regarding the information you shared below, I think it would be prudent for you to reach out to Robbin Roberts tomorrow. She is an investigator with the Oklahoma Medical Board. She is out of office today, but will be in tomorrow. Her phone number is 405-962-1440 Ext. 124

James M. Marks, LCSW  
Executive Director, Oklahoma State Board of Licensed Social Workers  
3700 Classen Blvd. STE 162  
Oklahoma City, OK 73118  
(405) 521-3712 (Phone)  
(405) 521-3713 (Fax)  
<http://www.ok.gov/socialworkers>



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# EXHIBIT H

**Robbin Roberts**

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**From:** Robbin Roberts  
**Sent:** Tuesday, October 5, 2021 1:18 PM  
**To:** James Marks  
**Subject:** RE: [EXTERNAL] Urgent Matter

I visited with Tanith over the phone today. She admitted everything I already suspected. She was an employee of Dr. Melton's from 2014 to present (until a week ago). He prescribed CDS to her beginning at least 2015 through 2020. Began into a romantic relationship in 2015 and lived together from about 2017-2021. It is against the doctor's medical practice act to: prescribe CDS to someone he is romantically involved with; to date a patient; to prescribe CDS to a family member (common-law wife).

I felt like Tanith was truthful with the questions I asked her and is truly concerned about her safety. Apparently, the relationship has been physically and emotionally abusive. I encouraged her to file a police report since she may have to involve the courts in order to get her belongings back, including her cat. She said she will think about it and if she does, will let me know. That would be helpful to my case as well as her own. Let me know if you need anything else.

Robbin

# **EXHIBIT I**

**Robbin Roberts**

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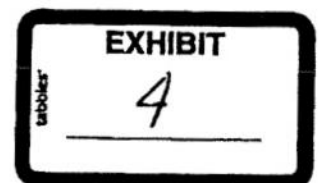
**From:** KD Riddling <ksu19921996@gmail.com>  
**Sent:** Tuesday, October 5, 2021 6:07 PM  
**To:** Robbin Roberts  
**Subject:** [EXTERNAL] Texts pertaining to Dr Melton  
**Attachments:** IMG-2256.JPEG; IMG-2257.JPEG

Ms. Roberts,

I will try to not overwhelm you (and your inbox) with texts messages. I will send what I consider the most pertinent to your current concerns and investigation.

The following is a text Dr Melton sent to my three friends. It was also sent to to my Mom. One of my friends that received this text is still an employee of Dr Melton. This is a perfect example of him trying to control my movements and to scare me and intimidate me with his "power" of his medical license.

Tanith



8:39

Facebook



3 People >

Dr melton

Please help me with Tanith's erratic behavior. She is experiencing a manic or psychotic episode and has continued to attack and threaten after being advised she's threatening the well-being of my 3 young daughters. She refuses to acknowledge to avoid coming around the house or the girls. I'm in the process of moving her things out to a storage unit. She may have a police escort her through the house after all items are moved.



Tanith has informed me she is coming to Tulsa to

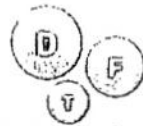


iMessage



8:39

Facebook



3 People >

things out to a storage unit. She may have a police escort her through the house after all items are moved.



Tanith has informed me she is coming to Tulsa to stay with Kelly or Falyn. She plans to drive this morning. She is in no condition to drive or travel. She should be assessed for inpatient admission as she poses a likely risk of harm to herself or others. With essentially no sleep since last night and rapid weight loss, she is clearly not managing to care for her own needs while visiting with her parents in KC.



iMessage





# **EXHIBIT J**

**Robbin Roberts**

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**From:** Robbin Roberts  
**Sent:** Tuesday, October 19, 2021 9:37 AM  
**To:** georgiagirl1974  
**Subject:** RE: [EXTERNAL] Re: Dr Edward Melton

Please share any reports with me if you do. Stay safe.

Robbin

**From:** georgiagirl1974 <georgiagirl1974@protonmail.com>  
**Sent:** Tuesday, October 19, 2021 9:35 AM  
**To:** Robbin Roberts <droboters@okmedicalboard.org>  
**Subject:** RE: [EXTERNAL] Re: Dr Edward Melton

I completely understand, and we as a family are addressing it, and will most likely involve the police. Thank you for getting back to me and I appreciate your help.

Tanith

Sent from ProtonMail for iOS

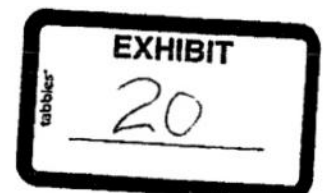
On Tue, Oct 19, 2021 at 9:15 AM, Robbin Roberts <droboters@okmedicalboard.org> wrote:

Tanith, I don't mean to be insensitive but this is a personal/family issue with lots of drama and is not related to my investigation which occurs only within the confines of the Board's jurisdiction pertaining to licensees and violations of the Medical Practice Act. If you are being harassed, stalked or threatened, you need to be talking with law enforcement.

Robbin

**From:** georgiagirl1974 <georgiagirl1974@protonmail.com>  
**Sent:** Monday, October 18, 2021 4:51 PM  
**To:** Robbin Roberts <droboters@okmedicalboard.org>  
**Subject:** [EXTERNAL] Re: Dr Edward Melton

Ms. Roberts,



This is Tanith Garner, and I am reaching out to you from a different email address, as my previous one wasn't secure.

I wanted to make you aware of a situation involving Dr Melton today. My ex-husband, who lives in Tulsa, called and spoke to my Mom this morning. (I am still in KC with them). He was very upset and told my Mom that Edward emailed his fiancé and her 16 year old son, accusing him of numerous things, and this was done to cause great harm to their relationship, and increasing his revenge tactics to me. In no way does the personal issues between Edward and myself have anything to do with my ex-husband and his fiancé (who I didn't even know her name before today), much less emailing derogatory statements to a 16 year old minor!

My ex- husband is aware of my fears and situation with Edward, but was unsure if he should call you personally regarding these highly inappropriate emails his fiancé and future step-son received. Edward's behavior is spiraling to a very dangerous place, and as a Medical Doctor, is very concerning.

My ex-husband is available to talk to you if needed. He simply asked me to make first contact to you, but if would like to talk to him, I can provide his name and number.

Thank you

Tanith

918-809-9526

Sent from ProtonMail for iOS

# EXHIBIT K

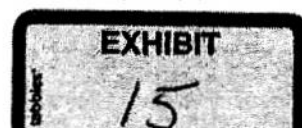
When I was 14 years old (2003), I was sent to therapy at Youth Services of Tulsa. My therapist was Tanith Reans. I was her client for about 3 years and after I stopped seeing her as a client we nurtured a friendship of occasional emails, Myspace and Facebook messages, as she seems to do with other clients.

Tanith, my ex therapist, crossed a professional boundary in January 2011 and pursued a romantic relationship with me. Being in a vulnerable state, I agreed and maintained a romantic relationship for over a year. While in this relationship, Tanith and I would drink almost every night/day, fighting constantly. I found out from Tanith, in February 2011 that I had Borderline Personality Disorder, that she had known about since I was 15 years old (2004) and failed to tell me. Her reason for neglecting to tell me is "My boss (David Grewe, Director of Youth Services of Tulsa, who I have tried to contact and refuses to talk with me) said BPD is hopeless; there was nothing that could be done."

I would threaten my life and OD on her Lortabs. She took me to the Norman Regional Hospital ER on February 6th 2011, I was one pill away from liver failure, and then she turned around and used her license to keep them from hospitalizing me. April 25th, 2011, she tried her hand in cutting herself, sent me pictures of it, while I was on vacation in NM with my mom, because it was something I had done. She had threatened her own life a few times, more after she had been drinking, threatening to run her car off the road, but never acted on them. I ODed 4 times in the little over a year of our relationship from our fights we would have. 2 out of the 4 times I was one pill away from liver failure. I broke my hand on April 5th, 2011, after a fight we got into by punching a wall.

We would try to end this unhealthy relationship several times. One of us would break and contact the other. Then things would start back up again. Then the fighting would start again. She took me to the ER again on July 23rd, 2011 after I had ODed, this time her using her license didn't work, and they sent me to Griffin Memorial Hospital. She would come visit me every day, bring me clothes, as I was kind of living with her. I was released from Griffin on July 26th, 2011, and went back to stay with her. She was living in Blanchard at the time, I would drive to her, or she would stay with me and my mother or at a friend's house in Tulsa. She moved to Jenks in August 2011, I moved in with her. Before I moved in with her and her 3 kids, my mother moved to New Mexico. I lived with her for about 2-3 months. Without warning, in September 2011, I get a text message from Tanith, while I am at work, kicking me out with nowhere to live. I was then homeless and living out of my car for about 2 weeks, and then moved to NM where my mother is.

While in NM, I had emailed her in October, seeing how she was, not expecting a response. She replied, and the talking started again. I was in NM for 2 months, but couldn't find a job. Decided to move back to OK and stayed with my sister. The day I got back, in November, I had met Tanith at the bar, with her boyfriend at the time, who knew I was a past client and ex partner. He and I almost got into a fist fight because Tanith didn't tell him I was coming, but did however tell him about MY personal life and mental illness and other axis diagnoses, he had no business knowing. Tanith went to Georgia to visit her birth mom, and we talked the entire time she was there. Things stayed about the same after that. Until December 5th when I had asked her to meet me after work at a bar, we got into a fight at the bar, because she lied to her boyfriend on who she was with and where she was at, we had both been drinking heavily, the night ended with me hitting her car with my car (which she neglected to turn into



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of Licensed Social Workers

the police, because she was inebriated) and driving off to by pills. The next day I was at the hospital with my liver falling. 3 days later, on December 8th, 2011, I filed a PO against Tanith. On December 12th, 2011, she counter filed on me. We went to court on December 22nd, 2011 and were both granted the PO. But we have both broke the no contact rule and have talked and seen each other romantically recently. She plays her games of blocking me on facebook, or calling me blocked so I didn't have her number but she has mine. I would go stay the night with her, and then the next night she would have a man staying with her. I finally decided enough was enough, and deleted my facebook, changed my number and broke ties.

I'm not doing this out of revenge, nor do I want to hurt her. I don't think Tanith should be able to do therapy; she isn't stable in her own life, after several of the things I have witnessed. She with held a mental illness from me for 6 years and it took her being with me in a relationship to tell me. I could have gotten help a long time ago, and maybe have been more stable in my life today. I'm not saying she is the only one at fault, but as a licensed therapist, she should have known better.

It is my hope that I am the last victim of her careless and selfish acts.

Thank you for your time.

Sohara Malas

RECEIVED

AUG 15 2012

Oklahoma State Board  
of Licensed Social Workers

# **EXHIBIT L**

7/19/24, 9:48 PM

Gmail - Fwd: NEW INFORMATION REGARDING EDWARD G. MELTON, MD ; CASE No. 21-09-6046.

**From:** Tanith Garner  
<tanith@meltonmedical.com>  
**Date:** December 9, 2022 at 4:14:17 PM CST  
**To:** bstout@okmedicalboard.org,  
lkelsey@okmedicalboard.org,  
lcarter@okmedicalboard.org, James Marks  
<James.Marks@oswb.ok.gov>  
**Subject:** NEW INFORMATION REGARDING  
EDWARD G. MELTON, MD ; CASE No. 21-  
09-6046.  
**Reply-To:** Tanith Garner  
<tanith@meltonmedical.com>

Gentlemen,  
Attached is my full explanation and statement regarding the case of Edward G. Melton, MD. Case No: 21-09-6046. I submitted my retraction of all statements on January 27, 2022 and also in the hearing on November 17, 2022. Everything I said was ignored. I respectfully implore you to read my statement; My voice must be heard and my words listened to.

*Sincerely,*

*Tanith Garner, LCSW  
VP of Operations  
Oklahoma NeuroPsychiatric Institute  
918-764-9300  
918-764-9275 Fax*

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**Statement to Medical Board.pdf**  
2925K

December 9, 2022

To Whom it May Concern,

I'd like to provide a statement regarding **Edward G. Melton, M.D., Case No. 21-09-6046**. My name is Tanith Garner and I'm an LCSW, licensed in Oklahoma, and this statement is regarding the above mentioned OSBMLS case against Dr Edward Melton. I should have done the right thing over a year ago and simply admit to the Board that I had been lying and face the consequences. Instead, I did nothing, and because I did nothing to right my wrong, I perpetuated the false belief that I was the victim and Dr Melton was an abuser who was abusing me. Instead, I hid behind the lies I was spreading about him because I was trying to hide the truth I had been having an affair with my ex-husband. These proceedings have been going on for over a year, and if I had simply been honest with him and the Medical Board from the very beginning, this case would have been completed much earlier. I

In the filing against Dr Melton, I was listed in a Verified Complaint as #2 Complainant. What I did was **complain** about my fiancé; **I did not submit a complaint nor did I ask anyone to file a complaint against Dr Melton**. The egregious lies and mischaracterizations I made about him were based on false pretenses and my misplaced anger stemming from our recent breakup. These statements and claims I made were attacking him as my Fiancé, and not him as a Physician. It was a lie when I said "his patients deserved a better Dr". Any insinuation I made giving the impression that Dr Melton had ever been inappropriate with or ever manipulated any patient, past or present, that was a lie. I lied when I identified him as an Abuser and myself as a Victim. In fact, Dr. Melton is the victim because I was trying to keep attention away from an affair I had been having with my Ex Husband. When my affair and lies were uncovered, instead of being open and honest with him, I disrespected him even more, by leaving and going to my parent's house in Kansas City. It was during that time I attacked him, personally and professionally. I attacked his medical license, which is untenable. My attacks were intensified by my thoughts and paranoia from the manic phase I was experiencing. I had stopped taking my medication as prescribed at the beginning of 2021. Dr Melton is a self-made man, a graduate of West Point. He earned his Medical Degree, a highly esteemed profession. And I completely disrespected all that he sacrificed to achieve his dream. I disrespected his children, disrespected his clinic employee and the very patients he treats.

On January 27, 2022, I submitted a formal and legal retraction in which I admitted all of the lies, misrepresentations and insinuations I said/wrote about Dr Melton. No one listened to or even acknowledged my words. On November 17, 2022, during the hearing, I testified and admitted I had been lying, and yet my voice was ignored. The

Asst AG claimed “I was a Victim” and therefore my testimony and retractions were completing ignored. And because I was back in a relationship with Dr. Melton, they believed I was needing to “be protected from herself”. My lies have done more harm and have impacted far more people that I had ever imagined. I refuse to be ignored anymore. My voice and words will be heard. Dr. Melton was victimized by my lies and mischaracterizations as follows:

1. Dr. Melton and I met on an online dating platform in late 2011. Our interactions were personal, and I didn't work with him in a professional setting until June 2014. Any insinuation I gave that would lead anyone to believe I knew he was a Physician when we met, or I had planned to use him for meds was a lie. Any impression I gave, mislead anyone into believing, or even if I directly stated that I was a patient of Dr. Melton's was a lie. I did not establish a patient relationship with Dr. Melton ever or in any way. I never considered the writing of a prescription as treatment but as a favor; and the fact that a physician can legally write prescriptions for family and friends would indicate the same for controlled meds for non-family members, of course with documenting and justification which he has clarified during the investigation. Dr. Melton and I were not ever in a physical & sexual relationship as this investigation was misled; neither he was asked nor was I ever asked. I simply misled the investigator by allowing her to define the relationship as she orated legal codes that I didn't understand anyone else to ever use as she did; if I ever stated that I was in an inappropriate relationship, it was motivated by my want to simply hurt Dr. Melton for selfish reasons.
2. The #1 Complainant (KH) is a former patient, who we considered bringing onboard to help with clerical duties at the clinic. However, after I had a few conversations with her, both Dr Melton and I did not think she was a good match for the position. She never gave her notice to leave at her current place of employment, nor did she complete any pre-employment paperwork. KH was never hired and I incorrectly stated that Dr. Melton was ever manipulating or inappropriate with KH. It was made clear in the conversation between Dr Melton and Dr Frishe there were no concerns and it was resolved.
3. I retaliated after I believed Dr. Melton sent texts to my ex-husband's fiancé that disclosed our affair. This “disclosure” was not done in a malicious manner. It gave specific details that were designed to bring to her attention that not only was the emotional health of her family but also her physical health could be affected. Since the investigator denied attention to go to this matter, incomplete and fabricated texts were provided by me to the investigator to make it appear as if Dr. Melton was purely “sexting” with a former patient (RK); it was I who did the

texting until Dr. Melton found out what I was up to and he took over to reassure the former patient his role will only be as a physician for her.

4. Dr. Melton was falsely accused of being abusive/controlling, etc. Dr. Melton has never been abusive in any manner or form, to anyone. He is a good disciplinarian, teacher, and role model to his children. I stated he was controlling of finances, but the reality is he helped me to keep my credit cards on a rotation to improve my personal credit scores. In addition, we had planned on and agreed how our 2020 taxes were going to be completed. But when I left, I broke that agreement, but claimed he was trying to “screw me over” and was leaving me with the large tax bill. The mindset of “I got the tax bill, so you will hurt too” led me to speak to a friend of our CPA who was an attorney. This attorney contacted, his attorney and threatened “if Dr Melton didn’t relieve her of the tax debt, she “will go to the Medical Board to complain”. So, to protect himself, his finances, and his reputation, he filed a lawsuit against me and the CPA. However, he and I mutually agreed that our original agreement made sense and the lawsuit was dropped. Regarding comments I possibly made regarding the boundaries relating to my Ex-husband were meant for the safety of his 3 young girls. In 2018, I accused my Ex husband of rape, but charges were not filed at that time. I was free to get a place of my own to continue coparenting, but I chose to stay in our home to raise our girls. Regarding the comments I made that “he (Dr Melton) controlled my movements” was not controlling me, and they were not made in a malicious or controlling way when he was pleading with me to not drive late at night when I was showing signs and symptoms of Mania. It was to keep me and the public safe. I claimed he is being controlling and manipulative when I stated several times that he was “keeping my cat and was refusing to return to me very sentimental items such as my birthmother’s ashes”. In truth, he knew it was not an option for me to bring my cat, as I was unsure of where I would land. This is also why he kept my sentimental items- not out of control but to keep them safe and secure, and honored, not to be lost.
5. Of the 27+ Controlled prescriptions filled for me under Dr. Melton’s name, there are approximately 14 that can’t be accounted for as whether they were called in from our office or were simply name changes that didn’t occur at the pharmacy, as the were most likely from the office of the PCP. Of the remaining 13, most were called in by staff. Regarding the Ambien prescriptions, they were never abused or misused by me. For the first time in 10+ years, I was able to achieve restful sleep. Dr Melton’s common prescribing of Ambien is 13 tablets to last 30 days, not one tablet nightly.

Brighter Heights (mostly Pediatric patients) has offices in Antlers, Hugo, Idabel, and Durant. This is an example of an agency that has worked closely with Dr. Melton for years, and historically, many of their patients had been having their medications managed by local doctors prior to seeing Dr Melton. The feedback we consistently receive from staff and case managers of these patients are the patients weren't getting "nearly the quality of care or given the appropriate treatment needed for positive life changes to occur" as they have seen under current care with Dr. Melton.

I am full of regret and contrition that I wasn't more forceful in getting my voice heard, nor did I seek out someone who would truly listen to me. I can say with certainty, it would have changed the course of this investigation. If Dr Melton's license is suspended, not only will his family be severely impacted on numerous levels, but his patient's lives will also be negatively impacted, putting their physical health at risk too. Treatment and trust have been established between Dr Melton and his patients. There are countless patients that are in parts of Oklahoma that do not have access to medical care, especially Psychiatric care. If his license is suspended, it will be General Practitioners practicing in Psychiatry, which is not their current main scope of practice. And without a doubt, it will harm patients.

To those who have the authority to make recommendations or findings on such matters, I implore you to not suspend Dr Melton's license. He does not deserve, in any way, to have his life's dreams and ambitions and success destroyed because of my lies and misrepresentations. He cares mostly of how this affects his patients and his daughters. I was attacking him just to throw him off track with my affair. The affair is much more than just that. It has been unwanted and graphically so on numerous occasions since Mid 2011 just months after the filing of the divorce. But the relationship started with rape as I'm truly coming to understand. I am seeking professional help so that I may address this issue as it relates to my behavior. Dr. Melton protected his family from my Ex Husband only to have me sabotage him and his good name while I protected the secrets I shared with the most destructive man of my life.

Respectfully,

  
Tanith Garner, LCSW  
918-808-8016

# EXHIBIT M



6 Messages  
Back Legal Filing Agai...

----- Forwarded Message -----

**From:** Tanith Garner <[tanithgarner@okmedicalboard.org](mailto:tanithgarner@okmedicalboard.org)>

**To:** [drobot@okmedicalboard.org](mailto:drobot@okmedicalboard.org)  
<[drobot@okmedicalboard.org](mailto:drobot@okmedicalboard.org)>

**Sent:** Wednesday, January 12, 2022, 04:54:48 PM CST

**Subject:** Legal Filing Against E. Melton, MD

Robbin,

I have been made aware of the court filing against Dr Edward Melton, and I am very angry and upset. The court filing states I made a complaint against him, which is completely false! The only complaint that was filed was from K. Hinz, and that had been resolved. The email I sent to James Marks was regarding personal matters, and in no way pertained to the K. Hinz issue. I am **not a victim** and I have only the highest regard for Dr Melton. In fact, I have and I always will go to him for help, guidance, and advice. Dr. Melton has always ensured I understood my responsibility to maintain my own healthcare needs, which was always the understanding I would keep my own PCP. It was as a friend and out of our love for each other, that he helped with my medication and his prescription of a mood stabilizer completely changed my life. Please note. I \*Have \*Always \*Had \*Mv



8:35 48m



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Legal Filing Agai...

Please note, I \*Have \*Always \*Had \*My \*Own \*Physician and anything Dr. Melton suggested or advised was always known and supported by my physician and certainly was \*Never a concern to anyone.

This legal filing is entirely about me (it's clear from what we've talked about) and based on a complaint that I never filed. To state in a legal filing that I made a complaint is false. **My personal concerns/complaints that I shared with you don't even come close to this level.** And it is because of this filing, based on a false complaint, an 8 year relationship, that was already in repair , is getting unnecessary interference and stress. During this holiday season, I found myself trying to keep my home with my fiancé and three daughters happy and calm and secure but now I'm preparing to defend my fiancé, a physician who has been horribly mischaracterized by your investigation.

The first time I received a call from you, you immediately identified me as "a patient of Dr. Melton's". I instantly and





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**Legal Filing Agai...**  

patient of Dr. Melton's". I instantly and adamantly replied that I had \*never been his patient. This continued to be an issue for you, but I was relieved when it seemed that you acknowledged that in fact, I was never his patient. There was never a meeting of the minds between us that I was his patient; My consent for him to help me has always been without reservations ( as is the case for many people who are lucky to have a physician in their circle of friends and family ).

I would like to restate my and Edward's personal history. I met Edward on a singles dating social app, and we started dating in 2011. We continued to date off and on until 2014, when I was hired as the Director of Counseling at ONPI. From that time forward, we both have been committed to each other and to the success of our clinic. So I have been personally involved with Edward and therefore, "Dr. Melton" for your purposes, since 2011 to present. Your filing \*Blatantly \*Understates our relationship, engagement, level of commitment and Professionalism that surpasses a \*Decade and, on several occasions, you highlight



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**Legal Filing Agai...**  

and, on several occasions, you highlight as a problem in prescribing practices. But who are they a problem for? What was the detriment? Who filed a complaint \*6 (\*Six) \*Years ago, or even \*2 (\*Two) \*Years ago? Dr. Melton has the authority to use his knowledge as a physician to heal and to help \*Anyone his conscience commands him to.

Our clinic is comprised of 3 employees and Dr Melton, as the sole provider. And, like everywhere else in the world, we have been profoundly and personally affected by the COVID pandemic. Our physical clinic closed in May 2020, yet Dr Melton continues to provide psychiatric treatment via Telehealth, to 25-30 patients daily. The demands and immense toll that has been placed on Physicians and other healthcare workers the past two years is undeniable, so to have this unjust filing in the middle of a pandemic is incomprehensible. It's irresponsible.

The email to James Marks, the Executive Director of my licensing board, regarded \*only me expressing my concern that due to personal issues, I was worried Edward



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Only in expressing my concern that due to personal issues, I was worried Edward would file a complaint against me, and these concerns I shared pertained to Edward Melton, my fiancé, NOT Dr Edward Melton, the physician. I have nothing but respect for him as a physician. Edward was reminding me of my own professional responsibilities to keep the well-being of the public as the foremost concern.

I feel as though I am being used as a pawn against Edward. When you initially contacted me, he and I were experiencing a very bad time in our relationship, but as we have in the past, we got through it. The impulsive decision I made in sharing personal details about myself and then current troubles in my relationship with Edward (Not Dr. Melton) was foolish and just plain wrong, and it kept our discussions personal. As you served as the investigator for a complaint filed against me in 2010, you were aware of the impulsive choices I had been known to make. It was very clear from our interactions in 2010, you were carrying out the duties of an investigator. However, this time we spoke on a much more personal



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**Legal Filing Agai...**  

the duties of an investigator. However, this time, we spoke on a much more personal level, and not as you in the role of an investigator. Acting on impulse, I shared the anger and hurt I felt towards Edward my fiancé, and used that to fuel my attack against him when you asked me to provide random information to help “give (you) the portrayal” you were looking for. But again, I did not file any complaint, formal or informal, with the Board and the facts have been skewed.

Remarkably, how can you report that Dr. Melton slept with me “as his patient” (your mischaracterization) when there was never even remotely a discussion about whether we have ever slept together, ever at ALL? You certainly seemed to understand I had nothing negative to provide regarding Dr Melton, and certainly no complaint. But you want to characterize him as a “sexual predator”? Why? Because he called the leadership at the Medical Board? He was informing them that you were not conducting yourself genuinely and in fact were believed to be demanding or coercing information from me. I did threaten him with retaliation, but I never



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threaten him with retaliation, but I never meant to act on it. I was angry and I was wrong to accept your invitation for "anything that helps".

It was when you called me out of the blue, asking questions about the age of our office manager, stating that "she looks very young" and also asked what his youngest daughter's last name and address was, it became clear that this investigation had become a personal vendetta. How, in any way, were those questions about our office manager or his daughter relevant to the complaint filed by K. Hinz? In fact, those questions as well as the information you asked me to provide, "to give me the portrayal of what I'm seeing" you were clearly intending to portray Dr Melton as a predator at any cost.

Edward has only shown dedication to me, over the course of our almost 8 year engagement. Within those 8 years, I have experienced traumas, and he has stuck by me, supporting me and helping me get through the rough times. But it was also as a physician, (though not my personal one),



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through the rough times. But it was also as a physician, (though not my personal one), that he was the one person in my entire life who recognized the mood issues I had struggled with my entire adult life. Using his knowledge as a physician doesn't make him my doctor; I decide who is my doctor. As part of this stressful time in our relationship, I had convinced myself, almost to the point of paranoia, that Edward was trying to control me, but in actuality, he was trying to help me and to protect us. This was due to the fact I was sending him texts that were out of character, and at times did not make sense, and I would not answer the phone, when he called. Because of these uncharacteristic behaviors, he reached out to my parents and a friend, expressing his concerns and worries for me.

Again, I want to make it explicitly clear that I did not make any complaint about Dr Melton. I have never been his patient, nor he my Physician. I have always had my own Physician, who continues to prescribe for me the same medication initially prescribed in 2015. I have attached the OK Medical Board's Policies





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attached the OK Medical Board's Policies and Procedure for filing a complaint against a Physician, of which I did none of the steps listed. Because there is an online form used in the filing of a complaint, please provide me with a copy of said complaint.

I ask that this legal filing against Dr Melton be dismissed immediately, and completely erased from any database. Our children can easily do an internet search and \*stumble upon a court filing that states their Dad is a "Sexual Predator" and their step-mom is the victim! **I can't even fathom the trauma that would cause them.** This filing is completely inappropriate and \*irresponsible. I look to my fiancé, who happens to be a physician, for love and support. To mischaracterize our love and relationship as "predatory" is not the message our children should ever hear.

Respectfully submitted,  
Tanith Garner, LCSW

### Complaint Procedures

You have the right to file a complaint with



8:36 49m

50

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**Legal Filing Agai...**  

Respectfully submitted,  
Tanith Garner, LCSW

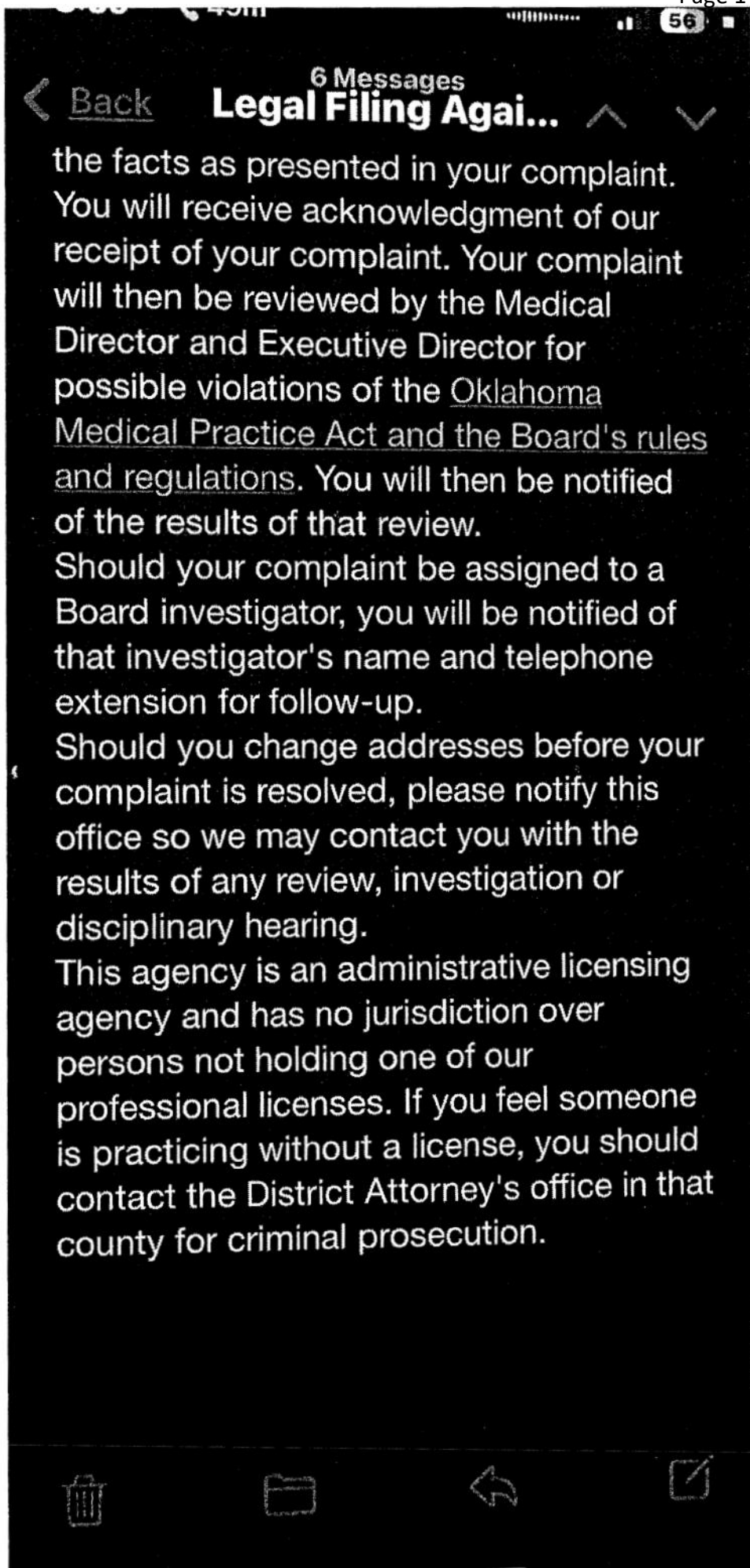
**Complaint Procedures**

You have the right to file a complaint with our agency. The OSBMLS has jurisdiction over the following professionals: Medical Doctors (MD), Physician's Assistants (PA), Physical Therapists (PT), Physical Therapy Assistants (TA), Occupational Therapists (OT), Occupational Therapy Assistants (OA), Anesthesiologist Assistants (AA), Athletic Trainers (AT), Registered Electrologists (RE), Respiratory Care Practitioners (RC), Licensed Dietitians (LD), Podiatrists (LPED), Orthotists/Prosthetists (LO/LPR), and Radiologist Assistants (RA). We also contract our investigative services for Podiatrists (DPM) and Perfusionists (LP).

Please answer all applicable questions on the [complaint form](#) and be as specific as possible. Any applicable questions not answered may result in a delay in the resolution of your complaint. Please provide as much detail as possible as our decision for further action will be based on the facts as presented in your complaint. You will receive acknowledgment of our







6 Messages  
Back Legal Filing Agai... ^ v

county for criminal prosecution.

*Sincerely,*

*Tanith Garner, LCSW  
VP of Operations  
Oklahoma NeuroPsychiatric Institute  
1129 S. Aspen Ave  
Broken Arrow, OK 74012  
918-764-9300  
918-764-9275 Fax*

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76 Tanith The New Garner 1/12/22  
Robbin, I have been made awar...



# EXHIBIT N

9:19 1h

41

6 Messages  
Legal Filing Agai...

On Monday, January 24, 2022, 08:46:11 AM CST, Amanda Everett <[amanda.everett@oag.ok.gov](mailto:amanda.everett@oag.ok.gov)> wrote:

Ms. Garner,

I have been out of the office with COVID and am returning tomorrow.

Where in my Complaint does it say you were the complaining party? I am aware of the personal nature of your relationship with the Defendant. I don't recall the Complaint saying you personally made any report.

[Get Outlook for iOS](#)

---

**From:** Tanith Garner <[tanith@meltonmedical.com](mailto:tanith@meltonmedical.com)>  
**Sent:** Friday, January 21, 2022 10:48:03 PM  
**To:** Amanda Everett <[amanda.everett@oag.ok.gov](mailto:amanda.everett@oag.ok.gov)>  
**Subject:** [EXTERNAL] Fw: Legal Filing Against E. Melton, MD

Ms. Everett,

I have left you two phone messages, the last by voicemail, but I have not heard from you. I am forwarding you the email that I recently sent to Ms. Roberts. I do not understand how a legal case has been established and filed, when the allegations that are stated in the filing were never addressed in any interviews or investigation with me.

Please call me so that I may discuss further concerns with you. My number is [918-802-5326](tel:918-802-5326).



# EXHIBIT O

Re: [EXTERNAL] Fw: Legal Filing Against E. Melton, MD

From: Tanith Garner (tanith@meltonmedical.com)

To: amanda.everett@oag.ok.gov

Date: Monday, January 24, 2022 at 07:53 PM CST

Ms. Everett,

The issue that is more of a concern is that any complaint stating I was a patient of Dr Melton's is a completely false allegation. I have always maintained my own PCP, which Dr Melton required that any and all medications be managed by my PCP. The last prescriptions I remember Dr Melton prescribing was early 2018 for Adderall, which was because my PCP passed away and then possibly Early 2019 for Ambien when I missed an appointment with my PCP. I'm certain all other prescriptions were called in from my PCPs office and there was somehow a misunderstanding with the pharmacy to list the wrong physician. My PCP was prescribing all of my medications after Dr. K took over as PCP in Spring of 2018.

Another false allegation that is made is the claim that an inappropriate sexual relationship occurred. I assure you, the topic of any intimate, sexual relationship was never discussed at all during the course of the investigation. And again, regardless of any assumptions that were made regarding this very personal topic, I was never his patient.

It is of utmost importance that you know this investigation/legal filing is not anything I support and I've made it clear to the investigator that my belief is that this was not an investigation done in good faith. I find it incomprehensible how such extreme language of "sexual predatory behavior" has been included in the filing. We have been together for 8 years, and engaged for almost 5 years, and we raising our 3 daughters together. The mere thought of the emotional damage it would cause our girls if they were to ever discover those words were used to describe their parents' relationship is unfathomable. He and I were in a bad spot and I was hurting when the investigator came to me, trying to define me as a patient. On several occasions, I made it clear I have never been his patient. Any frustrations that I expressed at any time shouldn't be considered supportive of a complaint. To be honest, I feel much has been manipulated to intentionally try to mischaracterize Dr. Melton.

I appreciate your time and attention to this matter, and I hope you are feeling better.

*Sincerely,*

*Tanith Garner, LCSW  
VP of Operations  
Oklahoma NeuroPsychiatric Institute*

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On Monday, January 24, 2022, 08:46:11 AM CST, Amanda Everett <amanda.everett@oag.ok.gov> wrote:

Robbin,

I have been made aware of the court filing against Dr Edward Melton, and I am very angry and upset. The court filing states I made a complaint against him, which is completely false! The only complaint that was filed was from K. Hinz, and that had been resolved. The email I sent to James Marks was regarding personal matters, and in no way pertained to the K. Hinz issue. I am **not a victim** and I have only the highest regard for Dr Melton. In fact, I have and I always will go to him for help, guidance, and advice. Dr. Melton has always ensured I understood my responsibility to maintain my own healthcare needs, which was always the understanding I would keep my own PCP. It was as a friend and out of our love for each other, that he helped with my medication and his prescription of a mood stabilizer completely changed my life. Please note, I \*Have \*Always \*Had \*My \*Own \*Physician and anything Dr. Melton suggested or advised was always known and supported by my physician and certainly was \*Never a concern to anyone.

This legal filing is entirely about me (it's clear from what we've talked about) and based on a complaint that I never filed. To state in a legal filing that I made a complaint is false. **My personal concerns/complaints that I shared with you don't even come close to this level.** And it is because of this filing, based on a false complaint, an 8 year relationship, that was already in repair , is getting unnecessary interference and stress. During this holiday season, I found myself trying to keep my home with my fiancé and three daughters happy and calm and secure but now I'm preparing to defend my fiancé, a physician who has been horribly mischaracterized by your investigation.

The first time I received a call from you, you immediately identified me as "a patient of Dr. Melton's". I instantly and adamantly replied that I had \*never been his patient. This continued to be an issue for you, but I was relieved when it seemed that you acknowledged that in fact, I was never his patient. There was never a meeting of the minds between us that I was his patient; My consent for him to help me has always been without reservations ( as is the case for many people who are lucky to have a physician in their circle of friends and family ).

I would like to restate my and Edward's personal history. I met Edward on a singles dating social app, and we started dating in 2011. We continued to date off and on until 2014, when I was hired as the Director of Counseling at ONPI. From that time forward, we both have been committed to each other and to the success of our clinic. So I have been personally involved with Edward and therefore, "Dr. Melton" for your purposes, since 2011 to present. Your filing \*Blatantly \*Understates our relationship, engagement, level of commitment and Professionalism that surpasses a \*Decade and, on several occasions, you highlight as a problem in prescribing practices. But who are they a problem for? What was the detriment? Who filed a



meant to act on it. I was angry and I was wrong to accept your invitation for "anything that helps".

It was when you called me out of the blue, asking questions about the age of our office manager, stating that "she looks very young" and also asked what his youngest daughter's last name and address was, it became clear that this investigation had become a personal vendetta. How, in any way, were those questions about our office manager or his daughter relevant to the complaint filed by K. Hinz? In fact, those questions as well as the information you asked me to provide, "to give me the portrayal of what I'm seeing" you were clearly intending to portray Dr Melton as a predator at any cost.

Edward has only shown dedication to me, over the course of our almost 8 year engagement. Within those 8 years, I have experienced traumas, and he has stuck by me, supporting me and helping me get through the rough times. But it was also as a physician, (though not my personal one), that he was the one person in my entire life who recognized the mood issues I had struggled with my entire adult life. Using his knowledge as a physician doesn't make him my doctor; I decide who is my doctor. As part of this stressful time in our relationship, I had convinced myself, almost to the point of paranoia, that Edward was trying to control me, but in actuality, he was trying to help me and to protect us. This was due to the fact I was sending him texts that were out of character, and at times did not make sense, and I would not answer the phone, when he called. Because of these uncharacteristic behaviors, he reached out to my parents and a friend, expressing his concerns and worries for me.

Again, I want to make it explicitly clear that I did not make any complaint about Dr Melton. I have never been his patient, nor he my Physician. I have always had my own Physician, who continues to prescribe for me the same medication initially prescribed in 2015. I have attached the OK Medical Board's Policies and Procedure for filing a complaint against a Physician, of which I did none of the steps listed. Because there is an online form used in the filing of a complaint, please provide me with a copy of said complaint.

I ask that this legal filing against Dr Melton be dismissed immediately, and completely erased from any database. Our children can easily do an internet search and \*stumble upon a court filing that states their Dad is a "Sexual Predator" and their step-mom is the victim! **I can't even fathom the trauma that would cause them.** This filing is completely inappropriate and \*irresponsible. I look to my fiancé, who happens to be a physician, for love and support. To mischaracterize our love and relationship as "predatory" is not the message our children should ever hear.



Respectfully submitted,  
Tanith Garner, LCSW

### **Complaint Procedures**

You have the right to file a complaint with our agency. The OSBMLS has jurisdiction over the following professionals: Medical Doctors (MD), Physician's Assistants (PA), Physical Therapists (PT), Physical Therapy Assistants (TA), Occupational Therapists (OT), Occupational Therapy Assistants (OA), Anesthesiologist Assistants (AA), Athletic Trainers (AT), Registered Electrologists (RE), Respiratory Care Practitioners (RC), Licensed Dietitians (LD), Podiatrists (LPED), Orthotists/Prosthetists (LO/LPR), and Radiologist Assistants (RA). We also contract our investigative services for Podiatrists (DPM) and Perfusionists (LP).

Please answer all applicable questions on the [complaint form](#) and be as specific as possible. Any applicable questions not answered may result in a delay in the resolution of your complaint. Please provide as much detail as possible as our decision for further action will be based on the facts as presented in your complaint. You will receive acknowledgment of our receipt of your complaint. Your complaint will then be reviewed by the Medical Director and Executive Director for possible violations of the [Oklahoma Medical Practice Act and the Board's rules and regulations](#). You will then be notified of the results of that review.

Should your complaint be assigned to a Board investigator, you will be notified of that investigator's name and telephone extension for follow-up.

Should you change addresses before your complaint is resolved, please notify this office so we may contact you with the results of any review, investigation or disciplinary hearing.

This agency is an administrative licensing agency and has no jurisdiction over persons not holding one of our professional licenses. If you feel someone is practicing without a license, you should contact the District Attorney's office in that county for criminal prosecution.

*Sincerely,*

*Tanith Garner, LCSW  
VP of Operations  
Oklahoma NeuroPsychiatric Institute  
1129 S. Aspen Ave  
Broken Arrow, OK 74012  
918-764-9300  
918-764-9275 Fax*

# **EXHIBIT P**

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

**FILED**

DEC 20 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**STATE OF OKLAHOMA, *ex rel.*** )  
**OKLAHOMA STATE BOARD** )  
**OF MEDICAL LICENSURE** )  
**AND SUPERVISION,** )  
 )  
**Plaintiff,** )  
 )  
v. )  
 )  
**EDWARD GERARD MELTON, M.D.,** )  
**LICENSE NO. 24098,** )  
 )  
**Defendant.** )

**Case No. 21-09-6046**

**ORDER**

This matter came on for hearing before the Oklahoma State Board of Medical Licensure and Supervision ("Board") on November 17, 2022, at the office of the Board, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105, pursuant to notice given as required by law and the rules of the Board.

Joe L. Ashbaker , Assistant Attorney General ("AAG Ashbaker "), appeared for Plaintiff. Defendant Edward Gerard Melton, M.D. appeared *pro se*.

The following witnesses were sworn and testified: Robbin Roberts, Board Investigator, and defense witnesses Kelly Conley, Tanith Garner and Defendant Edward Gerard Melton, MD. Exhibits were admitted into evidence.

The Board, having considered representations of counsel, sworn testimony of the witnesses, and being fully apprised of the premises therein, finds the following has been established by clear and convincing evidence.

**FINDINGS OF FACT**

1. In Oklahoma, Defendant holds Oklahoma License No. 24098.
2. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.
3. This action arises out of complaints related to conduct by Defendant. as follows:
  - a. Defendant made inappropriate comments to K.H., a patient, that were flirtatious or sexual in nature.

- b. Defendant carried on a personal, sexual relationship with T.G., a patient to whom he prescribed Schedules II and IV medications at least 27 times from 2015-2020.
  - c. On at least one occasion, Defendant prescribed controlled substances without sufficient examination and the establishment of a valid physician-patient relationship and/or Defendant failed to maintain adequate records to support his treatment and prescribing of controlled substances.
4. Any finding of fact above which is more appropriately characterized as a conclusion of law is hereby incorporated as a conclusion of law.

#### CONCLUSIONS OF LAW

5. 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 435:5-5-1-1 *et seq.*
6. Notice was provided to Defendant as required by law and the rules of the Board. 75 O.S. § 309; 59 O.S. § 504; Okla. Admin. Code §§ 435:3-3-5, 435:3-3-6.
7. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient, in violation of 59 O.S. §509(17).
  - b. 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).
  - c. Conduct likely to harm the public, in violation of Okla. Admin. Code § 435:10-7-4(11).
  - d. Improper management of medical records, in violation of Okla. Admin. Code §435:10-7-4(36).
  - e. Engaging in predatory sexual behavior, in violation of Okla. Admin. Code §435:10-7-4(45).
  - f. Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, in violation of Okla. Admin. Code § 435:10-7-4(49).

- 9. Any conclusion of law above which is more appropriately characterized as a finding of fact is hereby incorporated as a finding of fact.

**ORDER**

**IT IS THEREFORE ORDERED** by the Oklahoma State Board of Medical Licensure and Supervision that **EDWARD GERARD MELTON, M.D.**, is found guilty of unprofessional conduct as described herein.

**IT IS FURTHER ORDERED** by the Oklahoma State Board of Medical Licensure and Supervision that **EDWARD GERARD MELTON, M.D.**, Oklahoma medial license no. 24098, is hereby suspended indefinitely. Defendant is granted the right to reapply no earlier than six (6) months from the date of this order and only after satisfactory completion of an educational training and/or treatment program or programs as determined by the Board Secretary.

**IT IS FURTHER ORDERED**, 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.

**IT IS FURTHER ORDERED** 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.**

Dated this 20<sup>th</sup> day of December, 2022.

*Steven Katsis MD*

Steven Katsis (Nov 30, 2022 11:03 CST)

Steven Katsis, M.D., President  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**Certificate of Service**

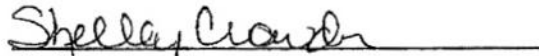
This is to certify that on the 20<sup>th</sup> day of December, 2022, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

**U.S. Certified Mail**

Edward Gerard Melton, MD  
9220 E. 76th Pl.  
Tulsa, OK 74133  
***Defendant***

**E-Mail**

Joe Ashbaker, AAG  
STATE OF OKLAHOMA  
OFFICE OF ATTORNEY GENERAL  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
(405) 522-0113  
(405) 521-6246 facsimile  
Joe.ashbaker@oag.ok.gov  
***Attorney for Plaintiff,  
Oklahoma State Board of Medical  
Licensure and Supervision***

  
Shelley Crowder

# EXHIBIT Q



JOHN M. O'CONNOR  
ATTORNEY GENERAL

**FILED**

DEC 20 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**ATTORNEY GENERAL OPINION  
2022-55A**

Billy H. Stout, M.D., Board Secretary  
State Board of Medical Licensure and Supervision  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, OK 73105-1821

December 19, 2022

Re: Melton; Case No. 21-09-6046

Dear Dr. Stout:

This office has received your request for a written Attorney General Opinion regarding action that the State Board of Medical Licensure and Supervision ("Board") intends to take with respect to Case No. 21-09-6046.

The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act authorizes the Board to suspend, revoke or order other appropriate sanctions against the license of a physician for unprofessional conduct.<sup>1</sup> 59 O.S.2021, § 503. The Board may reasonably believe that the proposed action is necessary to deter future violations and to protect the public.

Defendant holds a license to practice medicine in the State of Oklahoma. The Board has received complaints against Defendant for various acts in violation of the Oklahoma Statutes and the Board rules, such as 1) making inappropriate sexual comments to a patient, 2) prescribing Schedules II and IV medications to a patient with whom Defendant was sexually involved, and 3) providing controlled substances without establishing a valid physician/patient relationship and without records to support such treatment.

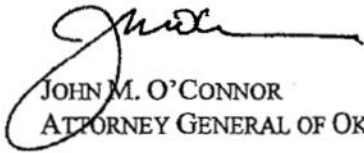
The Board proposes to indefinitely suspend the license and require Defendant to pay costs of this action. Defendant may reapply for his license no earlier than six months from date of the Board's order, and after completion of training and/or treatment programs as prescribed by the Board.

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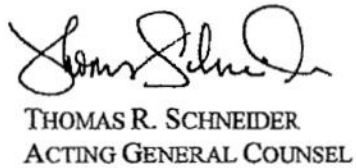
<sup>1</sup> Oklahoma statutes and the Board rules define "unprofessional conduct" to include 1) "physical contact with a patient that is sexual in nature" or "verbal behavior which is seductive," 2) failing to maintain "patient records which accurately reflect evaluation, treatment, and medical necessity of treatment," 3) failing to "establish a physician/patient relationship prior to providing" medical services, or 4) "conduct likely to deceive, defraud or harm the public." 59 O.S.2021, §§ 503, 509(17), (18), (49); OAC 435:10-7-4(11), (36), (45).



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 board action advances the State's policy of protecting the health, safety, and well-being of the citizens of Oklahoma.



JOHN M. O'CONNOR  
ATTORNEY GENERAL OF OKLAHOMA



THOMAS R. SCHNEIDER  
ACTING GENERAL COUNSEL

# **EXHIBIT R**

**Robbin Roberts**

---

**From:** Robbin Roberts  
**Sent:** Thursday, October 28, 2021 9:56 AM  
**To:** georgiagirl1974  
**Subject:** RE: [EXTERNAL] Follow Up

Tanith, I have no idea what trouble you are talking about but rest assured, I am not in trouble. I appreciate your input. No worries.

Robbin

**From:** georgiagirl1974 <georgiagirl1974@protonmail.com>  
**Sent:** Wednesday, October 27, 2021 10:44 PM  
**To:** Robbin Roberts <droboters@okmedicalboard.org>  
**Subject:** RE: [EXTERNAL] Follow Up

If it isn't too late, I'm going to ask that you don't submit the other "chat" as evidence. I feel like I have burdened you with far too much info that you even ask for. In no way did I think me giving you additional details would cause you to get in trouble. And when I heard that it did that, I was embarrassed and I wanted to apologize for that immediately.

So please disregard copies of the "chat" he had.

I've given this entire ball of stress, worry, and fear to God. I can't control anything.

Thank you again for the compassion and understanding you display when speaking to me.

Enjoy your vacation, and I'll stay safe.

Tanith

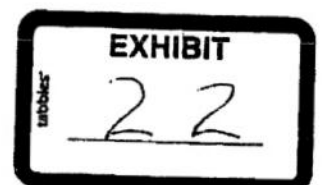
Sent from ProtonMail for iOS

On Wed, Oct 27, 2021 at 8:42 AM, Robbin Roberts <droboters@okmedicalboard.org> wrote:

Good Morning Tanith. I am aware of the accusations and have dealt with them accordingly. I'm going on vacation the rest of the week but if you need to speak to anyone while I'm gone, my supervisor is Larry Carter, ext. 146. Stay safe.

Robbin

**From:** georgiagirl1974 <georgiagirl1974@protonmail.com>  
**Sent:** Tuesday, October 26, 2021 10:50 PM



# EXHIBIT S

**Daniel J. Gamino**

---

**From:** Leah Vaughn <okiecpamom@yahoo.com>  
**Sent:** Sunday, October 20, 2024 8:30 PM  
**To:** Foley, Leah  
**Subject:** [External] Fwd: OK Medical Board v Melton; 21-09-6046  
**Attachments:** INT to Plaintiff (OK Medical Board) 1.24.22.doc

**NOTICE: This email is from an external sender - do not click on links or attachments unless you recognize the sender and know the content is safe.**

Sent from my iPhone

Begin forwarded message:

**From:** edwardgmelton@gmail.com  
**Date:** October 20, 2024 at 7:45:53 PM EDT  
**To:** Leah Vaughn <okiecpamom@yahoo.com>  
**Subject:** Fwd: OK Medical Board v Melton; 21-09-6046

Edward Melton

Begin forwarded message:

**From:** Jessica <jessica@gregdenneylaw.com>  
**Date:** January 24, 2022 at 4:14:26 PM EST  
**To:** edwardgmelton@gmail.com  
**Cc:** Racheal Daniels <racheal@gregdenneylaw.com>  
**Subject:** OK Medical Board v Melton; 21-09-6046

Ed,

Please see attached our Interrogatories, Requests for Production and Admission to the Oklahoma Medical Board regarding the above-mentioned subject matter. Please review, if there are any other questions you would like to ask, please let me know.

Thank you.

--

**Jessica Gross**

LEGAL ASSISTANT & NOTARY PUBLIC  
GREGDENNEYLAW, PLLC  
1204 SOUTH CHEYENNE  
TULSA, OK 74119  
PHONE: (918) 295-0077  
FAX: (918) 295-8578

# **EXHIBIT T**

Gregory J. Denney, Esq.  
Attorney and Counselor at Law  
GREGDENNEYLAW, PLLC  
1204 S. Cheyenne Ave.  
Tulsa, OK 74119  
Telephone: 918 295-0077  
Facsimile: 918-295-8578

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----- Forwarded Message -----

---

From: Amanda Everett ([amanda.everett@oag.ok.gov](mailto:amanda.everett@oag.ok.gov))  
Date: 02/02/22 15:38  
To: [greg@gregdenneylaw.com](mailto:greg@gregdenneylaw.com)  
Subject: Melton, M.D., 21-09-6046

Greg,

Please see attached. I would encourage your client to call for pricing and confirm these providers still provide the required assessment, which would be a sexual boundaries assessment. At this time, I am not making any offer short of revocation of Dr. Melton's license, but I wanted you to have this information should you have a proposal I can bring to the staffing next week.

Amanda R. Everett, OBA #30107

Assistant Attorney General

Legal Counsel Division

Oklahoma Office of the Attorney General

313 NE 21st St.

Oklahoma City, OK 73105

Tel. 405.522.0113

Fax: 405.522.4536

[Amanda.Everett@oag.ok.gov](mailto:Amanda.Everett@oag.ok.gov)

**From:** Josh Johnson <[josh@therspecok.com](mailto:josh@therspecok.com)>  
**Sent:** Thursday, March 18, 2021 4:53 PM  
**To:** Amanda Everett <[amanda.everett@oag.ok.gov](mailto:amanda.everett@oag.ok.gov)>  
**Subject:** [EXTERNAL] Re: State v. Joshua Johnson, PT, Case No. 20-08-5930

Good afternoon Amanda,

Thank you for that information and if you could provide me with the information to allow me to get in contact with someone to have that assessment administered.

Thank you,



Joshua Johnson PT, DPT, CIDN

Get [Outlook for iOS](#)

---

**From:** Amanda Everett <[amanda.everett@oag.ok.gov](mailto:amanda.everett@oag.ok.gov)>  
**Sent:** Thursday, March 18, 2021 12:07 PM  
**To:** Josh Johnson  
**Subject:** State v. Joshua Johnson, PT, Case No. 20-08-5930

Mr. Johnson,

As we discussed by phone this past Tuesday, the State has received and reviewed your Answer to the Complaint and Citation. Thank you for submitting it timely. As you have received and reviewed the Complaint, you are aware there is a hearing scheduled before the Oklahoma Medical Board in May, which you will need to prepare for and attend if your intent is to dispute the allegations. Judging by your Answer, which admits most of the allegations, it seems like any hearing in your case wouldn't take long and, afterward, the Board would decide on appropriate discipline, if any, up to and including revocation of your license. You have the right to have a hearing before the Board and have not waived this right. At a hearing, the Board would decide the outcome as it feels is appropriate.

I am the Assistant Attorney General prosecuting your case on behalf of the State of Oklahoma. The State and the Board are separate entities and the State has no communication with the Medical Board members regarding any pending cases and, at this point, the Board members presumably have no knowledge whatsoever about your case aside from what could be accessed publicly (at this time, the Complaint, Citation, Scheduling Order, and your Answer). If your case goes to a hearing, I will present testimony and other evidence and argument before the Board and the State will make what it feels is an appropriate request for discipline. You will have the chance to defend yourself by presenting evidence and argument on your own behalf.

In the event you do not want to have a hearing before the Board and, instead, want to work toward an agreement with the State to resolve this case, I am happy to make those efforts. If that is the case, we need to get started working on that. Due to the nature of the allegations, which the State takes very seriously due to your conduct being an obvious legal and ethical violation, the State is asking that you contact an approved

assessment provider and obtain a Sexual Boundaries Assessment. These are intensive assessments that help the State ensure we are taking all necessary steps to protect the public and assess whether there is a bigger issue underlying your actions, or that this was simply a terrible lapse in judgment and mistake on your part. Obviously, you would argue the latter; however, without an expert assessment, the State isn't in the position of making that call one way or the other. Once you have obtained the assessment and received the results thereof, we would then explore whether we could resolve the case by agreement by incorporating the follow up recommended by the provider, if any. Should the provider find there are no issues that must be addressed, the State would then be assured the public is protected, and an agreement resolving the case would be very easy at that point and not very involved. This would also be helpful to you, as any future employer or other third party may need the assurance that there is no underlying issue, in light of the allegations in this case.

Please let me know if you would like the approved provider information to look into the assessment, and I will send that to you. From there, you can contact them for details and educate yourself on the process and then let me know what you have decided. Of course, you have the right to consult with and hire an attorney to represent you in this case. The State would like to see your case resolved by agreement.

Amanda R. Everett, OBA #30107

Assistant Attorney General

Legal Counsel Division

Oklahoma Office of the Attorney General

313 NE 21st St.

Oklahoma City, OK 73105

Tel. 405.522.0113

Fax: 405.522.4536

[Amanda.Everett@oag.ok.gov](mailto:Amanda.Everett@oag.ok.gov)

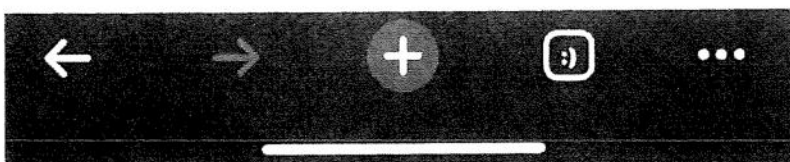
# EXHIBIT U



A June 20, 2010 memo obtained by *Red Dirt Report* shows the board's medical advisor, Dr. Eric Frische, tried to explain to board members why the state dismissed the complaint against Anagnost.

"I think we felt that we wanted to catch him off guard but clearly he wasn't," Frische wrote. "In future cases like this one, we might consider an interview with multiple interviewers and do so on the record and probably in our Board office where we can record the interview. That should be adequate to catch doctors off guard."

Frische, a defendant in Anagnost's lawsuit, also wrote in the memo that he and other board members were "surprised that our experts' testimony didn't hold up once Dr. Anagnost presented his defense.



6:12

[Signal] [Wi-Fi] [34]

dranagnost.com

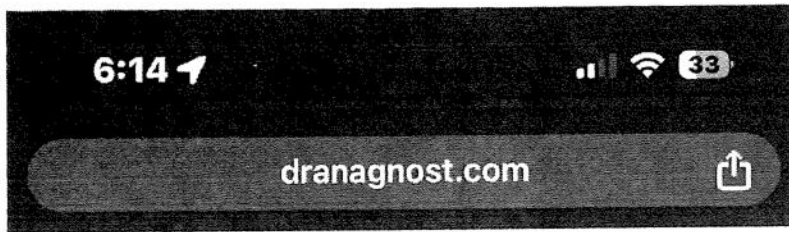
testimony didn't hold up once Dr. Anagnost presented his defense. The flaw with our experts was that they didn't appear to have expertise with the minimally invasive spine surgery."

The experts were identified as Dr. Frank Tomecek and Dr. David Fell, who both were at that time major investors in Tulsa Spine & Specialty Hospital. Neither Tomecek nor Fell had ever performed minimally invasive spine surgery. Tomecek, Fell and the hospital are listed as defendants in Anagnost's lawsuit.

Anagnost claims in his lawsuit filed in 2013 that the defendants conspired to take away his medical license after he rejected an offer to join their medical practice and invest in their privately-owned Tulsa Spine & Specialty Hospital.

### **Damaging documentation**

Another example of damaging emails in the OBA file involve then-medical ~~board investigator~~ Gayla



About 18 months after the emergency hearing, it became clear that the medical board was still pursuing a case against Anagnost. An internal email obtained by *Red Dirt Report* shows Janke corresponded with medical board Executive Director Kelsey, Scott and Frische detailing a telephone call she had with Tulsa medical malpractice attorney Jennifer DeAngelis.

"She (DeAngelis) blasted me hard about the Board's lack of action against Dr. Anagnost. She said things like 'The doctors that are helping us and helping you are ready to do anything we need to do to help the Board with this case. We will get the patients to talk to you,'" Janke wrote.

About an hour later on Dec. 8, 2011, Kelsey wrote in an email to



6:14



dranagnost.com

About an hour later on Dec. 8, 2011, Kelsey wrote in an email to Scott, "Why don't the doctors get the hospital(s) to do something against his privileges if they are so aghast."

In a separate email to Scott on the same day, Kelsey wrote, "She (DeAngelis) needs to be castigated for trying to second guess our process and work on getting him (Anagnost) kicked off the Tulsa hospital staffs."

On Oct. 29, 2013, Kelsey sent a letter to OBA attorney Debbie Maddox on behalf of medical malpractice attorney Brooks.

"At some point, Mr. Brooks disclosed to me that he had a pending case against Steven C. Anagnost and would not participate in any matter involving a hearing concerning him," Kelsey wrote.

However, other documents obtained by *Red Dirt Report* demonstrates that Brooks met with



obtained by *Red Dirt Report* demonstrates that Brooks met with medical board investigators, attended staff meetings and orchestrated meetings to determine which former Anagnost patients should sue the doctor.

In one report dated March 18, 2010, Janke wrote, "Mr. Brooks has met with investigator and reviewed and provided medical records, deposition transcripts, radiology films and other evidence belonging to the patient."

Anagnost has claimed in previous interviews that the medical board, with the knowledge of the Attorney General's office, maintained public and secret files on Anagnost.

None of the attorneys involved in the lawsuit filed by Anagnost wanted to comment for this story because of the pending litigation.

[f Facebook](#) [t Twitter](#)



# **EXHIBIT V**

To Whom it may concern -  
 I have waited far too long to do something that  
 should have been done over a year ago. I am  
 going to be honest about the lies I have said or  
 written about my former partner, Edward G. Metro, MD.

I am publicly doing what is courageous and right.  
 No one is making me come forward. I know many  
 may initially believe Ed is making me do this, but  
 that is the furthest thing from the truth. I enjoyed  
 playing the role of the victim - no one doubts a victim.  
 But the reality is, I did it to impress  
 my ex husband, Kyle Beans.

Reality is, Ed is an honest, hard working, passionate  
 man. He is a self-made man who got to West  
 Point by his own perseverance and determination.  
 He then went to medical school, only after working  
 several jobs at one time to support his young family.  
 He created his own company, after being in charge  
 of the brain injury department at Brookhaven.

Why would anyone attack a man like this?

He is a devoted father, brilliant physician, an  
 amazing teacher, whether it's in religion, science,  
 virtues and what is most important qualities someone  
 should have - with honesty being most important.

Again, why would anyone purposely attack and  
 hurt this man? I did, and I did it out of anger  
 that I created in my head. I told others that "Ed kept  
 me from my kids" - But he did protect his daughter - from  
~~the~~ my ex husband who bring around his girl, because  
 I told Ed that Kyle raped me in 2018. This was a lie, because  
 it was an affair. Before I filed rape charges against my ex  
 husband.

The following are lies that I have said or accused Ed of being:

- a narcissist and sociopath. He is a loving, dedicated, caring man. He is driven and motivated to succeed. He is the epitome of a self-made man
- Verbally abusive - He speaks the truth, even if it is direct as if you think it comes across as harsh. It's the truth, and the truth isn't always soft or pretty
- Physically abusive - would never hurt someone like that. He leads by example and teaches his girls the behaviors / actions that are never acceptable.
- Would tell me who I could or could not talk to. - any limitations were actually safety measures he put into place
- He controlled my finances: he monitored spending, because I spent money frivolously.
- He "made me" do this sexually - we had a passionate relationship, which I enjoyed. But I know the weight those words and ideas and assumptions carried.
- He "controlled my movements": He tried to get me help and instructed me to not drive when I was experiencing a crisis last year



- He was manipulating and inappropriately flirting with former patients, with initials of K.H. and R.K.
- I said I feared for my safety - was not the case at all. Part of lie that Ed is "mean and abusive"
- That he is unstable and his patients deserve a safer physician. He is an amazing physician who has changed the lives of countless patients. He has educated countless patients on the misconception that anxiety can be cured by aspl- as many patients come to him on high dosing benzodiazepines. He steers them to therapy, while prescribing the appropriate medications. He orders labs and EKG's, if applicable. Patients are amazed at his attention to detail and knowledge in other areas that certain medications can affect - no other physician had done that for them in the past
- My PMP indicates Ed wrote multiple prescriptions of controlled meds to me. The actual numbers are far less and are more controlled. Several can be attributed to pharmacy not updating name of prescriber (this is common). But I have openly admitted that I did an old office manager called them in on my behalf. W

Janette Garner, LGS  
918-808-8016

# EXHIBIT W

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
CHAPTER 10. PHYSICIANS AND SURGEONS**

**RULEMAKING ACTION:**

Notice of proposed PERMANENT rulemaking

**PROPOSED RULES:**

435:10-1-4. Definitions [AMENDED]

435:10-7-4. Unprofessional conduct [AMENDED]

**SUMMARY:**

The proposed amendments clarify the definition of a physician/patient relationship and add to the rules of unprofessional conduct failure to establish an appropriate relationship prior to treating a patient.

**AUTHORITY:**

TITLE 59 O.S., Section 489, State Board of Medical Licensure and Supervision

**COMMENT PERIOD:**

The comment period will run from October 1, 2009 to November 13, 2009. Written comments may be sent to the office of the Board, PO Box 18256, Oklahoma City, OK 73154.

**PUBLIC HEARING:**

A public hearing will be held to provide an opportunity for persons to orally present their views on November 19, 2009, 9:00 a.m. at the office of the Board, 101 NE 51<sup>st</sup> Street, Oklahoma City, Oklahoma. Written notice of intent to make oral comment must be received by this office no later than November 13, 2009.

**REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:**

n/a

**COPIES OF PROPOSED RULES:**

Copies of the proposed rules may be obtained at the office of the Board, 5104 North Francis Avenue, Suite C, Oklahoma City, Oklahoma.

**RULE IMPACT STATEMENT:**

A rule impact statement will be prepared and available after October 1, 2009 at the office of the Board, 5104 North Francis Avenue, Suite C, Oklahoma City, Oklahoma 73118.

**CONTACT PERSON:**

Kathy Plant, Executive Secretary (405) 848-6841, ext. 122

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
CHAPTER 10. PHYSICIANS AND SURGEONS**

**435:10-1-4. Definitions**

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

"Act" means the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S. §§ 480 et seq.

"APA" means either or both Article I and Article II, as applicable of the Administrative Procedures Act, 75 O.S.1991, §§ 250 et seq., as amended.

"Applicant" means a person who applies for licensure from the Board.

"Board" means the Oklahoma Board of Medical Licensure and Supervision.

~~"Doctor-patient relationship" means a person has a medical complaint/issue, which has been addressed by the doctor and there is a correlation between the complaint/issue and the treatment/procedure performed or drug given/prescribed/dispensed.~~

"Foreign applicant" means an applicant who is a graduate of a foreign medical school.

"Foreign medical school" means a medical school located outside of the United States.

"Patient" means the patient and/or patient surrogate.

"Physician/patient relationship" means a relationship established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled or an actual face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules. The act of scheduling an appointment, whether by a physician or by a physician's agent, for a future evaluation will not in and of itself be considered to establish a physician/patient relationship.

"Secretary" means the Secretary of the Board.

"Supervision and Control" means the physical presence of the supervising physician in the office or operating suite before, during and after the treatment or procedure and includes diagnosis, authorization and evaluation of the treatment or procedure with the physician/patient relationship remaining intact.

"Surrogate" means individuals closely involved in patients' medical decision-making and care and include:

- (A) spouses or partners;
- (B) parents;
- (C) guardian; and
- (D) other individuals involved in the care of and/or decision-making for the patient.

**435:10-7-4. Unprofessional conduct**

The Board has the authority to revoke or take other disciplinary action against a licensee or certificate holder for unprofessional conduct. Pursuant to 59 O.S., 1991, Section 509, "Unprofessional Conduct" shall be considered to include:

(1) - (48) No change.

(49) Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, except in a clearly emergent, life threatening situation.

# **EXHIBIT X**



relationship with her kids. She says she regretted lying about Ed in this way. He encouraged her to file a police report about this abuse but she refused at the time.

Pt says her allegations became known to others after a medical board case was opened into Ed to investigate allegations of sexually inappropriate behavior with his pts. She says at one point one of Ed's pts was being flirtatious with him, and she carried on a "sexting" conversation and responded as if she were Ed speaking back to this patient. Says she later printed out and turned this sexting conversation over to medical board investigators. She began to cry when speaking about her role in getting Ed's medical license suspended. She tried to go back to the investigators and tell the truth but "they won't listen to me".

Describes a history of feeling "manic" when she "ran" after Ed discovered that she had been speaking with Kyle on Facebook. She says it was in this manic state that the sexting conversation occurred. Also reports having been paranoid about her personal safety at that time.

She insists that her injuries were self-inflicted. Calls her actions "ridiculous and embarrassing". Says she did it because she wanted someone to "hear me".

**Summary of Course and Treatment:**

Patient was admitted to the Moore 2 Adult Unit and appropriate precautions were ordered.

**Pt reported self-injurious behavior in the setting over guilt about her behavior in her relationship and actions she had taken**

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

**FILED**

JAN 03 2025

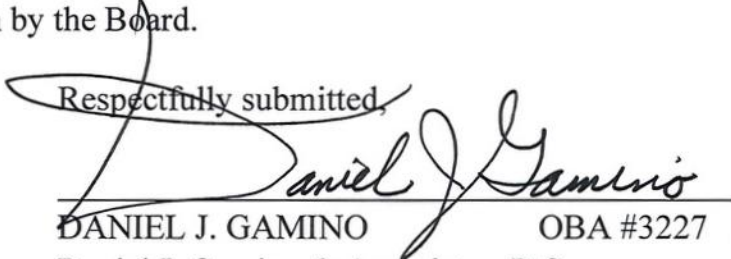
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, ex rel. )  
OKLAHOMA STATE BOARD OF )  
MEDICAL LICENSURE AND )  
SUPERVISION, )  
Plaintiff, )  
)  
vs. )  
)  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. 24098, )  
Defendant. )

Case No. 21-09-6046

**DEFENDANT’S REQUEST TO SET FOR  
BOARD HEARING**

COMES NOW the Defendant, Dr. Edward Gerard Melton, M.D., Medical License No. 24098, by and through the undersigned legal counsel does formally request this matter be set on the agenda for the Board at its meeting of January 23-24, 2025 so this matter may be argued, considered and ruled upon by the Board.

Respectfully submitted,  


DANIEL J. GAMINO OBA #3227

Daniel J. Gamino & Associates, P.C.

Jamestown Office Park, North Building

3035 NW 63<sup>rd</sup> Street, Suite 214

Oklahoma City, OK 73116

Telephone: (405) 840-3741

Facsimile: (405) 840-3744

Email: [danieljgaminopc@gmail.com](mailto:danieljgaminopc@gmail.com)

Attorney for Defendant Dr. Edward Melton

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing instrument was on the date below and in the method shown, served on the following:

_____	Mailed with postage prepaid thereon
_____	FAXED
_____ <i>1-3-2025</i> _____	Hand-delivered
_____	Emailed
_____	E-filed

Madalyn Martin  
 Joe Ashbaker  
 Assistant Attorneys General  
 Legal Counsel Division  
 313 NE 21<sup>st</sup> Street  
 Oklahoma City, OK 73105

  
 \_\_\_\_\_  
 DANIEL J. GAMINO

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. )  
 )  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. MD 24098, )  
 )  
Defendant. )

**FILED**

DEC 10 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 21-09-6046

**PLAINTIFF’S RESPONSE AND OBJECTION TO  
DR. MELTON’S MOTION TO OBTAIN COPY OF INVESTIGATIVE FILE**

COMES NOW Plaintiff, State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), by and through Assistant Attorneys General Madalynn Martin and Joseph Ashbaker, and hereby requests this Board to deny Dr. Melton’s *Motion to Obtain Copy of Investigative File*. Plaintiff submits the following in support thereof:

1. A verified complaint and citation were filed against Dr. Melton on December 17, 2021.
2. On November 17, 2022, the Board held Dr. Melton’s disciplinary hearing. The Board ordered Dr. Melton’s medical license be suspended indefinitely, with the right to reapply no earlier than six months from the date of the order, and only after satisfactory completion of an educational training and/or treatment program or programs as determined by the Board Secretary. It was further ordered that Dr. Melton should pay all costs of the action as authorized by law. After receipt of Attorney General Opinion 2022-55A on December 20, 2022, finding adequate support for the conclusion that the board action advances the State’s policy of protecting health, safety, and well-being for

the citizens of Oklahoma, the Order of the Board became final.

3. After receipt of the Board's *Final Order*, Dr. Melton filed a *Motion Order Nunc Pro Tunc*, or in the alternative, a *Motion for Reconsideration of Agency Decision*. The basis of this motion was to ask the Board to dismiss or reconsider the finding that Dr. Melton violated OAC 435:10-7-4(45), engaging in predatory sexual behavior. At the hearing on January 19, 2023, counsel for Dr. Melton was present and argued in front of the Board why this specific provision should be removed as a violation. During the hearing, counsel admitted that Dr. Melton had met with Dr. Billy Stout, Board Secretary, and was working on complying with the Board's disciplinary action and would likely be able to reapply for licensure in six months, June of 2023. At the hearing, counsel for Dr. Melton introduced portions of the examination that the Board required of Dr. Melton at the September 15, 2022 hearing. Ultimately, the Board upheld its previous order by denying both the *Motion for Order Nunc Pro Tunc* and the *Motion for Reconsideration*.
4. On January 19, 2023, Dr. Melton appealed the *Final Order* of the Board to the Oklahoma Supreme Court. This appeal was assigned to the Oklahoma Court of Civil Appeals on October 19, 2023. The Court of Civil Appeals rendered its final decision on December 21, 2023, upholding the Board's *Final Order*. The Supreme Court unanimously denied Dr. Melton's *Petition for Certiorari* on April 15, 2024.
5. On August 2, 2024, Dr. Melton's counsel requested "a copy of the Board staff's investigative file on Board Case No. 21-09-6046 involving Dr. Melton to include but not limited to copies of all investigative notes, reports, and emails, letters, faxes to and from Board staff and any third party and all exhibits admitted into evidence or tendered



for admission at the time of the Board hearing November 17, 2022.” After a conversation with Dr. Melton’s counsel, the Plaintiff sent a response letter on August 8, 2024. On August 13, 2024, Dr. Melton’s counsel responded and clarified a miscommunication from the phone call. Plaintiff responded and attached requested public documents on August 19, 2024. Dr. Melton’s counsel reurged the positions stated today in a letter dated September 11, 2024. Plaintiff respectfully disagreed with those positions.

### ARGUMENT AND AUTHORITIES

Dr. Melton fails to establish sufficient legal grounds to warrant the production of the confidential and privileged investigative files of the Board. Additionally, all issues alleged by Dr. Melton are precluded from discussion. The Defendant does not allege any grounds that would warrant the Board’s further consideration of this matter.

*1. The Investigative Files of the Medical Board are Privileged and Confidential.*

The Board’s statutes clearly state that its investigative files are considered confidential and privileged. The investigative files only become public upon disclosure by the Board’s prosecutor during an administrative proceeding.

Reports of all disciplinary action provided for in this section will be available to the public upon request. **Investigative files shall remain confidential and privileged.** The Board, its employees, or other agents of the Board shall keep confidential and privileged all information that initiated, was obtained during, or is related to an investigation into possible violations of any and all acts governing any and all professional licensees under the legislative jurisdiction of the State Board of Medical Licensure and Supervision. However, such information may be offered by the state in administrative proceedings before the Board and if admitted the information then becomes a public record. **Unless admitted into administrative proceedings, the information shall not be deemed to be a record as that term is defined in the Oklahoma Open Records Act, nor shall the information be subject to subpoena or discovery in any civil or criminal proceedings,** except that the Board may give such information to law enforcement and other state agencies as necessary and appropriate in the discharge of the duties of that agency

and only under circumstances that ensure against unauthorized access to the information.

59 O.S. § 509.1(D)(2) (emphasis added). The Oklahoma Open Records Act additionally exempts from disclosure the investigative and litigation files of agency attorneys. 51 O.S. § 24A.12.

The Plaintiff produced to Dr. Melton the Witness and Exhibit list and attached documents filed in his case on October 6, 2022. This encompassed all *public* documents from the investigative file related to Dr. Melton's case.

2. *Other Allegations Presented in Dr. Melton's Motion Regarding the Final Order in His Individual Proceeding are Precluded from Consideration.*

The validity of the December 20, 2022, *Final Order* entered by the Board is precluded from being at issue. This Board, the Oklahoma Court of Civil Appeals, and the Oklahoma Supreme Court have all upheld the Board's *Final Order*. Further, there is no current pending individual proceeding before the Medical Board or otherwise regarding Dr. Melton.

The preclusion doctrine consists of two precepts: claim preclusion and issue preclusion. *State ex rel. Dept. of Transp. v. Little*, 2004 OK 74, n.47, 100 P.3d 707. Claim preclusion, or *res judicata*, "teaches that a final judgment on the merits of an action precludes the parties from re-litigating not only the adjudicated claim, but also any theories or issues that were actually decided, in that action." *Id.* Issue preclusion, or collateral estoppel, "prevents relitigation of facts and issues actually litigated and necessarily determined in an earlier proceeding between the same parties" even if it is brought about in a different claim. *Id.*

The preclusion doctrine applies to final decisions of the Court of Civil Appeals and final adjudicative administrative decisions. "When an issue has been presented to the Court of Civil Appeals, and a decision is reached on that issue, the first determination becomes conclusive and cannot be re-examined once it is final." *Bierman v. Aramark Refreshment Services, Inc.*, 2008 OK

29, ¶ 11, 198 P.3d 877. After a case is finalized at the Court of Civil Appeals, “[t]he sole remedy available from an erroneous decision of that Court is the writ of certiorari.” *Id.* Additionally, “[a] final adjudicative administrative decision may have the same preclusive effect as the judgment of a court provided that the proceeding in which the administrative decision is made meets the standards for preclusive effect applicable to judicial decisions.” *Little* at ¶ 24. “For the doctrine to act as a bar in a subsequent proceeding, there must be a final judgment or order in an earlier proceeding that decides an issue again sought to be raised in the later proceeding.” *Id.*

Once these issues actually litigated are finally settled on appeal, or any issue which could have been litigated and settled in that appeal, such issue may not be the subject of further litigation between the parties. *Acott v. Newton & O’Conner*, 2011 OK 56, ¶ 10, 260 P.3d 1271. Likewise, all issues resolved by a decision either *expressly or impliedly* become the “law of the case” and are not subject to review in any subsequent case. *Shoemaker v. Estate of Freeman*, 1998 OK 17, 967 P.2d 871. This doctrine operates to bar relitigating not only issues finally settled by an appellate opinion, but also any issues which the aggrieved party failed to raise on appeal. *Patel v. OMH Medical Center, Inc.*, 1991 OK 33, ¶ 22, 987 P.2d 1185, 1195. “Thus, under the settled law of the case doctrine, an issue may not be reasserted on remand, or in a second or subsequent appeal, if the issue (1) was addressed in the first appeal, (2) could have been raised in the first appeal, or (3) the issue asserted was determined by implication in the first appeal.” *Acott, supra.* at ¶ 11.

The *Final Order* from the Board regarding Dr. Melton filed on December 20, 2022, is a final agency order. A final agency order is “dispositive of an individual proceeding unless there is a request for rehearing, reopening, or reconsideration pursuant to Section 317 of this title and which is subject to judicial review.” 75 O.S. § 250.3(6). Any alleged issues regarding this *Final Order* should have or could have been brought before the Board on January 19, 2023, at the hearing

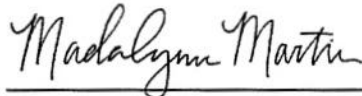


on the *Motion Order Nunc Pro Tunc* and *Motion for Reconsideration of Agency Decision*. The allegations could have been or were indeed raised during the appeals process before the Oklahoma Court of Civil Appeals and the Oklahoma Supreme Court. As such, these alleged issues cannot be raised now. They are precluded from consideration, and to consider them would be a practice of judicial inefficiency.

CONCLUSION

WHEREFORE, for good cause shown, the Plaintiff, State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision, respectfully requests this Board deny Dr. Melton's *Motion to Obtain Copy of Investigative File*.

Respectfully submitted,



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Madalynn Martin, OBA # 34337  
Joe Ashbaker, OBA # 19395  
Assistant Attorneys General  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
Phone: (405) 522-4411  
Fax: (405) 522-4536

**CERTIFICATE OF SERVICE**

On this 10<sup>th</sup> day of December 2024, a true and correct copy of the foregoing document was mailed and/or electronically mailed to:

Daniel J. Gamino  
Daniel J. Gamino & Associates, P.C.  
Jamestown Office Park, North Building  
3035 NW 63<sup>rd</sup> Street, Suite 214  
Oklahoma City, OK 73116  
Email: [danieljgaminopc@gmail.com](mailto:danieljgaminopc@gmail.com)

*Attorney for Defendant Dr. Edward Melton*

  
\_\_\_\_\_  
Shelley Crowder

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

**FILED**  
JAN 03 2025

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, ex rel. )  
OKLAHOMA STATE BOARD OF )  
MEDICAL LICENSURE AND )  
SUPERVISION, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. 24098, )  
 )  
Defendant. )

Case No. 21-09-6046

**DR. MELTON'S REPLY TO PLAINTIFF'S RESPONSE  
AND OBJECTION TO DR. MELTON'S MOTION TO  
OBTAIN COPY OF INVESTIGATIVE FILE**

COMES NOW the Defendant, Dr. Edward Gerard Melton, M.D., Medical License No. 24098, by and through the undersigned legal counsel and in reply to the Plaintiff's Response and Objection to Dr. Melton's Motion to Obtain Copy of Investigative File that was filed by the Board staff on December 10, 2024, makes the following reply.

**PROPOSITION I**

**THE INVESTIGATIVE FILE IS NOT PRIVILEGED  
OR CONFIDENTIAL TO DR. MELTON.**

**A. THE BOARD'S POSITION IS BARRED BY THE  
CONSTITUTIONAL PROHIBITION AGAINST EX POST FACTO LAWS.**

Dr. Melton's Medical Board case was filed in the year 2021. The Board's hearing on the merits occurred in 2022. Dr. Melton's Motion to Reconsider and his appeal to the Oklahoma Supreme Court occurred in 2023. All appellate activity ended on April 15, 2024. Dr. Melton's entire case was litigated under the earlier version of 59 O.S. 2021, §509.1 that became effective on November 1, 2019. And Dr. Melton legal counsel's initial request for the Investigative File began under the old version of §509.1 by letter to Board counsel of August 2, 2024. Dr. Melton's legal counsel renewed his request for the Investigative File by subsequent letter dated September 11, 2024.

All during that time the earlier statute 59 O.S. 2021, §509.1(D)(2) provided as follows, to-wit:

“Reports of all disciplinary action provided in this section will be available to the public upon request. Investigative files shall remain confidential.”

That earlier version of §509.1 was in force and effect all during the prior litigation. Dr. Melton's rights attached under that statute as it stood during that time.

Yet, the Board staff Response filed December 10, 2024 does not cite to the earlier, controlling statute of §509.1. The Board staff Response cites to an amended version of §509.1 which did not become effective until November 1, 2024. The

Board staff's citation of the amended version of §509.1 is barred by the constitutional prohibition against ex post facto laws.

The US Constitution and the Oklahoma Constitution, respectively provide as follows, to-wit:

“No Bill of Attainder or ex post facto Law shall be passed.” US Constitution, Article I.

**“Section 15. Bills of Attainder--ex post facto Laws--obligation of contracts--forfeitures.**

No Bill of Attainder, ex post facto Law, nor any law impairing the obligation of contracts shall ever be passed. . . .” Oklahoma Constitution, Article 2, Section 15. (Emphasis added).

The constitutional ex post facto prohibition protects all citizens from the state changing the law after an event has already occurred, to-wit:

“Law is ex post facto if it is retrospective, applying to events occurring before enactment, and causes disadvantages even if it does not impair vested right.” *Arnold v. Cody*, 951 F.2d 280 (10<sup>th</sup> Cir. 1991).

“Under the state constitution, a law is not ex post facto merely when it is criminal in character, but that doctrine extends to laws which are penal in any form, or which provide the imposition of some punitive consequences for its violation.” *In Re M.C.*, 993 P.2d 137 (OK CIV APP 1999).

“Ex post facto prohibition is intended to ensure substantial personal rights from retroactive deprivations.” *Morris v. Meachum*, 718 P.2d 1354 (Okl. 1986).

“The failure to afford an opportunity to avoid the punitive consequences of a retroactive statute is the chief evil that state constitutions ex post facto provision seeks to prohibit.” *In Re M.C.*, supra.



That constitutional prohibition prevents the Board staff from now arguing that the freshly minted version of §509.1 applies to Dr. Melton. The Board staff initiated this individual proceeding against Dr. Melton in 2021 under the earlier version of §509.1. Thus, Dr. Melton's case is adjudicated under the earlier version of §509.1.

As noted, the earlier version of §509.1 merely states "investigative files shall remain confidential."

The aforesaid language in §509.1 was tacked on to that statute in 2019. That language does not automatically control. The Oklahoma Appellate Courts ruled in Nichols v. Jackson, 38 P.3d 228, 2001 OK CR 35 that "Such statutory provisions are always subject to interpretation to ensure compliance with constitutionally guaranteed rights."

In this case Dr. Melton has a constitutional right to full due process of law. Part of that due process guarantee involves the conduct of the Medical Board prosecutor and whether the prosecutor violated his legal duty to provide exculpatory evidence to Dr. Melton before the Board hearings of September and November, 2022. The Investigative File will answer that question. And Dr. Melton's pending motion is precisely to "ensure compliance with constitutionally guaranteed rights," Nichols v. Jackson, supra.

Under these circumstances Dr. Melton's present request for the Investigative File falls under the earlier version of §509.1 that was in force and effect when the

case was litigated. Dr. Melton's Motion is not to be decided under a statute which was greatly expanded and enhanced on November 1, 2024, after all litigation was concluded.

And under the earlier version of §509.1 and relevant case law, Dr. Melton is legally entitled to a copy of the Board staff Investigative File in his case.

**B. THE OKLAHOMA OPEN RECORDS ACT  
DOES NOT BAR DR. MELTON FROM OBTAINING  
THE INVESTIGATIVE FILE.**

The Oklahoma Open Records Act also cited by Board staff is a creature of statute. The public policy and purpose of the Oklahoma Open Records Act is set forth at 12 O.S. 2021, §24 A.2, to-wit:

**“24 A.2 Public policy--purpose of Act**

As the Oklahoma Constitution recognizes and guarantees, all political power is inherent in the people. Thus, it is the public policy of the State of Oklahoma that the people are vested with inherent right to know and be fully informed about their government. The Oklahoma Open Records Act shall not create, directly or indirectly, any rights of privacy or any remedies for violation of any rights of privacy; nor shall the Oklahoma Open Records Act, except as specifically set forth in the Oklahoma Open Records Act, establish any procedures for protecting any persons from release of information contained in public records. The purpose of this Act is to ensure and facilitate the public's right of access to and review of government records so they may efficiently and intelligently exercise their inherent political power. The privacy interests of individuals are adequately protected in the specific exceptions to the Oklahoma Open Records Act or in the statutes which authorize, create or require the records. Except where specific state or federal statutes create a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access nor reasonable expectation that this information will be



kept from public access; provided, the person, agency or political subdivision shall at all times bear the burden of establishing such records are protected by such a confidential privilege. . . .” (Emphasis added).

The Oklahoma Open Records Act is tailored to allow public and media access to certain Oklahoma government records. The Oklahoma case law recognizes that expressed purpose of the Oklahoma Open Records Act, to-wit:

“Purpose of the Open Records Act is to allow public inspection for proper purposes during normal business hours of those records which the law requires public officials to keep and which pertain to their offices.” *Tulsa Tribune Company v. Fulton*, 696 P.2d 497 (Okl. 1984).

“In ruling on a request for disclosure the public body and the reviewing court must consider that, pursuant to the intent of the Open Records Act, disclosure of information is to be favored over a finding of exemption and the party urging the exemption of materials from disclosure will have the burden of proof to show the applicability of such an exemption.” *Tulsa Tribune Company v. Oklahoma Horse Racing Commission*, 735 P.2d 548 (Okl. 1986).

“Unless a record falls within a statutorily prescribed exemption in the Open Records Act, the record must be made available for public inspection; the public body urging an exemption has the burden to establish the application of such exemption.” *Citizens Against Taxpayer Abuse, Inc. v. City of Oklahoma City*, 73 P.3d 871, 2003 OK 65.

“Records created by a public body after receipt of a complaint must be open to public access and review under Open Records Act, unless there is expressed statutory exception.” *State ex rel. Oklahoma State Board of Medical Licensure and Supervision v. Migliaccio*, 917 P.2d 483, 1996 OK CIV APP 37.

Yet this case presents a critical difference. Dr. Melton does not seek a copy of the Investigative File as a member of the public. Nor does he seek the



Investigative File as or on behalf of any media or press. Dr. Melton seeks a copy of the Investigative File in his capacity as a party litigant. And as a party litigant Dr. Melton has an enhanced and direct right to a copy of the Investigative File.

Indeed, as a party litigant the Board prosecutor has a direct legal and ethical duty to disclose to Dr. Melton “all evidence or information known to the prosecutor that tends to negate the guilt of the accused or mitigate the offense,” Rule 3.8, Rules of Professional Conduct, Title 5 O.S. Chapter 1, Appendix 3-A.

And the Oklahoma Supreme Court has heretofore similarly held the Rules of Professional Conduct do apply to prosecuting attorneys, to-wit:

“Rule of Professional Conduct requiring a prosecutor to make timely disclosure of the existence of evidence known to the prosecutor, that tends to negate the guilt of the accused, mitigate the degree of the offense, or in connection with sentencing, disclose to the defense and tribunal all unprivileged mitigating information known to the prosecutor, except when the prosecutor is relieved of that responsibility by a protective order of the tribunal, imposes no requirement on a prosecutor to disclose privileged information that he or she is not required to disclose by applicable law.” *State ex rel. Oklahoma Bar Association v. Ward*, 353 P.3d 509, 2015 OK 48 (emphasis added).

At no time has any protective order issued declaring any portion of the material and information contained in the Investigative File is confidential related to Dr. Melton’s case. Applicable law is uniformly settled that it is the prosecutor’s duty to ensure that Dr. Melton received a fair hearing and all proceedings thereof to fulfill Dr. Melton’s right to constitutional due process. Indeed the Investigative File

should have been shared prior to Dr. Melton's hearings in September and November, 2022. And it must be shared now.

That same Oklahoma Supreme Court Opinion declared, "A criminal trial is not a game of hide and seek, and gamesmanship in discovery will not be condoned," and the Court concluded, to-wit:

"Responsibility of a prosecutor, an officer of the court is to treat discovery matters with the seriousness that they deserve, an attorney representing the state is expected to fully comply with the request for discovery." (Emphasis added).

In addition, the law is well settled that a prosecutor must disclose all exculpatory evidence before court proceedings. Case law is uniform in that regard, to-wit:

"Defendant was entitled to disclosure by government of any evidence in its possession favorable to defendant." *US v. Bremer*, 482 F.Supp. 821 (W.D. Okl. 1979).

"State must disclose to defendant any materials in its possession which would tend to exculpate defendant." *Collins v. State*, 561 P.2d 1373 (1977 OK CR. 112).

The duty on the prosecutor is so strict it lies even if the defendant makes no request for those documents, to-wit:

"Government's obligation under *Brady v. Maryland*, 373 US 83 to disclose exculpatory evidence does not turn on accused request, and the duty to disclose such information continues throughout the judicial process." *Douglas v. Workman*, 560 P.3d 1156 (10<sup>th</sup> Cir. 2009). (Emphasis added).

“First, in advance of trial, and perhaps during the course of a trial as well, the prosecutor must decide what, if anything, he should voluntarily submit to defense counsel. . . . There are situations in which evidence is obviously of such substantial value to the defense that elementary fairness requires it be disclosed even without specific request.” *US v. Agurs*, 427 US 97 (1976).

Any prejudice to Dr. Melton as a party litigant that results from violating due process deprives Dr. Melton of his constitutional right to be heard at a reasonable time and in a reasonable manner, to-wit:

“One of the prosecution’s duties is to disclose exculpatory evidence to the defense even when there has been no request by the accused, and this duty encompasses impeachment evidence.” *Scott v. Mullin*, 303 F.3d 1222 (10<sup>th</sup> Cir. 2002). (Emphasis added).

“If prosecution possesses evidence that in context to particular case is obviously exculpatory, it has obligation to disclose evidence to defense counsel whether general request is made or whether no request is made.” *Banks v. Reynolds*, 54 F.3d 1508 (10<sup>th</sup> Cir. 1995). (Emphasis added).

The prosecutor’s duty to disclose exculpatory evidence applies whether the evidence was suppressed in good faith or in bad faith, to-wit:

“Analysis of alleged *Brady* violation is same whether allegedly exculpatory evidence was withheld in good faith or bad faith.” *Knighton v. State*, 912 P.2d 878, (1996 OK CR 2).

In the case at bar, Dr. Melton is undoubtedly a party litigant. The Open Records Act and any exemption therein does not speak to party litigants who have a separate and overriding constitutional right to receive any possible exculpatory evidence.



**PROPOSITION II**

**THE BOARD STAFF'S PRECLUSION ARGUMENT  
IS WITHOUT BASIS.**

Oklahoma law does generally recognize the claims preclusion and issue preclusion doctrines, *State ex rel. Department of Transportation v. Little*, 100 P.3d 707, 2004 OK 74.

Yet Dr. Melton's motion before this Board is not an attempt to address issues previously litigated in any forum.

Indeed, Dr. Melton's pending motion is merely to obtain even at this late date a complete copy of the Investigative File that should have been provided to him years ago at the beginning of any litigation. Because Dr. Melton's motion does not seek to relitigate any issue, then the Board staff's preclusion argument does not apply herein. The Board staff's gross misconstruction of Dr. Melton's pending motion is without basis and does not form the basis for any preclusion argument.

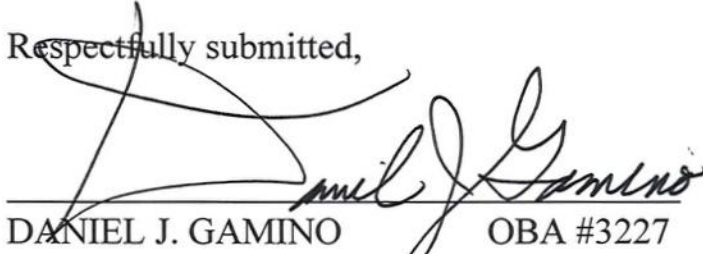
Indeed, Dr. Melton's motion seeks only a complete copy of the Board staff's Investigative File. That Investigative File remains in exclusive possession of the Board staff. Even when the Board hearing is completed the Investigative File remains in sole possession of the Board staff.

The prior litigation concerning Dr. Melton is completed. Providing the Investigative File to Dr. Melton at this time does not produce any tactical advantage to Dr. Melton on the Verified Complaint filed herein.

**CONCLUSION**

For the foregoing reasons and legal authorities set forth herein, the Defendant Edward Gerard Melton, M.D., prays that the Plaintiff's Response be discarded and that this Board grant Dr. Melton's Motion to Obtain Copy of Investigative File, and for such other and further relief as the Board may grant.

Respectfully submitted,



DANIEL J. GAMINO OBA #3227  
Daniel J. Gamino & Associates, P.C.  
Jamestown Office Park, North Building  
3035 NW 63<sup>rd</sup> Street, Suite 214  
Oklahoma City, OK 73116  
Telephone: (405) 840-3741  
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Email: [danieljgaminopc@gmail.com](mailto:danieljgaminopc@gmail.com)  
*Attorney for Defendant Dr. Edward Melton*

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing instrument was on the date below and in the method shown, served on the following:

<u>1-3-2025</u>	Mailed with postage prepaid thereon
_____	FAXED
_____	Hand-delivered
_____	Emailed
_____	E-filed

Madalyn Martin  
 Joe Ashbaker  
 Assistant Attorneys General  
 Legal Counsel Division  
 313 NE 21<sup>st</sup> Street  
 Oklahoma City, OK 73105

  
 \_\_\_\_\_  
 DANIEL J. GAMINO

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

**FILED**

DEC 20 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
EDWARD GERARD MELTON, M.D., )  
LICENSE NO. 24098, )  
 )  
Defendant. )

Case No. 21-09-6046

**ORDER**

This matter came on for hearing before the Oklahoma State Board of Medical Licensure and Supervision (“Board”) on November 17, 2022, at the office of the Board, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105, pursuant to notice given as required by law and the rules of the Board.

Joe L. Ashbaker , Assistant Attorney General (“AAG Ashbaker ”), appeared for Plaintiff. Defendant Edward Gerard Melton, M.D. appeared *pro se*.

The following witnesses were sworn and testified: Robbin Roberts, Board Investigator, and defense witnesses Kelly Conley, Tanith Garner and Defendant Edward Gerard Melton, MD. Exhibits were admitted into evidence.

The Board, having considered representations of counsel, sworn testimony of the witnesses, and being fully apprised of the premises therein, finds the following has been established by clear and convincing evidence.

**FINDINGS OF FACT**

1. In Oklahoma, Defendant holds Oklahoma License No. 24098.
2. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.
3. This action arises out of complaints related to conduct by Defendant. as follows:
  - a. Defendant made inappropriate comments to K.H., a patient, that were flirtatious or sexual in nature.

- b. Defendant carried on a personal, sexual relationship with T.G., a patient to whom he prescribed Schedules II and IV medications at least 27 times from 2015-2020.
  - c. On at least one occasion, Defendant prescribed controlled substances without sufficient examination and the establishment of a valid physician-patient relationship and/or Defendant failed to maintain adequate records to support his treatment and prescribing of controlled substances.
4. Any finding of fact above which is more appropriately characterized as a conclusion of law is hereby incorporated as a conclusion of law.

#### CONCLUSIONS OF LAW

5. 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 435:5-5-1-1 *et seq.*
6. Notice was provided to Defendant as required by law and the rules of the Board. 75 O.S. § 309; 59 O.S. § 504; Okla. Admin. Code §§ 435:3-3-5, 435:3-3-6.
7. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient, in violation of 59 O.S. §509(17).
  - b. 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).
  - c. Conduct likely to harm the public, in violation of Okla. Admin. Code § 435:10-7-4(11).
  - d. Improper management of medical records, in violation of Okla. Admin. Code §435:10-7-4(36).
  - e. Engaging in predatory sexual behavior, in violation of Okla. Admin. Code §435:10-7-4(45).
  - f. Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment. in violation of Okla. Admin. Code § 435:10-7-4(49).



9. Any conclusion of law above which is more appropriately characterized as a finding of fact is hereby incorporated as a finding of fact.

### ORDER

**IT IS THEREFORE ORDERED** by the Oklahoma State Board of Medical Licensure and Supervision that **EDWARD GERARD MELTON, M.D.**, is found guilty of unprofessional conduct as described herein.

**IT IS FURTHER ORDERED** by the Oklahoma State Board of Medical Licensure and Supervision that **EDWARD GERARD MELTON, M.D.**, Oklahoma medial license no. 24098, is hereby suspended indefinitely. Defendant is granted the right to reapply no earlier than six (6) months from the date of this order and only after satisfactory completion of an educational training and/or treatment program or programs as determined by the Board Secretary.

**IT IS FURTHER ORDERED**, 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.

**IT IS FURTHER ORDERED** 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.**

Dated this 20<sup>th</sup> day of December, 2022.



Steven Katsis (Nov 30, 2022 11:03 CST)

Steven Katsis, M.D., President  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**Certificate of Service**

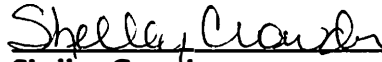
This is to certify that on the 20<sup>th</sup> day of December, 2022, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

**U.S. Certified Mail**

Edward Gerard Melton, MD  
9220 E. 76th Pl.  
Tulsa, OK 74133  
***Defendant***

**E-Mail**

Joe Ashbaker, AAG  
STATE OF OKLAHOMA  
OFFICE OF ATTORNEY GENERAL  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
(405) 522-0113  
(405) 521-6246 facsimile  
Joe.ashbaker@oag.ok.gov  
***Attorney for Plaintiff,  
Oklahoma State Board of Medical  
Licensure and Supervision***

  
\_\_\_\_\_  
Shelley Crowder



JOHN M. O'CONNOR  
ATTORNEY GENERAL

**FILED**

DEC 20 2022

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**ATTORNEY GENERAL OPINION  
2022-55A**

Billy H. Stout, M.D., Board Secretary  
State Board of Medical Licensure and Supervision  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, OK 73105-1821

December 19, 2022

Re: Melton; Case No. 21-09-6046

Dear Dr. Stout:

This office has received your request for a written Attorney General Opinion regarding action that the State Board of Medical Licensure and Supervision ("Board") intends to take with respect to Case No. 21-09-6046.

The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act authorizes the Board to suspend, revoke or order other appropriate sanctions against the license of a physician for unprofessional conduct.<sup>1</sup> 59 O.S.2021, § 503. The Board may reasonably believe that the proposed action is necessary to deter future violations and to protect the public.

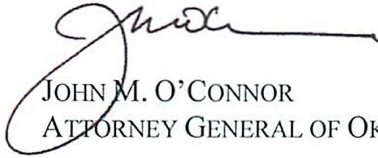
Defendant holds a license to practice medicine in the State of Oklahoma. The Board has received complaints against Defendant for various acts in violation of the Oklahoma Statutes and the Board rules, such as 1) making inappropriate sexual comments to a patient, 2) prescribing Schedules II and IV medications to a patient with whom Defendant was sexually involved, and 3) providing controlled substances without establishing a valid physician/patient relationship and without records to support such treatment.

The Board proposes to indefinitely suspend the license and require Defendant to pay costs of this action. Defendant may reapply for his license no earlier than six months from date of the Board's order, and after completion of training and/or treatment programs as prescribed by the Board.

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<sup>1</sup> Oklahoma statutes and the Board rules define "unprofessional conduct" to include 1) "physical contact with a patient that is sexual in nature" or "verbal behavior which is seductive," 2) failing to maintain "patient records which accurately reflect evaluation, treatment, and medical necessity of treatment," 3) failing to "establish a physician/patient relationship prior to providing" medical services, or 4) "conduct likely to deceive, defraud or harm the public." 59 O.S.2021, §§ 503, 509(17), (18), (49); OAC 435:10-7-4(11), (36), (45).

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 board action advances the State's policy of protecting the health, safety, and well-being of the citizens of Oklahoma.

A handwritten signature in black ink, appearing to read "John M. O'Connor", with a large, stylized initial "J" and a horizontal line extending to the right.

JOHN M. O'CONNOR  
ATTORNEY GENERAL OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Thomas R. Schneider", with a large, stylized initial "T" and a horizontal line extending to the right.

THOMAS R. SCHNEIDER  
ACTING GENERAL COUNSEL

**FILED**  
COURT OF CIVIL APPEALS  
STATE OF OKLAHOMA

DEC 21 2023

JOHN D. HADDEN  
CLERK

NOT FOR OFFICIAL PUBLICATION

IN THE COURT OF CIVIL APPEALS OF THE STATE OF OKLAHOMA

DIVISION I

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

Plaintiff/Appellee, )

vs. )

Case No. 121,008

EDWARD GERALD MELTON, M.D., )  
LICENSE NO. 24098, )

Defendant/Appellant. )

APPEAL FROM THE OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE AND SUPERVISION

**AFFIRMED**

Niki S. Batt,  
Deputy Attorney General,  
Madalynn Martin,  
Assistant Attorney General,  
OKLAHOMA OFFICE OF ATTORNEY  
GENERAL,  
Oklahoma City, Oklahoma,

For Plaintiff/Appellee,

Mark D. Lyons,  
LYONS & CLARK, INC.,  
Tulsa, Oklahoma,

For Defendant/Appellant.

## OPINION BY TIMOTHY J. DOWNING, JUDGE:

¶1 Appellant, Dr. Edward Melton (Doctor), a licensed psychiatrist, appeals from an order of the Oklahoma State Board of Medical Licensure and Supervision (Medical Board) finding him guilty of unprofessional conduct. Specifically, the Medical Board found Doctor's flirtatious and sexual conduct with two patients, one of which he prescribed Schedules II and IV medications more than two dozen times, was unprofessional conduct. The Medical Board also found Doctor prescribed controlled substances without conducting a sufficient examination of the patient and failed to maintain adequate records to support his treatment. The Medical Board indefinitely suspended his license with the ability to reapply after six (6) months from the date of the challenged Order and after satisfactory completion of educational training or a treatment program. Appellant raises essentially three propositions of error on appeal.<sup>1</sup> First, he claims the Medical Board's Order fails to make proper findings of fact. Second, he claims he was denied a fundamentally fair trial by the admission of hearsay, the admission of copies of documents rather than the originals, and the admission of his mental and physical examination without being given a copy to review prior to admission. Finally, Doctor claims the Medical

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<sup>1</sup> Pursuant to Oklahoma Supreme Court Rule 1.11(k)(1), 12 O.S. 2021, Ch. 15, App.1, issues raised in the Petition in Error, but not briefed in Appellant's Brief in Chief, are waived and will not be considered by this Court.

Board violated the Oklahoma Open Meeting Act (OMA). Upon review of the record before us, we affirm.

### **BACKGROUND**

¶2 On December 17, 2021, a Verified Complaint was filed against Doctor, alleging his conduct was unprofessional. The complaint listed two statutory violations and four code violations. In summary, the Medical Board alleged Doctor engaged in physical conduct with a patient that was sexual in nature, or engaged in verbal behavior which was seductive or sexually demeaning to the patient in violation of 59 O.S. 2021, § 509(17). The complaint also alleged Doctor failed to maintain an office record for each patient that accurately reflected the evaluation, treatment, and medical necessity of treatment to the patient in violation of 59 O.S. 2021, § 509(18). The complaint then outlined four specific rules that the Medical Board further defined as unprofessional conduct that Doctor's actions violated. *See* Okla. Admin. Code §§ 435:10-7-4(11), (36), (45) and (49).

¶3 During the disciplinary hearing held on November 17, 2022, evidence established that Doctor contacted his patient, Patient-One, and offered her employment. Medical Board Investigator Robin Roberts testified about her investigation of Doctor. It began with a complaint from Patient-One who contacted the Medical Board about her interactions with Doctor. Patient-One emailed the Medical Board telling them Doctor had been her psychiatrist for approximately ten



years and solicited her to work for him. She stated the text messages began as professional but ultimately turned sexual and angry. At the hearing, Patient-One's email to the Medical Board, a series of text messages, along with a transcription of the text messages were admitted into evidence. The text messages included a question from Patient-One asking if Doctor would remain her psychiatrist, to which Doctor replied he would until he got cited for unprofessional conduct. Another message from Doctor told Patient-One she could have her way with him since she would work so hard for his clinic. Doctor stated he would be playful with her but was afraid she didn't like it.<sup>2</sup> This complaint was ultimately resolved with a Letter of Concern. During the conversations with Doctor regarding Patient-One's complaint, Doctor stated that he was in a relationship with an employee, Patient-Two. Based on this, another investigation ensued showing that Patient-Two was an actual patient of Doctor, to whom he prescribed controlled dangerous substances.

¶4 Investigator Roberts contacted Patient-Two and Patient-Two told Roberts that Patient-Two and Doctor were broken up and that Patient-Two had fled their residence. Investigator Roberts received an email from Patient-Two as well as some

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<sup>2</sup> A review of the text messages clearly depicts a sexual tone. Patient-One ended the string of messages telling Doctor she was disappointed and disgusted with Doctor's behavior. Patient-One stated that she initially ignored his sexual comments until he told her to expect to be sexually harassed by him. Although Doctor responded, he did not deny her allegations to these particular claims. Patient-One told Doctor she felt his actions were controlling and unfair and that she was upset that he controlled her to the point at which she groveled to keep him happy.

text messages that Doctor sent to Patient-Two's mother and friends.<sup>3</sup> Evidence was admitted showing Doctor also prescribed Patient-Two Schedule II and Schedule IV drugs and at times picked the prescriptions up for Patient-Two.<sup>4</sup> Investigator Roberts testified that pursuant to her investigation, Doctor and Patient-Two were in a patient/physician relationship. According to Patient-Two, she did not have a patient/physician relationship with Doctor. Patient-Two testified she and Doctor dated on and off in 2011 and then she started working for Doctor in 2014 and that is when their relationship grew more serious. Prior to working for Doctor, Patient-Two saw a psychiatrist in 2013 or 2014, but went eight years, while working with Doctor, without consulting a psychiatrist. In 2022, Patient-Two established a relationship with a new psychiatrist.

¶5 At the conclusion of the hearing, the Medical Board found Doctor guilty of unprofessional conduct and indefinitely suspended his license, allowing reapplication after six months. From this Order Doctor appeals.

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<sup>3</sup> Prior to the hearing, Patient-Two contacted Investigator Roberts wanting to retract the complaint and all the information she provided to the Medical Board because she and Doctor were back together. Patient-Two never told Investigator Roberts that what she reported was not truthful. Patient-Two also testified at the hearing that some prescriptions were called in without Doctor's knowledge.

<sup>4</sup> Although Doctor chose not to testify, he told the Medical Board during his closing argument that he did write prescriptions for Patient-Two and he knew it was wrong. He stated he had "reeled" in all "the unprofessional stuff, the goofy stuff, the icebreaking, silliness, [and] flirtiness." Doctor admitted in his seventeen years he had only two patients that he texted on a personal level, and he knew it was risky and inappropriate.

## STANDARD OF REVIEW

¶6 The Medical Board retains “quasi-judicial powers while sitting as a Board for the purpose of revoking, suspending or imposing other disciplinary actions upon the license of physicians or surgeons of this state, and appeals from its decisions shall be taken to the Supreme Court of this state”. 59 O.S. 2021, § 513(A)(1). “Because of the interest at stake in the loss of a license and the potential damage to a professional reputation resulting from disciplinary proceedings, [the Oklahoma Supreme Court] has recognized that the standard of proof in revocation proceedings against a person holding a professional license is a clear-and-convincing-evidence standard.” *Johnson v. Bd. of Governors of Registered Dentists*, 1996 OK 41, ¶ 20, 913 P.2d 1339, 1345. The record must contain “substantial evidence from which [the] Board could have determined there was clear and convincing evidence that Physician committed the professional misconduct upon which it based its revocation order.” *State ex rel. Oklahoma Bd. of Medical Licensure and Supervision v. Litchfield*, 2004 OK CIV APP 99, ¶ 8, 103 P.3d 1111, 1116. In making this determination, this Court will consider all of the evidence, “including that which fairly detracts from its weight.” *Id.* “[G]reat weight is accorded the expertise of an administrative agency and a presumption of validity attaches to the exercise of this expertise in the subject-matter the agency supervises.” *State ex rel. Oklahoma Bd. of Medical Licensure and Supervision v. Rivero*, 2021 OK 31, ¶ 42, 489 P.3d 36, 52.

## ANALYSIS

¶7 Doctor raises essentially three propositions of error including a lack of factual findings in the Order, the admission of improper evidence, and violations of OMA.<sup>5</sup> First, Doctor argues the final order does not comply with 75 O.S. 2021, § 312. Doctor claims the Medical Board’s Order lacks a factual basis to support the Medical Board’s conclusion that his conduct was unprofessional. In the same proposition Doctor also complains he was not on notice of the allegations because there is no definition of the term “sexual predatory behavior” in the Medical Board’s rules. Without a definition, Doctor claims this rule is void for vagueness. We first address Doctor’s issue concerning the lack of a definition, and then address his primary claim regarding factual findings.<sup>6</sup>

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<sup>5</sup> Doctor raises numerous arguments in the “Citations to Record” portion of the Brief in Chief. To the extent any of these arguments are not raised in the Arguments and Authorities section of the brief, the arguments will not be considered as they are not supported by authority. *Tulsa Stockyards, Inc. v. Clark*, 2014 OK 14, n.1, 321 P.3d 185, 187 (refusing to consider arguments raised on appeal because the party presented no legal authority to support the arguments); Okla. Sup. Ct. R. 1.11(k)(1), 12 O.S.2021, Ch. 15, App. 1. Moreover, to the extent Doctor raises new claims in the reply brief, same will not be considered. *Application of Southwestern Bell Telephone, L.P. v. State of Oklahoma ex rel. Oklahoma Corporation Commission*, 2007 OK 55, ¶ 33, 164 P.3d 150, 162–63. Furthermore, each of Doctor’s propositions raise numerous claims of error in violation of Oklahoma Supreme Court Rule 1.11(f), 12 O.S. 2021, Ch. 15, App. 1. However, this Court has attempted to consider each of Doctor’s arguments to the extent they related to the main proposition of error.

<sup>6</sup> “The main contentions of the parties must be set forth in separate propositions.” Okla. Sup. Ct. R. 1.11(f), 12 O.S. 2021, Ch. 15, App. 1. Doctor’s sub-proposition of error encompasses a hearsay argument that is raised separately in the brief and will be addressed in the separate proposition of error.

¶8 It is clear that “the Legislature intended the Board to have broad authority to regulate the practice of medicine, including the authority to expand the definition of unprofessional conduct pursuant to Section 509.” *Litchfield*, 2004 OK CIV APP 99, at ¶ 29. Doctor must receive notice of the violation and an opportunity to be heard. *See State ex rel. Oklahoma Bar Ass’n. v. Whitebook*, 2010 OK 72, ¶ 21, 242 P.3d 517, 522. When government prohibits a certain activity it must provide reasonable notice, and guidelines so enforcement is done “in a nonarbitrary, nondiscriminatory fashion.” *Litchfield*, 2004 OK CIV APP 99, at ¶ 39. Doctor did not claim in his brief in chief that the Medical Board enforced the rules in an arbitrary, or discriminatory fashion. Therefore, this Court will only address his argument relating to notice.

¶9 It is undisputed that Doctor was on notice that behaving in a predatory sexual manner was a violation of Medical Board rules. *See Okla. Admin. Code § 435:10-7-4(45)*. Likewise, the Verified Complaint set out the allegations of unprofessional conduct as well as referred Doctor to the relevant code provision. As such, Doctor was on notice that engaging in predatory sexual behavior is considered unprofessional conduct. Doctor’s argument that the term is undefined, and therefore he is not on notice, is without merit. When the term predatory sexual behavior is given the plain and ordinary meaning it is sufficiently clear for a person with common intelligence to determine circumstance within the proscribed conduct. *See e.g., Litchfield*, 2004 OK CIV APP 99, at ¶ 41 (reviewing other jurisdictions, where

lack of definitions did not render terms too vague as it is not possible to list every act of immoral, unprofessional, or dishonorable conduct that justify revocation of a license). Doctor is a licensed practicing psychiatrist and acknowledged in some of the communications to Patient-One that his behavior was inappropriate. In fact, during his closing argument, Doctor pointed out to the Medical Board that having a sexual relationship with a patient is descriptive of a predator. Doctor's claim that the term is too vague to give him proper notice is without merit. Under the facts presented, Section 435:10-7-4(45) specifically provided Doctor with reasonable notice that actions of predatory sexual behavior, one of the pled violations for revocation, constituted unprofessional conduct.

¶10 We now address Doctor's primary claim in his first proposition that the Medical Board's Order lacked factual basis to support the conclusion that his conduct was unprofessional. Doctor appears to argue that the Medical Board's conclusions of law must also incorporate the findings of fact previously found by the Medical Board. A review of 75 O.S. 2021, § 312 makes no such requirement. Section 312 requires the Medical Board to set out the findings of fact and conclusions of law separately. According to Section 312, the findings of fact "shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings." Here, the Medical Board's Order made findings of fact that Doctor made inappropriate comments to Patient-One, a patient, that were flirtatious

or sexual in nature. Likewise, the Medical Board found Doctor carried on a personal, sexual relationship with Patient-Two, a patient, and prescribed Schedule II and Schedule IV medications to that patient. Lastly, the Medical Board concluded that Doctor, on at least one occasion, “prescribed controlled substances without sufficient examination and the establishment of a valid physician-patient relationship and/or” that Doctor “failed to maintain adequate records to support his treatment and prescribing of controlled substances.”<sup>7</sup> The Order included concise and explicit statements of the underlying facts that supported the Medical Board’s findings.

¶11 Doctor claims that the Medical Board’s finding that he had sex with Patient-Two is not supported by the evidence.<sup>8</sup> Evidence adduced at the hearing showed Patient-Two and Doctor were in a relationship for at least eight years. Regardless, even if this Court found no evidence of sexual contact between Doctor and Patient-

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<sup>7</sup> Doctor’s argument that no evidence established which specific date Doctor prescribed controlled dangerous substances is completely without merit. The Medical Board was presented with an Investigative Report that outlined the CDS prescriptions written for Patient-Two and that included those written by Doctor. Section 312 does not require the Medical Board to list each specific date.

<sup>8</sup> This claim is not well taken by this Court. After the hearing, counsel for Doctor filed a Motion for Order *Nunc Pro Tunc*, or in the Alternative, Motion for Reconsideration of Agency Decision. In that Motion, Doctor argued there was no evidence presented at the hearing that Doctor had sexual conduct with anyone other than Patient-Two. Likewise, during the hearing on that motion, Doctor’s counsel acknowledged “Mr. Ashbaker did put on significant evidence to establish that Dr. Melton did engage in sexual conduct with a patient, his fiancée.” Finally, Doctor admitted a section of the evaluation corroborating that Patient-Two was the only patient with whom he had engaged in physical sexual conduct. Reversal will not be granted when a party assumes a position inconsistent with one taken below. *See Romans v. Romans*, 1961 OK 237, ¶ 6, 366 P.2d 760, 762.

Two, the Medical Board's finding that Doctor made inappropriate comments to Patient-One that were flirtatious or sexual in nature adequately support the Medical Board's finding that Doctor's conduct was unprofessional under multiple provisions, including 59 O.S. 2021, § 509(17) and Okla. Admin. Code §§ 435:10-7-4(11) and (45). *See Bales v. State ex rel. Oklahoma Real Estate Appraiser Board*, 2021 OK CIV APP 18, ¶ 36, 492 P.3d 625, 637 (where conduct resulted in multiple violations this Court need not determine more than one violation occurred).

¶12 Doctor also claims 59 O.S. 2021, § 509(17) is too vague to be enforced against him. Doctor claims the terms "seductive" and "sexually demeaning" are not defined and therefore too vague. The Legislature was sufficiently clear in its definition of unprofessional conduct by including, "[e]ngaging 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. 2021, § 509(17); *see e.g., Litchfield*, 2004 OK CIV APP 99, at ¶ 41 (reviewing other jurisdictions' proscribed conduct that was found not to be vague where it allows for plain and ordinary meaning as understood by persons of common intelligence). As shown above, the evidence clearly and convincingly supported the Medical Board's decision. Doctor's first proposition is denied.

¶13 In his second proposition of error, Doctor alleges he was denied a fundamentally fair hearing. Specifically, he argues the Medical Board considered



hearsay,<sup>9</sup> considered documents that were not in original form, and admitted Doctor's medical and physical examination without giving Doctor an opportunity to review it and object.<sup>10</sup> The rules of evidence before the Medical Board are governed by those specified in the Oklahoma Administrative Procedures Act. Okla. Admin. Code § 435:3-3-11. As such, the Medical Board has not adopted the civil rules of evidence contained in Title 12. "[T]he strict rules of evidence are not necessarily applicable to an administrative hearing." *Barnes v. Univ. of Okla.*, 1995 OK CIV APP 14, ¶ 18, 891 P.2d 614, 618.

¶14 Doctor informed that he would proceed *pro se* at his individual proceeding and was adequately advised of his right to obtain counsel and the benefits therefrom. Doctor chose instead to proceed *pro se*. The Medical Board prosecutor called one witness, Investigator Roberts. Investigator Roberts testified about the investigation and referred to written communications between the investigators and Patient-One,

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<sup>9</sup> Doctor makes the factual assertion that Patient-Two testified "she created the [Patient-One] emails." This is inaccurate. Patient-Two testified she created the Patient-Three emails. Although allegations involving Doctor's relationship with Patient-Three were initially investigated, those actions were not charged in the Verified Complaint nor did the Medical Board make any findings of fact relating to Patient-Three.

<sup>10</sup> Doctor fails to present any argument or authority to support his contention that he was denied a fundamentally fair trial based on the failure to admit original text messages or lay a foundation for the admission of the transcription of the text messages that was utilized by Investigator Roberts. Likewise, other than in the title, he does not articulate any argument relating to the admission of the examination report of Dr. Melton. These claims are waived. *State v. Price*, 2012 OK 51, ¶ 1 n.1, 280 P.3d 943, 945 ("Naked argument unsupported by facts or authority is without merit and will be treated as waived."); Okla. Sup. Ct. R. 1.11(k)(1), 12 O.S. 2021, Ch. 15, App.1 ("Argument without supporting authority will not be considered.").

Patient-Two, and Patient-Three. Doctor, acting *pro se*, lodged no objection based on hearsay. In fact, during cross-examination, Doctor referred Investigator Roberts to the complained of text messages and requested she read them into the record. Doctor stated that the copies were not legible, so he wanted Investigator Roberts to read them aloud.

¶15 *Pro se* litigants in a civil action are held to the same standards as an attorney. *Funnell v. Jones*, 1985 OK 73, ¶ 4, 737 P.2d 105, 107. As stated above, Doctor did not raise a hearsay objection, thus, any claim now is waived. *Triplett ex rel. K.T. v. Miller*, 2008 OK CIV APP 27, ¶ 19, 179 P.3d 1285, 1289. Further, “[u]nder no circumstances can plaintiff rely upon certain testimony in an effort to establish the issue in his case and then, in the same breath assert prejudicial error based upon the selfsame evidence.” *Fisher v. Pugh*, 1953 OK 194, ¶ 35, 261 P.2d 181, 187.

¶16 On appeal, Doctor, now represented by counsel, fails to cite to the testimony in the record that he claims is hearsay. *See* Okla. Sup. Ct. R. 1.11(e)(1), 12 O.S. 2021, Ch. 15, App.1. Instead, he makes a sweeping statement that the entirety of the case was based on hearsay.<sup>11</sup> In addition to not citing to the exact testimony that Doctor claims was hearsay, he also fails to show the requirements of hearsay, specifically an out of court statement that is offered to prove the truth of the matters

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<sup>11</sup> “[T]his Court will not search the record to discover errors.” *Stevenson v. Stevenson*, 1984 OK CIV APP 10, ¶ 27, 680 P.2d 642, 647.

asserted. *Henslee v. Monks*, 1977 OK 202, ¶ 8, 571 P.2d 440, 442.<sup>12</sup> No relief is warranted here. Doctor's second proposition is denied.

¶17 Finally, Doctor alleges the Medical Board violated the Oklahoma Open Meeting Act. The OMA is designed to “encourage and facilitate an informed citizenry’s understanding of the governmental processes and governmental problems.” 25 O.S. 2021, § 302. Doctor argues the Medical Board failed to record the votes as required by 25 O.S. 2021, § 305. Doctor is correct that Section 305 requires the vote of each member to be publicly cast and recorded. This purpose is clearly so the public may know how each member voted on the issue before it. *See Graybill v. Oklahoma State Bd. Of Ed.*, 1978 OK 124, ¶ 10, 585 P.2d 1358, 1360. However, the publicly casted and recorded votes are to be evidenced by written minutes which are available to the public for inspection upon request. *See* 25 O.S. 2021, § 312; *see also Berry v. Bd. of Governors of Registered Dentists*, 1980 OK 45, ¶ 10, 611 P.2d 628, 631; *Oldham v. Drummond Bd. of Ed. of Independent School Dist. No. I-85*, 1975 OK 147, ¶ 5, 542 P.2d 1309, 1310-11. Doctor attempts to prove that the OMA was violated by the lack of recorded votes as shown in the transcripts

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<sup>12</sup> Doctor’s claim that the Supreme Court “reversed the termination of Tulsa Police Officers” in *Civil Serv. Comm’n v. Gresham*, 1982 OK 125, 653 P.2d 920 is not accurate. In fact, the Court reversed the district court’s decision and reinstated the final determination by the Civil Service Commission that sustained the original suspensions of the police officers. *Gresham*, 1982 OK 125, at ¶¶ 11 and 43.

of the hearing.<sup>13</sup> The Medical Board filed a motion to supplement the appeal record with the actual minutes and the audio recording of the meeting to which Doctor vehemently objected. The basis of Doctor's objection is that the Medical Board is obligated under 75 O.S. 2021, § 320 to transmit the appeal record if a petition for review of an agency's final order is filed. Doctor however acknowledges what is required by 75 O.S. 2021, § 309 and it is apparent that the Medical Board was not required to include in the record the actual written minutes from the meeting.

¶18 The record on appeal was filed prior to Doctor's Brief in Chief. The fact that the Medical Board is required to transmit the appeal record of the individual proceedings does not obviate the burden on Doctor to show a violation of the OMA. In fact, to show, as Doctor claims here, that votes were not publicly cast and recorded, Doctor must prove the written minutes of the meeting did not comply with 75 O.S. 2021, § 312.<sup>14</sup> See *Graybill*, 1978 OK 124, at ¶ 10 ("Anyone checking the minutes of the meeting could determine how each of the five members of the board voted . . ."). Nothing in this record shows the Medical Board failed to indicate each

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<sup>13</sup> The transcript of the proceedings in the matter are difficult to follow. In fact, other than the witnesses and the attorneys, many of the speakers are not identified.

<sup>14</sup> Doctor conflates two issues. One issue is the requirement that the Agency is responsible for submitting the record relating to an individual proceeding, the revocation of his license. The other issue is Doctor's contention that the OMA was violated. As Doctor is focusing on an alleged irregularity in procedure, supplementation of the record on appeal, preferably by Doctor, is necessary to support his contention that the Agency failed to comply with 25 O.S. 2021, § 302 and 75 O.S. 2021, § 312.

member's vote in the written minutes during the individual proceeding. Clearly, supplementation of the record, as requested by the Medical Board, would either aid or refute Doctor's claim here. Regardless, because Doctor objected to the supplementation, and the burden is on him to show error, this Court denies his proposition of error. *See Fleck v. Fleck*, 2004 OK 39, ¶ 12, 99 P.3d 238, 240-41 (burden on appellant to show error). Nothing in Section 312 requires the votes be cast or recorded in the actual transcribed proceedings. Rather, the requirement is that they be cast and recorded in written minutes that are available to the public upon request. Therefore, the record on appeal to this Court does not support Doctor's contention that the OMA was violated. Doctor's third proposition is denied.

### CONCLUSION

¶19 Based on a review of the record, this Court concludes none of Doctor's allegations of error require relief. The Medical Board's Order is hereby AFFIRMED.

GOREE, P.J., and SWINTON, J., concur.



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

### Wallet Card

<b>RIVERA, DANIEL</b>	
Practice Address: No Current Practice Address Address last updated on 8/7/2024	
Phone #: Fax #: County: NOT OKLAHOMA License: 39937 Dated: 8/30/2022 Expires: 8/1/2025 License Type: Medical Doctor Specialty: Anesthesiology NPI #:	Status: Active Status Class: Fully Licensed Restricted to: SUSPENDED INDEFINITELY PER TERMS OF VSJ Registered to Dispense: NO CME Year: 2025 Fee History: 08/07/24 \$350.00 07/31/23 \$200.00 06/19/22 \$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
036141803	IL	Inactive	7/31/2017	6/27/2022		Primary Source Verified
04-35142	KS	Inactive	7/31/2022	6/27/2022		Primary Source Verified
2010036800	MO	Inactive	6/5/2012	7/18/2022		Primary Source Verified
2006016779	MO	Inactive	12/31/2010	7/18/2022		Primary Source Verified
312912	NY	Active	8/31/2023	6/27/2022		Primary Source Verified
R6267	TX	Active	5/31/2023	6/27/2022		Primary Source Verified

### Education History

School	Type	From	To	Degree	Verified
BAYLOR UNIVERSITY, WACO, TX, UNITED STATES		9/1995	5/2000	BS	
HARLINGTON HIGH SCHOOL, HARLINGEN, TX, UNITED STATES		9/1994	5/1995	DIPLOMA	

### Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Ross Univ, Sch of Med, Roseau, Dominica – User Entered:Ross University	9/2003	11/2005	DOCTOR OF MEDICINE	Y	8/1/2022	8/1/2022	N
Univ Auto De Guadalajara, Fac De Med, Guadalajara, Jalisco, Mexico – COMPLETED ONLY 4 SEMESTERS	8/2001	6/2003	NONE	Y	8/1/2022	8/1/2022	N

**Postgraduate**

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC, KANSAS CITY, MO, UNITED STATES OF AMERICA	ANESTHESIOLOGY	7/2006	12/2010	Y	08/01/22		08/01/22	N

**National Verifications**

Type	Date Primary Source Verified
ECFMG # 06526974	7/25/2022
Federation Clearance	6/27/2022
AMA Profile	6/23/2022

**Certifications**

Certification
AMERICAN BOARD OF ANESTHESIOLOGY

**Exams**

Exam	Date Taken	Date Primary Source Verified
USMLE 1	07/18/03	8/1/2022
USMLE 2CK	07/13/05	8/1/2022
USMLE 2CS	10/18/05	8/1/2022
USMLE 3	04/21/07	8/1/2022

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
STAFFCARE/ SOMNIC ANESTHESIA, NEW YORK, NY, UNITED STATES – 8/8/22MT- CURRENTLY PRACTICING	ANESTESIOLOGIST		11/2021		
KANSAS SPINE ANESTHESIA CORPORATION PA, WICHITA, KS, UNITED STATES	STAFF ANESTHESIOLOGIST		1/2019	11/2021	
NONE, SAN ANTONIO, TX, UNITED STATES – WAITING FOR TX LICENSE AND CREDENTIALING FOR STAR ANESTHESIA	RELOCATION TO KANSAS		1/2018	1/2019	
ASCENSION VIA CHRISTI ST. JOSEPH/ LOCUMTENENS.COM, WICHITA, KS, UNITED STATES	LOCUMS ANESTHESIOLOGIST		6/2017	1/2018	
GALESBURG COTTAGE HOSPITAL/CLINICAL COLLEAGUES, IN, GALESBURG, IL, UNITED STATES	LOCUMS ANESTHESIOLOGIST		3/2017	4/2017	
GALESBURG COTTAGE HOSPITAL/CLINICAL COLLEAGUES, IN, GALESBURG, IL, UNITED STATES	LOCUMS ANESTHESIOLOGIST		11/2016	1/2017	
NONE, SAN ANTONIO, TX, UNITED STATES – WAITING FOR ILLINOIS LICENSE & CREDENTIALING FOR GALESBURG COTTAGE	CREDENTIALING		4/2016	11/2016	
HUTCHINSON REGIONAL MEDICAL CENTER/ CLINICAL COLLEA, PENSACOLA, FL, UNITED STATES	STAFF ANESTHESIOLOGIST		8/2011	4/2016	
WESTPORT ANESTHESIA SERVICES, KANSAS CITY, MO, UNITED STATES	STAFF ANESTHESIOLOGIST		1/2011	6/2011	
ACOSTA/MUNIZ RIO GRANDE PHARMACY, HARLINGEN, TX, UNITED STATES	CERTIFIED PHARMACY TECHNICIAN		12/2005	6/2006	

ACOSTA MUNIZ RIO GRANDE PHARMACY, HARLINGEN, TX, UNITED STATES	PHARMACY TECHNICIAN		6/2003	9/2003	
ACOSTA/ MUNIZ RIO GRANDE PHARMACY, HARLINGEN, TX, UNITED STATES	PHARMACY TECHNICIAN		6/2000	8/2001	
NONE, HARLINGEN, TX, UNITED STATES	UNEMPLOYED		6/1995	8/1995	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
3/7/2024	Voluntary Submittal to Jurisdiction		
11/22/2023	Complaint Citation		

**Board Filings and/or Orders**

[03/07/2024](#)  
[01/04/2024](#)  
[11/22/2023](#)  
[11/22/2023](#)

**License Verification and Disclaimer**

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

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

STATE OF OKLAHOMA, ex rel.,  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE AND  
SUPERVISION,  
  
Plaintiff,  
  
v.  
  
Daniel Rivera, M.D.,  
License No. MD399  
  
Defendant.

**FILED**

JAN - 7 2025

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 23-02-6201

**MOTION TO LIFT SUSPENSION AND REINSTATE LICENSE**

Daniel Rivera, M.D. ("Dr. Rivera") files this Motion to Lift Suspension and Reinstate License. In support of his motion, Dr. Rivera submits the following:

1. On or about November 22, 2023, the State of Oklahoma filed a Complaint and Citation against Dr. Rivera.
2. On or about March 7, 2024, the Board entered an Order Accepting Voluntary Submittal to Jurisdiction whereby Dr. Rivera's license was suspended. The Board further ordered that Dr. Rivera could not apply for his suspension to be lifted until he completed treatment at a Board approved facility and followed all discharge recommendations.
3. From April 1, 2024 until June 20, 2024, Dr. Rivera obtained treatment for substance abuse at the Florida Recovery Center ("FRC"). Upon discharge, FRC stated that it supported Dr. Rivera's return to the practice of medicine after 6-12 months of documented sobriety if he was under contract with the OHPP and cleared by OHPP to return to work.
4. OHPP supports Dr. Rivera's return to the practice of medicine at this time.

CONCLUSION

For the reasons set forth herein, Dr. Rivera respectfully requests that the Board grant his Motion to Lift Suspension and Reinstate License.

Respectfully submitted.



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Oklahoma City, OK 73102-8273  
(405) 235-7700  
(405) 239-6651(Facsimile)

ATTORNEY FOR DEFENDANT, DANIEL  
RIVERA, M.D.

CERTIFICATE OF SERVICE

This will certify that on the 7th day of January, 2024, a true and correct copy of the above and foregoing instrument was served via email to the following:

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

**Attorney for Plaintiff**



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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. )  
 )  
DANIEL RIVERA, M.D., )  
LICENSE NO, MD 39937 )  
 )  
Defendant. )

**FILED**

MAR -7 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 23-02-6201

**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, along with Daniel Rivera M.D. ("Defendant"), Oklahoma medical license no. 39937, who appears in person, and through counsel Elizabeth Scott (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 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, Daniel Rivera 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 inferences will be made from his willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of this Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

### Findings of Fact

The Plaintiff, Defendant, and the Board staff each stipulate and agree that the following Findings of Fact were alleged in the Verified Complaint and are the basis of the Orders in this agreement:

1. In Oklahoma, Defendant holds medical license no. 39937.
2. This case was initiated by multiple complaints alleging Defendant admitted to an addiction relapse, admitted he would fail a urine drug screen if given and admitted to obtaining fentanyl from his cases at work.
3. Defendant worked for a medical contracting company in which physicians such as Defendant would work as contract physicians for a period of time. During the relevant time periods Defendant worked at Mercy in Ada, Oklahoma and at Ascension St. John in Tulsa, Oklahoma.
4. While working at Mercy, several incidents caused concern from employees working with Defendant. These employees observed certain behaviors which were "red flags" for diversion of CDS.
  - Defendant relieved a CRNA for a break and left a used syringe labeled fentanyl for the CRNA when they returned. That CRNA was relieved by a second CRNA. The turnover instructions were that the syringe was left by Defendant and apparently contained fentanyl. The second CRNA, after contacting Spencer Phillips, Manager of Surgical Services, took the syringe to the pharmacy and watched the pharmacist place the syringe in a tamper proof bag.
  - On or about February 7 Defendant relieved a CRNA to give them a short break. When Defendant left the room, the CRNA called Spencer Phillips, Manager of Surgical Services, over and stated that this is the syringe that Dr. Rivera left me. The CRNA administered 50mcg of the "fentanyl" that Defendant left. The patient had no response to the medication. The CRNA then used a new syringe and pulled another vial of fentanyl and gave another 50mcg. The patient immediately had a response to the fentanyl given. The Circulator called for relief and took the syringe left by Defendant to Mr. Mike O'Grady, Director of Pharmacy, who placed it in a tamperproof bag.



- Defendant got a patient ready and gave medications to the CRNA on the case. The CRNA called Spencer Phillips, Manager of Surgical Services, over and showed him a full syringe labeled fentanyl. The CRNA and Spencer Phillips took the syringe to Mr. Mike O'Grady, Director of Pharmacy, who placed the syringe in a pampers proof bag.
5. The syringes were sent to DynaLabs for testing. The results of that investigation were:
- i. DynaLabs Certificates of Analysis: Three syringes
  - ii. Test date: 02/10/2023: Syringe(s) 1x1 ml: fentanyl: Test Result: 0.0000% Date Compounded: 2/6/2023
  - iii. Test date: 02/10/2023: Syringe(s) 1x4 ml: fentanyl: Test Result: 0.0000% Date Compounded: 2/6/2023
  - iv. Test date: 02/20/23: Syringe(s) 1x5 ml: fentanyl: Test Result: 0.0000% Date Compounded: 2/9/2023
6. Further "red flags" noted were that large amounts of fentanyl was used in a short amount of time, the patients were waking up and their responses were not matching up to the drug allegedly given. Examples noted were:
- Patient A- Total fentanyl used: 2,350mcg. The concern is that the patient started out on a Levophed drip but was able to be removed from it during the procedure and in report ICU "patient's blood pressure had been good, titrate as needed."
  - Patient B- Total fentanyl used: 1000mcg. The patient is a paraplegic, severe injury below the waist, patient didn't need pain meds in preop or PACU because he can feel no pain.
  - Patient C- Total fentanyl used: 1000mcg. Patient woke up in PACU with severe pain, 10/10 and had to be given additional pain medication to control pain.
  - Patient D- Total fentanyl used: 400mcg. Patient woke up in PACU, given additional 100mcg of fentanyl and patient's blood pressure dropped like she hasn't received any pain medication.
7. Based on the foregoing, a Drug Diversion Response Team Investigation was initiated. The investigation determined the following:
- "Previous history with substance abuse. Completed the impaired provider program in 2008".
  - "Peer reported concerns of patients waking up immediately following a case and always wanting to start the case and pull meds, but wants the CRNA to finish the



case by handing off syringes of medication. Also, reports by peers of doses given and vitals are not dipping/responding appropriately”.

- “High doses of fentanyl being used”.
  - “High dose for case severity”.
  - “Wasting full vials of fentanyl.”
  - ...“The audit has 1050mcg of fentanyl unaccounted for and 5 full vials of fentanyl wasted by Dr. Rivera.”
8. A member of the Ascension Medical Staff in Tulsa reported that “On March 27<sup>th</sup>, my office was informed that an anesthesiologist was working under the influence of drugs, additionally a rapid Inventory of his narcotic administration per case was very high and inappropriate. The physician was confronted and very quickly admitted he was diverting fentanyl for his use. His behavior was consistent with narcotic usage and a drug screen was obtained. He was searched by our security and no drugs were noted on him or in his locker. As per our policy, a ride was obtained to return him to his residence. He was summarily removed from our medical staff.”
9. Captain Thomas West, Campus Police Ascension St. John, also investigated Defendant based on complaints made by colleagues at St. John. On March 28, 2023, Captain West was notified by Dr. John Forest of an anesthesiologist, Defendant, that may be under the influence of narcotics and has taken them from cases he has worked. Captain West questioned Defendant. Defendant told Captain West that he had relapsed and he was using again, he also stated that he needed help. The ensuing investigation found significant evidence of diversion. The investigative report states that Defendant admitted stealing fentanyl from surgery.
10. On numerous occasions Defendant stated he was going to get a nail or hair follicle drug test. Board staff has never received a result from any such test. Further, Defendant spent from April through October repeatedly stating he was going to attend in-patient treatment, yet to date he has not done so. Defendant signed an agreement not to practice on April 26, 2023 and has relinquished his DEA certificate. Emails from Defendant to Board Investigator Melissa Davis stated:
- April 25, 2023 - “Due to family/financial reasons, I will start my treatment at Florida Recovery Center on Monday 5/15 at the earliest and 5/30 at the very latest.”
  - May 23, 2023 - “With the cost told to me by the treatment center, I will enter treatment as soon as our loan is approved.”
  - July 28, 2023 - “My wife is still working and extended her contract through November. I plan on entering treatment Monday 10/16 at the absolute latest.”



- September 20, 2023 - "May need another month or so."
- October 24, 2023 - "Unfortunately my situation hasn't changed but is slightly getting better financially. At this rate I will enter treatment in Florida in February/March at the latest."

### Conclusion of Law

1. The Board has jurisdiction over the subject matter and is the duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480 et seq. and Okla. Admin. Code §§ 435:5-1-1 et seq.
2. Notice was provided as required by law and the rules of the Board. 75 O.S. § 309; 59 O.S. § 504; Okla. Admin. Code §§ 435:3-3-5, 435:3-3-6.
3. The Board is authorized to suspend, revoke or order any other appropriate conditions 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.
4. The Board is authorized to accept voluntary submittals to jurisdiction mutually agreed to by parties to a disciplinary action to resolve the action without need for a hearing. 75 O.S. § 309(E); Okla. Admin. Code § 435:5-1-5.1.
5. Based on the foregoing allegations in the Verified Complaint, Defendant admits that if proven, he could be found guilty of unprofessional conduct as follows:
  - a. Habitual intemperance or the habitual use of habit-forming drugs in violation of Title 59 § 509(4):
  - b. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public in violation of Title 59 § 509(8) and OAC 435:10-7-4(11):
  - c. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition in violation of Title 59 § 509(15) and OAC 435:10-7-4(40):
  - d. The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient in violation of OAC 435:10-7-4(3):
  - e. Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17):




- f. Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18):

Orders

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

1. The Board hereby adopts the Agreement of the Parties in this Order Accepting Voluntary Submittal to Jurisdiction, including the findings of fact and conclusions of law stated herein.
2. The Oklahoma Medical License of **DANIEL RIVERA M.D.** shall be suspended indefinitely. Such suspension shall remain in force and effect until further order of the Board.
3. **DANIEL RIVERA M.D.** will not be eligible to apply for said suspension to be lifted until and unless he completes in-patient treatment at a Board approved facility and after prior approval from the Board Secretary.
4. **DANIEL RIVERA M.D.** will follow all discharge recommendations from the aforementioned in-patient treatment.
5. It is further ordered, if the Board lifts the suspension, **DANIEL RIVERA M.D.** will be put on probation, the terms and conditions of which will be determined at the time of reinstatement of his ability to practice.
6. 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.
7. A copy of this Order shall be provided to Defendant as soon as it is processed.

Dated this 7<sup>th</sup> day of MARCH, 2024.

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

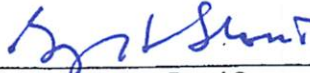
\_\_\_\_\_  
 Steven Katsis, M.D., President  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION





Dated this ~~15~~ day of ~~February~~, 2024.

7th March 2024



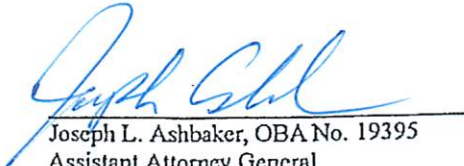
Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION



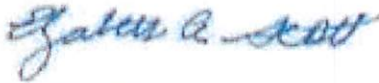
Steven Katsis, M.D., President  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION



Daniel Rivera, M.D.,  
License MD 39937  
*Defendant*



Joseph L. Ashbaker, OBA No. 19395  
Assistant Attorney General  
STATE OF OKLAHOMA,  
OFFICE OF ATTORNEY GENERAL  
*Attorney for Plaintiff,*  
*Oklahoma State Board of Medical Licensure*  
*and Supervision*



Elizabeth A. Scott, OBA No. 12470  
CROWE & DUNLEVY, P.C.  
Braniff Building  
324 N. Robinson Ave., Suite 100  
Oklahoma City, OK 73102  
Elizabeth.scott@crowedunlevy.com  
*Counsel for Defendant*  
*Daniel Rivera, M.D*

Certificate of Service

This is to certify that on the ~~15th~~ day of March, 2024, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

E-Mail

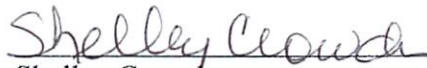
Daniel Rivera, M.D.

*Defendant*

U.S. First Class Mail and E-Mail

Elizabeth A. Scott  
CROWE & DUNLEVY, P.C.  
Braniff Building  
324 N. Robinson Ave., Suite 100  
Oklahoma City, OK 73102  
Elizabeth.scott@crowedunlevy.com  
*Counsel for Defendant*  
*Daniel Rivera, M.D*

Joseph L. Ashbaker  
Assistant Attorney General  
State of OK, Office of Attorney General  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, OK 73105  
*Attorney for Plaintiff,*  
*Oklahoma State Board of Medical*  
*Licensure and Supervision*

  
Shelley Crowder



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

### Wallet Card

STEPHENS, BRADFORD JAY	
<b>Practice Address:</b> <a href="#">202 A SW MIAMI OK 74354-3833</a> Address last updated on 6/19/2024 <b>Phone #:</b> (918) 541-9400 <b>Fax #:</b> (918) 541-9411 <b>County:</b> OTTAWA <b>License:</b> 18454 <b>Dated:</b> 7/1/1993 <b>Expires:</b> 7/1/2025 <b>Training Issued:</b> 6/26/1992 <b>Training Expires:</b> 6/30/1993 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Internal Medicine <b>NPI #:</b> 1366444648	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2027 <b>Fee History:</b> 06/19/24 \$200.00 06/21/23 \$200.00 06/08/22 \$200.00 <b>Hospital Privileges:</b> INTEGRIS Baptist Regional Health Ctr. Miami, OK <b>References:</b> C. THOMAS THOMPSON, MD, OK (Letter) 12/18/92 MICHAEL MCGEE, MD, OK (Letter) 04/22/93 GLENN H. LYTLE, MD, OK (Letter) 04/22/93 FRANK A. CLINGAN, MD, OK (Letter) 04/28/93

### Other Licenses

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

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
18051	SC	Inactive				Entered By Physician

### Supervisees

Supervisee	Type	License Number	Status	Time
<a href="#">BILLY ROYCE EVANS</a>	PA	<a href="#">170</a>	Primary	
<a href="#">ALETA JEAN FOX</a>	PA	<a href="#">942</a>	Primary	
<a href="#">AMY ELIZABETH MERCER</a>	PA	<a href="#">1624</a>	Primary	

### Education History

School	Type	From	To	Degree	Verified
CENTRAL STATE UNIVERSITY, EDMOND, OK		1/1985	12/1987	BS/COMPUTER SCI	
ORAL ROBERTS UNIVERSITY, TULSA, OK		8/1977	5/1981	BS/CHEMISTRY	
NEW HAVEN HIGH SCHOOL, NEW HAVEN, IN		9/1973	5/1977	DIPLOMA	

### 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	8/1988	5/1992	MD	Y		4/26/1993	N

### Postgraduate

School	Specialty	From	To	Primary Source	Date Primary	Certificate Verified	ACGME	ACGME Waived
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				Verified	Source Verified			
RICHLAND MEMORIAL HOSPITAL, COLUMBIA, SC, USA	INTERNAL MEDICINE	7/1994	6/1996					N
ST VINCENT'S HOSPITAL, NEW YORK, NY, USA	GENERAL SURGERY	7/1993	6/1994					N
COLLEGE OF MEDICINE TULSA, TULSA, OK, USA	GENERAL SURGERY	7/1992	6/1993	Y		06/30/93	06/30/93	N

**National Verifications**

Type	Date Primary Source Verified
Federation Clearance	4/30/1993
AMA Profile	5/4/1993

**Certifications**

Certification
AMERICAN BOARD OF INTERNAL MEDICINE

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
BRADFORD JAY STEPHENS MD PC, MIAMI, OK, USA	INTERNAL MEDICINE		11/2001		
MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC, USA	INTERNAL MEDICINE		1/1997	11/2001	
OK MEDICAL RESEARCH FOUNDATION, OKLAHOMA CITY, OK, USA	RESEARCH		1/1985	8/1988	
WESTERN COMPANY OF N.A., WOODWARD, OK, USA	ENGINEER-OIL		6/1981	10/1984	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
12/10/2024	Complaint Citation		

Board Filings and/or Orders
<a href="#">12/10/2024</a> <a href="#">12/10/2024</a>

**License Verification and Disclaimer**

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

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

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

Items highlighted in blue are Primary Source Verified.

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

**FILED**

DEC 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. 24-05-6346

BRADFORD JAY STEPHENS, M.D., )  
LICENSE NO. MD 18454, )

Defendant. )

CITATION

**YOU ARE HEREBY NOTIFIED** that on the 10<sup>th</sup> day of December 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(12), (16)(a), (16)(c), (18), (21); and Okla. Admin. Code at §§ 435:10-7-4(1), (2), (41).

On **January 23, 2025**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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



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

Dated this 10<sup>th</sup> day of December 2024.



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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**

DEC 10 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
 OKLAHOMA STATE BOARD )  
 OF MEDICAL LICENSURE )  
 AND SUPERVISION, )  
 )  
 Plaintiff, )  
 )  
 v. )  
 )  
 BRADFORD JAY STEPHENS, M.D., )  
 LICENSE NO. MD 18454, )  
 )  
 Defendant. )

Case No. 24-05-6346

**VERIFIED COMPLAINT**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against Bradford Jay Stephens, 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. 18454, issued 07/01/1993 by the Oklahoma State Board of Medical Licensure and Supervision. The acts and/or omissions complained of herein occurred while Defendant was licensed by and practicing in 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 concerning controlled dangerous substances (CDS) prescription patterns for a patient. The Board subsequently received an additional complaint regarding another patient likewise alleging concerning CDS prescription patterns.
4. Based on these allegations, Board staff subpoenaed the medical records for eight (8) of Defendant’s patients. Upon receipt of the same all were provided to an expert for review. The expert determined that for all eight (8) patients Defendant’s treatment and prescription patterns for CDS demonstrated concerning practices which fell below the standard of care in multiple instances and in multiple manners. Specifically, at least five (5) of the eight (8)



patient charts failed to document a controlled substance agreement despite the presence of concurrent prescriptions for benzodiazepines and opioids/methadone, and despite prescriptions exceeding recommended daily Morphine Milliequivalent (MME) for opioids in various instances with no data-based justification, and with little evidence of any discussion of down-titration. Compounding this misconduct, Defendant continued to prescribe CDS as described herein without modification, or even increased CDS prescription dosage despite Defendant's own documentation for clear indications of substance abuse or adverse reactions in multiple instances. Further, documentation supporting the practices detailed herein was consistently vague for clinical indications which may warrant such prescription patterns, including the initial patient assessment and plan of care, where the same are present at all, and specifically omit discussion of alternative non-CDS prescriptions or interventions. Accordingly, the expert determined that Defendant's evaluation and/or diagnostic practice, clinical decision making and prescribing practices, as well as documentation relating thereto, were inconsistent with or in violation of the appropriate practice standard(s).

### 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 opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes, in violation of 59 O.S. 509(16)(c).
  - 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. Failure to maintain adequate medical records to support diagnosis, procedure, treatment or prescribed medications, in violation of 59 O.S. § 509(21) and Okla. Admin. Code § 435:10-7-4(41).

## V. CONCLUSION

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

Respectfully submitted,



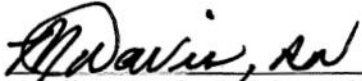
---

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

**VERIFICATION**

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

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

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

Date: 12-10-24

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



December 16, 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 1926 12.

Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	December 16, 2024, 1:30 pm
<b>Location:</b>	MIAMI, OK 74354
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail Restricted Delivery Return Receipt Electronic

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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.

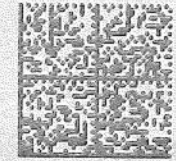
Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004





9489 0090 0027 6405 1926 12

Label 890-PB, Oct. 201  
Pitney Bowes



US POSTAGE  
ZIP 73105 \$ 016.87  
02 4W  
0000384457 DEC 11 201

**RESTRICTED  
DELIVERY**



Board of Medical Licensure & Supervision  
State of Oklahoma

101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105-1821

**Bradford Stephens, MD  
202 A SW  
Miami, Ok 74354**

**RESTRICTED  
DELIVERY**

**RESTRICTED  
DELIVERY**

**RESTRICTED**



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

### Wallet Card

WILLIAMS, RANDAL ALAN	
<b>Practice Address:</b> No Current Practice Address Address last updated on 6/2/2024  <b>Phone #:</b> <b>Fax #:</b> <b>County:</b> NOT OKLAHOMA <b>License:</b> 20799 <b>Dated:</b> 7/20/1998 <b>Expires:</b> 7/1/2025 <b>Training Issued:</b> 7/1/1997 <b>Training Expires:</b> 8/1/1998 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Family Medicine <b>NPI #:</b> 1124068366	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2025 <b>Fee History:</b> 06/02/24 \$200.00 06/24/23 \$200.00 05/26/22 \$200.00  <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Education History

School	Type	From	To	Degree	Verified
EAST CENTRAL UNIVERSITY, ADA, OK		8/1989	5/1993	BS	
MURRAY STATE COLLEGE, TISHOMINGO, OK		1/1988	5/1989	NONE	
SULPHUR HIGH SCHOOL, SULPHUR, OK		8/1976	5/1980	DIPLOMA	

### 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	8/1993	6/1997	MD	Y		6/13/1997	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	FAMILY PRACTICE	7/1997	6/2000					N

### National Verifications

Type	Date Primary Source Verified
Federation Clearance	6/16/1997
AMA Profile	8/20/1997

### Certifications

Certification
AMERICAN BOARD OF FAMILY MEDICINE

### Exams

Exam	Date Taken	Date Primary Source Verified
USMLE 1	051998	
USMLE 2		

USMLE 3

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
SOLARA SURGICAL PARTNERS, SOUTHLAKE, TX, USA	FAMILY PRACTICE		1/2020	4/2022	
PRIVATE PRACTICE, SULPHUR, OK, USA	FAMILY PRACTICE		6/2000	1/2020	
SULPHUR POLLICE DEPT, SULPHUR, OK, USA	POLICE OFFICER		8/1985	5/1993	
HALIBURTON SERVICES, DAVIS, OK, USA	MATERIAL HANDLING		1/1984	7/1985	
GOLDEN VALLEY FARM, NORMAN, OK, USA	RANCH HAND		3/1983	1/1984	
WILLIAMS CONSTRUCTION CO, ROFF, OK, USA	CONSSTRUCTION		6/1980	2/1983	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
12/13/2024	Complaint Citation		

**Board Filings and/or Orders**

12/16/2024  
12/13/2024

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

Items highlighted in blue are Primary Source Verified.



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

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
RANDAL ALAN WILLIAMS, M.D., )  
LICENSE NO. MD 20799, )  
 )  
Defendant. )

**FILED**

DEC 13 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 24-10-6403

CITATION

**YOU ARE HEREBY NOTIFIED** that on the 13<sup>th</sup> day of December 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).

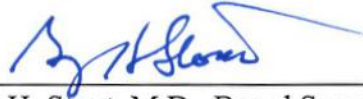
On **January 23, 2024**, the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, *et seq.*

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

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

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

Dated this 13<sup>th</sup> day of December, 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. )  
 )  
RANDAL ALAN WILLIAMS, M.D., )  
LICENSE NO. MD 20799, )  
 )  
Defendant. )

**FILED**

DEC 13 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 24-10-6403

**VERIFIED COMPLAINT**

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

**I. JURISDICTION**

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1 *et seq.*
2. In Oklahoma, Defendant holds medical license no. 20799.
3. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma and occurred within the boundaries of the State of Oklahoma.

**II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT**

4. This case was begun as a referral from Defendant against another Oklahoma doctor in which no violations were found. During the investigation Defendant made numerous statements which caused Board Staff to further investigate the veracity of those statements.
5. Upon further investigation it was determined that between, at least, 2019 and the present, Defendant has had numerous significant medical issues and conditions. These medical issues and conditions, by Defendant’s own admission, have rendered him unfit to practice medicine with reasonable skill and safety. Defendant failed to disclose this on any of his licensure renewals as required by the rules and statutes governing the practice of medicine

and surgery in Oklahoma. Defendant answered questions related to having any mental or physical condition that is negatively impacting his work deceptively.

### III. VIOLATIONS

6. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. The violation, or attempted violation, direct or indirect, of any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice, in violation of 59 O.S. §509(13) and Okla. Admin. Code § 435:10-7-4(39).
    1. A. At regular intervals set by the State Board of Medical Licensure and Supervision, no less than one time per annum, each licensee licensed by the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall demonstrate to the Board the licensee's continuing qualification to practice medicine and surgery. The licensee shall apply for license re-registration on a form or forms provided by the Board, which shall be designed to require the licensee to update or add to the information in the Board's file relating to the licensee and his or her professional activity. It shall also require the licensee to report to the Board the following information:
      8. Whether the licensee has had any physical injury or disease or mental illness during the previous registration period that affected or interrupted his or her practice of medicine and surgery.
  - b. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this section the State Board of Medical Licensure and Supervision may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. If the physician refuses to submit to the examination, the Board shall issue an order requiring the physician to show cause why the physician will not submit to the examination and shall schedule a hearing on the order within thirty (30) days after notice is served on the physician, exclusive of the day of service. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and the physician's attorney are entitled to present any testimony and other evidence to show why the physician should not be required to submit to the examination. After a complete hearing, the Board shall issue an order either requiring the physician to submit to the examination or withdrawing the request for examination. The medical license of a physician ordered to submit for examination may be suspended until the results of the examination are received and reviewed by the Board, in violation of 59 O.S. §509(15) and Okla. Admin. Code § 435:10-7-4(40).

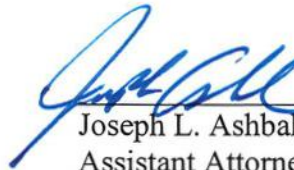


- c. Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety, in violation of Okla. Admin. Code § 435:10-7-4(17).
- d. The use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine and surgery, in violation of Okla. Admin. Code § 435:10-7-4(19).

#### IV. CONCLUSION

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

Respectfully submitted,



Joseph L. Ashbaker, OBA # 19395  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
405.962.1400  
joe.ashbaker@oag.ok.gov

#### VERIFICATION

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

- 1. I have read the above Complaint regarding **RANDAL ALAN WILLIAMS, MD,** and,
- 2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



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

Executed this 13<sup>th</sup> day of December, 2024, in Oklahoma County, State of Oklahoma.



December 19, 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 1925 68.**

#### Item Details

<b>Status:</b>	Delivered, Individual Picked Up at Post Office
<b>Status Date / Time:</b>	December 19, 2024, 3:45 pm
<b>Location:</b>	SULPHUR, OK 73086
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail Restricted Delivery Return Receipt Electronic

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	539 PETTY RD SULPHUR, OK 73086-8933

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®  
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Washington, D.C. 20260-0004

9489 0090 0027 6405 1925 68

Label 890-PB, Oct. 201  
Plincy Bowes



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ZIP 73105 \$ 016.87<sup>0</sup>  
02 4W  
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**RESTRICTED  
DELIVERY**



Board of Medical Licensure & Supervision  
State of Oklahoma

101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105-1821

Randal A. Williams, MD  
539 Petty Rd.  
Sulphur, Ok 73086

**RESTRICTED  
DELIVERY**

**RESTRICTED  
DELIVERY**

**RESTRICTED  
DELIVERY**



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. )  
 )  
RANDAL ALAN WILLIAMS, M.D. )  
LICENSE NO. MD 20799 )  
 )  
Defendant. )

**FILED**

JAN -7 2025

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 24-10-6403

ENTRY OF APPEARANCE

COMES NOW Bret Burns, Attorney for the Defendant, Randal Alan Williams, M.D. and enters their Appearance in the above-styled and entitled cause this 2<sup>nd</sup> day of January, 2025.

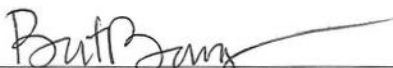
  
BRET BURNS, OBA #15675  
Burns Law Office  
519 West Chickasha Ave.  
Chickasha, OK 73018  
Tel: (405) 320-5911  
Fax: (405) 320-5907

CERTIFICATE OF DELIVERY

This is to certify that on this 2<sup>nd</sup> day of January, 2025, a true and correct copy of the above and foregoing Entry of Appearance will be Certified Mailed and Emailed to the address below:

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

[joe.ashbaker@oag.ok.gov](mailto:joe.ashbaker@oag.ok.gov)

  
BRET BURNS, OBA #15675

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

**FILED**

JAN - 7 2025

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

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

Plaintiff, )

v. )

Case No. 24-10-6403

RANDAL ALAN WILLIAMS, M.D. )  
LICENSE NO. MD 20799 )

Defendant. )

ANSWER TO VERIFIED COMPLAINT

Comes now Randal Alan Williams, M.D., by and through his attorney of record Bret Burns and for has answer to the verified complaint filed herein would respond to each individually numbered paragraph of the verified complaint as follows:

**I. Jurisdiction**

- 1. Admit.
- 2. Admit.
- 3. Deny any acts or omissions were wrongful. Admit practice in the State of Oklahoma.

**II. Allegations of Unprofessional Conduct**

- 4. No factual allegations to admit or deny.
- 5. Deny any acts or omissions were wrongful.

**III. Violations**

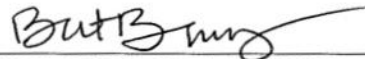
- 6. Deny any acts or omissions were wrongful and deny that the Defendant's mental and physical condition violate any rule or regulation of the Oklahoma State Board of Medical

Licensure and Supervision or warrant any disciplinary action.

**IV. Conclusion**

Randal Alan Williams, M.D. denies that any disciplinary action is warranted.

Respectfully submitted,



\_\_\_\_\_  
BRET BURNS, OBA #15675  
Burns Law Office  
519 West Chickasha Ave.  
Chickasha, Oklahoma 73018  
(405) 320-5911, Fax (405) 320-5907

**CERTIFICATE OF MAILING**

The undersigned does hereby certify that on the 2nd of January, 2025, a true and correct copy of the above and foregoing Answer was mailed, postage prepaid, in the United States Postal Service to:

Joseph L. Ashbaker  
Assistant Attorney General  
Oklahoma State Board of Medical  
Licensure and Supervision  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, OK 73105

cc: email to [joe.ashbaker@oag.ok.gov](mailto:joe.ashbaker@oag.ok.gov)



\_\_\_\_\_  
BRET BURNS

**VERIFICATION**

STATE OF OKLAHOMA

)

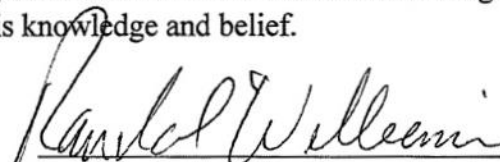
) ss.

COUNTY OF GRADY

)

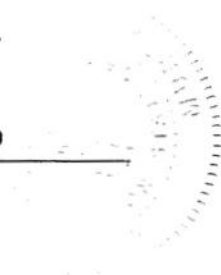
RANDAL WILLIAMS, of lawful age, being first duly sworn upon oath, states that:

He knows the contents of the foregoing ANSWER and the matters and things therein stated are true and correct to the best of his knowledge and belief.

  
RANDAL WILLIAMS

SUBSCRIBED AND SWORN to before me this 2 day of Jan., 2025.

  
Notary Public



My commission expires: 10-10-26

My Commission Number: 02015998



# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

### Wallet Card

<b>BREWER, JONATHAN KEITH</b>	
<b>Practice Address:</b> <a href="#">PAIN MANAGEMENT OF OKLAHOMA</a> <a href="#">1751 NORTH ASPEN AVE</a> <a href="#">BROKEN ARROW OK 74012</a> Address last updated on 12/9/2024  <b>Phone #:</b> (918) 794-6008 <b>Fax #:</b> (918) 516-3447 <b>County:</b> TULSA <b>License:</b> 20530 <b>Dated:</b> 1/26/1998 <b>Expires:</b> 1/1/2026 <b>License Type:</b> Medical Doctor <b>Specialty:</b> General Practice <b>NPI #:</b> 1194709790	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2028 <b>Fee History:</b> 12/09/24 \$200.00 10/20/23 \$500.00 12/25/22 \$200.00  <b>Hospital Privileges:</b> None listed <b>References:</b> No reference on file

### Other Licenses

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

License Number (in other state)	State	Status	Expires	Verification Date	Verification Waived	Verification Source
E-1062	AR	Inactive	9/30/1999	11/1/2023		Primary Source Verified
T96-178	AR	Inactive	12/13/1996	11/1/2023		Primary Source Verified

### Education History

School	Type	From	To	Degree	Verified
UNIVERSITY OF OKLAHOMA, NORMAN, OK, UNITED STATES		8/1987	12/1990	BS	
EDMOND HIGH SCHOOL, EDMOND, OK, UNITED STATES		8/1985	5/1987	DIPLOMA	

### 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	8/1991	6/1995	MEDICAL DOCTOR	Y	12/24/1997	11/6/2023	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
UNIVERSITY OF ARKANSAS, FORT SMITH, AR, UNITED STATES OF AMERICA	FAMILY MEDICINE	7/1995	7/1998	Y	11/09/23		11/09/23	N

**National Verifications**

Type	Date Primary Source Verified
Federation Clearance	10/30/2023
AMA Profile	10/27/2023

**Exams**

Exam	Date Taken	Date Primary Source Verified
USMLE 1	051996	5/4/2011
USMLE 2	8/94	5/4/2011
USMLE 3	5/96	5/4/2011

**Practice History**

Employer	Specialty	Supervisor	From	To	Verified
PAIN MANAGEMENT OF OKLAHOMA, BROKEN ARROW, OK, USA	PAIN MANAGEMENT / ADDICTION		2/2024		
CSL PLASMA, TULSA, OK, UNITED STATES – 10/30/23 CURRENTLY EMPLOYED (LKC)	PHLEBOTOMIST		12/2022	2/2024	
NONE, GAINESVILLE, FL, UNITED STATES – TREATMENT AT FLORIDA RECOVERY CENTER	N/A		8/2022	11/2022	
OSAGE NATION, PAWHUSKA, OK, UNITED STATES – PRIMARY CARE INCLUDING GYNECOLOGY, PAIN MANAGEMENT, AND ADDICTION TREATMENT.	PRIMARY CARE, PAIN MANAGEMENT, ADDICTION TREATMENT		1/2020	8/2022	
OKLAHOMA DEPARTMENT OF CORRECTIONS, VINITA, OK, UNITED STATES – CARE OF PRISON INMATES INCLUDING PRIMARY CARE, ACUTE CARE/TRAUMA, AND HEPATITIS C TREATMENT.	FAMILY PRACTICE/URGENT CARE		12/2015	1/2020	
OKLAHOMA DEPARTMENT OF MENTAL HEALTH, TULSA, OK, UNITED STATES – PRIMARY CARE AND URGENT CARE FOR INPATIENT MENTAL HEALTH PATIENTS.	PRIMARY CARE, URGENT CARE		11/2014	12/2015	
EXECUTIVE HEALTH RESOURCES, NEWTOWN SQUARE, PA, UNITED STATES	HOSPITAL CHART REVIEWS		2/2012	11/2014	
ACCESS MEDICAL CLINIC, CATOOSA, OK, UNITED STATES	FAMILY MEDICINE		6/2011	2/2012	
DOMATA BIBLE SCHOOL, TULSA, OK, UNITED STATES	EMPLOYED		8/2010	6/2011	
JACK C. MONTGOMERY MEDICAL CENTER, MUSKOGEE, OK, UNITED STATES	PRIMARY CARE		1/2008	9/2010	
FAMILY MEDICAL CARE OF TULSA, TULSA, OK, UNITED STATES	FAMILY PRACTICE		8/2000	1/2008	
US NAVY, VARIOUS, FF, UNITED STATES	LT. CMDR		9/1998	12/2002	
WARREN CLINIC, VINITA, OK, UNITED STATES	FAMILY PRACTICE		7/1998	8/2000	
US ARMY RESERVES, VARIOUS, FF, UNITED STATES	EVAC.HOSPITAL		8/1988	12/1995	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
1/18/2024	Probation		
1/19/2023	Order Approving Enforcement Agreement		
12/5/2022	Motion to Enforce Terms of Probation		
11/6/2014	Probation		
5/29/2014	Complaint Citation		
5/16/2013	Probation		
6/5/2012	Complaint Citation		
5/19/2011	Probation		
1/13/2011	Suspension, License		
12/13/2010	Complaint Citation		
7/22/2010	Probation		
4/22/2010	Suspension, License		
4/14/2010	Complaint Citation		

**Board Filings and/or Orders**

[01/18/2024](#)  
[01/19/2023](#)  
[12/05/2022](#)  
[11/10/2014](#)  
[07/25/2014](#)  
[07/11/2014](#)  
[05/23/2014](#)  
[05/23/2014](#)  
[05/16/2013](#)  
[03/01/2013](#)  
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[12/10/2010](#)  
[12/10/2010](#)  
[07/22/2010](#)  
[04/09/2010](#)  
[04/09/2010](#)

#### License Verification and Disclaimer

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

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

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

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

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

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

Items highlighted in blue are Primary Source Verified.



**FILED**

**DEC 19 2024**

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Jonathan K. Brewer, MD  
1241 E. 29th St.  
Tulsa, OK 74114

12 December 2024

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

Dear Board Members:

I am requesting to appear before the Board at the 23 January 2025 meeting to modify my current probation.

On page 4 of my board order dated 18 January 2024 (ORDERS/Specific terms/letter J) I am currently restricted to a 45-hour work week.

Due to this restriction, I was denied participation with UnitedHealthCare (specific reason given was the restriction - rejection letter attached) and played a part in my denial from the Oklahoma Medicaid Program (OHCA).

The UHC rejection letter states it was due to my restriction on my license. Currently, the only restriction I have is the above-referenced time limit.

I am requesting to have the restriction removed from my board order so that I may again attempt to join UnitedHealthCare (largest insurer in the country) and Oklahoma Medicaid (a large portion of my groups new patients).

Our office is only open 40 hours per week and to add work anywhere else, I am required to request approval from the Board Secretary.

Sincerely,

Jonathan K. Brewer, MD



5900 Parkwood Place  
Dublin, OH 43016

3/7/2024

Jonathan K Brewer  
destiny1@pmomedicalok.com

**Re: Your Credentialing Application Has Been Denied**

Dear Jonathan K Brewer:

Thank you for your interest in joining our network. We've reviewed your application to participate in Commercial, Veterans Affairs Community Care Network. Unfortunately, we're not able to approve your credentialing application because you currently have a restriction on your state license.

**If you have the missing information**

If you have the information that was missing from the prior credentialing request, you can submit a new request to join our network. First, please make sure your application has been updated. Then submit a new request at [UHCprovider.com/join](https://UHCprovider.com/join) > Step 1: Get Started > select your specialty and follow the instructions.

**If you disagree with this decision**

If your application was denied for one of the following issues, you can ask us to reconsider our decision:

- Practice/license exclusions, sanctions or restrictions
- Education not completed in requested specialty
- Malpractice claims history

You have 37 calendar days from the date of this letter to make this request. Please note that if you don't ask us to reconsider this decision within this timeframe, you may need to wait 24 months before you can reapply to join the UnitedHealthcare network.

To begin the process, simply complete the attached form and email it to [reconsideration\\_requests@uhc.com](mailto:reconsideration_requests@uhc.com). Be sure to include any additional supporting information that will help the UnitedHealthcare National Credentialing Committee<sup>1</sup> consider your request.

If you are currently participating in our network and don't want us to reconsider your application, you'll receive a separate termination letter detailing the appeal process and any rights you may have related to the termination of your participation in our network.

**Questions? We're here to help**

If you have any questions, sign in to the [UnitedHealthcare Provider Portal](#) with your One Healthcare ID. This allows you to access self-service tools or connect to a chat advocate for support. Chat with a live advocate 7 a.m.–7 p.m. CT (on Contact Us page). Please have the care provider's full name, Tax ID, and National Provider Identifier (NPI) available. To learn more about joining the UnitedHealthcare network and about each step in the process, go to [UHCprovider.com/join](https://UHCprovider.com/join).

Sincerely,

UnitedHealthcare National Credentialing Center

**PLEASE DO NOT REPLY TO THIS EMAIL:** this email box is not monitored. If you have questions about your next steps, please follow the instructions above to provide the necessary information or to contact UnitedHealthcare.

---

<sup>1</sup>The National Credentialing Committee is comprised of Participating Licensed Independent Practitioners (LIPs) representing various specialties, UnitedHealthcare Medical Directors, and a designated Medical Director Chairperson. A quorum of the National Credentialing Committee is required to make a Credentialing decision. A quorum requires at least 51 percent of the LIP National Credentialing Committee membership to be present, and the chairperson does not count toward the number of members needed for a quorum.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Co. of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care.

Doc#: PCA-1-21-04529-PO-LTR\_12282021  
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IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
JONATHAN KEITH BREWER, M.D., )  
LICENSE NO. MD 20530 )  
 )  
Defendant. )

**FILED**

JAN 18 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 09-10-3868

**ORDER GRANTING REINSTATEMENT OF LICENSE  
UNDER TERMS OF PROBATION**

This matter came on for hearing before the Oklahoma State Board of Medical Licensure and Supervision ("Board") on January 18, 2024, at the office of the Board, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105, pursuant to notice given as required by law and rules of the Board.

This Order Granting Reinstatement of License Under Terms of Probation is entered into by and between Billy H. Stout, Secretary of the Board and Jonathan Keith Brewer, M.D. 59 O.S. §§ 506(A).

Billy H. Stout, M.D., Board Secretary appeared in person on behalf of Plaintiff. Defendant appeared in person, *pro se*. Plaintiff and Defendant are collectively referred to herein as the "Parties."

**FINDINGS OF FACT**

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

1. On January 26, 1998, Defendant was issued Oklahoma medical license no.20530.
2. On July 22, 2010, the Board entered an Order Accepting Voluntary Submission to Jurisdiction ("VSJ") suspending Defendant's license for three (3) months followed by a five (5) year probation.
3. On January 21, 2011, a Final Order of Indefinite Suspension was filed.

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4. On May 19, 2011, an Order Granting Reinstatement of License under Terms of Probation was filed. Defendant was placed on indefinite probation.
5. On May 16, 2013, an Order Accepting Voluntary Submission to Jurisdiction (“VSJ”) was filed again placing the Defendant on indefinite probation.
6. On November 10, 2014, an Order Modifying the Terms of Probation was filed. The Defendant remained on indefinite probation.
7. On January 19, 2023, an Order Approving Agreement to Enforce Agreement was filed with Defendant suspending Defendant’s license for one (1) year and placing him on indefinite probation.
8. Defendant did not renew his suspended license and in January 2023, Defendant’s license expired for failure to renew.
9. On October 20, 2023, Defendant filed an Application for Reinstatement.
10. Any conclusion of law below which is more properly characterized as a finding of fact is hereby incorporated as a finding of fact.

**CONCLUSIONS OF LAW**

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.*, 59 O.S. 492 *et seq.*; Okla. Admin. Code § 435:10-4-2.
2. Defendant has met all requirements for reinstatement of his license. 59 O.S. § 492.1 *et seq.*, Okla. Admin. Code §§ 435:5-1-6 and 435:5-1-6.1.
3. The Board may approve reinstatement with terms of probation or restrictions as deemed necessary to protect the health, safety and well-being of the public. Okla. Admin. Code §§ 435:5-1-6.
4. Any finding of fact above which is more properly characterized as a conclusion of law is hereby incorporated as a conclusion of law.

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ORDERS

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

5. Pursuant to the terms and conditions herein stated, the Oklahoma medical license no. 20530 of **JONATHAN KEITH BREWER, M.D.**, is **REINSTATED**, effective on the date of the filing of this order.
6. **JONATHAN KEITH BREWER, MD.**, shall remain on **INDEFINITE PROBATION** and shall comply with the following terms and conditions, together with any previously agreed to terms and conditions.

Specific Terms:

- a. Defendant shall sign a lifetime contact with Oklahoma Health Professionals Program ("OHPP").
- b. Defendant shall abide by all recommendations of the Compliance Coordinator, Gary Ricks, including but not limited to random urine drug screens, Peth tests, hair tests, nail tests and breathalyzer (SoberLink) test.
- c. Defendant shall ensure OHPP provides quarterly reports to the Board Secretary and the Board's Compliance Coordinator of Defendant's progress and participation in OHPP including but not limited to meeting attendance records and any breathalyzer (SoberLink) test results.
- d. Defendant shall continue counseling for individual therapy with an approved provider who shall provide quarterly reports to the Board Secretary or Compliance Coordinator. Any changes to the therapist must be approved of in advance by the Board Secretary
- e. Defendant shall continue psychiatric counseling with an approved provider who shall provide quarterly reports to the Board Secretary or Compliance Coordinator. Any changes in the psychiatrist must be approved of in advance by the Board Secretary.
- f. Defendant shall continue his primary care with an approved provider who shall provide quarterly reports to the Board Secretary or Compliance Coordinator. Any changes to the primary care physician must be approved of in advance by the Board Secretary.
- g. Defendant shall obtain a pain management physician, who must be preapproved by the Board Secretary. The pain management physician must submit quarterly reports to the Board Secretary or Compliance Coordinator.

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- h. Defendant shall execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator or other Board designee to obtain copies of medical records and authorize the Compliance Coordinator or other Board designee to discuss Defendant's case with Defendant's treating physician and/or any physician hold Defendant's records.
- i. Defendant shall attend a minimum of four (4) twelve step recovery meetings per week and submit proof of attendance to the Compliance Coordinator.
- j. Defendant shall not work more than forty-five (45) hours per week. The allowed time to work shall include seeing patients, as well as any charting. Additional hours can be approved by the Board Secretary.
- k. Defendant shall only practice in a group setting.
- l. All of Defendant's prospective employment related to the medical field and any workplace 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 telemedicine. If Defendant desires to change his employment, the proposed working environment must be approved of in advance by the Board Secretary.
- m. If requested by the Board Secretary, Defendant shall submit to neurocognitive screening at a place preapproved by the Board Secretary.

**Standard Terms:**

- n. Defendant shall conduct his practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act ("Act") as interpreted by the Board. Any question of interpretation regarding the Act or this Order shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Board or its authorized designee. 59 O.S. § 480, *et seq.*
- o. Defendant shall furnish a file-stamped copy of this Order 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.
- p. Defendant will keep the Board informed of his current address.
- q. 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.

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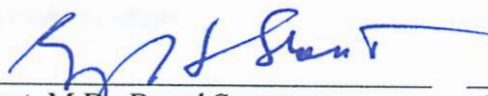


- r. Until such time as all indebtedness to the Board has been satisfied, Defendant will reaffirm said indebtedness in any bankruptcy proceeding.
- s. Defendant shall promptly notify the Board Secretary or Compliance Coordinator of any citation or arrest for traffic or for criminal offenses.
- t. Upon request, Defendant shall make himself available for one or more personal appearances before the Board or its designee.
- u. If Defendant moves his residence or practice location out of the state of Oklahoma during this Order, this Order will be tolled until such time as Defendant returns to the state of Oklahoma and begins practicing within the state. Defendant will notify the Board Secretary and/or Compliance Coordinator prior to moving out-of-state.
- v. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or authorized designee.
- w. 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 shearing.
- x. Immediately upon learning that a licensee is in violation of a Board-ordered probation, the Executive Director of the Board may summarily suspend the license based on imminent harm to the public and assign a shearing date for the matter to be presented at the next scheduled Board meeting. 59 O.S. § 506(B).

7. 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.

8. A copy of this Order shall be provided to Defendant as soon as it is processed.

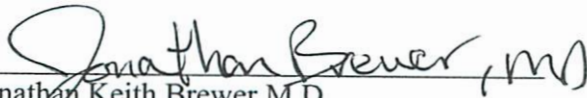
Dated this 18<sup>th</sup> day of January, 2024.




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



Steven Katsis, M.D., President  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION



Jonathan Keith Brewer M.D.  
License MD 20530

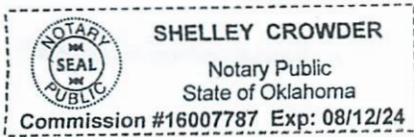
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**ACKNOWLEDGMENT**

STATE OF OKLAHOMA )  
 ) ss.  
COUNTY OF Oklahoma )

This instrument was acknowledged before me on the 18<sup>th</sup> day of January,  
2024, by Jonathan Keith Brewer, MD \_\_\_\_\_.



Shelley Crowder  
Notary Public  
Commission Expiration: Aug. 12, 2024

**CERTIFICATE OF SERVICE**

This is to certify that on the 19<sup>th</sup> day of January, 2024, the foregoing instrument was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail  
Jonathan K. Brewer, M.D.  
1241 E. 29<sup>th</sup> St.  
Tulsa, OK 74114

Shelley Crowder  
Shelley Crowder

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# Oklahoma Medical Licensure Boards

## Medical Doctors - MD

## Doctors of Osteopathy - DO



### License Details

Last Update: Thursday, January 2, 2025 3:47 AM CST

### Wallet Card

LUCIO, LINDA	
<b>Practice Address:</b> <a href="#">LONG TERM CARE SPECIALISTS</a> <a href="#">5721 NW 132ND ST</a> <a href="#">OKLAHOMA CITY OK 73142</a> Address last updated on 1/29/2024  <b>Phone #:</b> (405) 557-1200 <b>Fax #:</b> (405) 557-1977 <b>County:</b> OKLAHOMA <b>License:</b> 18290 <b>Dated:</b> 11/18/1992 <b>Expires:</b> 11/1/2025 <b>Training Issued:</b> 6/27/1991 <b>Training Expires:</b> 12/31/1992 <b>License Type:</b> Medical Doctor <b>Specialty:</b> Internal Medicine <b>NPI #:</b> 1831394832	<b>Status:</b> Active <b>Status Class:</b> Fully Licensed <b>Restricted to:</b> <b>Registered to Dispense:</b> NO <b>CME Year:</b> 2027 <b>Fee History:</b> 09/30/24 \$200.00 09/02/23 \$200.00 09/21/21 \$200.00  <b>Hospital Privileges:</b> INTEGRIS Baptist Portland Ave (fmly Deaconess Hospital) Oklahoma City, OK <b>References:</b> ROBERT ORY, MD, AZ (Letter) 06/20/91 BERNADETTE MARTIN, MD, AZ (Letter) 06/20/91 JERRY DEAN LEU, MD, OK (Letter) 08/03/92

### Supervisees

Supervisee	Type	License Number	Status	Time
<a href="#">JANIE LEE HOWARD</a>	PA	<a href="#">793</a>	Primary	

### Education History

School	Type	From	To	Degree	Verified
ARIZONA STATE UNIVERSITY, TEMPE, AZ		8/1974	12/1978	BA/PSYCHOLOGY	
GILA BEND HIGH SCHOOL, GILA BEND, AZ		8/1970	5/1974		

### Medical School

School	From	To	Degree	Primary Source Verified	Date Primary Source Verified	Transcript Verified	Transcript Waived
Univ Of Az Coll Of Med, Tucson AZ 85724	7/1987	5/1991	MD	Y		8/11/1992	N

### Postgraduate

School	Specialty	From	To	Primary Source Verified	Date Primary Source Verified	Certificate Verified	ACGME	ACGME Waived
COLLEGE OF MEDICINE OKC, OKLAHOMA CITY, OK, USA	INTERNAL MEDICINE	7/1992	6/1994	Y		08/06/92	08/06/92	N
COLLEGE OF MEDICINE OKC, OKLAHOMA CITY, OK, USA	INTERNAL MEDICINE	7/1991	6/1992	Y		06/25/92	06/24/92	N

### National Verifications

Type	Date Primary Source Verified
Federation Clearance	4/21/1992
AMA Profile	4/28/1992

### Practice History

Employer	Specialty	Supervisor	From	To	Verified
LONG TERM CARE SPECIALISTS, OKLAHOMA CITY, OK, USA	INTERNAL MEDICINE		5/2017		
DEACONESS, OKLAHOMA CITY, OK, USA	INTERNAL MEDICINE		6/2013	3/2017	
SELF EMPLOYED, OKLAHOMA CITY, OK, USA	INTERNAL MEDICINE		7/2003		
UNIVERSITY OF OKLAHOMA HSC, OKLAHOMA CITY, OK, USA	INTERNAL MEDICINE		8/1994	6/2003	
ST LUKE'S HOSP - COUNSELOR, PHOENIX, AZ, USA	YOUNG ADULT & CHEM DEP PROGRAM		12/1978	7/1987	

**Pending and/or Past Disciplinary Actions**

Date	Action	Reasons	Remarks
4/11/2018	Voluntary Submittal to Jurisdiction		
8/22/2017	Complaint Citation		
5/16/2013	Probation Ended		
9/18/2008	Probation		
7/31/2008	Complaint Citation		

Board Filings and/or Orders
<a href="#">04/11/2018</a> <a href="#">08/22/2017</a> <a href="#">08/22/2017</a> <a href="#">05/24/2013</a> <a href="#">09/18/2008</a> <a href="#">07/25/2008</a> <a href="#">07/25/2008</a>

**License Verification and Disclaimer**

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

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

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

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

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

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

Items highlighted in blue are Primary Source Verified.



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

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

STAFF MOTION

December 26, 2024

To: Board Members

Re: TERMINATION OF INDEFINITE PROBATION

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

Name	Probation Began
<b>LINDA LUCIO M.D., 18290</b>	<b>April 12, 2018</b>

Respectfully submitted,

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

Gary Ricks

Compliance Coordinator





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.18290, issued November 18, 1992.

#### **Prior Medical Board History Case No. 08-06-3527**

2. Defendant completed 6 weeks inpatient treatment for alcohol abuse at Rush in Illinois in 1998.
3. In 2000, Defendant relapsed on alcohol and was assessed.
4. In 2005, Defendant relapsed on alcohol and entered a ninety (90) day inpatient treatment at Pine Grove for alcohol abuse. Defendant entered into a monitoring contract with the Oklahoma Professionals Recovery program.
5. In 2007, Defendant tested positive for alcohol on a test administered by the Oklahoma Health Professionals Recovery Program. Defendant admitted that she had ingested alcohol.
6. In 2008, Defendant tested positive for alcohol on a drug test administered by the Oklahoma Health Professionals Recovery Program,
7. In June 2008, Defendant entered the Palmetto Addiction Recovery Center for in-patient treatment for Alcohol dependence.
8. On July 25, 2008, the Board filed a Complaint against Defendant in case number 08-06-3527.
9. On September 18, 2008, Defendant entered into a Voluntary Submittal to Jurisdiction ("VSJ") with the Oklahoma Medical Board and was placed on five (5) years of probation with certain conditions.
10. On May 13, 2013, Defendant's probation ended with the Board.

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**Current Board Allegations**  
**Case 17-03-5450**

11. On February 13, 2017, Defendant was arrested and charged with Driving Under the Influence of Alcohol in Oklahoma City Police Department, incident report number 17-012478.
12. On May 23, 2017, Defendant pled “No Contest” and received a six (6) month deferred sentence for this DUI in Oklahoma City Municipal Court, Citation number 16842172X.
13. On April 25, 2017, Board Investigator Stephen Washbourne (“IV Washbourne”), contacted Dr. Westcott at the OHPP and asked if Defendant was currently in his program. Dr. Westcott stated that Defendant is in the OHPP program and that she has signed a lifetime contract. Dr. Westcott stated that Defendant had completed an in-patient alcohol treatment at PRC.
14. On June 20, 2017, IV Washbourne interviewed Defendant and she stated she had taken prescribed Hydrocodone following knee surgery, begun drinking again after becoming depressed and admitted to driving while impaired on alcohol.

**CONCLUSIONS OF LAW**

15. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 O.S. § 480 *et seq.* and Okla. Admin. Code §§ 435:5-1-1 *et seq.*
16. Notice was 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.
17. The Board is authorized to suspend, revoke or order any other appropriate sanctions against the license of any physician or surgeon holding a license to practice medicine in the State of Oklahoma for unprofessional conduct. This authority is quasi-judicial. 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).
18. 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. 2011, § 309(E); Okla. Admin. Code § 435:5-1-5.1.
19. Based on the foregoing, the Parties stipulate and agree that Defendant is guilty of unprofessional conduct as follows:
  - a. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In

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enforcing this subsection the Board may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. 59 O.S. 2011, § 509(15); Okla. Admin. Code § 435:10-7-4(40);

- b. Conduct likely to deceive, defraud, or harm the public. Okla. Admin. Code § 435:10-7-4(11);
- c. Confession of a crime involving violation of the laws of this state. 59 O.S. 2011, § 509(7)(b);
- d. Habitual intemperance or the habitual use of habit-forming drugs. 59 O.S. 2011, § 509(4). The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient. Okla. Admin. Code § 435:10-7-4(3).

### ORDERS

**IT IS THEREFORE ORDERED** by the Oklahoma State Board of Medical Licensure and Supervision ("Board") as follows, effective from the date of an approved Attorney General Opinion:

1. 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. **LINDA LUCIO, M.D.** shall be placed on **INDEFINITE PROBATION**, including the following terms and conditions:

**Standard Terms:**

- a. Defendant will conduct her 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 she holds licensure or applies for licensure and to all hospitals, clinics or other facilities in which she holds or anticipates holding any form of staff privileges or employment.
- c. Defendant will keep the Board informed of her current address.
- d. Defendant will keep current payment of all assessments by the Board for prosecution, investigation and monitoring of her case, which shall include, but is not limited to, a fee of one hundred fifty dollars (\$150.00) per month during the

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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 that require surveillance of a licensed medical practitioner.
- g. Defendant will submit for analysis biological fluid specimens, including but not limited to, blood and urine, as well as hair follicle, upon request of the Board or its designee, and Defendant will pay the costs attendant thereto.
- h. Defendant will take no medication except that which is authorized by a physician treating her for a legitimate medical need. Defendant has the affirmative duty to inform any and every doctor treating her of the Board Order immediately upon initiation, or continuation of treatment.
- 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 make herself available for one or more personal appearances before the Board or its authorized designee upon request.
- k. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or authorized designee.
- l. 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.
- m. If Defendant moves her 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 prior to moving out-of-state.
- n. 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 a Board-ordered probation, the Executive Director of the Board may summarily suspend the license based on imminent harm to the public and

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assign a hearing date for the matter to be presented at the next scheduled Board meeting.

**Specific Terms:**

- o. 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:
  - 1. Mandatory attendance at OHPP Caduceus meetings.
  - 2. Attendance at four (4) Alcoholics Anonymous meetings per week. The AA meetings are in addition to the OHPP Caduceus meetings.
  - 3. Participate in the Sober Link program.
  - 4. Random urine drug screens.
  - 5. Random hair follicle testing.
  - 6. All meeting attendance records and results of drug and alcohol testing shall be submitted to the Board Compliance Coordinator.
- p. Defendant shall attend psychotherapy sessions with a therapist to be approved of in advance by the Board Secretary. The therapist shall provide quarterly reports to the Board Secretary, until Defendant is released by the therapist.
- q. Defendant shall obtain a psychiatrist to be approved of in advance by the Board Secretary. The psychiatrist shall provide quarterly reports to the Board Secretary, until Defendant is released by the psychiatrist.
- r. Defendant shall obtain a workplace monitor to be approved by Board Secretary who is not under the authority of Defendant, who has access to all of her patient charts. The workplace monitor shall be available to discuss the Defendant’s medical practice upon request with the Board Secretary and Compliance Coordinator.
- s. Defendant shall limit her practice to 40 hours per week and shall get prior approval from the Board Secretary before beginning any employment or changing employment.
- t. If Defendant does not have a primary care physician, she shall obtain one. The primary care physician shall be available to discuss the Defendant’s medical practice upon request with the Board Secretary.
- u. Defendant shall complete all scheduled return visits to PRC. Defendant shall provide quarterly reports from PRC (or sign the necessary releases for PRC to

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provide such quarterly reports) to the Board Secretary and the Compliance Coordinator until Defendant is released by PRC. Defendant shall call PRC® by March 15, 2018 and order to schedule her return visit.

- 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.**

Dated this 10 day of ~~January~~, 2018.

*8<sup>th</sup> February*  
*MARCH*

*[Handwritten signature]*

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

*[Handwritten signature]*

Linda Lucio, M.D.  
License MD 18290

*[Handwritten signature]*

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

*[Handwritten signature]*

Rachel A. Rogers  
Assistant Attorney General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
(405) 962-1400  
(405) 962-1499 Facsimile  
rrogers@okmedicalboard.org  
*Attorney for Plaintiff*

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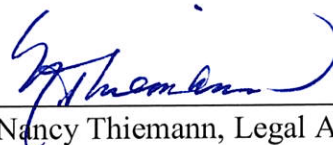


**Certificate of Service**

This is to certify that on the 13<sup>th</sup> day of April, 2018, a true and correct copy of this Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail

Linda Lucio, M.D.  
4334 N.W. Expressway, Suite 175  
Oklahoma City, Oklahoma 73116  
***Defendant, pro se***



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

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OFFICE OF ATTORNEY GENERAL  
STATE OF OKLAHOMA

ATTORNEY GENERAL OPINION  
2018-109A

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

April 11, 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 with respect to medical licensee MD 18290 in case 17-03-5450. The licensee has been previously disciplined by the Board and now is before the Board on similar complaints relating to the licensee's alcohol addiction. The Board proposes to place the licensee on an indefinite probation. The probation comes with specific terms that the licensee must abide by during the probation.

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 "[d]ishonorable or immoral conduct which is likely to deceive, defraud, or harm the public," and "[h]abitual intemperance or the habitual use of habit-forming drugs." 59 O.S.Supp.2017, §§ 503, 509(4), (8). The Board may reasonably believe that the proposed action is necessary to protect public health and safety.

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

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

MIKE HUNTER  
ATTORNEY GENERAL OF OKLAHOMA

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

AMANDA OTIS  
ASSISTANT ATTORNEY GENERAL

RECEIVED

APR 12 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 and Via email to [REDACTED]

December 6, 2024

Reham Ali, MD Applicant 44729  
[REDACTED]

9489 0090 0027 6398 4167 57

REQUEST FOR BOARD APPEARANCE

Your application for a special medical license to practice in the State of Oklahoma was reviewed by the Executive Team. Your application is held for an appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **January 23, 2025, at 9:00 a.m. CST**. You may appear in person at the office of the Oklahoma Medical Board of Licensure and Supervision, 101 NE 50<sup>th</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See *Okla. Admin. Code 493.4 and 435:10-11-3 below*). **You are entitled to retain legal counsel for representation in this matter.**

**You are appearing to discuss your request to obtain a special license through the Medical Board.**

This is your opportunity to answer questions provided by the Board regarding your application to obtain a special medical licensure.

***Oklahoma Administrative Code § 493.4. Special License and Special Training License***

- A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.
- B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.
- C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.
- D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.
- E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.
- F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.
- G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician

***Oklahoma Administrative Code § 435:10-11-3. Procedure for special licensure***

- (a) Absent Board determination of exceptional qualifications and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.
- (b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.
- (c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

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

Sincerely,

Billy H. Stout, M.D.  
Board Secretary

**REHAM ALI, MD  
APPLICANT 44729**

**SPECIAL LICENSURE REQUEST**

**STAFF RECOMMENDATION TO THE BOARD:**

Licensure is contingent upon the following:

- Completion of Board approved clinical skills assessment program with report provided to the Board Secretary; and
- Further continuing medical education (CME) structured based on the assessment report; and
- Structured mentorship and monitoring process for the first year of licensure issuance; and
- Practice limited to Stephenson Cancer Center at OU Medical Center campus in Oklahoma City

**Title 59 O.S. § 493.4. Special License and Special Training License**

A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.

B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.

C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.

D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.

E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.

F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.

G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician.

**OAC § 435:10-11-3. Procedure for special licensure**

(a) Absent Board determination of exceptional qualifications and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.

(b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.

(c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

**From:** [REDACTED]  
**To:** [Lisa Cullen](#)  
**Cc:** [REDACTED]  
**Subject:** [EXTERNAL] Re: Oklahoma Medical Board Appearance  
**Date:** Sunday, December 8, 2024 9:43:05 PM  
**Attachments:** [image001.png](#)

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Thanks Lisa, I confirm that I agree with all the staff recommendations.

Many thanks  
Reham

---

**From:** Lisa Cullen <[lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)>  
**Sent:** Friday, December 6, 2024 12:52 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Medical Board Appearance

**SLOW DOWN! - EXTERNAL SENDER: [lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)**

Be suspicious of tone, urgency, and formatting. **Do not click/open links or attachments on a mobile device. Wait until you are at a computer to confirm you are absolutely certain it is a trusted source.**

If you are at all uncertain use the Report Phish button and our Cybersecurity team will investigate.

Dr. Ali,

I also wanted to attach the staff recommendations to the Medical Board for special licensure. These were conveyed in the email I sent on October 21, 2024. If you do not agree with these recommendations you must let me know immediately.

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



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**From:** Lisa Cullen  
**Sent:** Friday, December 6, 2024 12:31 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]

**Subject:** Oklahoma Medical Board Appearance

Dr. Ali,

Your application has been prepared and will be presented at the January 23, 2025 Board meeting for consideration of your request for special licensure. I have copied Dr. Takebe on this email as well in the event she would like to attend in support of your application.

1. Please be advised that you are entitled to retain legal counsel representation in this matter.
2. You may appear in person or via Zoom, if you appear via Zoom you must log in at 8:30 a.m.
3. If you need to reschedule your appearance, respond to this email immediately.
4. **Confirmation of receipt of this letter and your intent to appear in person or zoom is required.**

I look forward to hearing back from you.

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



The information contained in this e-mail message may be privileged, confidential, and/or protected from disclosure. This e-mail message may contain protected health information (PHI); dissemination of PHI should comply with applicable federal and state laws. If you are not the intended recipient, or an authorized representative of the intended recipient, any further review, disclosure, use, dissemination, distribution, or copying of this message or any attachment (or the information contained therein) is strictly prohibited. If you think that you have received this e-mail message in error, please notify the sender by return e-mail and delete all references to it and its contents from your systems.

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

Type	Number	Name
MD	44729	REHAM ABDELWAHAB HASSAN ALI
MEDICAL DOCTOR		

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

AMA Profile Not Received (to be completed by OSBMLS Staff) Endorsed By Exam verification date ECFMG ECFMG Date USMLE Exams Incomplete
--

**Last Medical School Attended:**

915-05 Univ of Assiut, Fac of Med, Assiut, Egypt

**Number of Licenses Previously Granted to Graduates of this Medical School:7**

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            44729      REHAM ABDELWAHAB HASSAN ALI  
 MEDICAL DOCTOR

**Practice Address:**

November 04, 2024

CLINICAL ONCOLOGY

ASSIUT UNIVERSITY FACULTY OF MEDICINE/HOSPI

ASSIUT, 81528

NOT OKLAHOMA

EGYPT

**Status:**  
**Res:**  
**Received:** 11/04/2024  
**Entered:** 11/04/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:** 12/03/2024  
**AMA Rec:**  
**Board Action:**  
**License #:** 44729  
**Sex:** F  
**Ethnic Origin:** 1

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

	<b>Test</b>	<b>Score</b>	<b>Date Taken</b>	<b>Date Verified</b>	<b>Attempts</b>
<b>Test 1:</b>	USMLE 1	FAIL	1/31/14	12/10/24	1
<b>Test 2:</b>	USMLE 2	PASS	4/28/23	12/10/24	1
<b>Test 3:</b>	Note: <b>PASS</b> means higher than 75				
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

**PRE-MED EDUCATION****School Name:** DAR-ALANDALOS PRIVATE HIGH SCHOOL**City:** ASSIUT**State:**      **Country:** EGYPT**Degree:****From:** 9/1995      **To:** 6/1998      **Verified:****MEDICAL SCHOOL EDUCATION****Name:** Univ of Assiut, Fac of Med, Assiut, Egypt**Foreign Name:****City:** Assiut**State/Country:** Egypt**Degree:** M.B.B.CH DEGREE IN**From:** 10 / 1998**To:** 9 / 2004**Diploma Ver'd:**

Y



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

**Type**      **Number**      **Name**  
 MD            44729      REHAM ABDELWAHAB HASSAN ALI  
 MEDICAL DOCTOR

### POST GRADUATE EDUCATION

<b>Facility:</b> UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER		<b>Specialty:</b> GI MEDICAL ONCOLOGY	
<b>Res. Fellowship:</b> Fellowship/Research			
<b>City:</b> HOUSTON		<b>State:</b> TX	<b>Country:</b> UNITED STATES OF AMER
<b>Verified:</b> 11/15/2024		<b>From:</b> 9 / 2013	<b>To:</b> 9 / 2018
<b>ACGME Ver'd:</b>	Waived		
<b>Comments:</b>			

<b>Facility:</b> ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITA		<b>Specialty:</b> CLINICAL ONCOLOGY FELLOWSHIP AND DOCTORATE DEGREE	
<b>Res. Fellowship:</b>			
<b>City:</b> ASSIUT		<b>State:</b>	<b>Country:</b> EGYPT
<b>Verified:</b>	Waived	<b>From:</b> 3 / 2010	<b>To:</b> 10 / 2015
<b>ACGME Ver'd:</b>			
<b>Comments:</b>			

<b>Facility:</b> ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITA		<b>Specialty:</b> CLINICAL RESIDENCE AND MASTER OF SCIENCE DEGREE	
<b>Res. Fellowship:</b>			
<b>City:</b> ASSIUT		<b>State:</b>	<b>Country:</b> EGYPT
<b>Verified:</b>	Waived	<b>From:</b> 3 / 2006	<b>To:</b> 2 / 2010
<b>ACGME Ver'd:</b>			
<b>Comments:</b>			

<b>Facility:</b> ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITA		<b>Specialty:</b>	
<b>Res. Fellowship:</b>			
<b>City:</b> ASSIUT		<b>State:</b>	<b>Country:</b> EGYPT
<b>Verified:</b>	Waived	<b>From:</b> 3 / 2005	<b>To:</b> 2 / 2006
<b>ACGME Ver'd:</b>			
<b>Comments:</b>			

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

**Type**      **Number**      **Name**  
 MD            44729      REHAM ABDELWAHAB HASSAN ALI  
 MEDICAL DOCTOR

### PRACTICE HISTORY

**Employed:** UNIVERSITY OF TEXAS MD ANDERSON      **Supervisor:**  
 CANCER CENTER  
**City:** HOUSTON      **State:** TX      **Country:** UNITED STATES  
**Specialty:** ASSISTANT PROFESSOR IN      **From:** 11 / 2022      **To:** /      **Verified:**  
 THE DEPARTMENT OF  
 MELANOMA  
**Comments:**

**Employed:** ASSIUT UNIVERSITY, FACULTY OF      **Supervisor:**  
 MEDICINE AND HOSPITA  
**City:** ASSIUT      **State:**      **Country:** EGYPT  
**Specialty:** ASSOCIATE PROFESSOR      **From:** 11 / 2020      **To:** /      **Verified:**  
 AND CONSULTANT OF  
 CLINICAL ONC  
**Comments:**

**Employed:** CHOLANGIOCARCINOMA FOUNDATION      **Supervisor:**  
**City:** SALT LAKE      **State:** UT      **Country:** UNITED STATES  
**Specialty:** CHIEF SCIENTIFIC OFFICER      **From:** 2 / 2020      **To:** 11 / 2022      **Verified:**  
 AND DIRECTOR OF  
 RESEARCH  
**Comments:**

**Employed:** ASSIUT UNIVERSITY, FACULTY OF      **Supervisor:**  
 MEDICINE AND HOSPITA  
**City:** ASSIUT      **State:**      **Country:** EGYPT  
**Specialty:** LECTURER AND      **From:** 11 / 2015      **To:** 11 / 2020      **Verified:**  
 CONSULTANT OF CLINICAL  
 ONCOLOGY IN TH  
**Comments:**

**Employed:** ASSIUT UNIVERSITY, FACULTY OF      **Supervisor:**  
 MEDICINE AND HOSPITA  
**City:** ASSIUT      **State:**      **Country:** EGYPT  
**Specialty:** ASSISTANT LECTURER IN      **From:** 3 / 2010      **To:** 11 / 2015      **Verified:**  
 THE DEPARTMENT OF  
 CLINICAL O  
**Comments:**

**Employed:** NONE      **Supervisor:**  
**City:** ASSIUT      **State:**      **Country:** EGYPT  
**Specialty:** WINTER BREAK      **From:** 1 / 2005      **To:** 2 / 2005      **Verified:**  
**Comments:**

**Employed:** NONE      **Supervisor:**  
**City:** ASSIUT      **State:**      **Country:** EGYPT  
**Specialty:** COMPLETING FINAL EXAMS      **From:** 9 / 2004      **To:** 12 / 2004      **Verified:**  
 OF MEDICAL SCHOOL  
**Comments:**

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

**Type**      **Number**      **Name**  
MD            44729      REHAM ABDELWAHAB HASSAN ALI  
MEDICAL DOCTOR

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>

<b><u>DEFICIENCIES</u></b>
AMA Profile Not Received (to be completed by OSBMLS Staff)
Endorsed By
Exam verification date
ECFMG
ECFMG Date
USMLE Exams Incomplete

**LICENSE ELIGIBILITY QUESTIONNAIRE**

**INSTRUCTIONS: Please complete and submit with CV to [lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)**

Physician Name	Reham Abdelwahab Hassan Ali			Date	09/13/2024		
Email Address	[REDACTED]						
Are you a US citizen?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO			
Do you have a social security number?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO			
Are you licensed to practice in any US state?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO			
If yes, which state(s)							
Have you passed all 3 steps of USMLE?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO			
What is your specialty?	Clinical Oncology						
Which facility would you be employed by?	University of Oklahoma Health Sciences Center - Stephenson Cancer Center						
Would you be restricted to that facility only?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO			
Explain what you will be doing at the facility.							
Design and conduct novel clinical trials, provide patients care, oversee treatment protocols, mentor the younger generation of oncologists, and establish the Oncology Data Science Institute, these align with the Stephenson Cancer Center's mission to innovate cancer care							
<b>MEDICAL SCHOOL</b>							
Where did you complete Medical School?	Assiut Faculty of Medicine, Assiut University, Egypt						
Did you successfully complete Medical School?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO			
<b>POST GRADUATE TRAINING – UNITED STATES</b>							
Have you received any post graduate training in the US?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO			
If so, where did you attend?							
How many months of training did you receive?	<input type="radio"/>	12 months	<input type="radio"/>	24 months	Other, please specify	5-years postdoctoral fellowship at University of Texas MD Anderson Cancer Center	
Is the post graduate training accredited by ACGME?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO			
<b>POST GRADUATE TRAINING – NON-US</b>							
Have you received any post graduate training?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO			
If so, where did you attend?							
How many months of training did you receive?	<input type="radio"/>	12 months	<input type="radio"/>	24 months	Other, please specify	4-years residency & 5-years fellowship, Assiut University Hospitals, Egypt	
What is the accreditation of the post graduate training program?							
<input type="radio"/>	The Royal College of Physicians and Surgeons of Canada			<input type="radio"/>	The College of Family Physicians of Canada		
<input type="radio"/>	The Royal College of Surgeons of Edinburgh			<input type="radio"/>	The Royal College of Surgeons of England		
<input type="radio"/>	The Royal College of Physicians and Surgeons of Glasgow			<input type="radio"/>	The Royal College of Surgeons in Ireland		
<input checked="" type="radio"/>	Other, please specify: Egyptian Medical Syndicate						

**Lisa Cullen**

---

**From:** Takebe, Naoko (HSC) [REDACTED]  
**Sent:** Friday, October 11, 2024 3:04 PM  
**To:** Lisa Cullen  
**Cc:** [REDACTED] [REDACTED] [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Special Medical License

Hello Ms. Cullen,

Thank you for your update on Dr. Hassan and Dr. Hassan Ali's application.  
Please see my response to the questions addressed by the executive team.

What duties will be performed by Dr. Hassan and Dr. Hassan Ali at OU?

- Dr. Hassan - Will evaluate and treat cancer patients who developed immunotherapy-related toxicities at the Stephenson Cancer Center, seeking advanced treatment options. Dr. Hassan will also evaluate and treat autoimmune disease patients at the OU rheumatology/immunology clinic. Dr. Hassan will conduct data analysis on patients who participated in clinical trial protocols and publish the data. Dr. Hassan will teach and educate fellows, residents, nurses, APPs, and patients on immune-toxicity-related subjects. She will be the point of contact for all faculty members at Stephenson Cancer Center who treat patients who encounter severe toxicities, which will require expertise.
- Dr. Hassan Ali - Will evaluate and treat patients with melanoma, skin cancer, and other solid tumors at the Stephenson Cancer Center seeking advanced treatment options. Dr. Hassan-Ali will write clinical trials and conduct research studies. She will collect the data from these studies, write and publish manuscripts. She will also be part of the biospecimen bank committee and data science team to accelerate oncology research at the Stephenson Cancer Center. She will also teach fellows and residents, nurses, and APPs at the cancer center.

What physicians are currently performing these duties at OU?

- At this point, no designated physicians at OU/SCC can perform the same degree of care and research that Dr. Hassan and Dr. Hassan Ali will cover if they arrive here. For melanoma patients, we lost a melanoma specialist a few years ago, and a thoracic cancer specialist at SCC is covering it for now.
- There are no immune-toxicity specialists at OU/SCC. Each organ specialist has been consulted by faculty to treat and care for these special populations.

Thank you.

Best regards,  
Naoko

Naoko Takebe MD., PhD.

[REDACTED]  
405-271-8001 ext. 53277

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**From:** Lisa Cullen <lcullen@okmedicalboard.org>  
**Sent:** Friday, October 11, 2024 12:53 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Special Medical License

Dr. Takebe,

The Executive Team has met regarding Dr. Hassan and Dr. Hassan Ali. Additional information is being requested from each of them and I am following up with them via email.

What duties will be performed by Dr. Hassan and Dr. Hassan Ali at OU?  
What physicians are currently performing these duties at OU?

I look forward to your response.

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



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**From:** Takebe, Naoko (HSC) [REDACTED]  
**Sent:** Thursday, September 12, 2024 2:03 PM  
**To:** Lisa Cullen <lcullen@okmedicalboard.org>  
**Cc:** [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Special Medical License

Dear Ms. Cullen,

It was very nice talking to you this morning about my query regarding "special" licensing for two Egyptian clinician-scientist faculty members from MD Anderson Cancer Center (MDACC) who completed their US equivalent internal medicine residency and fellowship program in their country prior to moving to MDACC. Based on our discussion, I am going to do the following:

1. I will contact Dr. Reham Abdelwahab Hassan Ali, MD PhD, and Dr. Noha Abdelwahab, MD PhD, to send you an email with their CVs and cover letters individually. The purpose of this email is to have their applications evaluated by the board.
2. I will email you with the name of the orthopedic surgeon who went through the special license program in Oklahoma.





**Reham Abdel-Wahab Hassan Ali, MD, PhD**

Assistant Professor, Department of  
Melanoma Medical Oncology, MD  
Anderson Cancer Center, Houston, TX

Associate Professor and Consultant of  
Clinical Oncology, Assiut University  
Hospitals, Faculty of Medicine, Egypt

September 15<sup>th</sup>, 2024

**Dear Members of the Oklahoma Medical Board,**

I am respectfully requesting your consideration for issuing a Specific or Faculty Temporary License that would allow me to practice medicine and see patients at the Stephenson Cancer Center under the supervision of a fully licensed faculty. As, some states' medical boards, including Texas, Ohio, Florida, Tennessee... etc. currently provide Faculty Temporary Licenses for clinicians who have valid licenses to practice medicine and surgery issued by another country, I would appreciate it if you could consider my request and provide me with the Faculty Temporary License.

I believe that I could make meaningful contributions to patient care and research at the Stephenson Cancer Center as I have gained extensive clinical and research experience through my career as a clinical oncologist and translational investigator, particularly in solid tumors. I completed 4-years residency (2010) and 5-years combined Clinical Oncology fellowship with Ph.D. (2015) in Egypt. I moved to the U.S. in 2013 after receiving a highly competitive scholarship award from the Egyptian Ministry of Higher Education to join the University of Texas MD Anderson Cancer Center to pursue additional clinical and translational research training, where I completed a 5-year postdoctoral research fellowship. After completing my fellowship, I returned to Egypt where I was an Assistant Professor of Clinical Oncology at Assiut University Faculty of Medicine. At the same time, I served as a Consultant Clinical Research Investigator for the Department of Gastrointestinal Medical Oncology at MD Anderson and then as the Chief Scientific Officer and Director of Research at the Cholangiocarcinoma Foundation. In 2022, I returned to MD Anderson as an Assistant Professor in the Department of Melanoma Medical Oncology. In addition, I hold a tenured Associate Professor and Consultant of Clinical Oncology position at Assiut University Hospitals & Faculty of Medicine in Egypt. These roles have enabled me to contribute to both groundbreaking oncology research in the U.S. and critical clinical care for cancer patients in a high-need area abroad.

At MD Anderson, my work primarily focuses on improving clinical outcomes of cancer patients through conducting immunotherapy clinical trials, where I have served as one of the principal investigators on several studies involving innovative approaches such as novel cytokine therapies, intra-tumoral therapies, adoptive cellular therapies, and tumor vaccines. Moreover, I have focused on developing the immunology comprehensive databases, aiming to understand the natural history of cancers primarily rare cancers, explore racial disparity in response to various treatment strategies, identify immune and genetic biomarkers for risk stratification, and advance personalized treatment approaches. I also commit 10% of my time to mentoring hematology/oncology fellows at MD Anderson, and master's and PhD students at the University of Texas Graduate School of Biomedical Science where I am serving as an Associate Member. Moreover, I have been nominated to serve on the Institutional Review Board Committee and the Faculty Senate. While in Egypt, my work primarily focuses on providing clinical care for patients, supervising medical students, residents, and fellows, conducting tumor boards, and ensuring adherence to

international treatment guidelines, even in resource-limited settings. This experience has honed my ability to deliver high-quality patient care while simultaneously advancing clinical research initiatives.

As part of my extramural activities, I founded a joint virtual mentorship program between the Cholangiocarcinoma Foundation (USA) and the European Cholangiocarcinoma Network. This initiative supports junior researchers by pairing them with internationally recognized leaders in cholangiocarcinoma, providing mentorship on career development and scientific growth, as well as offering a series of lectures for both mentors and mentees. I also established the Mentor-Student Research Link at Assiut University Faculty of Medicine, connecting medical students with research mentors based on their specific areas of interest. Additionally, I have contributed to several global virtual mentorship programs, including the ASCO Virtual Mentoring Program and the Publon Academy Practical Peer Review Training Course, to support young oncology investigators worldwide and I serve on the editorial board of the American Society of Clinical Oncology Educational Book and several prestigious oncology scientific journals.

Therefore, being able to directly interact with patients as well as the hematology/oncology fellows and oversee treatment protocols at the Stephenson Cancer Center would allow me to advance cancer treatment by integrating research and education into clinical care. Indeed, this role would help me fully leverage my skills in designing and conducting trials, mentoring the younger generation of oncologists, and establishing the Oncology Data Science Institute, these align significantly with the Stephenson Cancer Center's mission to innovate cancer care.

Thank you for your time and consideration of my request, and I am happy to provide any additional documentation or information as needed to support my application.

Sincerely,

*Reham Abdel-Wahab*

Reham Abdel-Wahab, MD, PhD

**RECEIVED**

SEP 13 2024

OKLAHOMA STATE BOARD OF  
 MEDICAL LICENSURE  
 AND SUPERVISION

## CURRICULUM VITAE

**NAME AND DEGREES** Reham Abdelwahab Hassan Ali (Reham Abdel-Wahab), MD, PhD

**OFFICE ADDRESS** The University of Texas MD Anderson Cancer Center  
 1515 Holcombe Blvd  
 Suite FC11.3010  
 Unit 430  
 Houston, TX 77030

**OFFICE PHONE** 281-928-8651

**OFFICE EMAIL** [REDACTED]

**CITIZENSHIP** Egyptian, O1 visa holder  
 Applied for her green card through the national interest waiver pathway.  
 Received the I-140 green card approval. Currently, in the process of getting a J1  
 visa waiver to adjust my status.

**ECFMG** Passed Step 2 CK

**MEDICAL LICENSE** Eligible for Faculty Temporary License

Nov 2015–Present: Consultant of Clinical Oncology, License No. 29197

Dec 2009–Present: Specialist of Clinical Oncology, License No. 29195

Mar 2006–Present: Egyptian Medical Syndicate, License No. 169625

Mar 2006–Present: Egyptian Ministry of Health, License No. 169625

## PERSONAL STATEMENT

As a clinical oncologist and translational investigator with a Ph.D. in clinical research, I have dedicated my career to advancing cancer treatment and research, particularly focusing on solid tumors. Currently, I am serving as an Assistant Professor in the Department of Melanoma Medical Oncology at the University of Texas MD Anderson Cancer Center in Houston, Texas, USA, and holding a tenured faculty position as an Associate Professor and Consultant of Clinical Oncology in the Department of Clinical Oncology & Nuclear Medicine at Assiut University Faculty of Medicine and Assiut University Hospitals in Egypt. These dual roles have provided me with a unique perspective on the global oncology landscape, allowing me to contribute to both cutting-edge research in the United States and essential clinical work in a high-need area.

My research primarily focuses on the interplay between tumor biology and immunology, aiming to enhance clinical trials and establish centralized comprehensive databases that deepen our understanding of cancer's natural history and prognostic and predictive biomarkers of response and toxicity. My early research, which identified insulin-like growth factors as potential prognostic markers for hepatocellular carcinoma, earned me a prestigious scholarship from the Egyptian Ministry of Higher Education. This opportunity led to a five-year research fellowship at MD Anderson in the Department of Gastrointestinal (GI) Medical Oncology from September 2013 to September 2018. During this fellowship, I led and participated in various research projects and clinical trials in GI malignancies and secured funding from extramural agencies such as the US Department of Defense (DoD) and the American Society of Clinical Oncology (ASCO) Conquer Cancer Foundation.



Following my fellowship, I served as a Consultant Clinical Research Investigator for the GI Medical Oncology Department at MD Anderson and later took on the role of Chief Scientific Officer and Director of Research at the Cholangiocarcinoma Foundation. There, I established a centralized cholangiocarcinoma database and virtual biorepository, and co-lead the International Cholangiocarcinoma Research Network which has more than 100 cancer institution members working together on several bench-to-bed research and educational projects to advance our collective understanding of this challenging disease.

In my current role at MD Anderson, I continue to focus on developing novel immunotherapeutic strategies to enhance clinical outcomes and identifying biomarkers for treatment response, resistance, and toxicity. My work has led to significant contributions in clinical trials, including serving as PI/Co-PI clinical trials exploring novel cytokine therapies, intratumoral therapy, adoptive cellular therapies, and innovative tumor vaccines. I have also spearheaded the establishment of the Melanoma Immuno-Oncology Database, a centralized comprehensive pro-/retrospective database on Research Electronic Data Capture (REDCap), encompassing detailed patient data on demographics, comorbidities, disease risk factors, clinicopathological parameters, genomic/immune profiling, treatment modalities, tumor outcomes, immune-related adverse events (irAEs), and patient-reported outcomes (PROs) to advance personalized treatment strategies.

Throughout my career, my work has been recognized with numerous prestigious awards, including the ASCO/Conquer Cancer Foundation Global Young Investigator Award, the MD Anderson Marion Edwards Fellowship Award in Hepatic Oncology, the Technology Transfer Award from the European Society for Radiation Oncology (ESTRO), and the Leadership Award from the Memorial Sloan Kettering Cancer Center and the American University of Beirut. I have also authored 31 peer-reviewed publications, contributed to two book chapters, presented 69 abstracts, had 16 oral presentations, and received funding for nine research proposals funded by the US Department of Defense, ASCO, pharmaceutical companies, and philanthropic organizations. My ongoing research includes six additional manuscripts, 2 book chapters, and three pending federal and foundation grant applications (R01, Gateway for Cancer Research).

### CURRENT APPOINTMENT

Jan 2024-present	Associate Member MD Anderson UTHealth Graduate School of Biomedical Sciences
Nov 2022–Present	Assistant Professor Melanoma Medical Oncology The University of Texas MD Anderson Cancer Center
Nov 2020–Present	Tenure Associate Professor and Consultant of Clinical Oncology Clinical Oncology Department Assiut University Hospitals, Faculty of Medicine

### PAST APPOINTMENTS

Feb 2020 – Nov 2022	Chief Scientific Officer and Director of Research Cholangiocarcinoma Foundation
Nov 2015 – Nov 2020	Tenure Lecturer and Consultant of Clinical Oncology Clinical Oncology Department Assiut University Hospitals, Faculty of Medicine
Mar 2010 – Nov 2015	Assistant Lecturer Clinical Oncology Department Assiut University Hospitals, Faculty of Medicine

### EDUCATION, EXPERIENCE, AND SERVICE

**DEGREES OBTAINED**

- 2015 Ph.D. in Clinical Oncology  
Assiut University, Faculty of Medicine  
Assiut  
Egypt
- 2009 M.Sc. in Clinical Oncology  
Assiut University, Faculty of Medicine  
Assiut  
Egypt
- 2005 MD  
Assiut University, Faculty of Medicine  
Assiut  
Egypt

**POSTGRADUATE TRAINING**

- Sep 2013–Sep 2018 Postdoctoral Fellowship, Department of Gastrointestinal Medical Oncology  
The University of Texas MD Anderson Cancer Center  
Houston  
USA
- Sep 2012–Oct 2012 Visiting Clinical Fellow, Division of Clinical Oncology  
Aarhus University Hospital  
Aarhus  
Denmark
- Oct 2011–Nov 2011 Visiting Clinical Fellow, Department of Hematology/Oncology  
Hospital for Sick Children  
University of Toronto  
Toronto  
Canada
- May 2011–Sep 2011 Visiting Scientist  
Princess Margaret Hospital  
University of Toronto  
Toronto  
Canada
- Apr 2010–Oct 2015 Post-Graduate Student, Faculty of Medicine  
Faculty of Medicine  
Assiut University  
Assiut  
Egypt
- Mar 2010–Nov 2015 Clinical Research Fellowship, Department of Clinical Oncology  
Assiut University Hospitals  
Assiut  
Egypt
- May 2009–Jul 2009 Visiting Clinical Fellow, Department of Radiation Oncology  
Children's Cancer Hospital Egypt (CCHE)-57357  
Cairo University  
Cairo

## Egypt

- Oct 2006–Dec 2009 Post-Graduate Student, Faculty of Medicine  
Faculty of Medicine  
Assiut University  
Assiut  
Egypt
- Mar 2006–Feb 2010 Clinical Residency, Department of Clinical Oncology  
Assiut University Hospitals  
Assiut  
Egypt
- Mar 2005–Feb 2006 Clinical Internship  
Assiut University Hospitals  
Assiut  
Egypt

**HONORS AND PRIZES**

- 2023 Educational Award  
Society for Immunotherapy of Cancer (SITC) Clinical Immuno-Oncology Network (SCION) Workshop
- 2018 Postdoctoral Travel Award  
The University of Texas MD Anderson
- 2018 Global Oncology Young Investigator Award  
Conquer Cancer Foundation/ American Society of Clinical Oncology (ASCO)
- 2017 Postdoctoral Poster Competition Finalist  
7th Annual Postdoctoral Science Symposium, The University of Texas MD Anderson Cancer Center
- 2017 Educational Scholarship  
International Society of Gastrointestinal Oncology (ISGIO)
- 2017 The Marion D. Edwards Fellowship Award in Hepatic Oncology  
The University of Texas MD Anderson
- 2015 Postdoctoral and Clinical Fellow Poster Competition Finalist, Trainee Research Day  
The University of Texas MD Anderson Cancer Center
- 2015 Research Scholarship  
Egyptian Ministry of Higher Education
- 2014 Research Scholarship  
Egyptian Ministry of Higher Education
- 2014 Postdoctoral and Clinical Fellow Oral Competition Finalist, Trainee Research Day  
The University of Texas MD Anderson Cancer Center
- 2013 Research Scholarship  
Egyptian Ministry of Higher Education



- 2013 Leadership Award  
Memorial Sloan Kettering Cancer Center and American University of Beirut
- 2013 Inaugural Course of Oncological Sciences Travel Bursary  
Memorial Sloan Kettering Cancer Center and American University of Beirut
- 2012 Technology Transfer Grant  
European Society for Radiation and Oncology (ESTRO)
- 2012 Travel Bursary, Preceptorship on GI Neuroendocrine Tumor Meeting  
European Society of Medical Oncology (ESMO), Singapore
- 2012 Travel Bursary, Preceptorship on GI Neuroendocrine Tumor Meeting  
European Society of Medical Oncology (ESMO), Berlin
- 2010 Travel Bursary  
European Hematology Association (EHA)

#### COMMITTEE SERVICE

- Intramural, 2024-2027 Faculty Senator  
The University of Texas MD Anderson Cancer Center Faculty Senate
- Intramural, 2024–Present Member  
MD Anderson Cancer Center Research Faculty Appointment (RFA) Task Force  
The University of Texas MD Anderson Cancer Center
- Intramural, 2023–Present Member  
MD Anderson Cancer Center IRB Committee  
The University of Texas MD Anderson Cancer Center
- Intramural, 2023–Present Member  
MD Anderson Cancer Center Junior Faculty Committee  
The University of Texas MD Anderson Cancer Center
- Intramural, 2023–Present Member  
MD Anderson Global Health Committee  
The University of Texas MD Anderson Cancer Center
- Intramural, 2022–Present Member  
MD Anderson 1:1 Career Mentoring Program  
The University of Texas MD Anderson Cancer Center

#### PROFESSIONAL SOCIETIES

- 2024 SWOG Member  
MD Anderson SWOG Cancer Research Network Roster
- 2024 ECOG-ACRIN Cancer Research Group Member  
Eastern Cooperative Oncology Group – American College of Radiology Imaging Network (ECOG-ACRIN)
- 2024 NCI Alliance for Clinical Trials in Oncology, Immuno-Oncology Committee Member  
National Cancer Institute (NCI)
- 2024 SITC Fellowship Awards Review Committee Member

	Society of Immunotherapy Cancer (SITC)
2023	Annual Conference Abstract Reviewer Committee Member Society of Immunotherapy Cancer (SITC)
2019–Present	Diversity Mentoring Program Member American Society of Clinical Oncology (ASCO)
2019–Present	Virtual Mentoring Program Member American Society of Clinical Oncology (ASCO)
2019–Present	Member American Association for Cancer Research (AACR)
2018–Present	Publishing Research Group Member American Society of Clinical Oncology (ASCO)
2018–Present	Trainee Council Committee Member American Society of Clinical Oncology (ASCO)
2018–Present	Daily News Writing/Podcast Sources American Society of Clinical Oncology (ASCO)
2018–2020	Chief Executive Officer representing Assiut University Union for International Cancer Research (UICC)
2017–2019	Associate Program Director International Cholangiocarcinoma Research Network (ICRN)
2017–Present	Member Society of Immunotherapy Cancer (SITC)
2014–2022	Member Hepatocellular Carcinoma Epidemiology Consortium (HCCEC)
2012–Present	Member American Society of Clinical Oncology (ASCO)
2012–2013	Member Egyptian Mentor-Student Research Link Program Committee
2012–2013	Member Post-Graduate Study Committee, Quality Assurance Unit, Assiut Faculty of Medicine
2012–Present	Member European Society of Medical Oncology (ESMO)
2009–2012	Member European Society of Therapeutic Radiation Oncology (ESTRO)
2006–Present	Member Egyptian Society of Oncology (ESO)

**GRANT REVIEW ACTIVITIES**

2024	Member, SITC Fellowship Awards Review Committee Member
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- 2020–Present Member, The U.S. - Egypt Science and Technology Development Fund (STDF)  
Governmental fund
- 2020–2022 Member, Cholangiocarcinoma Foundation Research Fellowship Award  
Non-profit organization funding

#### EDITORIAL ACTIVITIES

Member  
Gastrointestinal Malignancy  
International Journal of Gastroenterology Disorders & Therapy

Member  
Acta Scientific Gastrointestinal Disorders Journal (ASGIS)

Member  
Current Trends in Radiation Oncology and Cancer

Member  
ECronicon Cancer Open Access Journal

Member  
International Journal of Clinical Oncology and Cancer Research

Member  
Current Research in Oncology Journal

Member  
ASCO Annual Educational Book

#### PEER REVIEW ACTIVITIES

Journal Reviewer  
Asian Pacific Journal of Cancer Prevention (APJCP)

Journal Reviewer  
BMC Cancer

Journal Reviewer  
Cancer Management and Research

Journal Reviewer  
Cancer Science & Research: Open Access

Journal Reviewer  
Clinical Epidemiology

Journal Reviewer  
Clinical Interventions in Aging

Journal Reviewer  
Clinical Medicine Insights: Gastroenterology

Journal Reviewer  
Clinical Medicine Insights: Oncology

Journal Reviewer  
Egyptian Journal of Radiology and Nuclear Medicine

Journal Reviewer  
European Journal of Cancer Prevention

Journal Reviewer  
Frontiers in Genetics

Journal Reviewer  
Gastrointestinal Cancer: Target and Therapy

Journal Reviewer  
JCO Clinical Cancer Informatics

Journal Reviewer  
Journal of Cancer Therapy

Journal Reviewer  
Oncotarget

Journal Reviewer  
OncoTarget and Therapy

Journal Reviewer  
Patient Preference and Adherence

Journal Reviewer  
Supportive Care in Cancer

Abstract Reviewer  
Society of Immunotherapy of Cancer (SITC) Annual Conference

#### OTHER ACTIVITIES

ECOG-ACRIN Training, September 2024

- a. Medidata Classic Rave EDC Essentials for Investigators with Data Entry
- b. Medidata Classic Rave EDC Essentials for Read-Only Users
- c. Introduction to Medidata Coder
- d. Rave Advanced Rave EDC for Site Users
- e. ECOG-ACRIN Supplemental eLearning
- f. BOXI to BO4 Upgrade Training

Clinical Research Curriculum, The University of Texas School of Medicine, Houston, TX, USA, April 2015 - February 2016

- a. Translational research Literature appraisal
- b. Clinical trials
- c. NIH grant submission and review pathway
- d. Introduction to epidemiology

CERTaIN Pragmatic Clinical Trials: A Hands-On Workshop, The University of Texas MD Anderson Cancer Center, Houston, Texas, USA, 2017

Leadership Courses, Faculty and Leadership Development Center, Assiut University, Assiut, Egypt, 2008 - 2019

- a. Communication Skills
- b. Conference Organization
- c. Credit Hour System

- d. E-Learning – Advanced
- e. E-Learning - Basic
- f. How to Activate the E-Course
- g. How to Design the E-Course
- h. International Publishing of Research Use of Technology in Teaching
- i. Legal and Financial Aspects in University Environment Research Ethics
- j. Quality Standards in Teaching
- k. Research Ethics
- l. Scientific Research Funding and Grants
- m. Statistical Analysis in Scientific Research
- n. Time and Conference Management Effective Presentation

Writing and Publishing Scientific Articles Workshop, The University of Texas MD Anderson Cancer Center, Houston, TX, USA, 2014

Writing Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, USA, 2014

NIH training: FY13-14 Responsible Conduct of Research, MD Anderson Cancer Center, Houston, TX, USA, October 2014– January 2016

- a. Data acquisition, management, sharing, and ownership
- b. Ethical issues in biomedical research
- c. Peer review
- d. Research misconduct and policies for handling misconduct
- e. Safe laboratory practice
- f. Conflict of interest and commitment
- g. Publication practices and responsible authorship
- h. Mentor/Trainee responsibility

## RESEARCH PROJECTS

### GRANTS, CONTRACTS, AND SPONSORED RESEARCH AGREEMENTS

Applied for, Sep 5, 2024–Sep 05, 2029	Phase 1 Dose Escalation and Expansion Study of PRAME T cell receptor (TCR) Engineered NK Cells in Patients with Recurrent and/or Refractory Melanoma (PRAMETIME-Mel) Grant National Institutes of Health (NIH) – R01 PI (\$\$3,979,973; \$795,994 /year)
Applied for, Jul 01, 2024–Jul 01, 2029	Phase I Dose Escalation and Expansion Study to Assess the Safety and Efficacy of mbIL15IMA203 in Recurrent and Refractory Melanoma Patients Grant National Institutes of Health (NIH) – R01 PI (\$3,969,968; \$794,037/year)
Applied for, Apr 01, 2024–Apr 01, 2028	Phase I/II Study to Assess the Safety and Efficacy of Isunakinra in Combination with Ipilimumab and Nivolumab for Advanced Melanoma Patients Grant Cancer Prevention Research Institutes of Texas (CPRIT) PI (\$1,982,885; \$495,681/year)
Applied for, Apr 01, 2024–Apr 01, 2028	Phase I/II Study to Assess the Safety and Efficacy of Isunakinra in Combination with Ipilimumab and Nivolumab for Advanced Melanoma Patients Grant Gateway for Cancer Research PI (\$1,500,000; \$374,969/year)

Applied for, Mar 01, 2024–Mar 01, 2029	Development of Therapeutic Strategies for Decoupling Autoimmunity from Antitumor Immunity in Melanoma Patients Treated with Immune Checkpoint Inhibitors Grant Institutes of Health (NIH) – R01 Co-I (\$3,862,462; \$772,535/year)
Applied for, Mar 01, 2024–Mar 01, 2029	Sarilumab plus ipilimumab/nivolumab for patients with metastatic melanoma, Gateway for Cancer Research Grant Gateway for Cancer Research Co-I (\$1,500,000; \$300,016/year)
Applied for, Feb 01, 2024–Feb 01, 2026	Phase I/II Study to Assess the Safety and Efficacy of Isunakinra in Combination with Ipilimumab and Nivolumab for Advanced Melanoma Patients Grant Institutional Research Grant (IRG) PI (\$75,000; \$37,471/year)
Past, Sep 01, 2020–Sep 01, 2021	International Cholangiocarcinoma Patient Registry, Investigator initiated study Grant Agiros PI (\$20,000; \$20,012/year)
Past, Sep 01, 2020–Sep 01, 2021	International Cholangiocarcinoma Patient Registry, Investigator initiated study Grant AstraZeneca PI (\$20,000; \$20,012/year)
Past, Sep 01, 2020–Sep 01, 2021	International Cholangiocarcinoma Patient Registry, Investigator initiated study Grant Incyte PI (\$23,000; \$23,014/year)
Past, Sep 01, 2020–Sep 01, 2021	International Cholangiocarcinoma Patient Registry, Investigator initiated study Grant QED PI (\$20,000; \$20,012/year)
Past, Jul 01, 2018–Jun 30, 2019	Genomic and Immunologic Profiling in Asian versus Western Extrahepatic Cholangiocarcinoma Patients Grant Conquer Cancer Foundation/ASCO PI (\$50,000; \$50,168/year)
Past, May 01, 2018–May 01, 2022	Genomic/Immunological Heterogeneity of Intrahepatic Cholangiocarcinoma: Clinical and Translational Studies by International Cholangiocarcinoma Research Network, Peer Reviewed Cancer Research Program Translational Team Science Award - Clinical Trial Grant Department of Defense (DOD) CO-I (\$1,411,321; \$352,801/year)
Past, Sep 23, 2013–Sep 22, 2015	Validation of an IGF-CTP Scoring System for Assessing Hepatic Reserve in Egyptian Patients with Hepatocellular Carcinoma



	Grant Egyptian Ministry of Higher Education PI (\$65,000; \$32,564/year)
Past, Jul 01, 2013–Jul 01, 2015	Genetic Predisposition for Paraneoplastic Rheumatic Syndromes in Solid Tumor Grant Faculty of Medicine Grant Office, Egyptian Ministry of Higher Education - Assiut University CO-I (\$10,000; \$5,003/year)
Past, Sep 01, 2012–Sep 30, 2012	Image-Guided Gynecological Brachytherapy Grant European Society for Radiotherapy & Oncology (ESTRO) PI (\$2,000; \$25,188/year)
	Exploring the Trajectory of Cholangiocarcinoma to Discover the Natural History of the Disease Grant Not funded Department of Defense Rare Cancers Research Program, W81XWH-20-RCRP-RCDA PI (\$659,868)
	Association Between Somatic Genetic Mutations and Immune Biomarker Expression in Biliary Tract Cancers Grant Not funded SWOG Early Exploration and Development (SEED) Fund Collaborator (\$50,000)
	A Clinical and Research Platform For Measuring And Improving Outcomes For Patients With Biliary Cancer – A Novel Paradigm For Rare Cancers Grant Not funded Department of Defense Rare Cancers Research Program, W81XWH-20-RCRP-RCDA CO-I (\$850,461)
	Developing A Patient-Powered Research Network To Explore The Natural History Of Cholangiocarcinoma Disease Grant Not funded Rare As One Network Project - Chan Zuckerberg Initiative PI (\$600,000)
	Profiling Immune Architecture and Metabolic Landscape in Acral Melanoma Letter of Intent Not funded Melanoma Research Alliance Young Investigator
<b>CLINICAL PROTOCOLS</b>	
Ongoing [pending agreement]	Phase I/II Study to Assess the Safety and Efficacy of Isunakinra in Combination with Ipilimumab and Nivolumab for Advanced Melanoma Patients: An Investigator Initiated Trial Co-PI
Current, 2024-present	Phase 1 Dose Escalation and Expansion Study of PRAME T cell receptor (TCR) Engineered NK Cells in Patients with Recurrent and/or Refractory Melanoma (PRAMETIME-Mel)

	Co-PI
Current, 2023-present	A Phase 1 First-In-Human Study To Investigate The Safety, Efficacy, Pharmacokinetics, And Pharmacodynamic Activity Of Cln-617 Alone And In Combination With Pembrolizumab In Patients With Advanced Solid Tumors 2023-0517 Co-PI
Current, 2021–2024	A Phase II Study to Assess the Safety and Efficacy of Tocilizumab in Combination with Ipilimumab and Nivolumab in Patients with Advanced Melanoma, Non-small cell lung cancer or urothelial carcinoma 2020-1166 Co-I
Current, 2021-2023	Interplay between ethnicity & biology in response to checkpoint inhibition among patients with unresectable acral Melanoma 2021-0204 Co-I
Current, 2019–Present	Immune-Related Adverse Events Associated with Checkpoint Inhibitors PA19-0089 Co-PI
Current, 2019- Present	Immune-Related Toxicity and Symptom Burden In Chronic Cancer Survivors With Melanoma Receiving Adjuvant Immunotherapy With Immune Checkpoint Inhibitors 2019-0390 Co-I
Current, 2019–Present	CLIA Molecular Data Review and Analysis of M. D. Anderson Cancer Center Patients PA14-0353 Collaborator
Current, 2017–2024	Phase I/II Dose Escalation and Cohort Expansion of Safety and Tolerability Study of Intratumoral CD40 Agonistic Monoclonal Antibody APX005M in Combination with Systemic Pembrolizumab in Patients with Metastatic Melanoma 2015-0654 Co-I
Past, 2018–2022	Patient Crossroads - Patient Registry Protocol Pro00009378 PI
Past, 2017–2019	Retrospective Chart Review to Create a Prognostic Model in Untreated Advanced Pancreatic Cancer Patients DR07-0627 CO-I
Past, 2017–2019	Chemotherapy Outcomes for The Treatment of Intrahepatic Cholangiocarcinoma DR09-0805 CO-I

Past, 2017–2019	Prospective Evaluation of Portal Vein (PV) Stenting in Patients with PV Stenosis and Gastrointestinal Malignancies PA18-0712] CO-I
Past, 2017–2019	Genomic and Immunologic Profiling in Asian versus Western Extrahepatic Cholangiocarcinoma Patients PA18-0452 Co-I
Past, 2017–2019	Pilot Study of Genetic Aberrations in DNA Repair in Patients with Pancreatic Cancer PA15-0059 Co-Chair
Past, 2017–2019	Isolation of Circulating Tumor Cells, Cell-Free Nucleic Acids, And Extracellular Vesicles From Blood Of Patients With Biliary Tract Cancer PA15-0320 CO-I
Past, 2017–2019	Retrospective, Molecular analysis of Cholangiocarcinoma PA13-0206 CO-I
Past, 2017–2019	Radiogenomic of Cholangiocarcinoma: Correlation of Imaging Feature with Multi Genes Panel Sequencing PA15-1102 CO-I

### TEACHING AND TRAINING

#### FORMAL TEACHING, UNDER- THROUGH POST-GRADUATE

2019	Controversies in the Management of Desmoid Tumors
2019	Current Treatment of Chronic Myeloid Leukemia
2018	Choosing the Best Management Approaches for Epithelial Ovarian Cancer Patients
2013	Hepatic Metastasis Treatment Modalities
2012	Hormonal Therapy for the Management of Prostatic Carcinoma
2011	Challenges in the Management of Elderly Patients with Cancer
2010	Paraneoplastic Manifestations in Cancers
2009	New Insights into the Management of Mesothelioma
2008	Inflammatory Breast Cancer: Clinical Presentation and Treatment
2008	Metastasis of Unknown Primary: Diagnosis and Treatment Challenges
2007	Value of Stereotactic Radiotherapy in the Management of Deeply Seated Tumors

#### CLINICAL SUPERVISION AND TRAINING

2018-2022	Direct Supervision – Clinical Research Fellows, Assiut University Faculty of Medicine, Egypt Asmaa Abdeltawab, Clinical Research Fellow Doaa Aly, Clinical Research Fellow Ereny Samuael, Clinical Research Fellow Ahmed Ashraf, Clinical Research Fellow Hebat-Allah Bakri, Clinical Research Fellow Donia Hussein, Clinical Research Fellow
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Marium Mohsen Khalil, Clinical Research Fellow

- 2011-2013 Direct Supervision – Clinical Oncology Resident, Assiut University Faculty of Medicine, Egypt  
Ahmed Ashraf, 1<sup>st</sup> year residency  
Asmaa Abdeltawab, 2<sup>nd</sup> year residency  
Doaa Aly, 2<sup>nd</sup> year residency
- 2012–2013 Direct Supervision - Medical Students, Assiut University Faculty of Medicine, Egypt  
2012–2013, Kareem Ahmed  
2<sup>nd</sup> Year Medical Student
- 2012–2013, Omnia Omar  
5<sup>th</sup> Year Medical Student
- 2012–2013, Mohamed Abdallah  
6<sup>th</sup> Year Medical Student

#### LAB OR OTHER RESEARCH SUPERVISION AND TRAINING

- 2023–Present Career Development Mentor, The University of Texas MD Anderson Cancer Center 1:1 Career Mentoring Program  
2023–present, Vanessa H Garcia, Social Worker Counselor  
2024-present, Jasmine Al-Ghazzawi, Master student in the School of Public Health and Medical Lab Scientist
- 2015–Present Mentor - Clinical Residents and Fellows, The University of Texas MD Anderson Cancer center  
2023 - Present, Derrick Tao, MD, 2nd-year Hematology-Oncology Fellow  
2023 - Present: Nazia Mohamed, MD, 1st-year Onco-Hospitalist Fellow  
2023 - Present: Ashwathy Balachandran Pillai, MD, 1st-year Onco-Hospitalist Fellow  
2016-2017, Mehmet Akce, MD, 2nd-year Hematology-Oncology Fellow  
2015–2017, Marc Uemura, MD, 2nd-year Hematology-Oncology Fellow
- 2015-present Direct Supervision - Postdoctoral Research Fellows, The University of Texas MD Cancer Center  
2024 – present, Feyza Yaylaci Mert, MD  
2015–2016, Sahin Lacin, MD
- 2021-2022 Direct Supervision-Researcher, Cholangiocarcinoma Foundation  
2021-2022, Kelly Butler  
Postbac Research Fellow  
National Cancer Institute
- 2021–2022, Amelia Wagenknecht  
Clinical Research Specialist  
University of Maryland
- 2021-2022 Direct Supervision – Graduate Students, Cholangiocarcinoma Foundation  
2021–2022, Samantha Pear, MSc  
University of Arizona Mel and Enid Zuckerman College of Public Health

- 2017- 2019 Mentor, Publon Academy Practical Peer Review Training Course  
2019, Hebat-Allah Bakri, MD, MD,  
Hematology-Oncology Fellow  
Assiut University Faculty of Medicine, Egypt
- 2017, Tony Ibrahim, MD  
Hematology-Oncology Fellow  
Gustave Roussy Institute in France
- 2017, Suryakanta Acharya, MD  
Hematology-Oncology Fellow  
Hope International Hospital in Kenya.
- 2013–2017 Direct Supervision - Graduate Students, The University of Texas MD Anderson  
Cancer Center  
2016–2017, Ahmed Abousamra, MD  
2014–2015, Aneeqa Dar, MD  
2013–2017, Ahmed Shalaby, MD

### PRESENTATIONS & TALKS

#### NATIONAL

- June 2024 Phase III Randomized Trial Evaluating Tilsotolimod in Combination with  
Ipilimumab Versus Ipilimumab Alone in Patients with Advanced Refractory  
Melanoma (ILLUMINATE 301)  
Peer-reviewed conference presentation  
Co-author  
Annual Society of Clinical Oncology (ASCO) Conference  
Chicago, IL
- June 2024 Phase II trial of weekly or bi-weekly tocilizumab with ipilimumab and nivolumab in  
advanced melanoma: Clinical outcomes and biomarker analysis  
Poster presentation  
Co-author  
Annual Society of Clinical Oncology (ASCO) Conference  
Chicago, IL
- Nov 2023 Unveiling immune-related adverse events (irAEs) and symptom burden in  
melanoma patients on adjuvant immune checkpoint inhibitors (ICIs)  
Poster presentation  
Co-author  
The Society for Immunotherapy of Cancer  
San Diego, California
- Nov 2023 A phase 1 study to assess safety, efficacy, pharmacokinetics, and  
pharmacodynamics of intratumoral CLN-617 (IL2/IL12 fusion protein) combined  
with pembrolizumab in patients with advanced solid tumors  
Poster presentation  
Co-author  
The Society for Immunotherapy of Cancer  
San Diego, California
- Nov 2023 Quantitative and spatial characteristics of TIL in inflammatory neighborhoods of  
advanced melanoma tumors  
Poster presentation  
Co-author

The Society for Immunotherapy of Cancer  
San Diego, California

- Nov 2023 Intratumoral CD40 Agonist Sotigalimab with Pembrolizumab Induces Rapid Activation of Dendritic Cells and Macrophages and Drives Anti-Tumor Responses in Noninjected Distant Tumors in Metastatic Melanoma.  
Peer-reviewed conference presentation  
Co-author  
Leading Edge of Cancer Research Symposium at MD Anderson Cancer Center  
Houston, TX
- Mar 2023 Phase II Clinical Trial to Assess the Safety and Efficacy of Interleukin-6 Receptor Blocker in Combination with Ipilimumab and Nivolumab for Metastatic Melanoma  
Peer-reviewed conference presentation  
Co-author  
International Congress on Controversies in Rheumatology & Autoimmunity  
Turin  
Italy
- Feb 2020 HDP Panel: Patients Driving Research: Enhancing Patient Registries via Health Data Portability  
Peer-reviewed conference presentation  
Presenter  
Health Datapalooza & National Health Policy Conference  
Washington, DC
- Jan 2020 International Cholangiocarcinoma Research Network: Research Progress and Impact of the Research Community  
Peer-reviewed conference presentation  
Presenter  
Cholangiocarcinoma Foundation  
San Francisco, CA
- 2017 High Hepatopulmonary Shunting Improves Survival in Patients Undergoing Intrahepatic Arterial Chemotherapy Infusion for Treatment of Liver Metastases  
Peer-reviewed conference presentation  
Co-author  
Annual Society of Interventional Radiology (SIR) Conference  
Washington, DC
- 2017 Baseline Apparent Diffusion Coefficient as A Predictor of Response to Liver-Directed Therapies in Hepatocellular Carcinoma  
Peer-reviewed conference presentation  
Co-author  
Annual Society of Interventional Radiology (SIR) Conference  
Washington, DC
- 2017 DNA Repair Gene Somatic Aberrations and Tumor Mutation Burden in Cholangiocarcinoma  
Peer-reviewed conference presentation  
Presenter  
International Society of Gastrointestinal Oncology (ISGIO)  
Arlington, VA

June 2016



FGFR Pathway Genetic Aberrations in Cholangiocarcinoma: Demographics and Experience with Targeted Therapy  
Peer-reviewed conference presentation  
Co-author  
Annual Society of Clinical Oncology (ASCO) Conference  
Chicago, IL

June 2015 Hepatitis B- And C-Associated Hepatocellular Carcinoma in A Large US Cancer Center: Do Clinicopathologic Features or Patient Outcomes Differ by The Potentially Causative Viruses?  
Peer-reviewed conference presentation  
Co-author  
Annual Society of Clinical Oncology (ASCO) Conference  
Chicago, IL

Mar 2014 Natural History of HCC in African-American  
Peer-reviewed conference presentation  
Presenter  
Hepatocellular Carcinoma Epidemiology Consortium (HCCEC)  
Houston, TX

#### INTERNATIONAL

Sep 2023 Intratumoral CD40 Agonist Sotigalimab in Combination with Pembrolizumab Induces Rapid Activation of Dendritic Cells and Macrophages and Drives Anti-tumor Responses in Noninjected Distant Tumors in Metastatic Melanoma.  
Poster Presentation  
Co-author  
7th International Cancer Immunotherapy Conference (CICON)  
Milan  
Italy

Dec 2021 Molecular Pathways in Biliary Tract Cancers What Have We Learnt So Far: From Clinical Perspective  
Peer-reviewed conference presentation  
Presenter  
International Society of Gastrointestinal Oncology (ISGIO)  
Istanbul  
Turkey

Dec 2020 New Agents and Strategies on the Horizon in Bile Duct Cancer  
Peer-reviewed conference presentation  
Presenter  
International Society of Gastrointestinal Oncology (ISGIO)  
Istanbul  
Turkey

OCT 2019 Challenges in the Management of Hepatobiliary Cancers in Low-Middle Income Countries  
Peer-reviewed conference presentation  
Presenter  
Annual Ain Shams University Clinical Oncology Conference  
Cairo  
Egypt

June 2012 Integrative Medicine and Lung Cancer

Peer-reviewed conference presentation  
 Presenter  
 Annual Integrated Medicine Conference  
 Assiut  
 Egypt

Mar 2012 Challenges in the Treatment of Anemia with Cancer  
 Peer-reviewed conference presentation  
 Presenter  
 Annual Assiut University Clinical Oncology Conference  
 Luxor  
 Egypt

### ORGANIZING CONFERENCES/CHAIRING SESSIONS

#### REGIONAL

2017 2nd Annual Hepatocellular Carcinoma Epidemiology Consortium Meeting  
 University Texas MD Anderson Cancer Center  
 Organizing Committee Member

#### NATIONAL

2022 1st Annual Cholangiocarcinoma Cure Think Tank (C2T2)  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

2022 9th Cholangiocarcinoma Foundation Annual Conference  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

2021 8th Cholangiocarcinoma Foundation Annual Conference  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

2020 7th Cholangiocarcinoma Foundation Annual Conference  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

2019 6th Cholangiocarcinoma Foundation Annual Conference  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

#### INTERNATIONAL

2022 5th Asia-Pacific Cholangiocarcinoma Conference  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

2022 13th Assiut Clinical Oncology Department Conference (Best of Oncology 2021)  
 Clinical Oncology Department, Assiut University Hospitals, Faculty of Medicine,  
 Assiut University, Egypt  
 Organizing and Scientific Committee Member

2021 4th Asia-Pacific Cholangiocarcinoma Annual Conference  
 Cholangiocarcinoma Foundation  
 Organizing and Scientific Committee Member

- 2021 12th Assiut Clinical Oncology Department Conference (Best of Oncology 2020)  
Clinical Oncology Department, Assiut University Hospitals, Faculty of Medicine,  
Assiut University, Egypt  
Organizing and Scientific Committee Member
- 2020 11th Assiut Clinical Oncology Department Conference (Best of Oncology 2019)  
Clinical Oncology Department, Assiut University Hospitals, Faculty of Medicine,  
Assiut University, Egypt  
Organizing and Scientific Committee Member
- 2019 3rd Asia-Pacific Cholangiocarcinoma Annual Conference  
Cholangiocarcinoma Foundation  
Organizing and Scientific Committee Member
- 2019 10th Assiut Clinical Oncology Department Conference (Best of Oncology 2018)  
Clinical Oncology Department, Assiut University Hospitals, Faculty of Medicine,  
Assiut University, Egypt  
Organizing and Scientific Committee Member
- 2018 2nd Asia-Pacific Cholangiocarcinoma Conference  
Cholangiocarcinoma Foundation  
Organizing and Scientific Committee Member
- 2018 World Congress on Oncology and Immuno Oncology  
Scientific Committee Member
- 2013 Assiut University Hospitals  
Pre-Employment Orientation Program for New Resident Doctors  
Assiut University Hospitals, Faculty of Medicine, Assiut University, Egypt  
Planning Committee Member
- 2012 3rd Assiut Clinical Oncology Department Conference (Recent Update in Cancer  
Management)  
Assiut University Hospitals, Faculty of Medicine, Assiut University, Egypt  
Organizing and Scientific Committee Member
- 2012 The 29th Faculty of Medicine Annual Conference (Faculty of Medicine from  
Academic Accreditation towards Hospital Accreditation: Challenges &  
Opportunities)  
Assiut University Hospitals, Faculty of Medicine, Assiut University, Egypt  
Organizing Committee Member
- 2010 2nd Assiut Clinical Oncology Department Conference (Towards Individualized  
Therapies in Cancer Management in Egypt)  
Clinical Oncology Department, Assiut University Hospitals, Faculty of Medicine,  
Assiut University, Egypt  
Organizing and Scientific Committee Member
- 2003 2nd Upper Egypt Conference of Respiratory Medicine  
Assiut University Hospitals, Faculty of Medicine, Assiut University, Egypt  
Organizing Committee Member

#### JOURNAL PUBLICATIONS - ORIGINAL RESEARCH

1. Diab A, Grob J, Negrier S, Mortier L, **Abdel-Wahab R**, Arenberger P, Dalle S, Krajsova I, De la Cruz L, Leccia MT, Guida M, Lebbe C, Ascierto PA, Butler MO, In GK, Loquai C, Walker GWT, Atkinson V, Hansson J, Kapiteijn E, Chunduru S, Rahimian S, Guidobini M, Robert C. Randomized, Open-Label Phase III Study of Tilsotolimod in Combination with Ipilimumab Versus Ipilimumab Alone in Patients with Advanced Refractory Melanoma (ILLUMINATE 301). [Submitted]
2. Kreidieh F, Tao D, Anouti B, Abdelrahim M, **Abdel-Wahab R\***, Diab A\*. Utilizing anti-PD1 Immune Checkpoint Inhibitor in Transplant Recipient: Introducing the Role of PD-L1 Analysis in Transplanted Tissue Assessment. [Co-corresponding and Co-senior author] [Submitted]
3. Hatia RI\*; **Abdel-Wahab R\***; Xiao L; Abdelhakeem A; Chang P; Jalal PK; Amos CI; Han Y; Dey S; Vauthey JN; Li D; Kaseb AO; Chun YS; Rashid A; Hassan MM. Unraveling the Natural History of Hepatocellular Carcinoma Over More Than 20 Years. [In preparation] [Co-first authors] [In preparation]
4. Bentebibel SE, McGrail D, **Abdel-Wahab R**, Arslan E, Kochat V, Sungnam C, Tahon N, Gomes J, Duose DY, Wani K, Pazdrak B, Sonnemann H, Singh A, Johnson DH, Amaria R, Glitza I, Patel S, Wong MK, Tawbi H, Hwu P, Elsayes K, Davies MA, Haymaker C, Bernatchez C, Burks JK, Rai K, Ekmekcioglu S, Lizée G, Diab A. Clinical and Biomarker Analyses of Intratumoral CD40 Agonist Sotigalimab in Combination with Pembrolizumab in Metastatic Melanoma: A Phase 1/2 Trial [In preparation]
5. Anouti B, Krause K, Lin H, Diab A, **Abdel-Wahab R**. Exploring Immune Checkpoint Inhibitor-Associated Multiple Sclerosis: Insights from a Single-Center Study and Comprehensive Literature Review. [In preparation]
6. Kreidieh FY, Ho J, Ludford K, Saberian C, Johnson DH, Hennegan T, Gruschus SK, Haymaker C, Bernatchez C, Jackson N, Hwu P, **Abdel-Wahab R**, Diab A. Open-Label Single Center Phase II Study for Untreated Metastatic Melanoma on Ipilimumab plus nab-paclitaxel. [In preparation] [Co-corresponding author]
7. Hatia R, Eluri M, Shalaby A, Karatas E, Shalaby A, Abdelhakeem A, **Abdel-Wahab R**, Chang P, Rashid A, Jalal PK, Amos C, Han Y, Armaghany T, Schroff RT, Hawk E, Li D, Javle M, Hassan M. Independent of PSC and Cirrhosis, Early Adulthood Obesity Increases Risk and Decreases the Age of Onset of Cholangiocarcinoma 2023 Oct 01; 32(10):1338-1347. <https://doi.org/10.1158/1055-9965.EPI-23-0388>.
8. Danese M, Mody K, Thota R, Lindsey SC, Bachini M, **Abdel-Wahab R**, Audhuy F, Duryea J, Bobiak S. Treatment Patterns and Survival in Locally Advanced or Metastatic Biliary Tract Cancer Using SEER Medicare Data Gastro Hep Advances. 2023 Jan; 2(4):580-587. DOI:10.1016/j.gastha.2023.01.009.
9. Morris JS, Hassan MM, Zohner YE, Wang Z, Xiao L, Rashid A, Haque A, **Abdel-Wahab R**, Mohamed YI, Ballard KL, Wolff RA, George B, Li L, Allen G, Weylandt M, Li D, Wang W, Raghav K, Yao J, Amin HM, Kaseb AO. HepatoScore-14: Measures of Biological Heterogeneity Significantly Improve Prediction of Hepatocellular Carcinoma Risk. Hepatology. 2021 Jun; 73(6):2278-2292. PMID: 32931023.
10. **Abdel-Wahab R**, Yap TA, Madison R, Pant S, Cooke M, Wang K, Zhao H, Bekaii-Saab T, Karatas E, Kwong LN, Meric-Bernstam F, Borad M, Javle M. Genomic Profiling Reveals High Frequency of DNA Repair Genetic Aberrations in Gallbladder Cancer. Sci Rep. 2020 Dec; 10(1):22087. PMID: 33328484.
11. **Abdel-Wahab R**, Hassan MM, George B, Carmagnani Pestana R, Xiao L, Lacin S, Yalcin S, Shalaby AS, Al-Shamsi HO, Raghav K, Wolff RA, Yao JC, Girard L, Haque A, Duda DG, Dima S, Popescu I, Elghazaly HA, Vauthey JN, Aloia TA, Tzeng CW, Chun YS, Rashid A, Morris JS, Amin HM, Kaseb AO. Impact of Integrating Insulin-Like Growth Factor 1 Levels into Model for End-Stage Liver Disease Score for Survival Prediction in Hepatocellular Carcinoma Patients. Oncology. 2020; 98(12):836-846. PMID: 33027788.
12. Cao J, Hu J, Liu S, Meric-Bernstam F, **Abdel-Wahab R**, Xu J, Li Q, Yan M, Feng Y, Lin J, Zhao S, Wang J, Kwong LN, Hu J, Carapeto F, Borad MJ, Wang K, Javle M, Zhao H. Intrahepatic Cholangiocarcinoma: Genomic Heterogeneity Between Eastern and Western Patients. JCO Precis Oncol. 2020; 4:557-569. PMID: 32923885.
13. Yang P, Javle M, Pang F, Zhao W, **Abdel-Wahab R**, Chen X, Meric-Bernstam F, Chen H, Borad MJ, Liu Y, Zou C, Mu S, Xing Y, Wang K, Peng C, Che X. Somatic Genetic Aberrations in Gallbladder Cancer: Comparison between Chinese and US patients.

Hepatobiliary Surg Nutr. 2019 Dec; 8(6):604-614. PMID: 31929987.

14. Kaseb AO, Sánchez NS, Sen S, Kelley RK, Tan B, Bocobo AG, Lim KH, **Abdel-Wahab R**, Uemura M, Pestana RC, Qiao W, Xiao L, Morris J, Amin HM, Hassan MM, Rashid A, Banks KC, Lanman RB, Talasaz A, Mills-Shaw KR, George B, Haque A, Raghav KPS, Wolff RA, Yao JC, Meric-Bernstam F, Ikeda S, Kurzrock R. Molecular Profiling of Hepatocellular Carcinoma Using Circulating Cell-Free DNA. *Clin Cancer Res*. 2019 Oct; 25(20):6107-6118. PMID: 31363003.
15. Fuentes D, Ahmed K, Lin JS, **Abdel-Wahab R**, Kaseb AO, Hassan M, Szklaruk J, Morshid A, Hazle JD, Qayyum A, Elsayes KM. Automated Volumetric Assessment of Hepatocellular Carcinoma Response to Sorafenib: A Pilot Study. *J Comput Assist Tomogr*. 2019; 43(3):499-506. PMID: 31082956.
16. Pestana RC, Hassan MM, **Abdel-Wahab R**, Abugabal YI, Girard LM, Li D, Chang P, Raghav K, Morris J, Wolff RA, Rashid A, Amin HM, Kaseb A. Clinical and Prognostic Significance of Circulating Levels of Angiopoietin-1 and Angiopoietin-2 in Hepatocellular Carcinoma. *Oncotarget*. 2018 Dec; 9(102):37721-37732. PMID: 30701027.
17. Jain A, Borad MJ, Kelley RK, Wang Y, **Abdel-Wahab R**, Meric-Bernstam F, Baggerly KA, Kaseb AO, Al-Shamsi HO, Ahn DH, DeLeon T, Bocobo AG, Bekaii-Saab T, Shroff RT, Javle M. Cholangiocarcinoma with FGFR Genetic Aberrations: A Unique Clinical Phenotype. *JCO Precis Oncol*. 2018 Nov; 2:1-12. PMID: 35135097.
18. **Abdel-Wahab R**, Varadhachary GR, Bhosale PR, Wang X, Fogelman DR, Shroff RT, Overman MJ, Wolff RA, Javle M. Randomized, Phase I/II Study of Gemcitabine Plus IGF-1R Antagonist (MK-0646) Versus Gemcitabine Plus Erlotinib with and Without MK-0646 for Advanced Pancreatic Adenocarcinoma *J Hematol Oncol*. 2018 May; 11(1):71. PMID: 29843755.
19. Lunsford KE, Javle M, Heyne K, Shroff RT, **Abdel-Wahab R**, Gupta N, Mobley CM, Saharia A, Victor DW, Nguyen DT, Graviss EA, Kaseb AO, McFadden RS, Aloia TA, Conrad C, Li XC, Monsour HP, Gaber AO, Vauthey JN, Ghobrial RM, Committee (MMAJCCC) MAJCC. Liver Transplantation for Locally Advanced Intrahepatic Cholangiocarcinoma Treated with Neoadjuvant Therapy: A Prospective Case-Series *Lancet Gastroenterol Hepatol*. 2018 May; 3(5):337-348. PMID: 29548617.
20. Niekamp A, **Abdel-Wahab R**, Kuban J, Odisio BC, Mahvash A, Hassan MM, Qayyum A, Kaseb A, Sheth RA. Baseline Apparent Diffusion Coefficient as a Predictor of Response to Liver-Directed Therapies in Hepatocellular Carcinoma. *J Clin Med*. 2018 Apr; 7(4) PMID: 29661994.
21. Hassan MM, Botrus G, **Abdel-Wahab R**, Wolff RA, Li D, Tweardy D, Phan AT, Hawk E, Javle M, Lee JS, Torres HA, Rashid A, Lenzi R, Hassabo HM, Abaza Y, Shalaby AS, Lacin S, Morris J, Patt YZ, Amos CI, Khaderi SA, Goss JA, Jalal PK, Kaseb AO. Estrogen Replacement Reduces Risk and Increases Survival Times of Women with Hepatocellular Carcinoma. *Clin Gastroenterol Hepatol*. 2017 Nov; 15(11):1791-1799. PMID: 28579181.
22. Takeuchi S, Rohren EM, **Abdel-Wahab R**, Xiao L, Morris JS, Macapinlac HA, Hassan MM, Kaseb AO. Refining Prognosis in Patients with Hepatocellular Carcinoma Through Incorporation of Metabolic Imaging Biomarkers *Eur J Nucl Med Mol Imaging*. 2017 Jun; 44(6):969-978. PMID: 27942837.
23. Al-Shamsi HO, **Abdel-Wahab R**, Hassan MM, Shalaby AS, Dahbour I, Lacin S, Mahvash A, Odisio BC, Murthy R, Avritscher R, Abdelsalam ME, Rashid A, Vauthey JN, Aloia TA, Conrad C, Chun YS, Krishnan S, Das P, Koay EJ, Amin HM, Yao JC, Kaseb AO. Natural History of T1N0M0 Hepatocellular Carcinoma: Large-Scale Study in the United States. *Oncology*. 2017; 93(4):233-242. PMID: 28683459.
24. Al-Shamsi HO, Jones J, Fahmawi Y, Dahbour I, Tabash A, **Abdel-Wahab R**, Abousamra AO, Shaw KR, Xiao L, Hassan MM, Kipp BR, Kopetz S, Soliman AS, McWilliams RR, Wolff RA. Molecular Spectrum of KRAS, NRAS, BRAF, PIK3CA, TP53, and APC Somatic Gene Mutations in Arab Patients with Colorectal Cancer: Determination of Frequency and Distribution Pattern. *J Gastrointest Oncol*. 2016 Dec; 7(6):882-902. PMID: 28078112.
25. Kaseb AO, Hassan M, Lacin S, **Abdel-Wahab R**, Amin HM, Shalaby A, Wolff RA, Yao J, Rashid A, Vennapusa B, Feng J, Ohtomo T. Evaluating Clinical and Prognostic Implications of Glypican-3 in Hepatocellular Carcinoma. *Oncotarget*. 2016 Oct; 7(43):69916-69926. PMID: 27655712.

26. Abaza Y, **Abdel-Wahab R**, Sahin IH, Kaseb AO, Wolff RA, Li D, Raghav K, Shalaby AS, Phan AT, Morris J, Hassan MM. Association Between Job Types and the Risk of Hepatocellular Carcinoma in the United States *Journal of Epidemiologic Research*. 2016 Aug; 3(1). DOI:10.5430/jer.v3n1p1).
27. **Abdel-Wahab R**, Essa HH, Eltaher A, Omar NN, Aboziada MA. Selective Bladder Preserving Treatment by Radiation Therapy Concurrent with Either Paclitaxel and Cisplatin or Cisplatin Alone Following A Transurethral Surgery *J Cancer Ther Res*. 2016 Mar; 5. DOI:10.7243/2049-7962-5-5.
28. Kaseb AO, Morris JS, Iwasaki M, Al-Shamsi HO, Raghav KP, Girard L, Cheung S, Nguyen V, Elsayes KM, Xiao L, **Abdel-Wahab R**, Shalaby AS, Hassan M, Hassabo HM, Wolff RA, Yao JC. Phase II Trial of Bevacizumab and Erlotinib as a Second-line Therapy for Advanced Hepatocellular Carcinoma. *Onco Targets Ther*. 2016; 9:773-80. PMID: 26929648.
29. Mahvash A, Murthy R, Odisio BC, Raghav KP, Girard L, Cheung S, Nguyen V, Ensor J, Gadani S, Elsayes KM, **Abdel-Wahab R**, Hassan M, Shalaby AS, Yao JC, Wallace MJ, Kaseb AO. Yttrium-90 Resin Microspheres as an Adjunct to Sorafenib in Patients with Unresectable Hepatocellular Carcinoma *J Hepatocell Carcinoma*. 2016; 3:1-7. PMID: 27574586.
30. **Abdel-Wahab R**, Shehata S, Hassan MM, Xiao L, Lee JS, Cheung S, Essa HH, Hassabo HM, Shalaby AS, Mosad E, Raghav K, Rashid A, Wolff RA, Morris JS, Amin HM, Kaseb AO. Validation of an IGF-CTP Scoring System For Assessing Hepatic Reserve in Egyptian Patients with Hepatocellular Carcinoma. *Oncotarget*. 2015 Aug; 6(25):21193-207. PMID: 26098859.
31. Hassan MM, **Abdel-Wahab R**, Kaseb A, Shalaby A, Phan AT, El-Serag HB, Hawk E, Morris J, Singh Raghav KP, Lee JS, Vauthey JN, Bortus G, Torres HA, Amos CI, Wolff RA, Li D. Obesity Early in Adulthood Increases Risk but Does Not Affect Outcomes of Hepatocellular Carcinoma. *Gastroenterology*. 2015 Jul; 149(1):119-29. PMID: 25836985.
32. Nabih O, Essa HH, **Abdel-Wahab R**, Nabil N, Yasien DG. Concurrent Chemoradiotherapy with Weekly Docetaxel and Cisplatin for Locally Advanced Head and Neck Cancer *Cancer Biol*. 2015; 5(4):107-12. DOI:10.7537/marscbj050415.13.
33. Aboul Hosn M, Abdel-Hafiez N, **Abdel-Wahab R**, Al-Ahmadie A, Antar A, Dbouk H, El Farran H, El-Sawy Mohamed M, Rida K, Mukherji D, O'Reilly EM, Garcia-Aguilar J, Abou-Alfa GK. A Giant Rectal Villous Adenoma with a Malicious Intent. *Gastrointest Cancer Res*. 2013 Sep; 6(5-6):144-9. PMID: 24312688.

#### JOURNAL PUBLICATIONS - LETTERS TO THE EDITOR

1. Hassan MM, **Abdel-Wahab R**, Li D, Kaseb AO. Reply: Obesity Early in Adulthood Increases Risk but Does Not Affect Outcomes of Hepatocellular Carcinoma *Gastroenterology*. 2015 Nov; 149(6):1643-44. PMID: 26433110.

#### JOURNAL PUBLICATIONS - BRIEF COMMUNICATIONS

1. Hosn, MA, Abdel-Hafiez, N, **Ali, RH**, Al-Ahmadie, A, Antar, A, Dbouk, H, Farran, HE, Mohamed, MS, Rida, K, Mukherji, D, O'Reilly, EM, Garcia-Aguilar, J, Abou-Alfa, GK. A giant rectal villous adenoma with a malicious intent *Gastrointestinal Cancer Research*. 2013 Sep 01; 6(5-6):144-149.

#### JOURNAL PUBLICATIONS - REVIEW ARTICLES

1. Ali MA, Lacin S, **Abdel-Wahab R**, Uemura M, Hassan M, Rashid A, Duda DG, Kaseb AO. Nonalcoholic Steatohepatitis-Related Hepatocellular Carcinoma: Is There a Role for the Androgen Receptor Pathway? *Onco Targets Ther*. 2017; 10:1403-1412. PMID: 28424556.
2. **Abdel-Wahab R**, Shehata S, Hassan MM, Habra MA, Eskandari G, Tinkey PT, Mitchell J, Lee JS, Amin HM, Kaseb AO. Type I Insulin-Like Growth Factor as a Liver Reserve Assessment Tool In Hepatocellular Carcinoma *J Hepatocell Carcinoma*. 2015 Sep; 2:131-42. PMID: 27508202.

#### JOURNAL PUBLICATIONS - ABSTRACTS

1. Diab A, Ascierto P, **Abdel-Wahab R**, Maio M, Negrier S, Mortier L, Dalle S, Krajsova I, de la Cruz L, Leccia M, Guida M, Lebbe C, Grob JJ, Butler M, In G, Chunduru S, Rahimian S, Robert C. Phase III randomized trial evaluating tilsotolimod in combination with ipilimumab versus ipilimumab alone in patients with advanced refractory melanoma (ILLUMINATE 301). *J Clin Oncol* 42, 2024 (suppl 17; abstr LBA9516)



2. Anouti B, McVay K, Abraham M, Johnson D, Amaria R, Spillson C, Glitza I, Patel S, Wong M, McQuade J, Tawbi H, Davies M, Ikeguchi A, Bentebibel SE, **Abdel-Wahab R**, Elsayes K, Allison J, Sharma P, Abdel-Wahab N, Diab A. Phase II trial of weekly or bi-weekly tocilizumab with ipilimumab and nivolumab in advanced melanoma: Clinical outcomes and biomarker analysis. *J Clin Oncol* 42, 2024 (suppl 16; abstr 9553)
3. **Abdel-Wahab R**, Zuri Q, Rinsurongkawong W, Pappachan B, Swaim M, Master P, Harris C, Lewis J, Abdel-Wahab N, Diab A. Melanoma immunotherapy longitudinal database: A comprehensive approach to capture oncological and toxicity data. *J Clin Oncol* 42, 2024 (suppl 16; abstr e23314)
4. Diab A, El-Khoueiry A, **Abdel-Wahab R**, Thomas S, Hall E, Wu K, Maciejewski BS, Mehta NK, Liu L, Michaelson JS, Jones JA, Sweis R. A phase 1 study to assess safety, efficacy, pharmacokinetics, and pharmacodynamics of intratumoral CLN-617 (IL2/IL12 fusion protein) combined with pembrolizumab in patients with advanced solid tumors *J Immunotherapy Cancer*. ePub 2023 Nov; 11<http://dx.doi.org/10.1136/jitc-2023-SITC2023.0771>.
5. Abdel-Wahab N, Anouti B, **Abdel-Wahab R**, Gonzales Z, Spillson CA, Baum GP, Bentebibel S, Manzano JM, McQuade J, Glitza I, Amaria R, Patel S, Wong MK, Tawbi H, Davies MA, Ekmekcioglu S, Twardy D, Sharma P, Shete S, Peterson S, Yee C, Suarez-Almazor ME, Diab A. Unveiling immune-related adverse events (irAEs) and symptom burden in melanoma patients on adjuvant immune checkpoint inhibitors (ICIs) *J Immunotherapy Cancer*. ePub 2023 Nov; 11<http://dx.doi.org/10.1136/jitc-2023-SITC2023.0444>.
6. Ekmekcioglu S, Cho S, Gomez JA, **Abdel-Wahab R**, Bentebibel S, Abdel-Wahab N, Simon JM, Gershenwald JE, Lazar AJ, Burks JK, Davies MA, Diab A. Quantitative and spatial characteristics of TIL in inflammatory neighborhoods of advanced melanoma tumors *J Immunotherapy Cancer*. ePub 2023 Nov; 11<http://dx.doi.org/10.1136/jitc-2023-SITC2023.0199>.
7. Kreidieh F, Simien R, John I, Rodgers T, Abdel-Wahab N, **Abdel-Wahab R**, Diab A, Ludford K. Dissecting the Relationship Between Ethnicity and Response to Checkpoint Inhibitors in Patients with Acral Melanoma *J Clin Oncol*. 2023; (e21597).
8. Keilson JM, Berk A, **Abdel-Wahab R**, Cornew S, O'Brien C, Lindsey S, Bachini M, Maithel SK. Feasibility of a Patient Diagnosis Vetting Method to Identify and Discard Fraudulent Online Patient Survey Responses: A Case Study in Cholangiocarcinoma 2022; Proceeding of the ISPOR Conference, Washington, DC.
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#### BOOK CHAPTERS

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17. **Abdel-Wahab R**. Exploring Optimal Timing for MSI, MMR, PD-L1 Testing. American Society of Clinical Oncology (ASCO) Gastrointestinal Cancer Symposium Daily News; 2018 Jan.
18. **Abdel-Wahab R**. Image Guided Gynecological Brachytherapy. European Society for Radiotherapy & Oncology (ESTRO) Newsletter; 2013 May.

*Last updated: September 10<sup>th</sup>, 2024*



APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

Foreign Graduate

Applicant Name: ALI, REHAM ABDELWAHAB HASSAN

MD 44729

Date Of Birth: [REDACTED] Place Of Birth (City, State): LENINGRAD, RUSSIA

Sex: F Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
HS	DAR-ALANDALO S PRIVATE HIGH SCHOOL	ASSIUT		EGYPT	9/1995	6/1998			

Medical School Name	City	State	Country	Comments	From	To
Univ of Assiut, Fac of Med, Assiut, Egypt	Assiut		Egypt		10/1998	9/2004

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	HOUSTON	TX	UNITED S	POST-DOCTORAL RESEARCH FELLOWSHIP IN GASTROINTESTINAL MEDICAL ONCOLOGY		9/2013 9/2018
ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITALS	ASSIUT		EGYPT	CLINICAL ONCOLOGY FELLOWSHIP AND DOCTORATE DEGREE (PHD)		3/2010 10/2015
ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITALS	ASSIUT		EGYPT	CLINICAL RESIDENCE AND MASTER OF SCIENCE DEGREE		3/2006 2/2010
ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITALS	ASSIUT		EGYPT			3/2005 2/2006

Practice History						
Employer	Specialty	Supervisor	City	ST Countr	From	To Verif
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	ASSISTANT PROFESSOR IN THE DEPARTMENT OF MELANOMA		HOUSTON	TX	11/2022	
ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITALS	ASSOCIATE PROFESSOR AND CONSULTANT OF CLINICAL ONC		ASSIUT	EGYPT	11/2020	
CHOLANGIOCARCINOMA FOUNDATION	CHIEF SCIENTIFIC OFFICER AND DIRECTOR OF RESEARCH		SALT LAKE	UT	2/2020	11/2022
ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITALS	LECTURER AND CONSULTANT OF CLINICAL ONCOLOGY IN TH		ASSIUT	EGYPT	11/2015	11/2020

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

Foreign Graduate

ASSIUT UNIVERSITY, FACULTY OF MEDICINE AND HOSPITALS	ASSISTANT LECTURER IN THE DEPARTMENT OF CLINICAL ONCOLOGY	ASSIUT	EGYPT	3/2010	11/2015
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Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
AE	Consultant in Clir	Consultant in Clinical Oncology	U	12/1/16	
AE	Physician in Arab	Physician in Arabic Republic	U	3/5/06	

MD Exam					
Exam	State	Score	Date Taken	#	
USMLE					

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

Foreign Graduate

Questions Answered 10/28/2024

Questions Answered 10/28/2024	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

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

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

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

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

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

Yes

If 'Yes', Name of practice:

OU Health Stephenson Cancer Center

If so, Please identify with which category:

Hospital

Name of Previous Carrier and Policy Holder

Not Applicable

Name of Current Carrier and policy Holder

Not Applicable

Will your professional liability insurance policy cover your practice in Oklahoma

No

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

Upon getting the License Approval

I attest that all the above information is accurate as of November 03, 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 51<sup>st</sup> Street  
Oklahoma City, OK 73105

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

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

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

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

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

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

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DEC 02 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION



Reham Abdel-Wahab

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

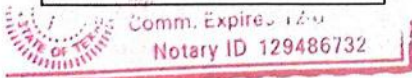
Reham Abdelwahab Hassan Ali

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

12/02/2024

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 Texas, County of Harris

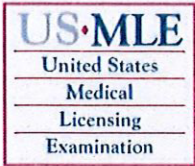
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, 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 2<sup>nd</sup> day of December, 2024

Notary Public Signature [Signature] My Notary Commission Expires 12/4/2027

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UKC





## 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

**Recipient:** LISA CULLEN  
101 NE 51 STREET  
OKLAHOMA CITY, OK 73105

**Date:** 12/09/2024

**Examinee:** Ali, Reham Abdelwahab Hassan  
**Alt Name(s):**

**Examinee ID:** 0-893-308-7  
**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
01/31/2014	Fail ✓	165	(192)	

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/28/2023	Pass	218	(214)	

#### End of Exam History

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

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

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MEDICAL LICENSURE  
AND SUPERVISION

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

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

Examinee: Ali, Reham Abdelwahab Hassan

Examinee ID: 0-893-308-7

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.*

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE



Form 1 (MD)

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

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Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

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

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Applicant's Name Reham Abdelwahab Hassan Ali Hassan

Institution: Faculty of Medicine, Assiut University, Egypt City/State Assiut, Egypt

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

From 10 / 01 / 1998 To 09 / 30 / 2004  
Month Day Year Month Day Year

Awarded degree of of M.B.B.CH Degree In Medicine and Surgery on 02 / 27 / 2005  
Month Day Year

Awarded the Training Year On 02 / 28 / 2006  
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: Alaa Mohamed Attia Signature: Alaa Attia

Title of Signatory: Faculty Dean Signature Date: 18/11/2024

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



Revised 03/2024

Handwritten signature and date: 18/11/24

PRIMARY SOURCE

Revised, Prof. Heba A Yasseg

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Assiut University  
Faculty of Medicine  
Student's Affairs

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

*Certificate*



*IT IS CERTIFIED THAT: REHAM ABDELWAHAB HASSAN ALI.  
HAS OBTAINED THE "M. B. B. CH" DEGREE IN MEDICINE  
& SURGERY IN SEPT . 2004 FROM ASSIUT UNIVERSITY,  
FACULTY OF MEDICINE,SHE WAS SIGNED UP VERY GOOD  
WITH HONOR HER TOTAL MARKS IN THE SIX STUDYING  
YEARS ARE 3868 OUT Of 4600 . SHE IS NOT PERMITTED  
TO PRACTICE BEFORE PASSING AN OBLIGATORY  
TRAINING YEAR AS A HOUSE OFFICER . HER  
CERTIFICATE IS GIVEN TO THE GRADUATE UPON HER  
REQUEST AFTER FULFILLING.*

DATE : 25 / 12 / 2012

**REGISTRAR**

*M. Sayed*

**DEAN**

*A. Mahlof*

**GENERAL SECRETARY**

**PRIMARY  
SOURCE**



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UK





Assiut University  
Faculty of Medicine  
Student's Affairs

Assiut University



It is certified that: **REHAM ABDELWAHAB HASSAN ALI** <sup>015794</sup>

joined the faculty in October, 1998 and she passed the following exams with the following grades:

The first year:

THE FINAL EXAM

The first part of final exam

Subject	Exam Date	Grade
Anatomy & Biology	MAY 1999	V.GOOD
Physiology & Biophysics	MAY 1999	(GOOD)
Histology	MAY 1999	(GOOD)
Biochemistry	MAY 1999	(GOOD)
English Language	MAY 1999	V.GOOD
General grade	MAY 1999	V.GOOD

Subject	Exam Date	Grade
Ophthalmology	JUNE 2002	V.GOOD
E.N.T	JUNE 2002	EXCELLENT
Forensic Medicine & Toxicology	JUNE 2002	EXCELLENT
Community Medicine	JUNE 2002	EXCELLENT

the second part of final exam

The second year:

Subject	Exam Date	Grade
Anatomy	MAY 2000	V.GOOD
Physiology	MAY 2000	V.GOOD
Biochemistry	MAY 2000	V.GOOD
Histology	MAY 2000	EXCELLENT
Behavioral science	MAY 2000	EXCELLENT
COMPUTER SCIENCE	MAY 2000	V.GOOD
General grade	MAY 2000	EXCELLENT

Subject	Exam Date	Grade
Obstetrics & Gynecology	JUNE 2003	EXCELLENT
Pediatrics	JUNE 2003	EXCELLENT
Community Medicine	JUNE 2003	EXCELLENT

the third part of final exam :

Subject	Exam Date	Grade
Medicine	SEPT. 2004	EXCELLENT
Surgery	SEPT. 2004	EXCELLENT
General Grade	SEPT. 2004	EXCELLENT

The third year:

Subject	Exam Date	Grade
Pathology	MAY 2001	V.GOOD
Pharmacology	MAY 2001	V.GOOD
Parasitology	MAY 2001	V.GOOD
Microbiology	MAY 2001	V.GOOD
Community Medicine	MAY 2001	EXCELLENT
General grade	MAY 2001	V.GOOD

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She got the M.B.B.Ch degree in SEPT. 2004 with a cumulative grade VERY GOOD WITH HONOR

And she is not permitted to practice before passing an obligatory year as a house officer

This certificate is given to the graduate after fulfilling the decided fees ..

Date: 28/11/2016

REGISTRAR

A.S. Elgaly

GENERAL SECRETARY

DEAN

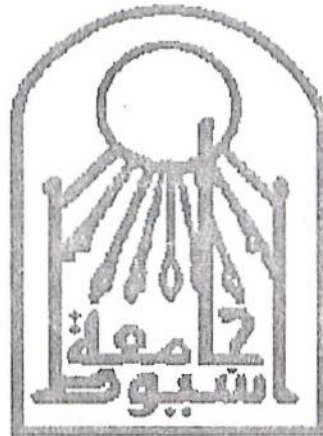


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Arab Republic of Egypt

Assiut University



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AND SUPERVISION

Upon checking the exam results of the Faculty of Medicine, approved by the Faculty Council on the 18<sup>th</sup> of January, 2005, the University Council approved, in its session held on the 27<sup>th</sup> of February, 2005 to grant Miss/ Reham Abdel-Wahab Hassan Ali, (born in Russia, in [redacted]) the M.B.B.Ch Degree in Medicine and Surgery with general grade of "Very Good" with Honor's.

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SOURCE

Assiut in: Rabie II, 1426 A.H.

May, 2005 A.D.

Dean



University President

{The Center holds no responsibility for the content of this page}.

تصانيف الأرشيف والمركز دون ائتمني مسؤولية عن المدفون  
Tel: Marwa Iaha Ahmed  
Fax: (088) 2321585  
E-mail: ctf\_r\_fa@Uk2.net

Director  
Dr. / Ahmed S. M. Mohammed  
Tel: (088) - 2323000 Ext. 15160  
(088) - 2317938

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**Assiut University Hospital**



**CERTIFICATE**

This is to certify that **Dr / REHAM ABDELWAHAB HASSAN ALI .**  
was appointed as an intern at Assiut University Hospital and Ministry of  
Public Health Hospitals for one year from : **1/3/2005 to 28/2/2006**

She passed two months in each of the following sections:

- 1- General Medicine.
- 2- General Surgery.
- 3- Gynaecology and Obstetrics.
- 4- Pediatrics.
- 5- Anesthesia & Emergency.
- 6- Anaesthesia .

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MEDICAL LICENSURE  
AND SUPERVISION**

This certificate is issued to her on her request to be submitted to  
Hospitals and Universities abroad.

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SOURCE**

Assiut : 27/12/2012

*Handwritten signature in Arabic script*

**Dean Of The Faculty**

*Handwritten signature: A. Mahdy*

*Handwritten numbers: 44729 UKC*





النقابة العامة لأطباء مصر  
EGYPTIAN MEDICAL SYNDICATE

## Consultant

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

This is to certify that:

**Dr. Reham Abdelwahab Hassan Ali**

Is a physician in Arabic Republic of Egypt (A.R.E) approved by the ministry of health  
under No. 172625 on 05-03-2006

and is listed in the syndicate register under No. 169625 on 05-03-2006  
general specialist . Clinical Oncology

sub specialist. Clinical Oncology and Nuclear Medicine

She obtained :

Degree Name	Speciality	year
Master Degree	Clinical Oncology and Nuclear Medicine	12-2009
Doctorate Degree	Clinical Oncology and Nuclear Medicine	10-2015

and name has been added to the Consultant Register as Consultant  
in Clinical Oncology and Nuclear Medicine

Under No. 29197 from 01-12-2016

She is still permitted to carry on her profession in A.R.E. She was not accused of any malpractice or  
misbehaviour with a good conduct and behaviour

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SOURCE

**General Secretary**

**DR Mohamed Farid**

*(Handwritten signature of DR Mohamed Farid)*

Date 14-03-2024



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النقابة العامة لأطباء مصر  
EGYPTIAN MEDICAL SYNDICATE

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Good Standing

This is to certify that :

**Dr . Reham Abdelwahab Hassan Ali**

Is a physician in Arab Republic of Egypt (A.R.E) approved  
by The ministry of health

**Under No. 172625 on 05 - 03 - 2006**

And listed in the syndicate register

**Under No. 169625 on 05 - 03 - 2006**

And still permitted to carry on her profession and she is in good standing  
having a good conduct and behavior as she was not accused for any malpractice or  
misbehavior

And has not been suspended, disqualified or prohibited from practicing.

This document was issued upon her request without any civil or professional responsibilities.

We have no reason to prevent her from traveling and working outside Egypt.

PRINTED BY

محمد احمد السيد

Date 14 - 03 - 2024



General Secretary

DR Mohamed Farid

*محمد فاريد*



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104610



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

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Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

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

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Verification of Graduate Medical Education

Applicant's Name Reham Abdelwahab Hassan Ali

Institution: University of Texas MD Anderson Cancer Center City/State Houston, Texas

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	GI Medical Oncology	From:	09 / 23 / 2013	To:	09 / 22 / 2018
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input checked="" type="checkbox"/> Fellowship	<input checked="" 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.)	Specialty/Subspecialty		From:	/ /	To:	/ /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research	Successfully Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
Accredited By:	<input type="checkbox"/> ACGME	<input type="checkbox"/> LCGME	<input type="checkbox"/> RSC	<input type="checkbox"/> CFPC	<input type="checkbox"/> RCPSC	<input type="checkbox"/> None of these

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

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

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

PRIMARY SOURCE

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: Manal Hassan, MD, MPH, PhD Signature manalhassan

Title of Signatory: Professor Signature Date 11/12/2024

Phone: 713-794-5452 Fax: 713-745-1163 E-Mail: mhasan@mdanderson.org

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
101 NE 51<sup>ST</sup> STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)  
**EVIDENCE OF STATUS – PART B**

Full Legal Name: Reham Abdelwahab Hassan Ali  
First Middle Last Maiden (if applicable)

Mailing Address: [Redacted]  
City State Zip Code Telephone Number Social Security #: [Redacted]

**DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

<b>Immigrant or Non-Immigrant Visa Status:</b>	
<input checked="" type="checkbox"/>	INS Form I-94
<input type="checkbox"/>	INS Form I-688B
<b>Asylee:</b>	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"
<input type="checkbox"/>	Grant letter from the Asylum Office of INS
<input type="checkbox"/>	Order of an immigration judge granting asylum
<b>Refugee:</b>	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document)
<b>Alien Paroled Into the U.S. for a least One Year:</b>	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
<b>Alien Whose Deportation or Removal Was Withheld:</b>	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"
<input type="checkbox"/>	Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA
<b>Alien Granted Conditional Entry:</b>	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<b>Cuban/Haitian Entrant:</b>	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA
<b>Alien Who Has Been Battered or Subjected to Extreme Cruelty:</b>	
<input type="checkbox"/>	INS petition and appropriate supporting documentation
<b>Other Document (please list)</b>	
<input checked="" type="checkbox"/>	<u>I140 and I129 Forms</u>

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.

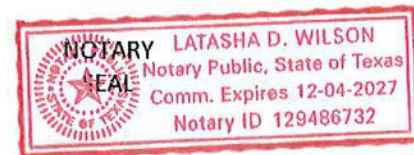
Signature Reham Abdel-Wahab Date 10/28/2024

Subscribed and sworn before me this 28 day of October, 2024

Notary Public Lataasha Wilson

Commission Number 129486732

My commission expires 12/04/2027



44729  
UKC



## TIME DEFICIENCY FORM

Name:	Reham Abdelwahab Hassan Ali	Application #	
-------	-----------------------------	---------------	--

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
09	2004	12	2004	Faculty of Medicine, Assiut University	Assiut, Egypt	NA	Completing final exams of medical school

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
01	2005	2	2005	Winter Break & submitting exam results to the Faculty Council (Approved on January 18th, 2005) and University Council (Approved on February 27th, 2005)	Assiut, Egypt	NA	

9/04-3/05

RECEIVED

NOV 12 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

44729  
UKC

**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
**101 NE 51<sup>ST</sup> 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 Euleless, 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.**

Reham Abdelwahab Hassan Ali      Reham Abdel-Wahab      10/26/2024  
 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.**

**RECEIVED**

NOV 05 2024

44729  
 UKC





# State of Oklahoma

## Board of Medical Licensure & Supervision

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

Certified and Via email to [REDACTED]

December 6, 2024

9489 0090 0027 6398 4167 64

Noha Hassan, MD Applicant 44728  
[REDACTED]

### REQUEST FOR BOARD APPEARANCE

Your application for a special medical license to practice in the State of Oklahoma was reviewed by the Executive Team. Your application is held for an appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **January 23, 2025, at 9:00 a.m. CST.** You may appear in person at the office of the Oklahoma Medical Board of Licensure and Supervision, 101 NE 50<sup>th</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See *Okla. Admin. Code 493.4 and 435:10-11-3 below*). **You are entitled to retain legal counsel for representation in this matter.**

You are appearing to discuss your request to obtain a special license through the Medical Board.

This is your opportunity to answer questions provided by the Board regarding your application to obtain a special medical licensure.

#### ***Oklahoma Administrative Code § 493.4. Special License and Special Training License***

- A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.
- B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.
- C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.
- D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.
- E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.
- F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.
- G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician

#### ***Oklahoma Administrative Code § 435:10-11-3. Procedure for special licensure***

- (a) Absent Board determination of exceptional qualifications and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.
- (b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.
- (c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

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

Sincerely,

Billy H. Stout, M.D.  
Board Secretary

**NOHA HASSAN, MD  
APPLICANT 44728**

**SPECIAL LICENSURE REQUEST**

**STAFF RECOMMENDATION TO THE BOARD:**

Licensure is contingent upon the following:

- Completion of Board approved clinical skills assessment program with report provided to the Board Secretary; and
- Further continuing medical education (CME) structured based on the assessment report; and
- Structured mentorship and monitoring process for the first year of licensure issuance; and
- Practice limited to Stephenson Cancer Center at OU Medical Center campus in Oklahoma City

**Title 59 O.S. § 493.4. Special License and Special Training License**

A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.

B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.

C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.

D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.

E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.

F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.

G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician.

**OAC § 435:10-11-3. Procedure for special licensure**

(a) Absent Board determination of exceptional qualifications and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.

(b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.

(c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

**From:** [REDACTED]  
**To:** [Lisa Cullen](#)  
**Cc:** [REDACTED]  
**Subject:** Re: [EXTERNAL] RE: Oklahoma Medical Board Appearance  
**Date:** Sunday, December 8, 2024 9:46:46 PM  
**Attachments:** [image001.png](#)

---

Thanks again Lisa!  
I agree with the staff recommendations

Best  
Noha

Sent from my iPhone

On Dec 6, 2024, at 12:55 PM, Lisa Cullen <[lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)> wrote:

**SLOW DOWN! - EXTERNAL SENDER: [lcullen@okmedicalboard.org](mailto:lcullen@okmedicalboard.org)**

Be suspicious of tone, urgency, and formatting. **Do not click/open links or attachments on a mobile device. Wait until you are at a computer to confirm you are absolutely certain it is a trusted source.**

If you are at all uncertain use the Report Phish button and our Cybersecurity team will investigate.

Dr. Hassan,

I also wanted to attach the staff recommendations to the Medical Board for special licensure. These were conveyed in the email I sent on October 21, 2024. If you do not agree with these recommendations you must let me know immediately.

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

<[image001.png](#)>

---

**From:** Lisa Cullen  
**Sent:** Friday, December 6, 2024 12:31 PM  
**To:** [REDACTED]

Cc: [REDACTED]  
Subject: Oklahoma Medical Board Appearance

Dr. Hassan,

Your application has been prepared and will be presented at the January 23, 2025 Board meeting for consideration of your request for special licensure. I have copied Dr. Takebe on this email as well in the event she would like to attend in support of your application.

1. Please be advised that you are entitled to retain legal counsel representation in this matter.
2. You may appear in person or via Zoom, if you appear via Zoom you must log in at 8:30 a.m.
3. If you need to reschedule your appearance, respond to this email immediately.
4. **Confirmation of receipt of this letter and your intent to appear in person or zoom is required.**

I look forward to hearing back from you.

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

<image001.png>

<HASSAN STAFF RECOMMENDATION.pdf.awsec>

The information contained in this e-mail message may be privileged, confidential, and/or protected from disclosure. This e-mail message may contain protected health information (PHI); dissemination of PHI should comply with applicable federal and state laws. If you are not the intended recipient, or an authorized representative of the intended recipient, any further review, disclosure, use, dissemination, distribution, or copying of this message or any attachment (or the information contained therein) is strictly prohibited. If you think that you have received this e-mail message in error, please notify the sender by return e-mail and delete all references to it and its contents from your systems.

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

Type	Number	Name
MD	44728	NOHA ABDELWAHAB HASSAN ALI HASSAN
MEDICAL DOCTOR		

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

AMA Profile Not Received (to be completed by OSBMLS Staff) Endorsed By Exam verification date ECFMG ECFMG Date USMLE Exams Incomplete
--

**Last Medical School Attended:**

915-05 Univ of Assiut, Fac of Med, Assiut, Egypt

**Number of Licenses Previously Granted to Graduates of this Medical School:7**

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            44728      NOHA ABDELWAHAB HASSAN ALI HASSAN  
 MEDICAL DOCTOR

**Practice Address:**

November 04, 2024

RHEUMATOLOGY AND REHABILITATION

ASSIUT UNIVERSITY FACULTY OF MEDICINE/HOSPI

ASSIUT, 81528

NOT OKLAHOMA

EGYPT

**Status:**  
**Res:**  
**Received:** 11/04/2024  
**Entered:** 11/04/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:** 12/03/2024  
**AMA Rec:**  
**Board Action:**  
**License #:** 44728  
**Sex:** F  
**Ethnic Origin:** 1

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

	<b>Test</b>	<b>Score</b>	<b>Date Taken</b>	<b>Date Verified</b>	<b>Attempts</b>
<b>Test 1:</b>	USMLE 1	FAIL	1/31/14	12/10/24	1
<b>Test 2:</b>	USMLE 2	PASS	4/28/23	12/10/24	1
<b>Test 3:</b>	Note: <b>PASS</b> means higher than 75				
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

**PRE-MED EDUCATION****School Name:** DAR-ALANDALOS PRIVATE HIGH SCHOOL**City:** ASSIUT**State:**      **Country:** EGYPT**Degree:** HIGH SCHOOL**From:** 9/1994      **To:** 6/1997      **Verified:****MEDICAL SCHOOL EDUCATION****Name:** Univ of Assiut, Fac of Med, Assiut, Egypt**Foreign Name:****City:** Assiut**State/Country:** Egypt**Degree:** M.B.B.CH DEGREE IN**From:** 10 / 1997**To:** 9 / 2003**Diploma Ver'd:**

Y



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

**Type**      **Number**      **Name**  
 MD            44728      NOHA ABDELWAHAB HASSAN ALI HASSAN  
 MEDICAL DOCTOR

### POST GRADUATE EDUCATION

<b>Facility:</b> UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	<b>Specialty:</b> RHEUMATOLOGY AND CLINICAL IMMUNOLOGY
<b>Res. Fellowship:</b> Fellowship/Research	
<b>City:</b> HOUSTON	<b>State:</b> TX <b>Country:</b> UNITED STATES OF AMER
<b>Verified:</b> 11/12/2024	<b>From:</b> 9 / 2013 <b>To:</b> 7 / 2017
<b>ACGME Ver'd:</b> Waived	
<b>Comments:</b>	

<b>Facility:</b> ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITAL	<b>Specialty:</b> RHEUMATOLOGY AND REHABILITATION FELLOWSHIP AND DOC
<b>Res. Fellowship:</b>	
<b>City:</b> ASSIUT	<b>State:</b> <b>Country:</b> EGYPT
<b>Verified:</b> Waived	<b>From:</b> 3 / 2008 <b>To:</b> 11 / 2015
<b>ACGME Ver'd:</b>	
<b>Comments:</b>	

<b>Facility:</b> ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITAL	<b>Specialty:</b> CLINICAL RESIDENCE AND MASTER OF SCIENCE DEGREE
<b>Res. Fellowship:</b>	
<b>City:</b> ASSIUT	<b>State:</b> <b>Country:</b> EGYPT
<b>Verified:</b> Waived	<b>From:</b> 3 / 2005 <b>To:</b> 2 / 2008
<b>ACGME Ver'd:</b>	
<b>Comments:</b>	

<b>Facility:</b> ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITAL	<b>Specialty:</b>
<b>Res. Fellowship:</b>	
<b>City:</b> ASSIUT	<b>State:</b> <b>Country:</b> EGYPT
<b>Verified:</b> Waived	<b>From:</b> 3 / 2004 <b>To:</b> 2 / 2005
<b>ACGME Ver'd:</b>	
<b>Comments:</b>	



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

**Type**      **Number**      **Name**  
 MD            44728      NOHA ABDELWAHAB HASSAN ALI HASSAN  
 MEDICAL DOCTOR

<b>Specialty:</b> ASSISTANT LECTURER IN DEPARTMENT OF RHEUMATOLOGY A	<b>From:</b> 3 / 2008	<b>To:</b> 11 / 2015	<b>Verified:</b>
<b>Comments:</b>			
<hr/>			
<b>Employed:</b> NONE	<b>Supervisor:</b>		
<b>City:</b> ASSIUT	<b>State:</b>	<b>Country:</b> EGYPT	
<b>Specialty:</b> COMPLETING FINAL EXAMS FOR MED SCHOOL	<b>From:</b> 9 / 2003	<b>To:</b> 12 / 2003	<b>Verified:</b>
<b>Comments:</b>			

<b>Other Licenses</b>				
State	Lic Type and Number	Status	Issued	Exp      Verif

<p><b>DEFICIENCIES</b></p> <p>AMA Profile Not Received (to be completed by OSBMLS Staff)</p> <p>Endorsed By</p> <p>Exam verification date</p> <p>ECFMG</p> <p>ECFMG Date</p> <p>USMLE Exams Incomplete</p>
--

LICENSE ELIGIBILITY QUESTIONNAIRE					
<b>INSTRUCTIONS: Please complete and submit with CV to <a href="mailto:lcullen@okmedicalboard.org">lcullen@okmedicalboard.org</a></b>					
Physician Name	Noha Abdelwahab Hassan			Date	09/15/2024
Email Address	[REDACTED]				
Are you a US citizen?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO	
Do you have a social security number?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	
Are you licensed to practice in any US state?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO	
If yes, which state(s)					
Have you passed all 3 steps of USMLE?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO	
What is your specialty?	Rheumatology & Clinical Immunology				
Which facility would you be employed by?	University of Oklahoma Health Sciences Center - Stephenson Cancer Center				
Would you be restricted to that facility only?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	
Explain what you will be doing at the facility.					
Provide high quality clinical care to a diverse population of cancer patients who develop immune-related adverse events from cancer therapy, educate and mentor young physician scientists, conduct clinical trials to establish new guidelines and better strategies for management of these adverse events.					
MEDICAL SCHOOL					
Where did you complete Medical School?	Assiut Faculty of Medicine, Assiut University, Egypt				
Did you successfully complete Medical School?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	
POST GRADUATE TRAINING – UNITED STATES					
Have you received any post graduate training in the US?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	
If so, where did you attend?					
How many months of training did you receive?	<input type="radio"/>	12 months	<input type="radio"/>	24 months	Other, please specify
					4-years postdoctoral fellowship, Internal Medicine, MD Anderson Cancer center
Is the post graduate training accredited by ACGME?	<input type="radio"/>	YES	<input checked="" type="radio"/>	NO	
POST GRADUATE TRAINING – NON-US					
Have you received any post graduate training?	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	
If so, where did you attend?					
How many months of training did you receive?	<input type="radio"/>	12 months	<input type="radio"/>	24 months	Other, please specify
					3-years residency and 5-years fellowship at Assiut University Hospital, Egypt
What is the accreditation of the post graduate training program?					
<input type="radio"/>	The Royal College of Physicians and Surgeons of Canada		<input type="radio"/>	The College of Family Physicians of Canada	
<input type="radio"/>	The Royal College of Surgeons of Edinburgh		<input type="radio"/>	The Royal College of Surgeons of England	
<input type="radio"/>	The Royal College of Physicians and Surgeons of Glasgow		<input type="radio"/>	The Royal College of Surgeons in Ireland	
<input checked="" type="radio"/>	Other, please specify: Egyptian Medical Syndicate				

**Lisa Cullen**

---

**From:** Takebe, Naoko (HSC) [REDACTED]  
**Sent:** Friday, October 11, 2024 3:04 PM  
**To:** Lisa Cullen  
**Cc:** [REDACTED] [REDACTED] [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Special Medical License

Hello Ms. Cullen,

Thank you for your update on Dr. Hassan and Dr. Hassan Ali's application.  
 Please see my response to the questions addressed by the executive team.

What duties will be performed by Dr. Hassan and Dr. Hassan Ali at OU?

- **Dr. Hassan** - Will evaluate and treat cancer patients who developed immunotherapy-related toxicities at the Stephenson Cancer Center, seeking advanced treatment options. Dr. Hassan will also evaluate and treat autoimmune disease patients at the OU rheumatology/immunology clinic. Dr. Hassan will conduct data analysis on patients who participated in clinical trial protocols and publish the data. Dr. Hassan will teach and educate fellows, residents, nurses, APPs, and patients on immune-toxicity-related subjects. She will be the point of contact for all faculty members at Stephenson Cancer Center who treat patients who encounter severe toxicities, which will require expertise.
- Dr. Hassan Ali - Will evaluate and treat patients with melanoma, skin cancer, and other solid tumors at the Stephenson Cancer Center seeking advanced treatment options. Dr. Hassa-Ali will write clinical trials and conduct research studies. She will collect the data from these studies, write and publish manuscripts. She will also be part of the biospecimen bank committee and data science team to accelerate oncology research at the Stephenson Cancer Center. She will also teach fellows and residents, nurses, and APPs at the cancer center.

What physicians are currently performing these duties at OU?

- At this point, no designated physicians at OU/SCC can perform the same degree of care and research that Dr. Hassan and Dr. Hassan Ali will cover if they arrive here. For melanoma patients, we lost a melanoma specialist a few years ago, and a thoracic cancer specialist at SCC is covering it for now.
- There are no immune-toxicity specialists at OU/SCC. Each organ specialist has been consulted by faculty to treat and care for these special populations.

Thank you.

Best regards,  
 Naoko

Naoko Takebe MD., PhD.

[REDACTED]  
 405-271-8001 ext. 53277

---

**From:** Lisa Cullen <lcullen@okmedicalboard.org>  
**Sent:** Friday, October 11, 2024 12:53 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Special Medical License

Dr. Takebe,

The Executive Team has met regarding Dr. Hassan and Dr. Hassan Ali. Additional information is being requested from each of them and I am following up with them via email.

What duties will be performed by Dr. Hassan and Dr. Hassan Ali at OU?  
What physicians are currently performing these duties at OU?

I look forward to your response.

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



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**From:** Takebe, Naoko (HSC) [REDACTED]  
**Sent:** Thursday, September 12, 2024 2:03 PM  
**To:** Lisa Cullen <lcullen@okmedicalboard.org>  
**Cc:** [REDACTED]  
**Subject:** [EXTERNAL] RE: Oklahoma Special Medical License

Dear Ms. Cullen,

It was very nice talking to you this morning about my query regarding "special" licensing for two Egyptian clinician-scientist faculty members from MD Anderson Cancer Center (MDACC) who completed their US equivalent internal medicine residency and fellowship program in their country prior to moving to MDACC. Based on our discussion, I am going to do the following:

1. I will contact Dr. Reham Abdelwahab Hassan Ali, MD PhD, and Dr. Noha Abdelwahab, MD PhD, to send you an email with their CVs and cover letters individually. The purpose of this email is to have their applications evaluated by the board.
2. I will email you with the name of the orthopedic surgeon who went through the special license program in Oklahoma.





September 19<sup>th</sup>, 2024

Dear Members of the Oklahoma Medical Board,

It is my pleasure to write this letter to request your consideration for providing me with the Faculty Temporary License, a special license that allows me to practice medicine at the Stephenson Cancer Center in Oklahoma City under the supervision of fully licensed faculty. Herein, I would like to present my qualifications and professional background in hopes that you could consider my case as an exception, similarly to what is permitted in other states such as Texas, Ohio, Florida, Tennessee, to name a few.

I completed my clinical training in Egypt, which included a 3-years of medical residency followed by a 5-years clinical fellowship along with a Doctoral degree in Rheumatology. To pursue additional postgraduate training, I embarked on a post-doctoral research fellowship in Rheumatology & Clinical Immunology at MD Anderson Cancer Center in 2013. This invaluable experience led to my appointment as an instructor in the Department of General Internal Medicine, and later, my promotion to Assistant Professor with a dual appointment in the Department of Melanoma Medical Oncology at MD Anderson. I also hold a tenured faculty position as an Associate Professor and Consultant of Rheumatology at Assiut University Hospitals and Faculty of Medicine in Egypt. My diverse background, extensive training both in rheumatology and immune-oncology, as well as my academic positions in the United States and Egypt have equipped me with the knowledge and skills to excel in the field of onco-medicine.

As a Rheumatologist and Clinical Immunologist, I have created an exceptional niche studying adverse events from cancer immunotherapy. Aiming to improve the clinical outcomes and survivorship journey for patients with cancer, I focus on developing strategies to reduce adverse events while improve responses to immunotherapy through the advancement of integrated research, clinical, and educational programs. I have successfully established and led multi-disciplinary and multi-institutional collaborative teams aimed at evaluating the clinical outcome of patients with various types of immune-related adverse events, the use of different biological therapies for management of these adverse events, as well as exploring the impact of immunotherapy usage in special cancer populations primarily patients with preexisting autoimmune diseases, transplant recipients, chronic infections, and comorbidities. I also lead several investigator-initiated clinical trials that focus on unraveling, mitigating, and decoupling these off-target toxicities from the efficacy of novel cancer therapeutics. These studies served as the foundation for securing multiple grants in which I am the Principal Investigator (PI), including the NIH/K01 award, MD Anderson DoIM Development & Translational Science award, Bridge Funding award, Cancer Survivorship award, Institutional Research Grant (IRG), Prioritizing Research Innovation and Mentoring Excellence (PRIME) award, Melanoma SPORE Career Enhancement Program (CEP) award, and the Cyrus Scholar Award for Outstanding Clinical Research. My achievements have been recognized by my colleagues both at MD Anderson and at the National level. I was appointment as the Chair of the Immunotherapy Toxicity (IOTOX) Working Group in National Cancer Institute Alliance for Clinical Trials in Oncology, and as a Member in the Executive Committee of the National Alliance for Support and Prevention of immune-related adverse

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events (ASPIRE), which is a national consortium of stakeholders including oncologists, internists, patients/caregivers, and advocates dedicated to harmonizing effort and enhance collaboration to mitigate the adverse events from cancer therapies. At MD Anderson, I was appointed as the Director of IOTOX Research in the Department of General Internal Medicine and Section of Rheumatology & Clinical Immunology, elected as the Deputy Chair of Research Committee, which comprises 14 different departments across the Division of Internal Medicine, appointed as the Chair of the MD Anderson IOTOX Education Committee, and as a Member of Survivorship Research Advisory Workgroup. Besides this, I have continued in my role as a tenured Associate Professor and Consultant of Rheumatology in Egypt, where I contribute to the virtual tumor boards and the rheumatology clinical case conference and to mentoring both internal medicine residents and rheumatology fellows.

Thus, I believe that allowing me to practice at the Stevenson Cancer Center under a Faculty Temporary License will not only enable me to provide high quality clinical care to a diverse population of cancer patients who develop adverse events from cancer therapy in the State of Oklahoma, but also will help me educate and mentor young physician scientists, and conduct novel clinical trials to standardize and enhance the management guidelines for these adverse events.

Thank you for your consideration. I kindly request that you consider granting me a special faculty license and I am happy to provide any additional required information as needed.

Sincerely,

*Noha Abdel-Wahab*

**Noha Abdelwahab Hassan, MD, PhD**

Assistant Professor

Director of Immunotherapy Toxicity (IOTOX) Research

General Internal Medicine

Rheumatology and Clinical Immunology

Assistant Professor

Melanoma Medical Oncology

The University of Texas MD Anderson Cancer Center

Houston, Texas, USA

Associate Professor & Consultant of Rheumatology

Assiut University Hospitals, Faculty of Medicine, Egypt

E-mail: [REDACTED]

Tel: [REDACTED]  
[REDACTED]



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Making Cancer History®

**CURRICULUM VITAE**

**NAME AND DEGREES:** Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, PhD

**OFFICE ADDRESS:** The University of Texas MD Anderson Cancer Center  
1400 Pressler St  
Suite FCT13.5039  
Unit 1465  
Houston, TX 77030

**OFFICE PHONE:** 346-720-7352

**OFFICE EMAIL:** [REDACTED]

**CITIZENSHIP:** Green Card holder

**ECFMG:** Passed Step 2 CK

**MEDICAL LICENSE:** Eligible for Faculty Temporary License  
Ministry of Health, Egypt, 163030, 3/2005  
Egyptian Medical Syndicate, Egypt, 160030, 3/2005  
Specialist of Rheumatology, Rehabilitation and Physical Medicine, Egypt,  
1004, 3/2005  
Consultant of Rheumatology, Rehabilitation and Physical Medicine, Egypt,  
392, 3/2005-11/2023

**PERSONAL STATEMENT**

I am a Rheumatologist and Clinical Immunologist, and my research focuses on inflammatory and immune-related adverse events (irAEs) following cancer immunotherapy. As the Director of Immunotherapy Toxicity (IOTOX) Research in the Department of General Internal Medicine, I have created an exceptional niche at our institution studying autoimmunity in cancer and established multi-disciplinary and multi-institutional collaborative teams to study the clinical phenotypes and immunobiology of irAEs and develop new and better strategies for irAE management. I have published the first systematic review on immune checkpoint inhibitor (ICI) use in cancer patients with preexisting autoimmune diseases, showing these patients are at higher risk of disease flares and more frequent irAEs but can easily be managed without ICI discontinuation, published in *Annals of Internal Medicine* (2018). I have also led several multi-institutional collaborative studies evaluating the clinical outcome of patients with various types of irAEs, use of different biological therapies for management of irAEs, ICI use in special cancer population such as transplant recipients and patients with underlying autoimmune diseases or infections, which were published in high-impact journals like *Journal of Clinical Oncology* (2023), *Journal of Immunotherapy of Cancer* (2018, 2019, 2020, 2021, and 2023), and *Nature Communications* (2022). Moreover, I have developed abundant expertise in immune biomarker analyses to identify biomarkers predictive of irAEs and symptom burden in cancer patients receiving ICI therapy. In collaboration with Dr. Adi Diab and his team at MD Anderson, we used a multi-disciplinary team science approach and conducted comprehensive clinical, preclinical, and translational analyses focusing on IL-6/Th17 axis to study its role in ICI-related autoimmunity and tumor immunity, where I co-first authored our publication in *Cancer Cell* (2022). These studies served as the foundation for securing multiple grants in which I am the Principal Investigator (PI), including the NIH/K01 award, MD Anderson

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

DoIM Development & Translational Science award, Bridge Funding award, Cancer Survivorship award, Institutional Research Grant (IRG), Prioritizing Research Innovation and Mentoring Excellence (PRIME) award, Melanoma SPORE Career Enhancement Program (CEP) award, and the Cyrus Scholar Award for Outstanding Clinical Research. Additionally, I am actively involved as the PI/Co-PI in several investigator-initiated clinical trials investigating irAEs in melanoma (NCT04990726, NCT04940299, NCT04516122), as a Co-I in the AIM-NIVO trial exploring ICI use in cancer patients with autoimmune diseases (NCT03816345), and as the Site-PI for Alliance A151804 (NCT04242095), establishing a national biorepository to advance studies of irAEs. Recently, I have been appointed as one of the MD Anderson ITOX Leaders Group and as the Chair of the institutional ITOX Education Committee, working to improve quality of life and outcomes for patients with cancer by developing strategies to improve responses to immunotherapy and reduce therapy-related toxicities through the advancement of integrated research, clinical, and educational programs. Moreover, I serve as the Co-Chair of the DoIM Research Committee and as a Member of the Cancer Survivorship Research Advisor Workgroup. At the national level, I serve as the Chair of the Alliance for Clinical Trials in Oncology Immunotherapy Toxicity Working Group, which was launched in May 2024 to serve as the national hub for all studies related to irAEs. I also sit on the Executive Committee of the National Alliance for Support and Prevention of irAEs (ASPIRE).

## **PRESENT TITLE AND AFFILIATION**

### **Primary Appointment**

Assistant Professor, Section of Rheumatology and Clinical Immunology, Department of General Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX

Director of ITOX Research, Department of General Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX

### **Dual/Joint/Adjunct Appointment**

Assistant Professor, Department of Melanoma Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston

Associate Professor with tenure and Consultant of Rheumatology, Department of Rheumatology, Rehabilitation and Physical Medicine, Assiut University Faculty of Medicine, Assiut University Hospitals, Assiut, Egypt

## **EDUCATION**

### **Degree-Granting Education**

Assiut University, Faculty of Medicine, Assiut, Egypt, MD, 2004, Bachelor of Medicine and Surgery

Assiut University, Faculty of Medicine, Assiut, Egypt, MSc, 2008, Rheumatology, Rehabilitation and Physical Medicine

Assiut University, Faculty of Medicine, Assiut, Egypt, PHD, 2015, Rheumatology, Rehabilitation and Physical Medicine

### **Postgraduate Training**

Clinical Internship, Assiut University Hospitals, Assiut, Egypt, 3/2004-2/2005

Clinical Residency, Department of Rheumatology, Rehabilitation and Physical Medicine, Assiut University Hospitals, Assiut, Egypt, 3/2005-2/2007

Graduate Student, Medicine, Faculty of Medicine Assiut University, Assiut, Egypt, 4/2006-6/2008

Chief Medical Resident, Department of Rheumatology, Rehabilitation, and Physical Medicine, Assiut University Hospitals, Assiut, Egypt, 3/2007-2/2008

Clinical Research Fellow, Department of Rheumatology, Rehabilitation and Physical Medicine, Assiut University Hospitals, Assiut, Egypt, 3/2008-3/2013

Graduate Student, Medicine, Assiut University, Assiut, Egypt, 4/2009-10/2015

Visiting Clinical Fellow, Rheumatology and Rehabilitation, Kasr El Aini Hospital, Cairo, Egypt, 5/2009-7/2009

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

Research Fellow, Pediatric Rheumatology, Hospital for Sick Children, University of Toronto, Toronto, Canada, 5/2011-11/2011

Visiting Scientist, Rheumatology, Aarhus University Hospital, Department of Internal Medicine, Aarhus, Denmark, 9/2012-9/2012

Senior Clinical Research Fellow, Rheumatology, Rehabilitation and Physical Medicine, Assiut University Hospitals, Assiut, Egypt, 3/2013-11/2015

Visiting Postdoctoral Fellow, Rheumatology and Clinical Immunology, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/2013-8/2014

Postdoctoral Fellow, Rheumatology and Clinical Immunology, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/2014-7/2017

## EXPERIENCE/SERVICE

### Academic Appointments

Assistant Lecturer, Rheumatology and Rehabilitation and Physical Medicine, Assiut University Hospitals, Assiut, Egypt, 3/2008-11/2015

Lecturer and Consultant of Rheumatology, Department of Rheumatology, Rehabilitation and Physical Medicine, Assiut University Faculty of Medicine, Assiut University Hospitals, Assiut, Egypt, 11/2015-8/2021

Instructor, Section of Rheumatology and Clinical Immunology, Department of General Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, 8/2017-2/2020

Assistant Professor, Section of Rheumatology and Clinical Immunology, Department of General Internal Medicine, Division of Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, 3/2020-present

Assistant Professor, Department of Melanoma Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, 10/2020-present

Associate Professor and Consultant of Rheumatology, Department of Rheumatology, Rehabilitation and Physical Medicine, Assiut University Faculty of Medicine, Assiut University Hospitals, Assiut, Egypt, 8/2021-present

### Administrative Appointments/Responsibilities

Director of IOTOX Research, Department of General Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX

### Other Appointments/Responsibilities

Member, Graduate Studies Committee, Department of Rheumatology & Rehabilitation, Faculty of Medicine, Assiut University, Assiut, Egypt, 2012-2013

Member, Assiut University Hospitals Development Team, Assiut, Egypt, 2012-2013

Member, Quality Assurance Unit, Assiut University Hospital Development Team, Assiut, Egypt, 2012-2013

Member, Health Care Reform of Egypt, Assiut, Egypt, 2012-2015

Member, Mentor-Student Research Link Program Committee, Assiut, Egypt, 2012-2015

### Endowed Positions

N/A

### Consultantships

Assiut University Hospitals, Assiut, Egypt, Consultant of Rheumatology, License no. 392, 2015-present

### Military or Other Governmental Service

N/A

### Institutional Committee Activities

IOTOX Working Group, Member, 2018-2023

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

Division of Internal Medicine Research Education Subcommittee, Chair, 2021-present  
 Division of Internal Medicine Research Committee, Member, 2021-2024  
 Academic Mentor Council, Member, 2022-present  
 Academic Mentor Council Best Practices Working Group, Co-Chair, 2023-present  
 IOTOX Leaders group, Leader, 2023-present  
 IOTOX Education Committee, Chair, 2024-present  
 Faculty Senate Research Faculty Appointment (Non-tenure) Task Force, Member, 2024-present  
 Division of Internal Medicine Research Committee, Co-Chair, 2024-present  
 Cancer Survivorship Research Advisor Workgroup, Appointed Member, 2024-present

## HONORS AND AWARDS

Research Scholarship, Egyptian Ministry of Higher Education, 2011  
 Excellence in Rheumatology Schools travel bursary, Excellence in Rheumatology Conference, 2012  
 Case Report Award, Egyptian Society for Rheumatic Diseases, 2013  
 Postdoctoral Fellowship, Section of Rheumatology and Clinical Immunology, Department of General Internal Medicine, The University of Texas MD Anderson Cancer Center, 2013-2017  
 The Ideal Doctor Prize (Young Physician Award-less than 35 years), Egyptian Medical Syndicate, 2013  
 Postdoctoral and Clinical Fellow Poster Competition Finalist, Trainee Research Day, The University of Texas MD Anderson Cancer Center, 2014  
 Clinical Research Abstract Finalist, Division of Internal Medicine Research Retreat Poster Session, The University of Texas MD Anderson Cancer Center, 2015  
 Rheumatology Research Workshop travel bursary, American College of Rheumatology (ACR), 2015  
 Division of Internal Medicine (DoIM) Research and Quality Improvement Development Award, The University of Texas MD Anderson Cancer Center, 2019-2023  
 Division of Internal Medicine (DoIM) Bridge Funding Award, The University of Texas MD Anderson Cancer Center, 2020-2023  
 Cyrus Scholar Award Finalist, The University of Texas MD Anderson Cancer Center, 2020  
 Institutional Research Grant, The University of Texas MD Anderson Cancer, 2021-2023  
 Mentored Research Scientist Career Development Award, The National Institute of Health/National Institute of Allergy and Infectious Diseases, 2021-2026  
 Prioritizing Research Innovation and Mentoring Excellence (PRIME) Award, The University of Texas MD Anderson Cancer, 2021-2024  
 Best Oral Presentation Award, The International Congress on Controversies in Rheumatology and Autoimmunity, 2023  
 MD Anderson Cancer Center Specialized Program of Research Excellence (SPORE) in Melanoma – Career Enhancement Program Award, The University of Texas MD Anderson Cancer, 2023-2024  
 Cyrus Scholar Award for Outstanding Clinical Research, The University of Texas MD Anderson Cancer Center, 2024

## RESEARCH

### Grants and Contracts

#### Funded

Principal Investigator, Immune Related Toxicity and Symptom Burden in Chronic Cancer Survivors with Melanoma Receiving Adjuvant Immunotherapy with Immune Checkpoint



Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

Inhibitors, The University of Texas MD Anderson Cancer Center, DoIM Research and Quality Improvement Development Award, 2/1/2019-8/31/2024, \$50,000.

Principal Investigator, Immune-Related Adverse Events in Patients with Melanoma Receiving Immune Checkpoint Inhibitor Therapy, The University of Texas MD Anderson Cancer Center, DoIM Bridge Funding Award, 1/1/2020-6/30/2024, \$293,751.

Principal Investigator, Bone Loss in Cancer Survivors Receiving Adjuvant Immune Checkpoint Inhibitor Therapy, The University of Texas MD Anderson Cancer Center, Cancer Survivorship Seed Fund, 7/1/2020-12/31/2023, \$50,000.

Principal Investigator, Immune-Related Adverse Events in Melanoma Patients Receiving Adjuvant Immune Checkpoint Inhibitor Therapy, The University of Texas MD Anderson Cancer Center, Institutional Research Grant, 7/1/2021-6/30/2024, \$75,000.

Principal Investigator, 90%, Immune-Related Adverse Events in Melanoma Patients Receiving Adjuvant Immune Checkpoint Inhibitor Therapy, 1K01AI163412, NIH/NIAID, 8/18/2021-7/31/2026, \$569,340.

Principal Investigator, 3%, A Phase II Study to Assess the Safety and Efficacy of Tocilizumab in combination with Ipilimumab and Nivolumab in Patients with Advanced Melanoma, Non-small cell lung cancer or urothelial carcinoma, Prioritizing Research Innovation and Mentoring Excellence (PRIME) Award, 11/1/2021-10/31/2024, \$300,000.

Principle Investigator, 10%, A Phase II Study to Assess the Safety and Efficacy of Tocilizumab in Combination with the Ipilimumab and Nivolumab in Patients with Advanced Melanoma, MD Anderson Cancer Center Specialized Program of Research Excellence (SPORE) in Melanoma – Career Enhancement Program, 6/1/2023-6/30/2024, \$50,000.

Principle Investigator, 3%, A Phase II Study to Assess the Safety and Efficacy of Tocilizumab in Combination with the Ipilimumab and Nivolumab in Patients with Advanced Melanoma, Cyrus Scholar Award for Outstanding Clinical Research, The University of Texas MD Anderson Cancer Center, 7/1/2024-6/30/2027, \$15,000.

#### **Pending**

Principal Investigator, 15%, Development of Therapeutic Strategies for Decoupling Autoimmunity from Antitumor Immunity in Melanoma Patients Treated with Immune Checkpoint Inhibitors, NIH/NCI Multi-PI R01, 5/1/2025 – 4/30/2030, \$2,384,235.

Site Principal Investigator, 10%, NYU Melanoma SPORE Renewal – Project 1: Determinants of Racial Disparity of toxicities from and response to immune check point inhibition, 6/1/2025-5/31/2030, Subcontract award: \$648,710.

#### **Other**

N/A

#### **Completed**

Co-Investigator, 10%, Uncoupling Tumor Immunity from Autoimmunity: The role of Interleukin 6 and Th17 cells in checkpoint inhibitor mediated enterocolitis, The American Society of Clinical Oncology (ASCO) Conquer Cancer Foundation, PI – Adi Diab, 9/1/2019 – 10/31/2023, \$50,000.

#### **Not Funded**

N/A

#### **Protocols**

##### **Funded**

Collaborator, Characterization of altered T cell immunity in patients with checkpoint inhibitor-induced arthritis, PA16-0935, PI - Sang T Kim, 2016-present.

Collaborator, Genetic Determinants of Adverse Events in Cancer Patients Receiving Immune Checkpoint Inhibition Therapy, PA16-0928, PI - Maria Suarez-Almazor, 2016-present.

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Co-Investigator, Nivolumab in Treating Patients with Autoimmune Disorders or Advanced, Metastatic, or Unresectable Cancer, Cancer Therapy Evaluation Program (CTEP), NCI10204, PIs - Hussein Tawbi (MD Anderson)/Elad Sharon (National Cancer Institute), 2019-present.

Principal Investigator, Immune Related Toxicity and Symptom Burden in Chronic Cancer Survivors with Melanoma Receiving Adjuvant Immunotherapy with Immune Checkpoint Inhibitors, Protocol 2019-0390, 2019-present.

Principal Investigator, A Phase II Study to Assess the Safety and Efficacy of Tocilizumab in Combination with Ipilimumab and Nivolumab in Patients with Advanced Melanoma, Non-small cell lung cancer or urothelial carcinoma, 2020-1166, 2021-present.

Principal Investigator, Bone loss in cancer survivors receiving adjuvant immune checkpoint inhibitor therapy, Protocol 2020-0353, 2021-present.

Collaborator, Interplay between ethnicity & biology in response to checkpoint inhibition among patients with unresectable acral Melanoma, 2021-0204, PI – Kaysia Ludford, 2021-present.

Site Principal Investigator, NYU Melanoma SPORE Renewal – Project 1: Determinants of Racial Disparity of toxicities from and response to immune check point inhibition, Project PI – Eman Osman (NYU Grossman School of Medicine), 2023-present.

Site Principal Investigator, Establishment of a National Biorepository to Advance Studies of Immune-Related Adverse Events (NCI/Alliance for Clinical Trials in Oncology Foundation), Alliance A151804, Project PI – David Kozono (Dana Farber Cancer Institute) and Elad Sharon (National Cancer Institute), 2023-present.

#### **Unfunded**

Collaborator, RCR: Clinical History of Rheumatoid Arthritis Patients that develop Cancer, PA12-0148, PI - Suarez-Almazor, 2014-present.

Collaborator, Toxicity and long-term effects of immune checkpoint inhibitor therapy in cancer patients, PA15-0071, PI - Suarez-Almazor, 2015-present.

Collaborator, Renal toxicities associated with check point inhibitors, PA16-1016, PI – Ala Abudayyeh, 2016-present.

Collaborator, Immune related adverse events and checkpoint inhibitor use in cancer patients: A report from the FDA Adverse Event Reporting System (FAERS), PA17-0200, PI - Suarez-Almazor, 2017-present.

Collaborator, Gene Expression Profiling and Molecular Classification of Human Melanoma, LAB01-448, PI - Jeffrey Gershenwald, 2018-present.

Principal Investigator, Immune-Related Adverse Events Associated with Checkpoint Inhibitors, PA19-0089, 2019-present.

Principal Investigator, Selective Immune Suppression Using Interleukin-6 Receptor Inhibitors for Management of Immune-related Adverse Events, Multi-institutional collaboration includes 5 institutions in USA falls under umbrella of PA19-0089, 2019-2023.

Principal Investigator, Safety and Effectiveness of Immune Checkpoint Inhibitors Combination Versus Single Agent Therapy in Patients with Pre-existing Autoimmune Diseases, Multi-institutional collaboration includes 3 institutions in USA falls under umbrella of PA19-0089, 2019-2023.

Principal Investigator, Institutional IOTOX Protocol: Immune-related Toxicity in Cancer Patients Receiving Immunotherapy, Protocol 2021-0100, 2021-present.

Site Principal Investigator, Safety and Effectiveness of Methotrexate, TNF and IL6 Inhibitors for the Treatment of Checkpoint Inhibitor Arthritis, Multi-institutional collaboration includes 6 institutions in USA, Project PI - Anne Bass (Hospital for Special Surgery) falls under umbrella of PA19-0089, 2021-2023.

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

Site Principal Investigator, CATCH-IT Consortium – Safety and Efficacy of Immune Checkpoint Inhibitors in Patients Living with HIV and Cancer, Multi-institutional collaboration includes 33 institutions in USA, Europe, and Asia, Project PI – Abdul Rafah Naqash (OU Health Stephenson Cancer Center) falls under umbrella of PA19-0089, 2021-present.

Site Principal Investigator, INNOVATED: ImmuNe checkpoint iNhibithors outcome sOlid organ transplant recipients with cancer eVALuated in an iNTErnational Database, Project PI - Benjamin Besse (Institut Gustave Roussy) falls under umbrella of PA19-0089, 2021-present.

Site Principal Investigator, Safety and Efficacy of Immune Checkpoint Inhibitors in Patients with Primary Cardiac Soft Tissue Sarcomas, Multi-institutional collaboration includes 9 institutions in USA, Project PI - Abdul Rafah Naqash (OU Health Stephenson Cancer Center) and Toni K. Choueiri (Dana Farber Cancer Institute) falls under umbrella of PA19-0089, 2022-2023.

Site Principal Investigator, IMPACT 5.0: Immune Checkpoint Inhibitor Effects on Skeletal Health, Project PI – Carrie Ye (University of Alberta) falls under umbrella of PA19-0089, 2022-present.

Site Principal Investigator, Safety and Efficacy of immune checkpoint inhibitors in advanced penile squamous cell carcinoma: an international study from the Global Society of Rare Genitourinary Tumors, Multi-institutional collaboration includes 27 institutions in USA, Europe, and Canada. Project PI – Guru Sonpavde (Advent Health Cancer Institute) falls under umbrella of PA19-0089, 2022-2023.

Site Principal Investigator, RADIOS – Rheumatic Immune-related Adverse Events Due to Immunotherapy Observational Studies, 2023-0355, 2023-present

Site Principal Investigator, Tocilizumab for steroid-refractory checkpoint inhibitor-associated pneumonitis, Multi-institutional collaboration includes 5 institutions in USA, Project PI – Pankti Reid (University of Chicago) falls under umbrella of PA19-0089, 2023-present.

Site Principal Investigator, Safety and efficacy of anti-PD-1-based treatment of patients with pre-existing baseline neurological autoimmune diseases, Multi-institutional collaboration includes 9 institutions in USA and Europe, Project PI – Douglas Johnson (Vanderbilt University Medical Center) falls under umbrella of PA19-0089, 2023-present.

Site Principal Investigator, Safety and Efficacy of Immune checkpoint therapy for the Treatment of Patients with Cardiac Metastasis: A multicenter international retrospective study, Multi-institutional collaboration includes 29 institutions in USA, Europe, Canada, and Asia, Project PI – Abdul Rafah Naqash (OU Health Stephenson Cancer Center) and Toni K. Choueiri (Dana Farber Cancer Institute) falls under umbrella of PA19-0089, 2022-2023.

Site Principal Investigator, Triple M overlap syndrome (TMOS): Evaluating immune checkpoint inhibitor-related overlap syndrome of myocarditis, myositis and myasthenia gravis using an international pharmacovigilance database, Multi-institutional collaboration includes 9 institutions in USA, Project PI – Abdul Rafah Naqash (OU Health Stephenson Cancer Center) falls under umbrella of PA19-0089, 2023-present.

#### **Patents and Technology Licenses**

##### **Patents**

N/A

##### **Technology Licenses**

N/A

#### **Grant Reviewer/Service on Study Sections**

Grant Review Committee, The U.S.- Egypt Science and Technology Development, Member, 2020-present

#### **PUBLICATIONS (ORCID: 0000-0002-7621-9266)**

##### **Peer-Reviewed Original Research Articles**

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

1. Alkady AM, Rashad SM, Khedr TM, Mosad E, **Abdel-Wahab N**. Early Predictors of Increased Bone Resorption in Juvenile Idiopathic Arthritis: OPG/RANKL ratio, as a key regulator of bone metabolism. *Egyptian Rheumatologist* 33(4):217-223, doi:10.1016/j.ejr.2011.08.001, 2011.
2. des Bordes JK, **Abdel-Wahab N**, Suarez-Almazor M, Lopez-Olivo MA. Assessing information needs on bone health in cancer survivors. *J Cancer Surviv* 10(3):480-8, 6/2016. e-Pub 10/2015. PMID: 26499252.
3. **Abdel-Wahab N**, Lopez-Olivo MA, Pinto-Patarroyo GP, Suarez-Almazor ME. Systematic review of case reports of antiphospholipid syndrome following infection. *Lupus* 25(14):1520-1531, 12/2016. e-Pub 4/2016. PMID: 27060064.
4. **Abdel-Wahab N**, Shah M, Suarez-Almazor ME. Adverse Events Associated with Immune Checkpoint Blockade in Patients with Cancer: A Systematic Review of Case Reports. *PLoS One* 11(7):e0160221, 2016. e-Pub 7/2016. PMCID: PMC4966895.
5. Siddhanamatha HR, Heung E, Lopez-Olivo MLA, **Abdel-Wahab N**, Ojeda-Prias A, Willcockson I, Leong A, Suarez-Almazor ME. Quality assessment of websites providing educational content for patients with rheumatoid arthritis. *Semin Arthritis Rheum* 46(6):715-723, 6/2017. e-Pub 1/2017. PMID: 28258768.
6. **Abdel-Wahab N**, Shah M, Lopez-Olivo MA, Suarez-Almazor ME. Use of Immune Checkpoint Inhibitors in the Treatment of Patients with Cancer and Preexisting Autoimmune Disease: A Systematic Review. *Ann Intern Med* 168(2):121-130, 1/2018. e-Pub 1/2018. PMID: 29297009.
7. Rashed AM\*, **Abdel-Wahab N\***, Moussa EMM, Hammam N (\* **Co-first authors**). Association of hand grip strength with disease activity, disability and quality of life in children and adolescents with Juvenile Idiopathic Arthritis. *Adv Rheumatol* 58(1):11, 6/2018. e-Pub 6/2018. PMID: 30657067.
8. Johnson DH, Zobniw CM, Trinh VA, Ma J, Bassett RL, **Abdel-Wahab N**, Anderson J, Davis JE, Joseph J, Uemura M, Noman A, Abu-Sbeih H, Yee C, Amaria R, Patel S, Tawbi H, Glitza IC, Davies MA, Wong MK, Woodman S, Hwu WJ, Hwu P, Wang Y, Diab A. Infliximab associated with faster symptom resolution compared with corticosteroids alone for the management of immune-related enterocolitis. *J Immunother Cancer* 6(1):103, 10/2018. e-Pub 10/2018. PMID: 30305177.
9. **Abdel-Wahab N**, Talathi S, Lopez-Olivo MA, Suarez-Almazor ME. Risk of Developing Antiphospholipid Antibodies Following Viral Infection: A Systematic Review and Meta-Analysis. *Lupus* 27(4):572-583, 2018. e-Pub 1/2017. PMID: 28945149.
10. Mamlouk O, Selamet U, Machado S, Abdelrahim M, Glass WF, Tchakarov A, Gaber L, Lahoti A, Workeneh B, Chen S, Lin J, **Abdel-Wahab N**, Tayar J, Lu H, Suarez-Almazor M, Tannir N, Yee C, Diab A, Abudayyeh A. Nephrotoxicity of immune checkpoint inhibitors beyond tubulointerstitial nephritis: single-center experience. *J Immunother Cancer* 7(1):2, 1/2019. e-Pub 1/2019. PMID: 30612580.
11. Shah M, Tayar JH, **Abdel-Wahab N**, Suarez-Almazor ME. Myositis as an adverse event of immune checkpoint blockade for cancer therapy. *Semin Arthritis Rheum* 48(4):736-740. e-Pub 2/2019. PMID: 29909921.
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#### Invited Articles

1. Suarez-Almazor ME, Kim ST, **Abdel-Wahab N**, Diab A. Review: Immune-Related Adverse Events With Use of Checkpoint Inhibitors for Immunotherapy of Cancer. *Arthritis Rheumatol* 69(4):687-699, 4/2017. e-Pub 3/2017. PMID: 28085999.
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3. **Abdel-Wahab N**, Suarez-Almazor ME. Frequency and distribution of various rheumatic disorders associated with checkpoint inhibitor therapy. *Rheumatology (Oxford)* 58(Suppl 7):vii40-vii48, 12/2019. PMID: PMC6900912.
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5. **Abdel-Wahab N**, Suarez-Almazor ME. Rheumatic adverse events of immune checkpoint inhibitors in melanoma immunotherapy. *Expert Rev. Clin. Immunol.* 2024 Mar 19:1-21. PMID: 38400840.
6. Reid P, Singh N, **Abdel-Wahab N\* (\*Senior Corresponding author)**. Combining biologic disease modifying anti-rheumatic drugs with immune checkpoint inhibitors. *Rheum Dis Clin North Am*. In Press.

#### Editorials

**Abdel-Wahab N**, Guest Editor, International Journal of Molecular Sciences Special Issue "Mechanistic insights into cancer immunotherapy and immune-related adverse events. In Preparation

#### Other Articles

N/A

#### Abstracts

1. **Abdel-Wahab N**, Khedr TM, Alkady EA, Mosad E, Rashad SM. OPG/RANK/RANKL In Pathogenesis of Osteoporosis of Juvenile Idiopathic Arthritis (JIA) Subtypes. *Ann Rheum Dis (Suppl)* 71(3): 267, 2012.
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29. **Abdel-Wahab**, Diab A, Katayama H, Kim ST, Hanash S, Suarez-Almazor ME. Plasma Proteome Analysis in Patients with Immune Checkpoint Inhibitors Related Arthritis and Pneumonitis. *J Immunother Cancer (Suppl)* 8(3), 2020.
30. Saberian C, **Abdel-Wahab N**, Abudayyeh A, Rafei H, Joseph J, Daher M, Gruschkus S, Knape C, Whited L, Gulbis A, Marcotulli M, Rondon G, Popat U, Mehta R, Konopleva M, Oran B, Ohanian M, Ravandi F, Manero G, Alousi A, Daver N, Champlin R, Diab A, Al-Atrash G. Post-Transplant Cyclophosphamide Reduces the Incidence of Acute Graft Versus Host Disease in AML/MDS Patients Who Receive Checkpoint Inhibitors After Allogeneic Stem Cell Transplant. *Clinical Lymphoma, Myeloma and Leukemia* 20:S201-202, 2020.
31. Sandigursky S, Safa H, Cytryn S, Efuni E, Pundole X, Buni M, Xia Y, Zhong H, Krogsgaard M, Pavlick A, Saberian C, Altan M, Suarez-Almazor ME, Weber JS, Diab A, **Abdel-Wahab N**. Toxicities of single agent and combination immune checkpoint inhibitors in patients with pre-existing autoimmune diseases. *J Immunother Cancer (Suppl)* 8(3), 2020.
32. Diab A, **Abdel-Wahab N**, Johnson, DH, Hailemichael Y, Foo WC, Bentebibel SE, Lizee GA, Ekmekcioglu S. Interleukin-6 blockade abrogates immunotherapy toxicity and promotes tumor immunity. *Ann Oncol.* 32(Suppl 7):S1398-S1427, 2021.
33. Fa'ak F, Zobniw CM, Buni M, Lu L, Falohun F, Trinh VA, Awiwi MO, Elsayes KM, Ludford K, Dimitrova M, Sandigursky S, Cunningham-Bussell A, Sparks JA, Abu-Shawar O, Thanarajasingam U, Zeman AM, Talukder R, Singh N, Chung SH, Grivas P, Johnson D, Suarez-Almazor ME, Rahma OE, Weber JS, Tayar J, Diab A, **Abdel-Wahab N**. Selective Immune Suppression using interleukin-6 blockade in Immune Related Adverse Events. *J Immunother Cancer (Suppl)* 9(2), 2021.
34. Diab A, **Abdel-Wahab N**, Bentebibel SE, Montazari EJ, Spillson CA, Ekmekcioglu S, Gao J, Altan M. Tocilizumab, Ipilimumab, and Nivolumab for the Treatment of Advanced Melanoma, Non-Small Cell Lung Cancer, or Urothelial Carcinoma. *Ann Oncol.* 32(Suppl 7):S1428-S1457, 2021.
35. Johnson DH, Hailemichael Y, Bentebibel S-E, **Abdel-Wahab N**, Cho S, Foo WC, Wani K, Watowich SS, Ekmekcioglu S, Diab A. TH17 inhibition with interleukin 6 blockade decouples immunotoxicity from tumor immunity. *Cancer Res* 2, 4/2022; Suppl 12:4177.
36. **Abdel-Wahab N**, Kus T, Bentebibel S-E, McQuade JL, Glitza IC, Amaria RN, Patel SP, Wong MKK, Tawbi HA, Davies MA, Peterson SK, Shete S, Yee C, Kavelaars A, Suarez-Almazor ME, Diab A. Immune-related adverse events and symptom burden in patients with melanoma receiving adjuvant immune checkpoint inhibitor. *J Clin Oncol* 40, 6/2022; Suppl 16:TPS12147-TPS12147.
37. **Abdel-Wahab N**, Montazari E, Spillson C, Bentebibel S-E, Awiwi M, Elsayes KM, Gao J, Altan M, Wong MKK, Glitza IC, Amaria RN, McQuade JL, Patel SP, Tawbi HA, Davies MA, Yee C, Sharma P, Allison JP, Ekmekcioglu S, Diab A. Tocilizumab in combination with ipilimumab and nivolumab in solid tumors. *J Clin Oncol.* 6/22; 40(Suppl 16):TPS9600-TPS9600.
38. **Abdel-Wahab N**, Montazari EJ, Spillson CA, Amaria RN, Glitza Oliva IC, Patel S, Awiwi MO, Hassan A, Tahon N, Elsayes KM, Wong M, McQuade J, Tawbi H, Davies MA, Yee C, Sharma P, Allison J, Johnson DH, Diab A. Phase II clinical trial: safety and efficacy study of tocilizumab (Toci) in combination with ipilimumab (Ipi) 3mg/kg plus nivolumab (Nivo) 1mg/kg in patients (pts) with metastatic melanoma (MM). *Ann. Oncol.* 9/2022; 33 (suppl 7).
39. Bass A, **Abdel-Wahab N**, Sparks J, Reid P, Calabrese C, Jannat-Khah D, Rajesh D, Ghosh N, Mushtak K, Al Haj F, Gedmintas L, Falohun A, Macfarlane L, Postow M, Diab A, Shah A, Bingham III C, Chan K, Laura Cappelli L. Comparative safety and effectiveness of IL-6R inhibitors, TNF Inhibitors and methotrexate for the treatment of immune checkpoint inhibitor associated arthritis. *J Immunother Cancer* 11/2022;10:doi: 10.1136/jitc-2022-SITC2022.1260.
40. Zarif TE, Nassar AH, Adib E, Fitzgerald B, Huang J, Mouhieddine TH, Nonato T, McKay RR, Li M, Mittra A, Owen DH, Lorentsen M, Dittus C, Dizman N, Falohun A, **Abdel-Wahab N**, Bankapur A, Reed A, Dobbs R, Kim C, Arora A, Shah NJ, El-Am E, Kozaily E, Abdallah W, Al-Hader A, Ghazal BA, Saeed A, Drolen C, Lechner MG, Drakaki A, Baena J, Nebhan CA, Haykal T, Morse MA, Cortellini A, Pinato DJ, Pria AD, Hall E, Bakalov V, Bahary N, Rajkumar A, Mangla A, Shah V, Singh P, Nana FA, Lopetegui-Lia N, Dima D, Funchain P, Saleem R, Woodford R, Long GV, Menzies AM, Genova C, Barletta G, Puri S, Florou V, Idossa D,



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- Queirolo P, Lamberti G, Addeo A, Bersanelli M, Freeman D, Xie W, Sharon E, Johnson DB, Ramaswami R, Bower M, Emu B, Marron TU, Choueiri TK, Lurain K, Baden LR, Sonpavde GP, Naqash AR. Safety and efficacy of immune checkpoint inhibitors (ICI) in patients living with HIV (PLWH) and metastatic non-small cell lung cancer (NSCLC): a matched cohort study from the international CATCH-IT consortium. *J Immunother Cancer* 11/2022;10:doi: 10.1136/jitc-2022-SITC2022.0437.
41. Bass A, **Abdel-Wahab N**, Reid P, Sparks J, Calabrese C, Jannat-Khah, Rajesh D, Ghosh N, Mushtaq K, Al Haj F, Falohun A, Gedmintas L, MacFarlane L, Arabelovic S, Diab A, Shah A, Bingham III C, Chan K, C. Cappelli L. Comparing the safety and effectiveness of methotrexate, TNF and IL6 Inhibitors for the treatment of checkpoint inhibitor arthritis. *Arthritis Rheumatol.* 11/2022; 74 (suppl 9).
  42. **Abdel-Wahab N**, Montazari E, Spillson C, Bentebibel S, Tayar J, Suarez-Almazor M, Ekmekcioglu S, Johnson D, Diab A. Phase II Clinical Trial to Assess the Safety and Efficacy of Tocilizumab in Combination with Ipilimumab and Nivolumab for Treatment-naïve Metastatic Melanoma. *Arthritis Rheumatol.* 11/2022; 74 (suppl 9).
  43. Reid P, Sandigursky S, Lopez-Olivo M, Song J, Safa H, Cytryn S, Buni M, Pavlick A, Krosgaard, PhD M, Abu-Shawer O, Altan M, Weber J, Suarez-Almazor M, Diab A, **Abdel-Wahab N**. Safety and effectiveness of immune checkpoint inhibitors combination versus single agent therapy in patients with pre-existing autoimmune diseases. *Arthritis Rheumatol.* 11/2022; 74 (suppl 9).
  44. **Abdel-Wahab N**, Montazari EJ, Spillson CA, Amaria RN, Glitza Oliva IC, Patel S, Awiwi MO, Hassan A, Tahon N, Elsayes KM, Wong M, McQuade J, Tawbi H, Davies MA, Yee C, Sharma P, Allison J, Johnson DH, Diab A. Phase II clinical trial: safety and efficacy study of tocilizumab (Toci) in combination with ipilimumab (Ipi) 3mg/kg plus nivolumab (Nivo) 1mg/kg in patients (pts) with metastatic melanoma (MM). *Ann. Oncol.* 9/2022; 33 (suppl 7).
  45. Montazari EJ, **Abdel-Wahab N**, Johnson DH, Amaria RN, McVay KK, Spillson CA, Bentebibel S-E, Glitza Oliva IC, Patel S, Awiwi MO, Hassan A, Tahon N, Elsayes KM, Altan M, Wong M, McQuade J, Tawbi H, Davies MA, Yee C, Ekmekcioglu S, Zhang Y, Duan F, Yadav SS, Basu S, Allison J, Sharma P, Diab A. Clinical outcome and preliminary immune analysis of phase II clinical trial of combination of tocilizumab with ipilimumab and nivolumab for patients with treatment naive metastatic melanoma. *J IOTTECH.* 12/2022; 16 (suppl 1).
  46. Jannat-Khah D, Cappelli L, Reid P, Sparks J, **Abdel-Wahab N**, Calabrese C, Aude C, Ghosh N, Chan K. K., Bass. A. Using survival classification and regression trees and survival random forest to investigate associations among factors for cancer progression and arthritis control in a multi-center retrospective cohort of patients with immune checkpoint inhibitor associated inflammatory arthritis. *Ann. Rheum. Dis.* 6/2023; 82:1154-1155.
  47. Jannat-Khah D, Ghosh N, Cappelli L, Reid P, Sparks J, **Abdel-Wahab N**, Calabrese C, Aude C, Chan K. K., Bass. A. To each their own - Classification of arthritis phenotype among inflammatory arthritis patients with cancer treated with immune checkpoint inhibitors. *Ann. Rheum. Dis.* 6/2023; 82:1968-1969.
  48. Bass A, **Abdel-Wahab N**, Reid P, Sparks J, Calabrese C, Jannat-Khah D, Ghosh N, Rajesh D, Aude C, Gedmintas L, Macfarlane L, Arabelovic S, Falohun A, Mushtak K, Al Haj F, Diab A, Shah A, Bingham C, Chan K K, Cappelli L. Comparative safety and effectiveness of TNF inhibitors, il6r inhibitors and methotrexate for the treatment of immune checkpoint inhibitor associated arthritis. *Ann. Rheum. Dis.* 6/2023; 82:19.
  49. Ibrahim M, Angulo P, Fa'ak F, **Abdel-Wahab N**, Diab A, Mehnert J M, Weber J S, Lund A, Schober M, Zhong J, Osman I. Determinants of racial disparities in immune-related adverse events (irAE) with checkpoint inhibition (ICI) in melanoma. *J. Clin. Oncol.* 6/2023; 41:16\_suppl, 9549-9549.
  50. Kreidieh F Y, Simien R, John I, Rodgers T, **Abdel-Wahab N**, Abdel-Wahab R, Diab A, and Ludford K. Dissecting the relationship between ethnicity and response to checkpoint inhibitors in patients with acral melanoma. *J. Clin. Oncol.* 6/2023; 41:16\_suppl, e21597-e21597.
  51. Suarez-Almazor M, Ye C, Zhao B, Ruiz J, Zhao H, **Abdel-Wahab N**, Leslie W. Increase in major osteoporotic fractures after therapy with immune checkpoint inhibitors. *Arthritis Rheumatol.* 11/2023; 75 (suppl 9).

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52. Ekmekcioglu S, Cho S, Gomez JA, Abdel-Wahab R, Bentebibel S, **Abdel-Wahab N**, Simon JM, Gershenwald JE, Lazar AJ, Burks JK, Davies MA, Diab A. Quantitative and spatial characteristics of TIL in inflammatory neighborhoods of advanced melanoma tumors J Immunother Cancer. 11/2023; doi.org/10.1136/jitc-2023-SITC2023.0199.
53. Winn G, **Abdel-Wahab N**, Davies M, Diab A, Hailemichael Y. IL-1 $\beta$  blockade mitigates immunotherapy-induced gut toxicity and promotes antitumor response. J Immunother Cancer 11/2023.
54. **Abdel-Wahab N**, Anouti B, Abdel-Wahab R, Gonzales Z, Spillson CA, Baum GP, Bentebibel S, Manzano JM, McQuade J, Glitza I, Amaria R, Patel S, Wong MK, Tawbi H, Davies MA, Ekmekcioglu S, Tweardy D, Sharma P, Shete S, Peterson S, Yee C, Suarez-Almazor ME, Diab A. Unveiling immune-related adverse events (irAEs) and symptom burden in melanoma patients on adjuvant immune checkpoint inhibitors (ICIs) J Immunother Cancer. 11/2023; doi.org/10.1136/jitc-2023-SITC2023.0444.
55. Anouti B, McVay K, Abraham M, Johnson D, Amaria R, Spillson C, Glitza I, Patel S, Wong M, McQuade J, Tawbi H, Davies M, Ikeguchi A, Bentebibel SE, Abdel-Wahab R, Elsayes K, Allison J, Sharma P, **Abdel-Wahab N**, Diab A. Phase II trial of weekly or bi-weekly tocilizumab with ipilimumab and nivolumab in advanced melanoma: Clinical outcomes and biomarker analysis. J Clin Oncol 42, 6/2024 (suppl 16; abstr 9553).
56. Abdel-Wahab R, Zuri Q, Rinsurongkawong W, Pappachan B, Swaim M, Master P, Harris C, Lewis J, **Abdel-Wahab N**, Diab A. Melanoma immunotherapy longitudinal database: A comprehensive approach to capture oncological and toxicity data. J Clin Oncol 42, 11/2024 (suppl 16; abstr e23314).
57. Naqash AR, Abushukair HM, Alghamdi E, Laharwal MM, Gundroo HM, Tan AC, Funchain P, **Abdel-Wahab N**, Sharon E, Johnson DB, Nassar A, Al-Harbi FF. Triple M overlap syndrome (TMOS): Evaluating immune checkpoint inhibitor-related overlap syndrome of myocarditis, myositis and myasthenia gravis using an international pharmacovigilance database. J Clin Oncol 42, 11/2024 (suppl 16; abstr 2643).

#### Book Chapters

1. **Abdel-Wahab N**, Alshawa A, Suarez-Almazor ME. Adverse Events in Cancer Immunotherapy. In: Adv Exp Med Biol. 995, 155-174, 2017. PMID: 28321817.
2. **Abdel-Wahab N**, Bingham CO III, Suarez-Almazor ME. Musculoskeletal and Rheumatologic Toxicities. In the Society for Immunotherapy of Cancer (SITC)'s Guide to Managing Immunotherapy Toxicity Textbook, 2019.
3. Thanarajasingam U, **Abdel-Wahab N**. Cancer Immunotherapy in Patients with Preexisting Inflammatory Arthritis. In: Rheumatic Diseases and Syndromes Induced by Cancer Immunotherapy: A Handbook for Diagnosis and Management, 2021.
4. **Abdel-Wahab N**, Suarez-Almazor ME. Arthritis Associated with Immune Checkpoint Inhibitors. In: Rarer Arthropathies, Rare Diseases of the Immune System book series. 231-242, 2022.

#### Books (edited and written)

N/A

#### Letters to the Editor

1. **Abdel-Wahab N**, Shah M, Lopez-Olivo MA, Suarez-Almazor ME. Use of Immune Checkpoint Inhibitors in the Treatment of Patients with Cancer and Preexisting Autoimmune Diseases: (In Response). Ann Intern Med 169(2):133-134, 2018. PMID: 30014109.

#### Manuals, Teaching Aids, Other Teaching Publications

1. des Bordes, **Abdel-Wahab N**, Suarez-Almazor M, Lopez-Olivo MA. Assessing information needs on bone health in cancer survivors - Beyond the Abstract. UROTODAY (Your Urology News & Education Resource), 3/2016, <https://www.urotoday.com/recent-abstracts/urologic-oncology/bone-targeted-treatments/86973-assessing-information-needs-on-bone-health-in-cancer-survivors-beyond-the-abstract.html>.

#### Other Publications

1. PhD Thesis.

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

**Abdel-Wahab N**, Khidre TMM, Rashad SM, Alkady EAM. Early Predictors of Increased Bone Resorption in Juvenile Idiopathic Arthritis: OPG/RANKL Ratio, as a Key Regulator of Bone Metabolism, 2015 "Ph.D. thesis". Available at:  
[http://srv4.eulc.edu.eg/eulc\\_v5/Libraries/Start.aspx?ScopelD=1.&fn=ApplySearch&SearchIdForm=227765&ScopelDSelect=1.18.&ItemType=24.2.5.&SearchText1=noha+abdelwahab&criteria1=1.&opr1=and&SearchText2=&criteria2=1.&opr2=and&SearchText3=&criteria3=1.&SearchTextFT=&Generation\\_Term=&BibID=&PublishYear=&OrderKey=publ ishYear+desc](http://srv4.eulc.edu.eg/eulc_v5/Libraries/Start.aspx?ScopelD=1.&fn=ApplySearch&SearchIdForm=227765&ScopelDSelect=1.18.&ItemType=24.2.5.&SearchText1=noha+abdelwahab&criteria1=1.&opr1=and&SearchText2=&criteria2=1.&opr2=and&SearchText3=&criteria3=1.&SearchTextFT=&Generation_Term=&BibID=&PublishYear=&OrderKey=publ ishYear+desc); Accessed on: Sept 24<sup>th</sup>, 2018.

2. MSc Thesis.

**Abdel-Wahab N**, Rashad SM, Alkady, EAM. The Patterns of Juvenile Idiopathic Arthritis, 2008 "MSc. thesis". Available at:  
[http://srv4.eulc.edu.eg/eulc\\_v5/Libraries/Start.aspx?ScopelD=1.&fn=ApplySearch&SearchIdForm=227765&ScopelDSelect=1.18.&ItemType=24.2.5.&SearchText1=noha+abdelwahab&criteria1=1.&opr1=and&SearchText2=&criteria2=1.&opr2=and&SearchText3=&criteria3=1.&SearchTextFT=&Generation\\_Term=&BibID=&PublishYear=&OrderKey=publ ishYear+desc](http://srv4.eulc.edu.eg/eulc_v5/Libraries/Start.aspx?ScopelD=1.&fn=ApplySearch&SearchIdForm=227765&ScopelDSelect=1.18.&ItemType=24.2.5.&SearchText1=noha+abdelwahab&criteria1=1.&opr1=and&SearchText2=&criteria2=1.&opr2=and&SearchText3=&criteria3=1.&SearchTextFT=&Generation_Term=&BibID=&PublishYear=&OrderKey=publ ishYear+desc); Accessed on: Sept 24<sup>th</sup>, 2018.

**EDITORIAL AND REVIEW ACTIVITIES**

**Editor/Service on Editorial Board(s)**

N/A

**Member of Editorial Review Board**

N/A

**Journal Reviewer**

Reviewer, iMedPub Journals, 2017  
 Reviewer, International Journal of Rheumatic Diseases, 2017  
 Reviewer, Open Access Rheumatology: Research and Reviews, 2017  
 Reviewer, Patient Preference and Adherence, 2017  
 Reviewer, Rheumatology International, 2017  
 Reviewer, Blood and Lymphatic Cancer: Target and Therapy, 2018  
 Reviewer, Drug Safety, 2018  
 Reviewer, Expert Review of Anticancer Therapy, 2018  
 Reviewer, ImmunoTargets and Therapy, 2018  
 Reviewer, International Journal of Colorectal Disease, 2018  
 Reviewer, Journal of Autoimmune Disorders, 2018  
 Reviewer, Journal of Pain Research, 2018  
 Reviewer, Journal of Rare Disorders: Diagnosis and Therapy, 2018  
 Reviewer, Seminars in Arthritis and Rheumatism, 2018  
 Reviewer, Tumori Journal, 2018  
 Reviewer, Journal for Immunotherapy of Cancer, 2020  
 Reviewer, Cancer Immunology and Immunotherapy, 2021

**Other Editorial and Review Activities**

Reviewer, Abstract Review Committee, Division of Internal Medicine Research Retreat, MD Anderson Cancer Center, 2020  
 Reviewer, Abstract Review Committee, SITC Annual Meeting, 2023

**TEACHING**

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

**Teaching Within Current Institution - The University of Texas MD Anderson Cancer Center**

**Formal Teaching**

**Courses Taught**

Lecturer, Immune Checkpoint Inhibitors for the Treatment of Cancer  
2017

Lecturer, Antiphospholipid Syndrome  
2018

**Training Programs**

N/A

**Other Formal Teaching**

Lecturer, How to use a non-inferiority trial: users' guides to the medical literature  
2014

Lecturer, How to use EPPI – Reviewer to manage and synthesis your systematic review,  
Journal club – Clinical Investigators Training Program  
2014

Lecturer, Risk of Developing Antiphospholipid Syndrome Following Infection  
2015

Lecturer, General Internal Medicine Residency  
2018

**Supervisory Teaching**

**Committees**

**Advisory Committees**

N/A

**Supervisory Committees**

N/A

**Examining Committees**

N/A

**Direct Supervision**

**Undergraduate and Allied Health Students**

N/A

**Medical Students**

N/A

**Graduate Students**

Abhinav Dodeja, MD, 2013-2014

Mohsin Shah, MD, 2015-2016

Devesh Rai, MD, 2016-2017

Gaurav Sharma, MD, 2017-2019

Sami Alhawamdeh, MD, 2018-2019

Dharmiben Patel, MPH, 2024-present

**Postdoctoral Research Fellows**

Harish Siddhanamatha, MD, 2015-2016

Mohsin Shah, MD, 2017-present

Chantal Saberian, MD, 2018-2020

Houssein Safa, MD, 2018-2020

Jeffery Aldrich, MD, 2019-2020

Ali Hussein Abdel Sater, MD, 2023-present

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**Clinical Residents and Fellows**

Tasneem Shhagroni, MD, 2015-2017  
 Adewunmi Falohun, MD, 2021-present  
 Farah A Haj, MD, 2022-present  
 Julia Chernis, MD, 2022-present  
 Ryan Austin Denu, MD, 2022-present  
 Walid Macaron, MD, 2022-present  
 Brandilyn Monene, MD, 2022-present  
 Bilal Anouti, MD, 2022-present  
 Nazia Mohammad, MD, 2023-present  
 Juan G. Sevillano, MD, 2023-present

**Other Supervisory Teaching**

N/A

**Teaching Outside Current Institution**

**Formal Teaching**

**Courses Taught**

Lecturer, Antiphospholipid Syndrome, Baylor College of Medicine  
 2017

Assistant Lecturer, Rheumatology Lectures for Residents and Fellows, Assiut University,  
 Egypt

**Training Programs**

N/A

**Other Formal Teaching**

N/A

**Supervisory Teaching**

**Committees**

**Advisory Committees**

N/A

**Supervisory Committees**

N/A

**Examining Committees**

External Reviewer, Faculty of Harvard Medical School, Harvard University, Osama  
 Abushawer, MD

**Direct Supervision**

**Undergraduate and Allied Health Students**

N/A

**Medical Students**

Assiut University, Egypt, Ahmed Rashed, 2012-2013

**Graduate Students**

N/A

**Postdoctoral Research Fellows**

N/A

**Clinical Residents and Fellows**

Research Mentor, Assiut University Faculty of Medicine, Egypt, Amira Elsonbaty, MD,  
 MSc, 2012-2013



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Research Mentor, New York University, Laura and Isaac Perlmutter Cancer Center, USA, Faisal Fa'ak MD, 2020-present

#### Other Supervisory Teaching

N/A

#### CONFERENCES AND SYMPOSIA

##### Organization of Conferences/Symposia (Include chairing session)

Second Upper Egypt Conference of Respiratory Medicine, Faculty of Medicine, Assiut University, Assiut, Egypt, Committee Member, 2003

Pediatric Rheumatology workshop, Faculty of Medicine, Assiut University, Assiut, Egypt, Organizing Committee Member, 2009

Pre-Employment Orientation Program for New Resident Doctors, Assiut University Hospitals, Assiut, Egypt, Organizing Committee Member, 2012

The 29th Faculty of Medicine Annual Conference (Faculty of Medicine from Academic Accreditation towards Hospital Accreditation: Challenges & Opportunities), Faculty of Medicine, Assiut University, Assiut, Egypt, Organizing Committee Member, 2012

The ACR Study Group "Cancer Immunotherapy and Rheumatologic Disease", San Diego, CA, Co-Chair, 2017

The ACR Study Group "Cancer Immunotherapy and Rheumatic Disease,", Washington, DC, Co-Chair, 2018

The Rheumatology ITOX Virtual Case Conference (Participating Centers: MD Anderson Cancer Center, Johns Hopkins, Cleveland Clinic, Hospital for Special Surgery, UCSF Medical Center, Mayo Clinic, NYU Langone Medical Center, Stanford University, Wexner Medical Center, University of Utah Health, and Singapore National University Hospital), Virtual, Co-Chair, 2018-2019

The ACR Study Group "Cancer Immunotherapy and Rheumatic Disease: Classification and Guidelines", Atlanta, GA, Co-Chair, 2019

The ACR Study Group "Cancer Immunotherapy and Rheumatic Disease: Immunopathogenesis of Adverse Events Theoretic and Clinical Implications", Virtual Meeting, Chair, 2020

The ACR Study Group "Cancer Immunotherapy and Rheumatic Disease: Targeted Therapies for Rheumatic Immune-related Adverse Events", Virtual Meeting, Chair, 11/2021

The SITC Advances in Cancer Immunotherapy: Toxicity Management Educational Series, Houston, TX, Co-Chair, 4/2022

The ACR Educational Session "Check in with Checkpoint Inhibitors", San Diego, CA, Chair, 11/2023

The Egyptian American Society Physician Networking Event, Houston, Texas, Organizing Chair, 12/2023

MD Anderson ITOX Symposium, Houston, Texas, Organizing Committee, 11/2024

##### Presentations at National or International Conferences

###### Invited

**Abdel-Wahab N**, Lopez-Olivo MA, Talathi S, Suarez-Almazor ME. Risk of Developing Antiphospholipid Syndrome Following Infection: A Systematic Review and Meta-Analysis of Observational Studies, ACR Annual Meeting, Boston, MA, 11/2014

**Abdel-Wahab N**, Lopez-Olivo MA, Talathi S, Suarez-Almazor ME. Risk of Developing Antiphospholipid Syndrome Following Human Immunodeficiency Virus Infection: A Systematic and Meta-Analysis of Observational Studies, Third International Congress on Controversies in Rheumatology & Autoimmunity, 3/2015

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

**Abdel-Wahab N.** Autoimmune Diseases and Cancer. Center of Excellence for Stem Cells Research and Regenerative Medicine (CESC), Zewail City of Science and Technology, 6th of October City, Giza, Egypt, 4/2015

Pundole X, Shah M, **Abdel-Wahab N**, Suarez-Almazor ME. Immune Checkpoint Inhibitors and Inflammatory Myopathies: Data from the US Food and Drug Administration Adverse Event Reporting System, ACR Annual Meeting, San Diego, CA, 11/2017

**Abdel-Wahab N.** Use of Immunotherapy for Cancer in Patients with Preexisting Autoimmune Diseases, Cancer Immunotherapy and Rheumatologic Disease Study Group, ACR Annual Meeting, San Diego, CA, 11/2017

**Abdel-Wahab N**, Abudayyeh A, Shah M, Johnson DH, Trinh VA, Abdelrahim M, Gaber AO, Suarez-Almazor ME, and Diab A. Allo-Immunity and Graft Rejection After Checkpoint Inhibitor Therapy (CPI) in Solid Organ Transplant (SOT) Recipients, ASCO/SITC Clinical Immunology Symposium, San Francisco, CA, 1/2018

**Abdel-Wahab N**, Yu RK, Diab A, Dadu R, Shannon V, Futreal A, Criswell L, Shete S, Suarez-Almazor ME. Genetic Determinants of Adverse Events in Cancer Patients Receiving Immune Checkpoint Inhibition Therapy, The Health and Environmental Science Institute, The Health and Environmental Science Institute Annual Meeting, Washington, DC, 6/2018

**Abdel-Wahab N.** Management of Checkpoint Inhibitor Immune-Related Adverse Events: Clinical Practice Guidelines, Health and Environmental Science Institute Advisory Session on Oncologic Drug Safety Assessment, Health and Environmental Science Institute, Washington, DC, 6/2018

**Abdel-Wahab N.** Update on Rheum IOTOX Virtual Case Conference, Cancer Immunotherapy and Rheumatologic Disease Study Group, ACR Annual Meeting, Atlanta, GA, 11/2019

**Abdel-Wahab N**, Safa H, Cytryn S, Efuni E, Pundole X, Buni M, Xia Y, Zhong H, Krogsgaard M, Pavlick A, Saberian C, Altan M, Suarez-Almazor ME, Weber JS, Diab A Sandigursky S. Toxicities of single agent and combination immune checkpoint inhibitors in patients with pre-existing autoimmune diseases, SITC Annual Meeting, Virtual, 11/2020

**Abdel-Wahab N.** Immune-Related Adverse Events from Cancer Immunotherapies, The 6th Annual International Conference of Rheumatology and Rehabilitation Department, Assiut University, Assiut, Egypt, Virtual, 12/2020

**Abdel-Wahab N.** Targeted Therapies for Rheumatic Immune-related Adverse Events, Cancer Immunotherapy and Rheumatologic Disease Study Group, ACR Annual Meeting, virtual, 11/2021

**Abdel-Wahab N.** IL-6 Blockade: Targeted Therapy for Checkpoint Inhibitors-related Adverse Events, The 7th Annual International Conference of Rheumatology and Rehabilitation Department, Assiut University, Assiut, Egypt, Virtual, 12/2021

**Abdel-Wahab N.** Immune Checkpoint Inhibitors in Cancer Patients with Autoimmune Diseases, SITC Advances in Cancer Immunotherapy: Toxicity Management Educational Series, Houston, 4/2022

**Abdel-Wahab N**, Montazari E, Spillson C, Bentebibel S, Tayar J, Suarez-Almazor M, Ekmekcioglu S, Johnson D, Diab A. Phase II Clinical Trial to Assess the Safety and Efficacy of Tocilizumab in Combination with Ipilimumab and Nivolumab for Treatment-naïve Metastatic Melanoma. ACR Annual Meeting, Philadelphia, PA, 11/2022

Bass A, **Abdel-Wahab N**, Reid P, Sparks J, Calabrese C, Jannat-Khah, Rajesh D, Ghosh N, Mushtaq K, Al Haj F, Falohun A, Gedmintas L, MacFarlane L, Arabelovic S, Diab A, Shah A, Bingham III C, Chan K, C. Cappelli L. Comparing the safety and effectiveness of methotrexate, TNF and IL6 Inhibitors for the treatment of checkpoint inhibitor arthritis. ACR Annual Meeting, Philadelphia, PA, 11/2022

Zarif TE, Nassar AH, Adib E, Fitzgerald B, Huang J, Mouhieddine TH, Nonato T, McKay RR, Li M, Mittra A, Owen DH, Lorentsen M, Dittus C, Dizman N, Falohun A, **Abdel-Wahab N**,

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Bankapur A, Reed A, Dobbs R, Kim C, Arora A, Shah NJ, El-Am E, Kozaily E, Abdallah W, Al-Hader A, Ghazal BA, Saeed A, Drolen C, Lechner MG, Drakaki A, Baena J, Nebhan CA, Haykal T, Morse MA, Cortellini A, Pinato DJ, Pria AD, Hall E, Bakalov V, Bahary N, Rajkumar A, Mangla A, Shah V, Singh P, Nana FA, Lopetegui-Lia N, Dima D, Funchain P, Saleem R, Woodford R, Long GV, Menzies AM, Genova C, Barletta G, Puri S, Florou V, Idossa D, Queirolo P, Lamberti G, Addeo A, Bersanelli M, Freeman D, Xie W, Sharon E, Johnson DB, Ramaswami R, Bower M, Emu B, Marron TU, Choueiri TK, Lurain K, Baden LR, Sonpavde GP, Naqash AR. Safety and efficacy of immune checkpoint inhibitors (ICI) in patients living with HIV (PLWH) and metastatic non-small cell lung cancer (NSCLC): a matched cohort study from the international CATCH-IT consortium. SITC Annual Meeting, Boston, MA, 11/2022

**Abdel-Wahab N**, Anouti B, Abdel-Wahab R, Johnson DH, Amaria RN, Montazari EJ, McVay KK, Spillson CA, Bentebibel S-E, Tayar JH, Suarez-Almazor ME, Glitza Oliva IC, Patel SP, Awiwi MO, Tahon NH, Elsayes KM, Wong M, McQuade J, Tawbi H, Davies MA, Yee C, Ekmekcioglu S, Zhang Y, Duan F, Yadav SS, Basu S, Allison J, Sharma P, Diab A. Phase II Clinical Trial to Assess the Safety and Efficacy of Interleukin-6 Receptor Blocker in Combination with Ipilimumab and Nivolumab for Metastatic Melanoma. Seven International Congress on Controversies in Rheumatology & Autoimmunity, Turin, Italy, 3/2023

Bass A, **Abdel-Wahab N**, Reid P, Sparks J, Calabrese C, Jannat-Khah D, Ghosh N, Rajesh D, Aude C, Gedmintas L, Macfarlane L, Arabelovic S, Falohun A, Mushtak K, Al Haj F, Diab A, Shah A, Bingham C, Chan K K, Cappelli L. Comparative safety and effectiveness of TNF inhibitors, il6r inhibitors and methotrexate for the treatment of immune checkpoint inhibitor associated arthritis. Annual European Congress of Rheumatology, Milan, Italy, 6/2023

**Abdel-Wahab N**, Alexa Meara. Immune-related adverse events management Conundrum. Alliance for Clinical Trials in Oncology Annual Meeting, Chicago, Illinois, 11/2023

#### Other, Including Scientific Exhibitions

**Abdel-Wahab N**, Khedr TM, Alkady EA, Mosad E, Rashad SM. Early predictors of increased bone resorption in Juvenile Idiopathic Arthritis, Excellence in Rheumatology Schools, Excellence in Rheumatology conference, Madrid, Spain, 1/2012

**Abdel-Wahab N**. Case report: Musculoskeletal Tuberculosis, 34th Annual conference of the Egyptian Society for Joint Diseases and Arthritis, Sharm El-Sheikh, Egypt, 2/2012

**Abdel-Wahab N**, Khedr TM, Alkady EA, Mosad E, Rashad SM. OPG/RANK/RANKL In Pathogenesis of Osteoporosis of Juvenile Idiopathic Arthritis (JIA) Subtypes. European League Against Rheumatism Congress, Berlin, Germany, 6/2012

**Abdel-Wahab N**. Case report: Ferber's disease, 35th Annual conference of the Egyptian Society for Joint Diseases and Arthritis, Sharm El-Sheikh, Egypt, 2/2013

**Abdel-Wahab N**, Lopez-Olivo MA, Siddhanamatha HR, Suarez-Almazor ME. The Relationship between Infection and Anti-Phospholipid Syndrome: A Systemic Review of Case Reports. Annual European Congress of Rheumatology, Paris, France, 6/2014

Hammam N, Ahmed Rashed, **Abdel-Wahab N**. Hand Grip Strength as Simple Predictor of Disease Activity and Disability in Patients with Juvenile Idiopathic Arthritis. Annual European Congress of Rheumatology, Paris, France, 6/2014

**Abdel-Wahab N**, Lopez-Olivo MA, Patarroyo-Pinto P, Suarez-Almazor ME. Antiphospholipid Syndrome Following Infection: A Systematic Review of Case Reports. ACR Annual Meeting, Boston, MA, 11/2014.

Lopez-Olivo MA, **Abdel-Wahab N**, Dodeja A, Pratt G, Suarez-Almazor ME. Quality Appraisal of Educational Websites on Osteoporosis and Bone Health. ACR Annual Meeting, Boston, MA, 11/2014

Hammam N, Rashed A, **Abdel-Wahab N**. Hand Grip Strength in Juvenile Idiopathic Arthritis as Predictor of Disease Activity and Disability in Clinical Practice. The British Society for Rheumatology Conference, Manchester, England, 4/2015

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**Abdel-Wahab N**, Suarez-Almazor. Immune Related Adverse Events Associated with Immune Checkpoint Inhibitors in Cancer Patients: A Systematic Review of Case Reports. ACR Annual Meeting, San Francisco, CA, 11/2015

**Abdel-Wahab N**, Shah M, Suarez-Almazor. Use of Immune Checkpoint Inhibitors in the Treatment of Patients with Cancer and Preexisting Autoimmune Diseases: A Systematic Review of Case Reports. ACR Annual Meeting, Washington, DC, 11/2016

**Abdel-Wahab N**. Use of Immune Checkpoint Inhibitors in the Treatment of Patients with Melanoma and Preexisting Autoimmune Diseases: A Systematic Review of Case Reports, The University of Texas MD Anderson Cancer Center Young Investigator Workshop - Immunology Implications for Cancer Therapy, Houston, TX, 4/2017

**Abdel-Wahab N**, Shah M, Suarez-Almazor. A Systematic Review of the Management of Patients with Preexisting Rheumatologic Diseases Receiving Checkpoint Inhibitors for Cancer, ACR Annual Meeting, San Diego, CA, 11/2017

**Abdel-Wahab N**, Lopez-Olivo MA, Suarez-Almazor ME. Antiphospholipid Antibodies and Related Clinical Events Following Infection in Children: A Systematic Review of Case Reports, ACR Annual Meeting, San Diego, CA, 11/2017

Siddhanamatha HR, Heung E, Lopez-Olivo MLA, **Abdel-Wahab N**, Ojeda-Prias A, Willcockson I, Leong A, Suarez-Almazor ME. Quality assessment of websites providing educational content for patients with rheumatoid arthritis, ACR Annual Meeting, San Diego, CA, 11/2017

**Abdel-Wahab N**, Tayar JH, Diab A, Kim ST, Lu H, and Suarez-Almazor ME. Inflammatory arthritis induced by the use of checkpoint inhibitors for immunotherapy of cancer, SITC Annual Meeting, National Harbor, MD, 11/2017

Shah M, Tayar JH, **Abdel-Wahab N**, Suarez-Almazor ME. Myositis as a Complication of Checkpoint Blockade at a Comprehensive Cancer Center, ACR Annual Meeting, San Diego, CA, 11/2017

**Abdel-Wahab N**, Abudayyeh A, Shah M, Johnson DH, Trinh VA, Abdelrahim M, Gaber AO, Suarez-Almazor ME, and Diab A. Allo-Immunity and Graft Rejection After Checkpoint Inhibitor Therapy (CPI) in Solid Organ Transplant (SOT) Recipients. ASCO/SITC Clinical Immunology Symposium, San Diego, CA, 1/2018

Safa H, **Abdel-Wahab N**, Trinh VA, Johnson DH, Rodgers TE, Suarez-Almazor ME, and Diab A. Use of Immune Checkpoint Inhibitors (CPI) in Patients with Cancer and Concomitant Myasthenia Gravis (MG), European Society of Medical Oncology Congress, Munich, Germany, 10/2018

**Abdel-Wahab N**, Abudayyeh A, Lei X, Alatrash G, Zhao H, Giordano SH, Safa H, Johnson DH, Trinh VA, Abdelrahim M, Gaber AO, Suarez-Almazor ME, and Diab A. Checkpoint Inhibitor Therapy in Solid Organ and Allogeneic Stem Cell Transplantation: Data Mining of The Truven Health Marketscan Research Database, SITC Annual Meeting, Washington, DC, 11/2018

**Abdel-Wahab N**. Non-Inferiority Trials: In Pragmatic Clinical Trials and Healthcare Delivery Evaluations, CERTaIN Course, The University of Texas MD Anderson Cancer Center, Houston, TX, 11/2018

**Abdel-Wahab N**, Yu RK, Diab A, Dadu R, Shannon V, Futreal A, Criswell L, Shete S, Suarez-Almazor ME. Genetic determinants of adverse events in cancer patients receiving immune checkpoint inhibitors, ASCO Annual Meeting, Chicago, IL, 5/2019

**Abdel-Wahab N**, Safa H, Lopez-Olivo MA, Diab A, Suarez-Almazor ME. Immune Checkpoint Inhibitors in Patients with Cancer and Rheumatologic Diseases: A Systematic Review of the Literature, Annual European Congress of Rheumatology, Madrid, Spain, 6/2019

Saberian C, **Abdel-Wahab N**, Suarez-Almazor ME, Al-Atrash G, Abudayyeh A, Diab A. Use of checkpoint inhibitors (CPI) in allogeneic stem cell transplant recipients: An institutional



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experience and a systemic review of the literature, European Society of Medical Oncology Congress, Barcelona, Spain, 9/2019

Lopez-Olivo MA, **Abdel-Wahab N**, Suarez-Almazor ME. A Systematic Review and Meta-analysis of Observational Studies Reporting on the Use of Checkpoint Inhibitors in Patients with Cancer and Pre-existing Autoimmune Disease, ACR Annual Meeting, Atlanta, GA, 11/2019

Aldrich J, Pundole X, Tummala S, Andersen C, **Abdel-Wahab N**, Palaskas N, Deswal A, Suarez-Almazor M. Immune Checkpoint Inhibitor-Related Myositis: A Retrospective Cohort Study, Annual European Congress of Rheumatology, Virtual, 6/2020

Saberian C, **Abdel-Wahab N**, Abudayyeh A, Rafei H, Joseph J, Daher M, Gruschkus S, Knape C, Whited L, Gulbis A, Marcotulli M, Rondon G, Popat U, Mehta R, Konopleva M, Oran B, Ohanian M, Ravandi F, Manero G, Alousi A, Daver N, Champlin R, Diab A, Al-Atrash G. Post-Transplant Cyclophosphamide Reduces the Incidence of Acute Graft Versus Host Disease in AML/MDS Patients Who Receive Checkpoint Inhibitors After Allogeneic Stem Cell Transplant, Society of Hematology Oncology Annual Meeting, Virtual, 9/2020

Saberian C, Fa'ak F, Tayar J, Buni M, Kim ST, Lu L, Suarez-Almazor ME, Gruschkus SK, Daher M, Ludford K, Johnson D, Diab A, **Abdel-Wahab N**. Interleukin-6 receptor blockade for management of immune checkpoint inhibitor related adverse events in patients with melanoma, SITC Annual Meeting, Virtual, 11/2020

**Abdel-Wahab N**, Diab A, Katayama H, Kim ST, Hanash S, Suarez-Almazor ME. Plasma Proteome Analysis in Patients with Immune Checkpoint Inhibitors Related Arthritis and Pneumonitis, SITC Annual Meeting, Virtual, 11/2020

**Abdel-Wahab N**, Safa H, Cytryn S, Efuni E, Pundole X, Buni M, Xia Y, Zhong H, Krogsgaard M, Pavlick A, Saberian C, Altan M, Suarez-Almazor ME, Weber JS, Diab A, Sandigursky S. Toxicities of single agent and combination immune checkpoint inhibitors in patients with pre-existing autoimmune diseases, SITC Annual Meeting, Virtual, 11/2020

Saberian C, **Abdel-Wahab N**, Abudayyeh A, Rafei H, Joseph J, Rondon G, Whited L, Gruschkus S, Daher M, Knape C, Gulbis A, Marcotulli M, Popat U, Mehta R, Konopleva M, Oran B, Ohanian M, Ravandi F, Manero G, Alousi A, Daver N, Champlin R, Diab A, Al-Atrash G. Lower Risk of Graft Versus Host Disease after Exposure to Checkpoint Inhibitors with the Use of Post-Transplant Cyclophosphamide Prophylaxis, American Society of Hematology Annual Meeting, Virtual, 12/2020

Fa'ak F, Zobniw CM, Buni M, Lu L, Falohun F, Trinh VA, Awiwi MO, Elsayes KM, Ludford K, Dimitrova M, Sandigursky S, Cunningham-Bussel A, Sparks JA, Abu-Shawar O, Thanarajasingam U, Zeman AM, Talukder R, Singh N, Chung SH, Grivas P, Johnson D, Suarez-Almazor ME, Rahma OE, Weber JS, Tayar J, Diab A, **Abdel-Wahab N**. Selective Immune Suppression using interleukin-6 blockade in Immune Related Adverse Events, SITC Annual Meeting, Washington, DC, 11/2021

**Abdel-Wahab N**, Johnson, DH, Hailemichael Y, Foo WC, Bentebibel SE, Lizee GA, Ekmekcioglu S, Diab A. Interleukin-6 blockade abrogates immunotherapy toxicity and promotes tumor immunity, European Society of Medical Oncology Immuno-Oncology Congress, Virtual, 12/2021

**Abdel-Wahab N**, Bentebibel SE, Montazari EJ, Spillson CA, Ekmekcioglu S, Gao J, Altan M, Diab A. Tocilizumab, Ipilimumab, and Nivolumab for the Treatment of Advanced Melanoma, Non-Small Cell Lung Cancer, or Urothelial Carcinoma, European Society of Medical Oncology Immuno-Oncology Congress, Virtual, 12/2021

Johnson DH, Hailemichael Y, Bentebibel S-E, **Abdel-Wahab N**, Cho S, Foo WC, Wani K, Watowich SS, Ekmekcioglu S, Diab A. TH17 inhibition with interleukin 6 blockade decouples immunotoxicity from tumor immunity, American Association for Cancer Research Annual Meeting, New Orleans, Louisiana, 04/2022



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**Abdel-Wahab N**, Kus T, Bentebibel S-E, McQuade JL, Glitza IC, Amaria RN, Patel SP, Wong MKK, Tawbi HA, Davies MA, Peterson SK, Shete S, Yee C, Kavelaars A, Suarez-Almazor ME, Diab A. Immune-related adverse events and symptom burden in patients with melanoma receiving adjuvant immune checkpoint inhibitor, ASCO Annual Meeting, Chicago, IL, 06/2022

**Abdel-Wahab N**, Montazari E, Spillson C, Bentebibel S-E, Awiwi M, Elsayes KM, Gao J, Altan M, Wong MKK, Glitza IC, Amaria RN, McQuade JL, Patel SP, Tawbi HA, Davies MA, Yee C, Sharma P, Allison JP, Ekmekcioglu S, Diab A. Tocilizumab in combination with ipilimumab and nivolumab in solid tumors, ASCO Annual Meeting, Chicago, IL, 06/2022

Zarif TE, Nassar AH, Adib E, Fitzgerald B, Huang J, Mouhieddine TH, Nonato T, McKay RR, Li M, Mittra A, Owen DH, Lorentsen M, Dittus C, Dizman N, Falohun A, **Abdel-Wahab N**, Bankapur A, Reed A, Dobbs R, Kim C, Arora A, Shah NJ, El-Am E, Kozaily E, Abdallah W, Al-Hader A, Ghazal BA, Saeed A, Drolen C, Lechner MG, Drakaki A, Baena J, Nebhan CA, Haykal T, Morse MA, Cortellini A, Pinato DJ, Pria AD, Hall E, Bakalov V, Bahary N, Rajkumar A, Mangla A, Shah V, Singh P, Nana FA, Lopetegui-Lia N, Dima D, Funchain P, Saleem R, Woodford R, Long GV, Menzies AM, Genova C, Barletta G, Puri S, Florou V, Idossa D, Queirolo P, Lamberti G, Addeo A, Bersanelli M, Freeman D, Xie W, Sharon E, Johnson DB, Ramaswami R, Bower M, Emu B, Marron TU, Choueiri TK, Lurain K, Baden LR, Sonpavde GP, Naqash AR. Pan-cancer analysis of the safety and efficacy of immune checkpoint inhibitors (ICI) in patients (pts) living with HIV (PLWH): Results from the international CATCH-IT Consortium, ASCO Annual Meeting, Chicago, IL, 06/2022

**Abdel-Wahab N**, Johnson DH, Amaria RN, Montazari EJ, McVay KK, Spillson CA, Bentebibel S-E, Glitza Oliva IC, Patel S, Awiwi MO, Hassan A, Tahon N, Elsayes KM, Altan M, Wong M, McQuade J, Tawbi H, Davies MA, Yee C, Ekmekcioglu S, Zhang Y, Duan F, Yadav SS, Basu S, Allison J, Sharma P, Diab A. Phase II clinical trial: safety and efficacy study of tocilizumab (Toci) in combination with ipilimumab (Ipi) 3mg/kg plus nivolumab (Nivo) 1mg/kg in patients (pts) with metastatic melanoma (MM), European Society of Medical Oncology Congress, Paris, France, 9/2022

Bass A, **Abdel-Wahab N**, Sparks J, Reid P, Calabrese C, Jannat-Khah D, Rajesh D, Ghosh N, Mushtak K, Al Haj F, Gedmintas L, Falohun A, Macfarlane L, Postow M, Diab A, Shah A, Bingham III C, Chan K, Laura Cappelli L. Comparative safety and effectiveness of IL-6R inhibitors, TNF Inhibitors and methotrexate for the treatment of immune checkpoint inhibitor associated arthritis, SITC Annual Meeting, Boston, MA, 11/2022

Reid P, Sandigursky S, Lopez-Olivo M, Song J, Safa H, Cytryn S, Buni M, Pavlick A, Krogsgaard, PhD M, Abu-Shawer O, Altan M, Weber J, Suarez-Almazor M, Diab A, **Abdel-Wahab N**. Safety and effectiveness of immune checkpoint inhibitors combination versus single agent therapy in patients with pre-existing autoimmune diseases, ACR Annual Meeting, Philadelphia, PA, 11/2022

Montazari EJ, **Abdel-Wahab N**, Johnson DH, Amaria RN, McVay KK, Spillson CA, Bentebibel S-E, Glitza Oliva IC, Patel S, Awiwi MO, Hassan A, Tahon N, Elsayes KM, Altan M, Wong M, McQuade J, Tawbi H, Davies MA, Yee C, Ekmekcioglu S, Zhang Y, Duan F, Yadav SS, Basu S, Allison J, Sharma P, Diab A. Clinical outcome and preliminary immune analysis of phase II clinical trial of combination of tocilizumab with ipilimumab and nivolumab for patients with treatment naive metastatic melanoma, European Society of Medical Oncology Immunology Congress, Geneva, Switzerland, 12/2022

Jannat-Khah D, Cappelli L, Reid P, Sparks J, **Abdel-Wahab N**, Calabrese C, Aude C, Ghosh N, Chan K. K., Bass. A. Using survival classification and regression trees and survival random forest to investigate associations among factors for cancer progression and arthritis control in a multi-center retrospective cohort of patients with immune checkpoint inhibitor associated inflammatory arthritis, Annual European Congress of Rheumatology, Milan, Italy, 6/2023

Jannat-Khah D, Ghosh N, Cappelli L, Reid P, Sparks J, **Abdel-Wahab N**, Calabrese C, Aude C, Chan K. K., Bass. A. To each their own - Classification of arthritis phenotype among

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inflammatory arthritis patients with cancer treated with immune checkpoint inhibitors, Annual European Congress of Rheumatology, Milan, Italy, 6/2023

Ibrahim M, Angulo P, Fa'ak F, **Abdel-Wahab N**, Diab A, Mehnert J M, Weber J S, Lund A, Schober M, Zhong J, Osman I. Determinants of racial disparities in immune-related adverse events (irAE) with checkpoint inhibition (ICI) in melanoma, ASCO Annual Meeting, Chicago, IL, 06/2023.

Kreidieh F Y, Simien R, John I, Rodgers T, **Abdel-Wahab N**, Abdel-Wahab R, Diab A, and Ludford K. Dissecting the relationship between ethnicity and response to checkpoint inhibitors in patients with acral melanoma, ASCO Annual Meeting, Chicago, IL, 06/2023.

**Abdel-Wahab N**, Anouti B, Abdel-Wahab R, Gonzales Z, Spillson CA, Baum G, Bentebibel S-E, Manzano J-G, McQuade JL, Glitza Oliva IC, Amaria RN, Patel S, Wong MK, Tawbi HA, Davies MA, Ekmekcioglu S, Kavelaars A, Tweardy D, Sharma P, Shete S, Peterson SK, Yee C, Suarez-Almazor M, Diab A. Unveiling Immune-Related Adverse Events (irAEs) and Symptom Burden in Melanoma Patients on Adjuvant Immune Checkpoint Inhibitors (ICIs), SITC Annual Meeting, San Diego, CA, 11/2023.

Winn G, **Abdel-Wahab N**, Davies M, Diab A, Hailemichael Y. IL-1 $\beta$  blockade mitigates immunotherapy-induced gut toxicity and promotes antitumor response, SITC Annual Meeting, San Diego, CA, 11/2023.

Ekmekcioglu S, Cho S, Gomez J, Abdel-Wahab R, Bentebibel S-E, **Abdel-Wahab N**, Simon J, Gershenwald J, Lazar A, Burks J, Davies M, Diab A. Quantitative and spatial characteristics of TIL in inflammatory neighborhoods of advanced melanoma tumors, SITC Annual Meeting, San Diego, CA, 11/2023.

Suarez-Almazor M, Ye C, Zhao B, Ruiz J, Zhao H, **Abdel-Wahab N**, Leslie W. Increase in major osteoporotic fractures after therapy with immune checkpoint inhibitors, ACR Annual Meeting, San Diego, CA, 11/2023.

Anouti B, McVay K, Abraham M, Johnson D, Amaria R, Spillson C, Glitza I, Patel S, Wong M, McQuade J, Tawbi H, Davies M, Ikeguchi A, Bentebibel SE, Abdel-Wahab R, Elsayes K, Allison J, Sharma P, **Abdel-Wahab N\***, Diab A\*. Phase II trial of weekly or bi-weekly tocilizumab with ipilimumab and nivolumab in advanced melanoma: Clinical outcomes and biomarker analysis. ASCO Annual Meeting, Chicago, IL, 06/2024.

Naqash AR, Abushukair HM, Alghamdi E, Laharwal MM, Gundroo HM, Tan AC, Funchain P, **Abdel-Wahab N**, Sharon E, Johnson DB, Nassar A, Al-Harbi FF. Triple M overlap syndrome (TMOS): Evaluating immune checkpoint inhibitor-related overlap syndrome of myocarditis, myositis and myasthenia gravis using an international pharmacovigilance database. ASCO Annual Meeting, Chicago, IL, 06/2024.

#### Seminar Invitations from Other Institutions

Antiphospholipid Syndrome, Assiut University Hospitals, Assiut, Egypt, 2015

#### Lectureships and Visiting Professorships

N/A

#### Other Presentations at State and Local Conferences

**Abdel-Wahab N**. The Relationship between Infection and Anti-phospholipid Syndrome: A Systemic Review of Case Reports, Division of Internal Medicine (DoIM) Research Retreat, The University of Texas MD Anderson Cancer Centre, Houston, TX, 6/2014.

**Abdel-Wahab N**. Assessing Information Needs on Bone Health among Cancer Survivors, Cancer Survivorship Research Symposium, The University of Texas MD Anderson Cancer Center, Houston, TX, 6/2015.

**Abdel-Wahab N**. Immune Related Adverse Events Associated with Immune Checkpoint Inhibitors in Cancer Patients: A Systematic Review of Case Reports, Cancer Survivorship Research Symposium, The University of Texas MD Anderson Cancer Center, Houston, TX, 6/2016.

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**Abdel-Wahab N.** Use of Immune Checkpoint Inhibitors in the Treatment of Patients with Cancer and Preexisting Autoimmune Diseases: A Systematic Review of Case Reports, Cancer Survivorship Research Symposium, The University of Texas MD Anderson Cancer Center, Houston, TX, 6/2017.

**Abdel-Wahab N.** A comprehensive tool for critical evaluation of websites providing health information to patients, Cancer Survivorship Research Symposium, The University of Texas MD Anderson Cancer Center, Houston, TX, 6/2017.

**Abdel-Wahab N.** Genetic Determinants of Immune-Related Adverse Events in Patients with Melanoma Receiving Immune Checkpoint Inhibitors, Division of Internal Medicine (DoIM) Research Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/2020.

**Abdel-Wahab N.** Immune Related Toxicity and Symptom Burden in Chronic Cancer Survivors with Melanoma Receiving Adjuvant Immunotherapy with Immune Checkpoint Inhibitors, Department of Melanoma Medical Oncology Research Grand Round, The University of Texas MD Anderson Cancer Center, Houston, TX, 1/2021.

**Abdel-Wahab N.** Immune Related Toxicity and Symptom Burden in Chronic Cancer Survivors with Melanoma Receiving Adjuvant Immunotherapy with Immune Checkpoint Inhibitors, Department of Surgical Oncology Research Grand Round, The University of Texas MD Anderson Cancer Center, Houston, TX, 4/2021.

**Abdel-Wahab N.** Interleukin-6 Blockade Abrogates Immunotherapy Toxicity an Promotes Tumor Immunity, DoIM IOTOX retreat, Division of Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, 8/2021.

**Abdel-Wahab N.** Concurrent Checkpoint Inhibitor and Biologic Therapy: MD Anderson Experience ACR/ARHP Study Group "Cancer Immunotherapy and Rheumatic Disease: Targeted Therapies for Rheumatic Immune-related Adverse Events, The University of Texas MD Anderson Cancer Center, Houston, TX, 11/2021.

**Abdel-Wahab N.** Interleukin-6 Blockade Abrogates Immunotherapy Toxicity an Promotes Tumor Immunity, GIM Clinical Research Conference, Department of General Internal Medicine, The University of Texas MD Anderson Cancer Center, General Internal Medicine, Houston, TX, 5/5/2022.

**Abdel-Wahab N.** Interleukin-6 Blockade Abrogates Immunotherapy Toxicity an Promotes Tumor Immunity, DoIM Internal Medicine Research Grand Rounds, Division of Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, 6/15/2022.

**Abdel-Wahab N.** Phase II clinical trial to assess the safety and efficacy of tocilizumab in combination with ipilimumab and nivolumab for treatment-naive metastatic melanoma, IOTOX Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/17/2022.

**Abdel-Wahab N.** Development of Therapeutic Strategies for Decoupling Autoimmunity from Antitumor Immunity in Patients Treated with Immune Checkpoint Inhibitors, IOTOX Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/15/2023.

**Abdel-Wahab N.** Unveiling Immune-Related Adverse Events (irAEs) and Symptom Burden in Melanoma Patients on Adjuvant Immune Checkpoint Inhibitors (ICIs), IOTOX Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/15/2023.

**Abdel-Wahab N.** Safety and effectiveness of immune checkpoint inhibitors combination versus single agent therapy in patients with pre-existing autoimmune diseases, IOTOX Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, 9/15/2023.

## PROFESSIONAL MEMBERSHIPS/ACTIVITIES

### Professional Society Activities, with Offices Held

#### National and International

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

Egyptian Society of Rheumatic Diseases  
Member, 2006-present

American College of Rheumatology  
Member, 2010-present

Graduate Studies Committee, Quality Assurance Unit, Faculty of Medicine, Assiut University,  
Assiut, Egypt  
Member, 2012-2013

Quality Assurance Unit, Assiut University Hospitals Development Team, Assiut University,  
Assiut, Egypt  
Member, 2012-2013

American Society of Clinical Oncology  
Member, 2013-present

Houston Area Chapter of the American Statistical Association  
Member, 2015-present

Society for Immunotherapy of Cancer  
Member, 2017-present

American Association for Cancer Research  
Member, 2020-present

Outcome Measures in Rheumatology (OMERACT) irAEs Working Group  
Member, 2022-present

SWOG Cancer Research Network Immuno-Oncology Working Group  
Member, 2023-present

Alliance for Clinical Trials in Oncology – Immuno-Oncology Committee  
Member, 2023-present

Alliance for Clinical Trials in Oncology – Immunotherapy Toxicity Working Group  
Chair, 2024-present

Alliance for Support and Prevention of immune-related Events (ASPIrE) National Consortium  
Member, 2024-present

#### **Local/State**

Immuno-Oncology Toxicity (IOTOX) Clinical Management Working Group at MD Anderson  
Cancer Center, Houston, TX  
Member, 4/2018-present

Research Committee, Division of Internal Medicine, The University of Texas MD Anderson  
Cancer Center, Houston, TX  
Member, 10/2020-present

Research Education Subcommittee, Division of Internal Medicine, The University of Texas  
MD Anderson Cancer Center, Houston, TX  
Chair, 12/2020-present

Academic Mentoring Council, MD Anderson Cancer Center, Houston, TX  
Member, 12/2022-present

Academic Mentoring Council Best Practices Working Group, MD Anderson Cancer Center,  
Houston, TX  
Co-Chair, 1/2023-present

#### **UNIQUE ACTIVITIES**

Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

1. I have been leading the following activities as the Chair of the Division of Internal Medicine (DoIM) Research Education Subcommittee, The University of Texas MD Anderson Cancer Center, 2021-present

- a. Conducting Research Education Mentors/Mentees surveys to assess needs for research mentorship across DoIM
- b. Creating a comprehensive Research Mentor database of available mentors across DoIM
- c. Collaborating with Academic Mentoring Council at MD Anderson AMC & the Office of Graduate Medical Education at University of Texas to incorporate DoIM mentor database into MDA & UT mentor database
- d. Establishing DoIM wide-umbrella process for research education of residents, rotating trainees & medical Students
- e. Creating a repository of institutional research resources accessible through the DoIM SharePoint platform
- f. Establishing DoIM Centralized Mentorship Program for junior faculty & trainees in collaboration with the DoIM Shared Services Model (Under Development Plan)
- g. Planning DoIM Research Education & Mentoring Event (Under Development Plan)
- h. Planning DoIM Distinguished Faculty Mentoring Award (Under Development Plan)
- i. Proposing an Implementation Task Force in collaboration with the DoIM Shared Service Model, Research Committee and Sub-committee leaders (Under Development Plan)

2. I have been leading the following activities as the Co-Chair of the Academic Mentoring Council (AMC) Best Practices WG, The University of Texas MD Anderson Cancer Center, 2023-present

- a. Developing the AMC Best Practices Survey to assess the mentorship needs and quality of mentoring across MD Anderson
- b. Curating tools and best practices for mentoring from successful mentoring programs and available tools

3. Leadership Courses, Faculty and Leadership Development Center, Assiut University, Assiut, Egypt, 2008-2019

- a. Communication Skills
- b. International Publishing of Research
- c. Use of Technology in Teaching
- d. Legal and Financial Aspects in University Environment
- e. Research Ethics
- f. Credit Hour System
- g. Quality Standards in Teaching
- h. E-Learning – Basic
- i. E-Learning - Advanced
- j. Time and Conference Management
- k. Effective Presentation
- l. Conference Organization
- m. How to Activate the E-Course
- n. How to Design the E-Course
- o. Scientific Research Funding and Grants
- p. Statistical Analysis in Scientific Research

4. Career Development Training, May 2011 – September 2017

- a. Introduction to SAS and Statistics Workshop Series, The Hospital for Sick Children Research Institute, University of Toronto, Toronto, Canada, 2011
- b. Writing and Publishing Scientific Articles Workshop, The University of Texas MD Anderson Cancer Center, Houston, TX, 2014
- c. Musculoskeletal Ultrasound Diagnostic and Needle Injection Course, The University of Texas MD Anderson Cancer Center, Houston, TX, 2014
- d. Writing Retreat, The University of Texas MD Anderson Cancer Center, Houston, TX, 2014
- e. Basic Training in Systematic Reviews & Meta-analysis: A Hands-on Workshop, The University of Texas MD Anderson Cancer Center, Houston, TX, 2016



Noha Abdelwahab Hassan (Noha Abdel-Wahab), MD, MSc, PhD

- f. Two-Day seminar in Houston on Immunotherapy and Cancer Management, The University of Texas MD Anderson Cancer Center, Houston, TX, 2017
  - g. CERTaIN Pragmatic Clinical Trials: A Hands On Workshop, The University of Texas MD Anderson Cancer Center, Houston, TX, 2017
  - h. Academic Insights Seminar Series: Transitioning to a Faculty Position, The University of Texas MD Anderson Cancer Center, Houston, TX, 2017
  - i. Office for Human Research Protections Educational Workshop, The University of Texas MD Anderson Cancer Center, Houston, TX, 2017
  - j. One-Day seminar in Houston on the SITC Advances in Cancer Immunotherapy, Houston, TX, 2017
5. NIH Training: Responsible Conduct of Research, MD Anderson Cancer Center, Houston, TX, USA, October 2014– January 2016
- a. Data acquisition, management, sharing, and ownership
  - b. Ethical issues in biomedical research
  - c. Peer review
  - d. Research misconduct and policies for handling misconduct
  - e. Safe laboratory practice
  - f. Conflict of interest and commitment
  - g. Publication practices and responsible authorship
  - h. Mentor/Trainee responsibility
6. Clinical Research Curriculum, The University of Texas School of Medicine, Houston, TX, USA, April 2015 - February 2016
- a. Translational research Literature appraisal
  - b. Clinical trials
  - c. NIH grant submission and review pathway
  - d. Introduction to epidemiology
7. Publications Featured in News Outlets:
- a. Dr. **Abdel-Wahab**'s publication entitled "Risk of Developing Antiphospholipid Antibodies Following Viral Infection: A Systematic Review and Meta-Analysis" was highlighted by the National Institute of Arthritis and Musculoskeletal and Skin Diseases on Facebook and featured in MedPage Today
  - b. Dr. **Abdel-Wahab**'s publication entitled "Adverse Events Associated with Immune Checkpoint Blockade in Patients with Cancer: A Systematic Review of Case Reports" was featured in the PLoS Editor's Picks collection on Cancer Immunotherapy
  - c. Dr. **Abdel-Wahab**'s publication entitled "Use of Immune Checkpoint Inhibitors in the Treatment of Patients with Cancer and Preexisting Autoimmune Disease: A Systematic Review" was featured in cover stories by Healio Rheumatology, HealthDay, and in MD Anderson Research Highlights
  - d. Dr. **Abdel-Wahab**'s publication entitled "Interleukin-6 Blockade Abrogates Immunotherapy Toxicity and Promotes Tumor Immunity" was featured in Cancer Discover Research Watch, the Accelerating Cancer Immunotherapy Research newsletter, HeamOncToday, and ScienceDaily.
  - e. Dr. **Abdel-Wahab**'s publication entitled "Safety and efficacy of immune checkpoint inhibitors in patients living with HIV and cancer: First report from the international CATCH-IT consortium" was featured in ESMO - Oncology News, Medical Press, Oncology Practice, Medscape, Medpage Today, and Cancer Network.
  - f. Dr. **Abdel-Wahab**'s publication entitled "Selective Immune Suppression Using Interleukin-6 Receptor Inhibitors for Management of Immune-Related Adverse Events" was featured in MD Anderson Research Highlights

**DATE OF LAST CV UPDATE**

09/11/2024

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

**APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE**

Received: 11/04/2024

Foreign Graduate

**Applicant Name:** HASSAN, NOHA ABDELWAHAB HASSAN ALI

**MD 44728**



**Date Of Birth:** [REDACTED]

**Place Of Birth (City, State):** ASSIUT, EGYPT

**Sex:** F

**Race:** Caucasian

**Education**

Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
HS	DAR-ALANDALOS PRIVATE HIGH SCHOOL	ASSIUT		EGYPT	9/1994	6/1997	HIGH SCHOOL		

Medical School Name	City	State	Country	Comments	From	To
Univ of Assiut, Fac of Med, Assiut, Egypt	Assiut		Egypt		10/1997	9/2003

**Post-Graduate**

Facility	City	St	Country	Specialty	Comments	From	To
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	HOUSTON	TX	UNITED S	POSTDOCTORAL FELLOWSHIP IN RHEUMATOLOGY AND CLINICAL IMMUNOLOGY		9/2013	7/2017
ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITALS	ASSIUT		EGYPT	RHEUMATOLOGY AND REHABILITATION FELLOWSHIP AND DOCTORATE DEGREE (PHD)		3/2008	11/2015
ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITALS	ASSIUT		EGYPT	CLINICAL RESIDENCE AND MASTER OF SCIENCE DEGREE		3/2005	2/2008
ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITALS	ASSIUT		EGYPT			3/2004	2/2005

**Practice History**

Employer	Specialty	Supervisor	City	ST Countr	From	To	Verif
ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITAL	ASSOCIATE PROFESSOR AND CONSULTANT OF RHEUMATOLOGY		ASSIUT	EGYPT	8/2021		
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	ASSISTANT PROFESSOR (JOINT APPOINTMENT), DEPARTMEN		HOUSTON	TX	10/2020		
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	ASSISTANT PROFESSOR, SECTION OF RHEUMATOLOGY AND C		HOUSTON	TX	3/2020		

Foreign Graduate

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

### Foreign Graduate

UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	INSTRUCTOR, SECTION OF RHEUMATOLOGY AND CLINICAL I	HOUSTON	TX	8/2017	2/2020
ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITAL	LECTURER AND CONSULTANT OF RHEUMATOLOGY, DEPARTMEN	ASSIUT	EGYPT	11/2015	8/2021
ASSIUT UNIVERSITY FACULTY OF MEDICINE AND HOSPITAL	ASSISTANT LECTURER IN DEPARTMENT OF RHEUMATOLOGY A	ASSIUT	EGYPT	3/2008	11/2015

#### Other/ Out-Of-State Licenses

State	License #	Profession	Status	Issue Date	Exp Date
AE	Consultant in Rhe	Consultant in Rheumatology	U	11/5/15	
AE	Physician in Arab	Physician in Arabic Republic	U	3/5/05	

#### MD Exam

Exam	State	Score	Date Taken	#
USMLE				

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

Foreign Graduate

### Questions Answered 10/28/2024

	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

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 11/04/2024

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

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

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

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

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

Yes

If 'Yes', Name of practice:

OU Health Stephenson Cancer Center

If so, Please identify with which category:

Hospital

Name of Previous Carrier and Policy Holder

Not Applicable

Name of Current Carrier and policy Holder

Not Applicable

Will your professional liability insurance policy cover your practice in Oklahoma

No

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

I will obtain liability insurance once I receive approval of my license from Oklahoma Medical Board

I attest that all the above information is accurate as of November 03, 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 51<sup>st</sup> Street  
Oklahoma City, OK 73105

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

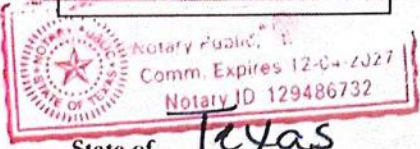
I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and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

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

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

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

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



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DEC 02 2024

*Noha Abdelwahab*

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

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

**Noha Abdelwahab Hassan Ali Hassan**

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

*12/02/2024*

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 Texas, County of Harris

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 2<sup>nd</sup> day of December, 2024

Notary Public Signature [Signature] My Notary Commission Expires 12/4/2027

44728  
UCC





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

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

**Recipient:** LISA CULLEN  
101 NE 51 STREET  
OKLAHOMA, OK 73105

**Date:** 12/09/2024

**Examinee:** Hassan, Noha Abdelwahab Hassan Ali  
**Alt Name(s):**

**Examinee ID:** 0-889-529-4  
**Date of Birth:** [REDACTED]

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

### USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/31/2014	Fail ✓	171	(192)	

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/28/2023	Pass	220	(214)	

#### End of Exam History

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

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

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MEDICAL LICENSURE  
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SOURCE**

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LKC





## 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:** Hassan, Noha Abdelwahab Hassan Ali

**Examinee ID:** 0-889-529-4

**Date of Birth:** [REDACTED]

### INTERPRETATION OF RESULTS

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

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

### STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

### ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

### ANNOTATIONS APPEARING AS "NOTE"

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

### PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

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AND SUPERVISION

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SOURCE**



Form 1 (MD)

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

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Email form to: Licensing@okmedicalboard.org

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

Applicant's Name Noha Abdelwahab Hassan Ali Hassan

Institution: Faculty of Medicine, Assiut University, Egypt City/State Assiut, Egypt

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

From 10/ 01/ 1997 To 09 / 30/2003
Month Day Year Month Day Year

Awarded degree of M.B.B.CH Degree in Medicine and Surgery on 02 / 29 /2004
Month Day Year

Awarded the Training Year On 02 / 28/ 2005
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: Alaa Mohamed Attia Signature Alaa Attia

Title of Signatory: Faculty Dean Signature Date 18/ 11/ 2024

Phone: Fax:

Revised 03/2024

PRIMARY SOURCE



Revised, Prof. Heba A Yassry

44728 UK



Assiut University

Faculty of Medicine

1/B 4540

### Certificate



*IT IS CERTIFIED THAT: NOHA ABDELWAHAB HASSAN ALI HASSAN, HAS OBTAINED THE " M. B. B. CH " DEGREE IN MEDICINE & SURGERY IN SEPT ; 2003 FROM ASSIUT UNIVERSITY, FACULTY OF MEDICINE SHE WAS SIGNED UP EXCELLENT WITH HONOR HER TOTAL MARKS IN THE SIX STUDYING YEARS ARE 3996 OUT OF 4600 .*

*SHE IS NOT PERMITTED TO PRACTICE BEFORE PASSING AN OBLIGATORY TRAINING YEAR AS A HOUSE OFFICER. THIS CERTIFICATE IS GIVEN TO THE GRADUATE UPON HER REQUEST AFTER FULFILLING ..*

**DATE :** 29 / 10 / 2008

**REGISTRAR:**  
S.A. Hamdalla



**GENERAL SECRETARY**

**DEAN**

*Handwritten signature of the Dean*

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**PRIMARY SOURCE**

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

44728  
UKL





Assiut University  
Faculty of Medicine  
Student's Affairs

**Certificate**  
Assiut University

015689



It is certified that : **NOHA ABDELWAHAB HASSAN ALI HASSAN** .

Joined the faculty in October, 1997 and she passed the following exams with the following grades:

The first year:

THE FINAL EXAM

The first part of final exam

Subject	Exam Date	Grade
Anatomy & Biology	MAY 98	V.GOOD
Physiology & Biophysics	MAY 98	V.GOOD
Histology	MAY 98	EXCELLENT
Biochemistry	MAY 98	V.GOOD
English Language	MAY 98	EXCELLENT
General grade	MAY 98	EXCELLENT

Subject	Exam Date	Grade
Ophthalmology	JUNE 2001	V.GOOD
E.N.T	JUNE 2001	EXCELLENT
Forensic Medicine & toxicology	JUNE 2001	EXCELLENT
Community Medicine	JUNE 2001	EXCELLENT

the second part of final exam

The second year:

Subject	Exam Date	Grade
Anatomy	MAY 99	EXCELLENT
Physiology	MAY 99	EXCELLENT
Biochemistry	MAY 99	V.GOOD
Histology	MAY 99	EXCELLENT
Behavioral science	MAY 99	EXCELLENT
English Language	MAY 99	EXCELLENT
General grade	MAY 99	EXCELLENT

Subject	Exam Date	Grade
Obstetrics & Gynecology	JUNE 2002	EXCELLENT
Pediatrics	JUNE 2002	EXCELLENT
Community Medicine	JUNE 2002	EXCELLENT

the third part of final exam :

Subject	Exam Date	Grade
Medicine	SEPT. 2003	EXCELLENT
Surgery	SEPT. 2003	EXCELLENT
General Grade	SEPT. 2003	EXCELLENT

The third year:

Subject	Exam Date	Grade
Pathology	MAY 2000	V.GOOD
Pharmacology	MAY 2000	V.GOOD
Parasitology	MAY 2000	EXCELLENT
Microbiology	MAY 2000	EXCELLENT
Community Medicine	MAY 2000	V.GOOD
General grade	MAY 2000	EXCELLENT

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MEDICAL LICENSURE  
AND SUPERVISION

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SOURCE

She got the M.B.B.Ch degree in SEPT. 2003 with a cumulative grade EXCELLENT WITH HONOR  
And she is not permitted to practice before passing an obligatory year as a house officer.  
This certificate is given to the graduate after fulfilling ..

Date: 27/11/2016

REGISTRAR

A. Nassamien

GENERAL SECRETARY

DEAN



44728  
UKC



*Arab Republic of Egypt*  
*Assiut University*



*Upon checking the exam results of the Faculty of Medicine, approved by the Faculty Council on the 8<sup>th</sup> of February, 2004, the University Council, in its session held on the 29<sup>th</sup> of February, 2004, approved to grant Miss/ Noha Abdelwahab Hassan Ali Hassan (born in Assiut- [REDACTED]) the M.B.B.CH Degree in Medicine and Surgery, with a general grade of "Excellent" with Honors*

Assiut in: Rabie I, 1425 A.H.

May, 2004 A.D.

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MEDICAL LICENSURE  
AND SUPERVISION

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Dean

أ. طارق عبد الله الجبل  
عميد كلية الطب  
elqanmal



University President



{The Center holds no responsibility for the content of this page}.

تمت الترجمة بالمركز دون أدنى مسئولية عن المحتوى

Tr. { Noha Ismail Abu Deif }

Revised by

Director

Dr. / Manal M. Abdel Nasser

Fax: (088) 2321585  
E-mail: ctlr\_fa@Uk2.net

Tel: (088) - 2323000. Ext. (5160)  
(088) - 2317955

44728  
UKC





Assiut University Hospital



**CERTIFICATE**

This is to certify that Dr / NOHA ABDELWAHAB HASSAN ALI HASSAN .  
was appointed as an intern at Assiut University Hospital and Ministry of Public  
Health Hospitals for one year from : 1/3/2004 to 28/2/2005.

She passed two months in each of the following sections :

- 1- General Medicine.
- 2- General Surgery.
- 3 - Gynecology and Obstetrics .
- 4 - Pediatrics .
- 5 - Anesthesia & Emergency .
- 6 – Anesthesia .

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MEDICAL LICENSURE  
AND SUPERVISION

This certificate is issued to her at her request to be submitted to

Hospitals and Universities Abroad.

Assiut: 29/ 11/ 2016

M. Hamdy



PRIMARY  
SOURCE

Dean of the Faculty

أ.م. طارق عبد الله الجمال  
عميد كلية الطب

elqammar

44788  
UK





النقابة العامة لأطباء مصر  
EGYPTIAN MEDICAL SYNDICATE

## Consultant

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

This is to certify that:

**Dr. Noha Abdelwahab Hassan Ali Hassan**

Is a physician in Arabic Republic of Egypt (A.R.E) approved by the ministry of health  
under No. 163030 on 05-03-2005

and is listed in the syndicate register under No. 160030 on 05-03-2005  
general specialist . Physical Medicine and Rheumatology and Rehabilitation

sub specialist. Physical Medicine and Rheumatology and Rehabilitation

She obtained :

Degree Name	Speciality	year
Master Degree	Physical Medicine and Rheumatology and Rehabilitation	11-2008
Doctorate Degree	Physical Medicine and Rheumatology and Rehabilitation	10-2015

and name has been added to the Consultant Register as Consultant  
in Physical Medicine and Rheumatology and Rehabilitation

Under No. 392 from 05-11-2015

She is still permitted to carry on her profession in A.R.E. She was not accused of any malpractice or  
misbehaviour with a good conduct and behaviour

Date 14-03-2024



**General Secretary**

**DR Mohamed Farid**

*Mohamed Farid*



104606

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النقابة العامة لأطباء مصر  
EGYPTIAN MEDICAL SYNDICATE

Good Standing

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

This is to certify that :

**Dr . Noha Abdelwahab Hassan Ali Hassan**

Is a physician in Arab Republic of Egypt (A.R.E) approved  
by The ministry of health

**Under No. 163030 on 05 - 03 - 2005**

And listed in the syndicate register

**Under No. 160030 on 05 - 03 - 2005**

And still permitted to carry on her profession and she is in good standing  
having a good conduct and behavior as she was not accused for any malpractice or  
misbehavior

And has not been suspended, disqualified or prohibited from practicing.

This document was issued upon her request without any civil or professional responsibilities.

We have no reason to prevent her from traveling and working outside Egypt.

PRINTED BY

محمد احمد السيد



General Secretary

DR Mohamed Farid

محمد فاريد

Date 14 - 03 - 2024



PRIMARY  
SOURCE



104613



Form 2 (MD)

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

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Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

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

NOV 12 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Verification of Graduate Medical Education

Applicant's Name Noha Abdelwahab Hassan Ali Hassan

Institution: University of Texas MD Anderson Cancer Center City/State Houston, Texas

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty	Rheumatology and Clinical Immunology	From:	09 / 23 / 2013	To:	07 / 31 / 2017
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input checked="" type="checkbox"/> Fellowship	<input checked="" 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.)	Specialty/Subspecialty		From:	/ /	To:	/ /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research	Successfully Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
Accredited By:	<input type="checkbox"/> ACGME	<input type="checkbox"/> LCGME	<input type="checkbox"/> RSC	<input type="checkbox"/> CFPC	<input type="checkbox"/> RCPSC	<input type="checkbox"/> None of these


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

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

- |    |  |                              |  |
|----|--|------------------------------|--|
| 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: Maria E. Suarez-Almazor, MD, PhD Signature 

Title of Signatory: Professor Signature Date 11/11/2024

Phone: 713-563-0020 Fax: 713-563-0059 E-Mail: msalmazor@mdanderson.org

Revised 03/2024

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
101 NE 51<sup>ST</sup> STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)  
**EVIDENCE OF STATUS – PART A**

Full Legal Name: Noha Abdel Wahab Hassan Ali Hassan Maiden (if applicable)

Mailing Address: [Redacted]  
[Redacted] Social Security #: [Redacted]  
City State Zip Code Telephone Number

**PRIMARY EVIDENCE OF CITIZENSHIP**  
**(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

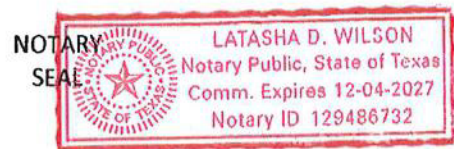
Signature Noha Abdel - Wahab Date 10/28/2024

Subscribed and sworn before me this 28 day of October, 2024.

Notary Public Latasha Wilson

Commission Number 129486732

My commission expires 12/4/2027



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## TIME DEFICIENCY FORM

Name:	Noha Abdelwahab Hassan Ali Hassan	Application #	
-------	-----------------------------------	---------------	--

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
09	2003	12	2003	Faculty of Medicine, Assiut University	Assiut, Egypt	NA	Completing final exams for Medical School
WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
01	2004	02	2004	Winter Break, and Submitting exams results to Faculty Council (approved on 8th Feb, 2004) and University Council (approved on 29th Feb, 2004)	Assiut/Egypt	NA	

9/03-3/04

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**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
***Policy to Clarify the Issuance of Special Licenses for Medical Doctors***

***January 3, 2025***

The requirements for issuance of a special license for Medical Doctors who are otherwise ineligible for licensure is provided for in 59 O.S. § 493.4 and OAC 435:10-11-3. See Appendix A. These licenses are intended to facilitate limited medical practice for professionals engaged in academic, research, or volunteer settings. Oklahoma offers a variety of special licenses to address specific needs. These include special licenses, special training licenses, and special volunteer licenses, each of which serve a unique purpose. Special licenses waive certain general requirements, including the completion of graduate education or licensing examinations.

The provision for special licensure of medical doctors has remained unchanged since 2008. The rule requires a determination of “exceptional qualifications” for a special license, but neither the statute nor the rule defines the term. In 2024, the Board requested that staff research and provide recommendations to clarify the requirements that can be pursued in legislation in 2025.

OMB issued eight special licenses from 1996 to present with one additional pending a start date. Two specials were granted in 1996, three in 2014, two in 2020 and three in 2024. The only physician specialties that have more than one license granted are transplant surgeons (three) and organ procurement physicians (three). See Appendix B.

**Policy Discussion (Legislative/Administrative Rules):**

- (1) Separate special licensure from special training licensure in statute.
- (2) Define “exceptional qualifications” as referenced in the rules. See Appendix C.
- (3) Define the exceptional qualifications tied to an academic medical center like the example from Ohio. See Appendix D.
- (4) Require supervision/named supervisor for licensee.
- (5) Specify limitations on practice.
- (6) Specify Board reporting.

**Procedural Recommendations:**

- (1) Special applicants shall complete a prescribed form detailing their qualifications for obtaining the license, the institution they plan to practice in and the extent of their patient care responsibilities.
- (2) Executive staff of OMB meet, confer and request any necessary, subsequent information from the potential applicant.
- (3) If an applicant meets the qualifications for special license, a staff recommendation is prepared for the Board and submitted to the Executive Secretary for inclusion in the Board Notebook.
- (4) One representative or sponsor (employer of the applicant) shall attend the Board meeting at which the applicant is being considered. Both the applicant and representative shall attend in person.



**Other States with Faculty or Educational Licenses:**

The Federation of State Medical Boards (FSMB) has provided information regarding states that offer faculty or educational licenses. **See Appendix E.** According to the FSMB, more than 20 states have a form of "special license" that typically waives general requirements such as residency training or additional examinations. Many of these licenses are intended for academic, research, or volunteer purposes. The most frequently waived requirement across these states is often the residency training requirement, allowing experienced professionals to practice under limited conditions without needing to complete additional residency programs. Most of these licenses are granted through a vote or approval by the respective state medical board, ensuring proper oversight. The duration of these licenses varies by state, with most ranging from one to three years, often with options for renewal. Ohio's Clinical Research Faculty Certificate represents one such approach but is a specific subset of the broader range of special licenses available. It should be noted that while some states, like New Mexico, offer medical licenses by endorsement, this process is generally not advisable due to the complexities involved.

## Appendix A

### Oklahoma Statutes and Rules as of 1/2/2025

#### **59 Okla. Stat. 493.4. Special License and Special Training License**

- A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.
- B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.
- C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.
- D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.
- E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.
- F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.
- G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician.

#### **435:10-11-3. Procedure for special licensure in effect as of 1/2/2025**

- (a) Absent Board determination of exceptional qualifications and need to warrant special licensure, effective June 9, 2004 only special licenses for training will be issued by the Board. Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.
- (b) No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.
- (c) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.

## Proposed rule adopted November 21, 2024 not effective until September 2025

### **435:10-11-3. Procedure for special licensure**

(a) Absent Board determination of exceptional qualifications and need to warrant special licensure, ~~effective June 9, 2004~~ only special licenses ~~for training~~ will be issued by the Board. ~~Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal.~~

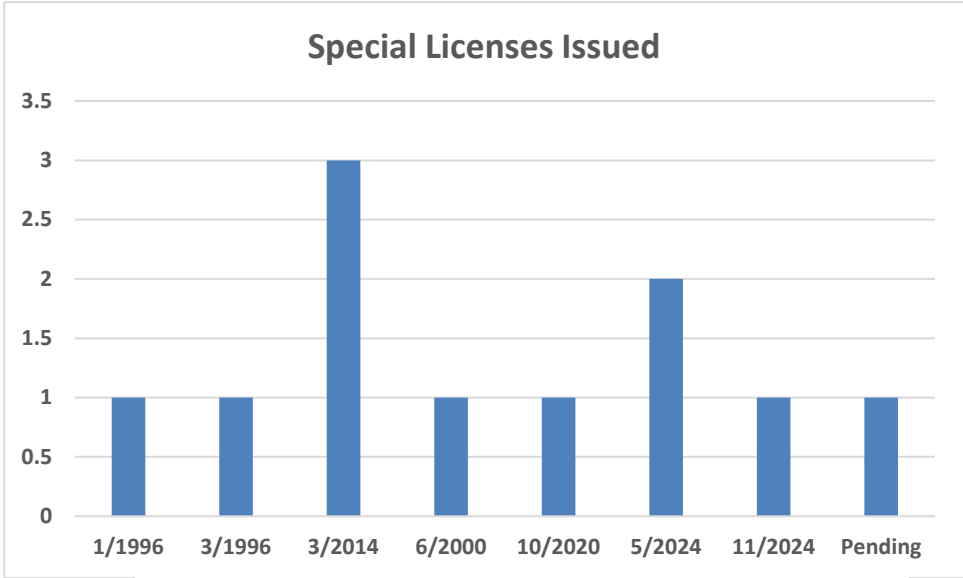
(b) In the event a special license is granted with the agreed practice limitation that the licensee shall practice under the supervision of another medical doctor, said supervisory physician shall hold a full and unrestricted license to practice medicine and surgery in this state. It shall be the duty of the licensee to request approval from the Board of any change of the supervisory medical doctor prior to effecting such change.

~~(c) (b)~~ No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.

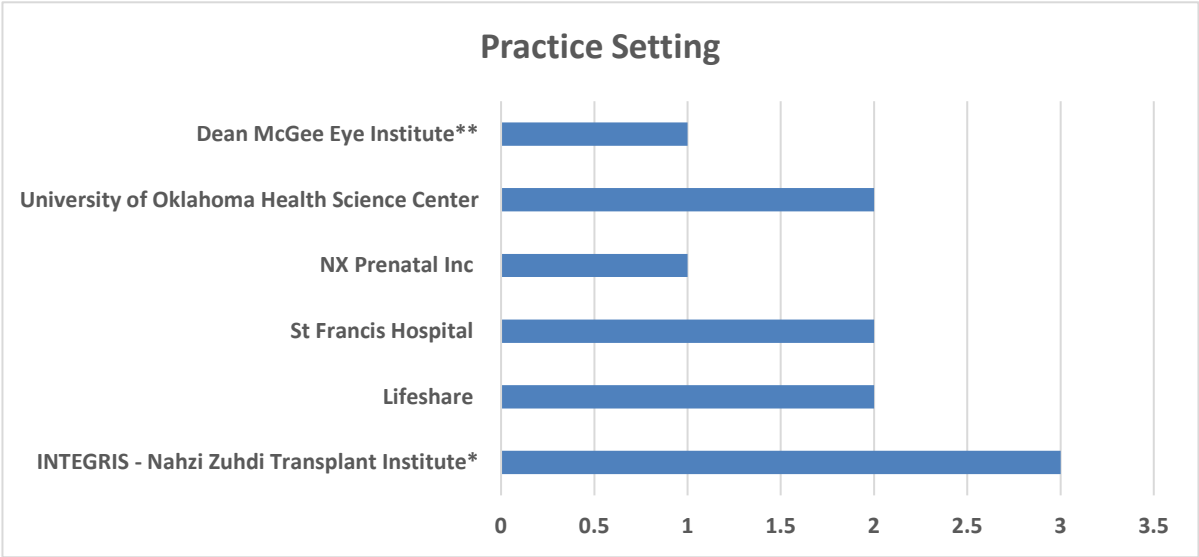
~~(d) (e)~~ Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. ~~In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.~~

Appendix B

January 2000 – November 2024

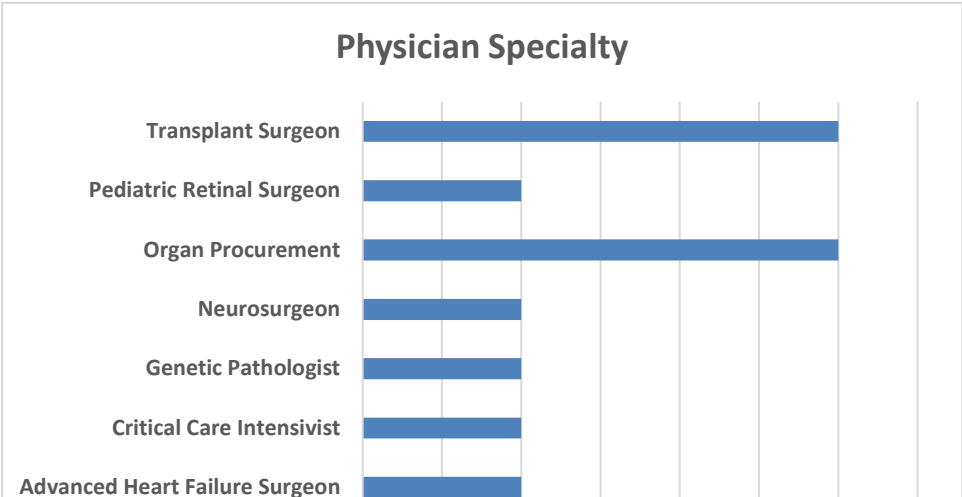


As of 11/2024, 8 special licenses are active, 1 is pending



\*2 physicians did not renew

\*\*Pending start date



## Appendix C.

### Ohio Revised Code Title 47, Sec. Section 4731.293 Effective: December 29, 2023

(A) The state medical board shall issue, without examination, a clinical research faculty certificate to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery to any person who applies for the certificate and provides to the board satisfactory evidence of both of the following:

(1) That the applicant holds a current, unrestricted license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery issued by another state or country;

(2) That the applicant has been appointed to serve in this state on the academic staff of a medical school accredited by the liaison committee on medical education, an osteopathic medical school accredited by the American osteopathic association, or a college of podiatric medicine and surgery in good standing with the board.

(B) The holder of a clinical research faculty certificate may do one of the following, as applicable:

(1) Practice medicine and surgery or osteopathic medicine and surgery only as is incidental to the certificate holder's teaching or research duties at the medical school or a teaching hospital affiliated with the school;

(2) Practice podiatric medicine and surgery only as is incidental to the certificate holder's teaching or research duties at the college of podiatric medicine and surgery or a teaching hospital affiliated with the college.

(C) The board may revoke a certificate on receiving proof satisfactory to the board that the certificate holder has engaged in practice in this state outside the scope of the certificate or that there are grounds for action against the certificate holder under section 4731.22 of the Revised Code.

(D) A clinical research faculty certificate is valid for three years, except that the certificate ceases to be valid if the holder's academic staff appointment described in division (A)(2) of this section is no longer valid or the certificate is revoked pursuant to division (C) of this section.

(E)

(1) The board shall provide a renewal notice to the certificate holder at least one month before the certificate expires. Failure of a certificate holder to receive a notice of renewal from the board shall not excuse the certificate holder from the requirements contained in this section. The notice shall inform the certificate holder of the renewal procedure. The notice also shall inform the certificate holder of the reporting requirement established by division (H) of section 3701.79 of the Revised Code. At the discretion of the board, the information may be included on the application for renewal or on an accompanying page.

(2) A clinical research faculty certificate may be renewed for an additional three-year period. There is no limit on the number of times a certificate may be renewed. A person seeking renewal of a certificate shall apply to the board. The board shall provide the application for renewal in a form determined by the board.

(3) An applicant is eligible for renewal if the applicant does all of the following:

(a) Reports any criminal offense to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last filing an application for a clinical research faculty certificate;

(b) Provides evidence satisfactory to the board of both of the following:



(i) That the applicant continues to maintain a current, unrestricted license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery issued by another state or country;

(ii) That the applicant's initial appointment to serve in this state on the academic staff of a school or college is still valid or has been renewed.

(4) Regardless of whether the certificate has expired, a person who was granted a visiting medical faculty certificate under this section as it existed immediately prior to June 6, 2012, may apply for a clinical research faculty certificate as a renewal. The board may issue the clinical research faculty certificate if the applicant meets the requirements of division (E)(3) of this section. The board may not issue a clinical research faculty certificate if the visiting medical faculty certificate was revoked.

(F) A person holding a clinical research faculty certificate issued under this section shall not be required to obtain a certificate under Chapter 4796. of the Revised Code.

(G) The board may adopt any rules it considers necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

## Appendix D.

To: Sandra Harrison

From: Alexis Garner/Kristi Ice

Date: December 30<sup>th</sup> 2024

RE: Special Medical Licenses for Medical Members in Various States – Appendix Memo

### Question Presented

What licensure pathways or exemptions exist for physicians with exceptional skills outside of academic medical centers, and what are the associated requirements?

### Brief Answer:

Several states have established licensure pathways or exemptions for physicians with exceptional skills, designed to address critical public health needs or to utilize unique expertise. These pathways often waive general requirements, such as residency or additional examinations, and allow for limited or specialized practice under defined conditions. Several states have also implemented provisions to address healthcare shortages by allowing physicians to practice in designated areas of critical need, such as county health departments, correctional facilities, and Department of Veterans' Affairs clinics. The most relevant research finding comes from West Virginia which allows for a special license for physicians who have extraordinary credentials and who can fill an established need. "Extraordinary circumstances" means circumstances where the physician has achieved a high level of academic or professional recognition for excellence in research, teaching, specialty or the practice of medicine as evidenced by objective factors

### Discussion:

#### 1. **Florida: Limited License for Areas of Critical Need**

Florida provides a Limited License for physicians to practice in areas of critical need, including rural or underserved areas. Eligibility is based upon having a **"current and valid license** to practice in any state and who intend to practice in:

- a. an area of critical need as determined by the State Surgeon General;
- b. a county health department;
- c. a correctional facility;
- d. a Department of Veterans' Affairs clinic;
- e. a community health center funded by section (s.) 329, s. 330 or s. 340 of the United States Public Service Act;
- f. another agency or institution approved by the State Surgeon General that provides health care to meet the needs of underserved populations in this state; or
- g. an area for a limited time to address critical physician-specialty, demographic or geographic needs for Florida's physician workforce as determined by the State Surgeon General."

**Florida Board of Medicine, Application for Temporary Certificate for Practice in Areas of Critical Need**, available at <https://flboardofmedicine.gov/apps/Are-Crit-Need-app.pdf>.

Areas of critical need are areas defined by the FL Surgeon General as the fields of primary care and mental health in a Health Professional Shortage Areas (HPSA) as designated by the USDHS.

2. **Arizona: Locum Tenens Registration**

Arizona allows out-of-state doctors to temporarily practice medicine under a Locum Tenens Registration. This registration is intended for substituting or assisting active Arizona-licensed doctors of medicine or osteopathy. The rationale for the Locum Tenens registration is to help address staffing needs. The registration system is initiated by the Arizona-licensed doctor requesting assistance, which ensures the process aligns with their needs (being understaffed) and maintains accountability. It is only valid for 180 days.

AZ also has an MD Education permit for demonstrating and performing medical procedures and surgical techniques for the sole purpose of promoting professional education.

3. **North Carolina: Expertise, specialized knowledge, unique skill**

**Medical School Faculty License (“MSFL”):** The MSFL license is intended to allow North Carolina medical schools to benefit from the expertise, specialized knowledge, or unique skills of physicians who are not otherwise eligible for full licensure in North Carolina. The Dean or the Dean's appointed representative must attest that the applicant has received a full-time paid appointment as either an instructor, lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina.

**Application for special permit/special purpose license:** This license allows physicians to come to NC for a limited time, scope and purpose, such as to demonstrate or learn a new technique, procedure or piece of equipment, or to educate physicians or medical students in an emerging disease or public health issue. The applicant’s mentor must attest that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license

\*Please note: The term expertise does not apply to standard or routine knowledge that would be expected of any physician.

4. **West Virginia:**

**Restricted Licensure in Extraordinary Circumstances:** Physicians who do not otherwise qualify for a traditional license but who have extraordinary credentials and who can fill an established need in West Virginia, as set forth in the West Virginia Medical Practice Act and W. Va. Code R. 11-2-1 et seq., may apply for consideration of a restricted license in extraordinary circumstances. This license may be limited in scope, location or with other terms and conditions and requires a 3/4th majority of the Board to grant. “Extraordinary circumstances” means circumstances where the physician has achieved a high level of academic or professional recognition for excellence in research, teaching, specialty or the practice of medicine as evidenced by objective factors.

[file:///C:/Users/kice/Downloads/Series\\_2\\_Restricted\\_License\\_issued\\_in\\_Extraordinary\\_Circumstances%20\(2\).pdf](file:///C:/Users/kice/Downloads/Series_2_Restricted_License_issued_in_Extraordinary_Circumstances%20(2).pdf)

5. **Alabama:**

**Limited License:** Limited licenses are issued for and limited to practice 1) within a residency or

fellowship program, 2) as a visiting, distinguished, or specialty professor at a medical college, or 3) as an employee of a state mental or penal institution. Limited licenses are issued at the Board's discretion and must be certified by an institution's Dean, Program Director, Chief Medical Officer, Warden or Medical Director.

**6. Staffing Shortages:**

Recent legislative changes in several U.S. states have created alternative pathways for International Medical Graduates (IMGs) to obtain medical licensure without completing a U.S. residency. The aim is to address physician shortages, particularly in underserved areas, by leveraging the expertise of internationally trained physicians.

- a. Florida, Tennessee, Idaho, Virginia, Arizona, Wisconsin, Illinois, Iowa
- b. California has a [special permit](#) that authorizes international physicians to practice medicine only within the sponsoring medical school and any of its affiliated institutions.

**Appendix E.****1. California: Special Faculty Permit**

The Medical Board of California issues a Special Faculty Permit for individuals holding full-time faculty positions at accredited medical schools in California. This permit allows physicians to practice medicine within the scope of their faculty duties, focusing on teaching and research, with patient care being incidental.

**2. Texas: Faculty Temporary License**

The Texas Medical Board offers a Faculty Temporary License for physicians appointed to a faculty position at a Texas medical school. This license permits the holder to practice medicine within the academic institution, with patient care being limited and incidental to their teaching and research duties.

**3. Florida: Limited License for Areas of Critical Need**

Florida provides a Limited License for physicians to practice in areas of critical need, including academic institutions. This license allows limited practice within the faculty duties of teaching and research, with patient care being incidental.

**4. New York: Limited Permit for Medical Faculty**

New York offers a Limited Permit for individuals employed as medical faculty at accredited medical schools. The permit allows limited clinical practice within the scope of teaching and research duties.

**5. Illinois: Visiting Professor Permit**

The Illinois Department of Financial and Professional Regulation offers a Visiting Professor Permit for physicians who have been invited to serve on the academic staff of an Illinois medical school. This permit allows the holder to practice within the scope of their faculty duties, emphasizing teaching and research, with limited patient care responsibilities.

**6. Pennsylvania: Institutional License**

Pennsylvania provides an Institutional License for physicians employed by medical colleges or affiliated institutions. This license permits practice within the faculty duties, with limited patient care incidental to teaching and research.

**7. Ohio: Clinical Research Faculty Certificate**

The holder of a clinical research faculty certificate in Ohio may practice medicine and surgery only as is incidental to the certificate holder's teaching or research duties at the medical school or a teaching hospital affiliated with the school. A clinical research faculty certificate is valid for up to three years.





Presents to:  
Oklahoma Board of Medicine  
November 21, 2024

# Agenda

- Background: Oklahoma Medical Board (OMB) has allowed several NBPAS physicians to advertise as 'board certified'
- Request: Provide OMB with a better understanding of NBPAS certification across all specialties
- Goal: Grant approval for all NBPAS physicians to advertise as 'board certified' in Oklahoma
- Secondary goal: Support recruitment and retention of board certified physicians in Oklahoma

# Overview: The National Board of Physicians and Surgeons (NBPAS)

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- Pathway for Continuing Board Certification that demonstrates a physician's commitment to lifelong learning and clinical competence
- Mission: Keep physicians current via cutting edge education, research, and real-time clinical developments without the additional/unproven burdens created by make-work
- Secondary Mission: Reduce burnout, keep physicians with patients and practicing medicine
- NBPAS provides a pathway to continue board certification for any physician that is initially board certified through all ABMS or AOA member boards.

# NBPAS Philosophy

- Provide continuous certification that aligns with the highly specialized nature of medicine
- Ensure physician participation in continuous education specifically relevant to the needs of their patients and practices
- Lifelong learning represents an ongoing promise to patients and the public interest
- Choice and competition drive innovation and improve value to physicians, their patients, and the broader health care system
- No single entity should be able to wield an expensive, arduous, and unproven process that adds to physician burnout, and further exacerbates the known and growing physician shortage

# NBPAS Physician Leadership

- **Paul Teirstein, M.D.** Chief of Cardiology, Scripps Clinic
- **John Anderson, M.D.** American Diabetes Association, Frist Clinic
- **David F. Dies, M.D.** John C. McDonald Regional Transplant Center
- **David John Driscoll, M.D.**, Mayo Clinic College of Medicine
- **Daniel Einhorn, M.D.**, American College of Endocrinology; American Association of Clinical Endocrinologists
- **Bernard Gersh, M.D.**, Mayo Clinic College of Medicine
- **C. Michael Gibson, M.D.**, Harvard Medical School
- **Michael R. Jaff, D.O.**, Massachusetts General Hospital, Harvard Medical School
- **Paul G. Mathew, M.D.**, Harvard Medical School/Brigham & Women's Hospital
- **Jordan Metcalf, M.D.**, Oklahoma University Health Sciences Center
- **Dan Morhaim, M.D.**; Emergency Medicine, Sinai Hospital, former Maryland State Legislator
- **Howie C. Mandel, M.D.**, Obstetrics and Gynecology, Private Practice
- **Milton Packer, M.D.**, Distinguished Scholar in Cardiovascular Science, Baylor University Medical Center
- **Jeffrey W Moses M.D.**, Columbia University Medical Center
- **Jeffrey Popma, M.D.**, Harvard Medical School
- **Harry E. Sarles Jr., M.D.**, American College of Gastroenterology
- **Hal Scherz, M.D.**, Scottish Rite Children's Hospital, Emory University
- **Karen S. Sibert, M.D.**, UCLA Health; California Society of Anesthesiologists
- **Gregg W. Stone, M.D.**, Columbia University College of Physicians and Surgeons
- **Eric Topol, M.D.**, Scripps Health; Director, Scripps Translational Science Institute
- **Bonnie Weiner, M.D.**, University of Massachusetts Medical School
- **Mathew Williams, M.D.**, New York University Medical Center
- **Robert Harrington, M.D.** Professor of Medicine and Chairman of the Department of Medicine, Stanford University
- **David Holmes, M.D.**, Scripps Professor in Cardiovascular Medicine, Mayo Clinic
- **Scott Monteith, M.D., DLFAPA**, Past President, Michigan Psychiatric Association, Psychiatry Residency Associate Program Director



## History: Founded in 2015 by 20 physician leaders in response to 22,000+ physicians voicing concerns about MOC requirements

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### MOC Concerns:

- Not data-proven when started (2000)
- Still not data proven (2024)
- Adds burdensome administrative demands without commensurate clinical benefit
- A known factor driving physicians out of medicine and into early retirement
- Discriminatory - 40% of U.S. physicians exempted through “grandfathering” (but still allowed to call themselves board certified)
- Not a good match for real clinical practice
- Not reflective of how physicians practice medicine (continuous research, peer-to-peer consulting and referral)
- MOC questions have been called out-of-date and wrong by participating physicians
- Costly to physicians (and to the hospitals that reimburse for these costs) – ultimately passed to patients

# NBPAS: Current Demographics

- 14,000+ physicians certified in all 50 states
- 200+ hospitals and health systems, telemedicine companies
- Certifies/recertifies 400+ physicians monthly (100+ new)
- **Oklahoma: 181 physicians currently certified, 9 accepting hospitals**

# NBPAS Acceptance: Hospitals in Oklahoma

- Integris Baptist Medical Center: Oklahoma City, OK
- Memorial Hospital of Texas County: Guymon, OK
- Norman Regional Hospital: Norman, OK
- Oklahoma Heart Hospital: Oklahoma City, OK
- One Core Health Hospital: Oklahoma City, OK
- Saint Francis Hospital: Tulsa, OK
- Southwestern Medical Center: Lawton, OK
- SSM Health St. Anthony Hospital - Oklahoma City: Oklahoma City, OK
- Surgery Center of Oklahoma: Oklahoma City, OK

# Bylaw Example: Norman Regional

## 5.3.9

(i) A physician applicant (M.D. or D.O.), must have successfully completed a medical or osteopathic residency program of at least three (3) years' duration, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). If not yet board certified, an Applicant must become board certified within five (5) years of completion of training or the period of eligibility to sit for their respective board exams, whichever comes first. Once certified, Medical Staff Members must continue to participate in a Maintenance of Certificate program (maintain Board Certification) via their original certifying Board or the National Board of Physicians and Surgeons (NBPAS). Physicians who have been exempted by their specialty boards from recertification requirements will be "grandfathered", and are thereby exempt from the recertification requirement.

# Meets all national hospital and health plan accreditation requirements

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**ACCREDITED**







February 9, 2022

National Board of Physicians and Surgeons (NBPAS)  
 2067 North Marshall Avenue  
 El Cajon, CA 92020

To Whom it May Concern:

The National Board of Physicians and Surgeons (NBPAS) will designate equivalent source agencies in The Joint Commission Ambulatory Care, Behavioral Health and Human Services, Critical Hospital, and Office-Based Surgery accreditation manuals effective 10/1/2022.

If you should have any questions, please do not hesitate to call 619-592-5920 or via email at [dbaker@jointcommission.org](mailto:dbaker@jointcommission.org).

Sincerely,



David W. Baker, MD, MPH, FACP  
 Executive Vice President  
 Division of Healthcare Quality Evaluation

www.jointcommission.org

Headquarters  
 One Renaissance  
 Oakbrook Terrace  
 630.792.5000 Fax



April 3, 2022

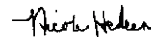
Karen Schatten  
 Associate Director  
 The National Board of Physicians and Surgeons  
 2067 N Marshall Avenue  
 El Cajon, CA 92020

Dear Ms. Schatten:

I am writing to address concerns from DNV Accredited Organizations regarding DNV Healthcare's acceptance of continuing board certification through various certifying bodies, to include the National Board of Physicians and Surgeons (NBPAS). DNV Healthcare's NIAHO® hospital, psychiatric hospital, and critical access hospital programs and related standards do not require physicians to be board certified. Our Medical Staff the organized medical staff operate under bylaws approved by the governing body, be responsible for the care provided to patients by the hospital, and examine the credentials and qualifications of all eligible staff membership in accordance with state law, including scope of practice laws, and the medical regulations. Please note that some of DNV's non-regulated specialty care program certifications do not require board certification for particular specialties.

DNV Healthcare does not approve or endorse the use of any specific certifying body. The decision to accept or determine the acceptance of board certification bodies rests solely with the hospital's governing body.

Sincerely,  
 for DNV Healthcare USA Inc.



Nicole Hedeen MBA, RT(R), CPHQ, CPSO  
 Standards Application and Interpretation Specialist  
 DNV Healthcare USA Inc.  
[nicole.hedeen@dnv.com](mailto:nicole.hedeen@dnv.com)

DNV Healthcare USA Inc., Regulatory Affairs, 400 Techno Center Drive, Suite 100, Milford, OH 45150 Tel: (513) 485-1000

DNV Healthcare  
 Regulatory  
 400 Techno Center Drive  
 Milford, OH 45150  
 Tel: (866) 485-1000



National Committee for Quality Assurance  
 1100 13th St. NW, Third Floor  
 Washington, DC 20005

March 16, 2021

W. Kyle Simonton  
 Taylor Chambless  
 Burger, Mosely & Carson, PLC  
 306 Public Square  
 Franklin, Tennessee 37064

Re: National Board of Physicians and Surgeons

Dear W. Kyle Simonton and Taylor Chambless:

NCQA has reviewed the request from the National Board of Physicians and Surgeons listed in the 2022 Health Plan Standards and Guidelines as an acceptable source for accreditation.

The Standards and Guidelines include language allowing boards in the United States to be members of the ABMS or AOA (such as NBPAS) if an organization's policies and procedures document the specialty boards it accepts, and if it obtains annual written confirmation from the board that it performs primary source verification of completion of education and training.

The list of examples in the Standards and Guidelines is not exhaustive. With that in mind, we include NBPAS in the existing language in the 2022 NCQA Health Plan Accreditation Standards and Guidelines, to read:

Boards in the United States that are not members of the ABMS or AOA (such as NBPAS) are acceptable if the organization documents within its policies and procedures which specialty boards it accepts and obtains annual written confirmation from the board that the board performs primary source verification of completion of education and training.

Please contact me at 202-955-1780 or at [pdahill@ncqa.org](mailto:pdahill@ncqa.org) if you have any questions.

Sincerely yours,



Patrick Dahill, AVP Accreditation and Recognition Policy  
 NCQA

cc: Sharon King Donahue, General Counsel, NCQA

Better health care. Better care.

1100 13th Street NW, Third Floor



Karen Schatten  
 Director of Program Development  
 National Board of Physicians and Surgeons  
 2067 N. Marshall Avenue  
 El Cajon, CA 92020

Dear Ms. Schatten,

This letter is to clarify URAC's position on physician board certifications. As a national accrediting body, URAC provides health care organizations with an independent review of their health service programs against national standards. Some of the URAC standards require physician board certification. URAC will accept a physician board certification – including one established by the National Board of Physicians and Surgeons (NBPAS) – as long as it meets one or more of the following criteria:

- The physician board certification is accepted by a state or federal entity of the U.S. or one of its territories, which include, but are not limited to: a state or federal legislature, regulatory agency, department, division, or program, or a state medical board.
- The physician clinical leadership for an organization providing health services has determined that a physician board certification is acceptable.

In either case, URAC would look for documentation supporting that at least one of the criteria is met.

Please let us know if you would like language to post on your website. In the meantime, do not hesitate to contact us if you should have any questions.

Best regards,



Donna Merrick  
 Product Enhancement Principal  
 URAC

1220 L Street NW, Suite 900, Washington, DC 20005 | 202.216.9010 | www.urac.org

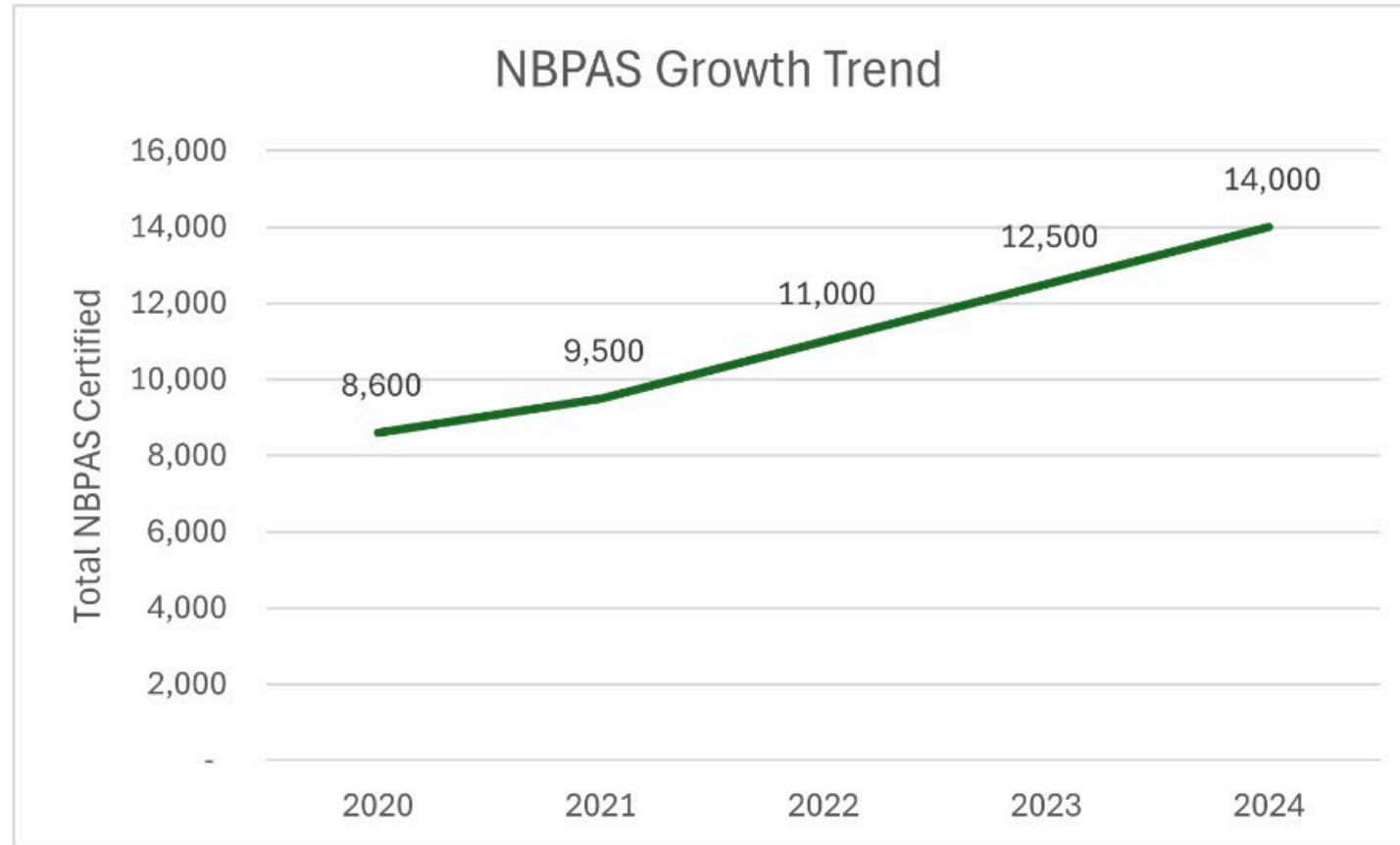
# NBPAS education and training is substantially equivalent to that of ABMS and AOA

Board	ACGME accredited medical school or equivalent for FMGs	ACGME accredited residency in a recognized ABMS/AOA specialty	ABMS/AOA initial board exam, post residency	Maintenance and recertification required
ABMS	Yes	Yes	Yes	Yes, for some, no for those grandfathered
AOA	Yes	Yes	Yes	Yes, for some, no for those grandfathered
NBPAS	Yes	Yes	Yes	Yes, for all

# NBPAS Certification Criteria

- Initial board certification via an ABMS/AOA member board – no exceptions
- 50 hours of practice-specific, AMA PRA Category 1 CME every 24 months
- Surgical specialties required to have active hospital or outpatient facility privileges licensed by a nationally recognized credentialing organization with deeming authority from CMS
- Active and unrestricted license
- Recertification - 2 year cycle
- The NBPAS team ***directly verifies*** all CME credits for quality and specialty-relevance

# NBPAS Growth Chart: 2020-2024



# Still No “Level A” Evidence Supporting ABMS MOC pathway

## PubMed Literature Review

# 139

## STUDIES

comparing time  
limited and  
time-unlimited  
board certification

# 26

focused on  
outcome metrics

- Reduction in complications
- Reduction in medical errors
- Improved patient safety
- Improved quality of care
- Improved patient outcomes



# MOC requirement and ambulatory care-sensitive hospitalizations

*(JAMA 2014 Dec 10;312(22):2348-57 Gray et al.)*

- Preventable hospitalizations through better quality and access to care
- Significant impacts to hospital costs
- Compared outcomes of **154,045 patients**
- **No differences** associated with participation in MOC
- 956 physicians time-limited (MOC required), 974 time-unlimited (MOC not required)

# Association Between Physician Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Patient Care Quality

(*JAMA*. 2014;312(22):2358-2363. Hayes, et al)

- Four VA hospitals, **68,213 patients**
- Ten primary care performance measures
  - colorectal screening rates
  - diabetes with glycated hemoglobin (HbA1c level) less than 9.0%
  - diabetes with blood pressure less than 140/90 mm Hg
  - diabetes with LDL cholesterol level less than 100 mg/dL
  - hypertension with blood pressure less than 140/90 mm Hg
  - thiazide diuretics used in multidrug hypertensive regimen
  - atherosclerotic coronary artery disease and LDL-C level less than 100 mg/dL
  - post-myocardial infarction use of aspirin
  - post-myocardial infarction use of  $\beta$ -blockers
  - congestive heart failure (CHF) with use of angiotensin-converting enzyme (ACE) inhibitor
- **No differences in outcomes for patients** cared for by internists with time-limited (MOC) or time-unlimited (no MOC) certification for any performance measure

# Association Between Board Certification, Maintenance of Certification, and Surgical Complications in the United States

*(Am Journal Med Quality Nov/Dec 2019; 34 (6): 545-552)*

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## Patient outcomes study

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Medicare claims for **1.9 million**  
elective surgical procedures

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**14,598 physicians**

(64% orthopedics, 17% general surgery, 11% urology, 7% neurosurgery)

---

Completion of MOC was NOT associated with differences in complication rates

**Quality of physician care is measured and  
assessed more than ever before**

# Physician Quality Measures Beyond Certification

## Clinical

- Grand rounds, monthly
- Case conferences, weekly
- Case reviews, monthly
- Procedure-specific cases reviews
- Surgical case reviews, weekly to monthly
- Specialty council meetings, quarterly  
Morbidity/mortality reports (adverse event reporting + troubleshooting)
- Weekly Extensive data collection added and compared to national databases (i.e, ACC Cardiology Center of Excellence, Centers of Excellence CVD, stroke, cancer, etc)
- ALS/BLS

## Academic/teaching

- Journal club, monthly
- Student/resident bedside teaching which requires frequent literature + journal article review, daily in academic practice
- Resident/med student supervision/oversight
- Resident lectures, case review
- Midlevel (PA/NP) practice oversight including guideline revision and protocol rewrites
- Community engagement (i.e., teaching on medical topics)

## Administrative/ Professionalism

- Medical executive committee, monthly
- Quality committee, monthly
- Peer review committee, monthly
- Medical staff meetings, quarterly
- Credentials/bylaw committee, monthly
- Monthly board meetings related to practice issues, clinical and non-clinical



# Other Common Quality Measures and Training

- Child abuse identification and reporting
- Infection control and barrier reporting
- Opioid/controlled substance training (prescribing, abuse recognition, treatment)
- Cultural competency, implicit bias, diversity training, and/or social determinants of health training
- State law exam
- Pain control, general and geriatric populations
- Risk management
- Sedation training
- Sexual assault and domestic violence
- LBGTQ cultural competency
- HIV/AIDS training
- Sexual misconduct and boundaries training, sexual harassment training
- End of life care training
- Medical ethics
- Suicide detection, prevention, intervention
- Bioterrorism/WMD training
- Safe and appropriate injection training
- Human trafficking prevention

# Summary

- NBPAS does ***not provide*** initial board certification but ***requires*** it without exception.
- NBPAS is a pathway for ***continuous*** certification, ***after*** completing Initial Board Certification from an ABMS or AOA member board.
- NBPAS Certification was created for physicians by physicians, providing a continuous board certification pathway that is ***evidence based, specialty specific, and clinically relevant.***
- NBPAS Certification ***meets national accreditation requirements*** for both insurers and hospitals. (NCQA, URAC, TJC, DNV, CHIQ and ACHC)
- NBPAS Strives to ***elevate the practice of medicine over the business of medicine*** by eliminating obstacles, distractions and interference allowing more time for physicians to equitably care for patients.



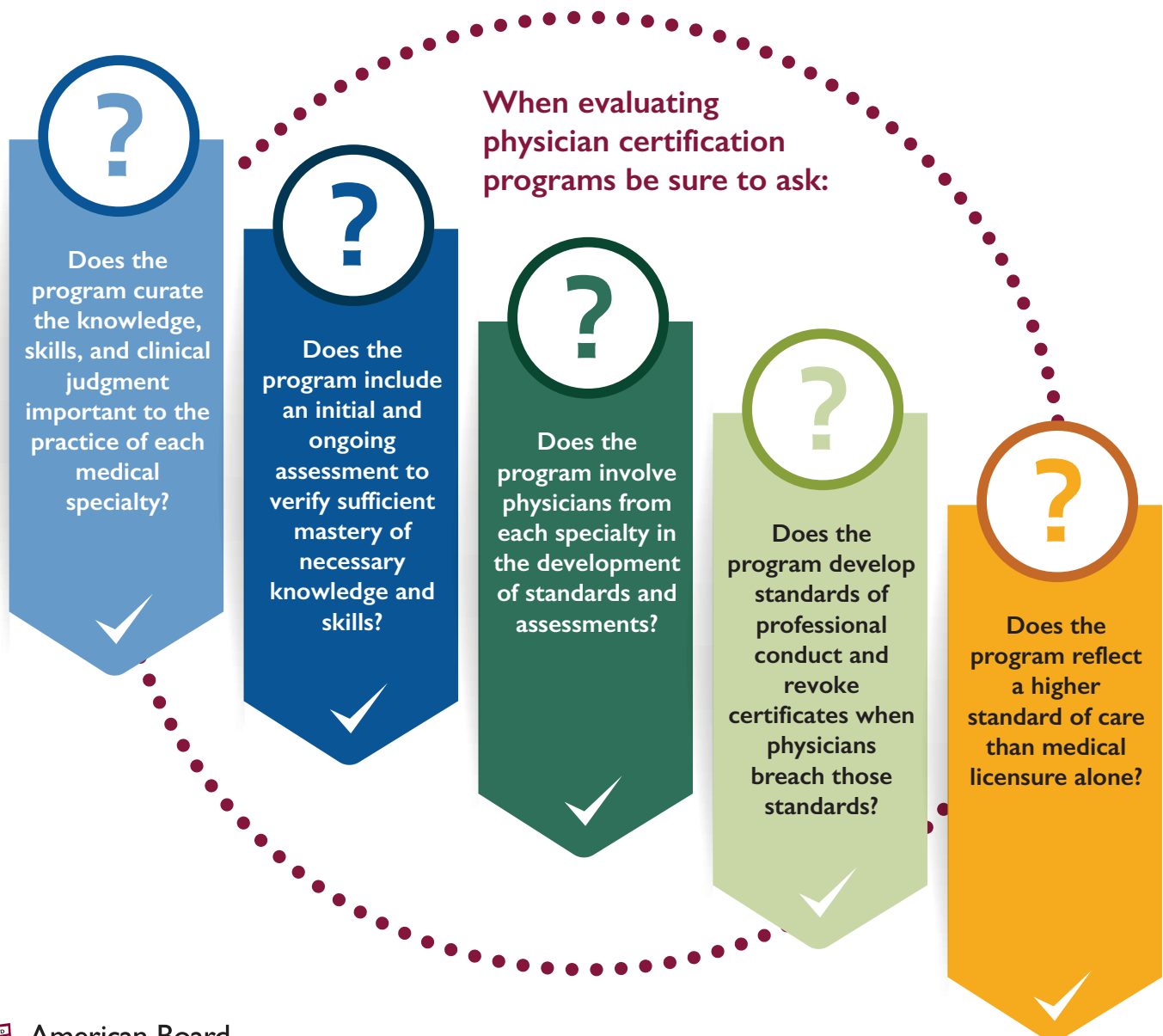
AMERICAN BOARD OF MEDICAL SPECIALTIES

# Evaluating Board Certification Programs

## Not all Board Certification Programs are created equally...

A Certification Program is defined by the Institute of Credentialing Excellence as a "program designed to test the knowledge, skills, and abilities required to perform a particular job, and, upon successfully passing a certification exam, to represent a declaration of a particular individual's professional competence."<sup>1</sup> American Medical Association (AMA) policy states "that when the equivalency of board certification must be determined, the certification program must first meet accepted standards for certification that include both a) a process for defining specialty-specific standards for knowledge and skills and b) offer an independent, external assessment of knowledge and skills for both initial certification and recertification or continuous certification in the medical specialty."<sup>2</sup>

Diplomates have a choice to be certified and from whom they receive their certification and credentials. However, not all certification programs are created equally.



**American Board  
of Medical Specialties**

*Higher standards. Better care.®*

<sup>1</sup> Institute of Credentialing Excellence, "What is Credentialing," [www.credentialingexcellence.org/About](http://www.credentialingexcellence.org/About) (Accessed 3/14/2023)

<sup>2</sup> American Medical Association, 2022, "Medical Specialty Board Certification Standards H-275.926: Licensure and Discipline," <https://policysearch.ama-assn.org/policyfinder/detail/certification?uri=%2FAMADoc%2FHOD.xml-0-1904.xml>



# ABMS Member Board Certification

The recognized and trusted leader  
by the public and profession

## About Board Certification

Specialty certification is a critical component of our health care system because it helps to assure the clinical competence of the specialty physician workforce. Rigorous professional certification requires that an individual periodically pass an assessment of the knowledge and clinical judgment necessary to practice in the specialty. Most legitimate organizations that certify physicians not only require periodic assessments, but also maintain codes of professional conduct to protect patient safety and ensure the continued trustworthiness of the credential. It is imperative, now more than ever, to make informed decisions regarding physician certification if we are to preserve the high standards that the profession sets for itself.

## ABMS Member Board Certification

As the oldest and largest multi-specialty medicine certification organization, the American Board of Medical Specialties (ABMS) takes the responsibility and privilege of physician certification seriously.

ABMS is dedicated to protecting the integrity of the board certification credential, ensuring it is both relevant to and supportive of diplomates' learning and improvement needs while offering the public a reliable means of verifying that our diplomates continuously demonstrate the knowledge, skills, and professionalism to provide high-quality specialty care.

## The 24 ABMS Member Boards offer rigorous Board Certification programs that:

Assess the initial and ongoing knowledge and clinical judgment of a physician needed to practice safely and effectively in a medical specialty.

Are created by physicians who also practice in the same specialty or subspecialty. More than 5,000 volunteer specialty physicians help develop programs, standards, and assessment items.

Exceed baseline requirements for a medical license in every state, assuring the public that diplomates have demonstrated the additional clinical skills and professional behavior to provide safe and high-quality specialty care.

Offer diplomates relevant, convenient, and evidence-based assessments that enhance learning and retention.

Expect certified physicians to demonstrate high standards of professional conduct in their interactions with patients, families, and all other health care professionals. ABMS Member Boards revoke certificates from physicians whose conduct puts patients at risk or undermines the trustworthiness of the credential.

Certify specialists following training and throughout their careers. ABMS Member Boards continuously verify a diplomate's certification.



**American Board  
of Medical Specialties**

*Higher standards. Better care.®*

REPORT 4 OF THE COUNCIL ON MEDICAL EDUCATION (Interim 2023)  
Recognizing Specialty Certifications for Physicians (Resolution 316-I-22)  
(Reference Committee C)

### EXECUTIVE SUMMARY

The history of board certification can be traced back to the late 19th century when the need for standardized medical education and training became apparent. In the early years of medical practice, there were no standardized requirements or guidelines for physicians to demonstrate their specialty qualifications. Medical education and training varied widely, and there was a lack of standardized curricula and evaluation methods. Certification boards were established for specialists to be able to distinguish themselves from other physicians. Society relies on and grants physicians the ability to establish and enforce standards for medical practice—that is, grants the profession collectively the privilege and obligation of self-regulation. This privilege depends on trust, and this privilege can and has been lost when the public no longer trusts professional oversight.

In 1933, the American Medical Association (AMA) established the American Board of Medical Specialties (ABMS) to bring order to the proliferation of specialty boards and address conflicts arising between specialty boards. Other entities later emerged as certification boards and have varying standards for obtaining initial board certification and maintaining continuing certification over time. AMA support of these entities is contingent with the certification program meeting accepted standards that include offering an independent, external assessment of knowledge and skills for both initial certification and recertification or continuous certification in the medical specialty. Continuing demonstration of physician competency sets the qualifications of physicians above other health professionals. Ongoing assessment and demonstration of competency help identify gaps in knowledge or skills as medicine advances, allowing physicians to address those gaps and provide safe, up-to-date, and effective care to patients. Demonstrating ongoing competency helps build and maintain public trust in the medical profession.

The AMA believes that patients deserve to have increased clarity and transparency in health care. Recognizing that there is confusion among the public as to the education, training, and skills of different health care professionals, which can lead to patients seeking and obtaining inappropriate and potentially unsafe medical care, the AMA created the “Truth in Advertising” campaign to help ensure patients know the education, training, and qualifications of their health care professionals.

The Council on Medical Education stands in support of the current AMA policy. The Council recommends encouraging continued advocacy to federal and state legislatures, federal and state regulators, physician credentialing organizations, hospitals, and other interested parties to define physician board certification as the medical profession establishing specialty-specific standards for knowledge and skills, using an independent assessment process to determine the acquisition of knowledge and skills for initial certification and recertification. The Council recommends reaffirmation of Policy H-275.926, “Medical Specialty Board Certification Standards.”

## REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 4-I-23

Subject: Recognizing Specialty Certifications for Physicians (Resolution 316-I-22)

Presented by: Cynthia Jumper, MD, Chair

Referred to: Reference Committee C

1 Resolution 316-I-22, Recognizing Specialty Certifications for Physicians was authored by the  
2 Congress of Neurological Surgeons and American Association of Neurological Surgeons and  
3 submitted to the 2022 Interim Meeting of the House of Delegates (HOD). The second resolve reads  
4 as follows:

5  
6 RESOLVED, That our American Medical Association advocate for federal and state  
7 legislatures, federal and state regulators, physician credentialing organizations, hospitals,  
8 and other health care stakeholders and the public to define physician board certification as  
9 establishing specialty-specific standards for knowledge and skills, using an independent  
10 assessment process to determine the acquisition of knowledge and skills for initial  
11 certification and recertification. (Directive to Take Action).

12  
13 The second resolve was referred by the HOD for a report back; this report is in response to the  
14 referral.

## 15 16 **Background**

### 17 18 *The need for standardized certification*

19  
20 The history of board certification can be traced back to the late 19th century when the need for  
21 standardized medical education and training became apparent. In the early years of medical  
22 practice, there were no standardized requirements or guidelines for physicians to demonstrate their  
23 specialty qualifications. The first board was the American Board of Ophthalmology, which was  
24 incorporated on May 3, 1917, to allow ophthalmologists to distinguish themselves from other  
25 physicians as eye specialists. Other specialties also formed their own boards leading the AMA to  
26 establish the American Board of Medical Specialties (ABMS) in 1933 to bring order to the  
27 proliferation of specialty boards and address conflicts arising between specialty boards.  
28 Additionally, other entities were established to provide board certification including, but not  
29 limited to, the American Osteopathic Association Bureau of Osteopathic Specialists, the National  
30 Board of Physicians and Surgeons, the American Board of Physician Specialties, the American  
31 Board of Cosmetic Surgery, and the American Board of Facial Plastic and Reconstructive Surgery.

32  
33 Medical education and training varied widely, and there was a lack of standardized curricula and  
34 evaluation methods. Society relies on and grants physicians the ability to establish and enforce  
35 standards for medical practice; that is, grants the profession collectively the privilege and

1 obligation of self-regulation. This privilege depends on trust, and this privilege can and has been  
2 lost when the public no longer trusts professional oversight.<sup>1</sup> Thus, certification programs were  
3 established to help the public select a physician to meet their needs, as an indicator that a physician  
4 has been determined by their peers to be competent in a chosen specialty, and as a testament to the  
5 mastery that the physician has shown in their respective field of medicine. Board certification  
6 serves as an independent evaluation of a physician's or specialist's knowledge and skills to practice  
7 safely and effectively in a specialty.

8  
9 As part of its efforts, the Council on Medical Education (Council) recognized the importance of  
10 assessing physicians' competency after completing their formal education and the need for  
11 standardized certification in medical specialties. Several factors were influential in the  
12 development of standardized certification in medical specialties, including variation in medical  
13 education, calls for professional regulation to ensure competency and accountability of physicians,  
14 rapid advancement of medical knowledge, desire for expertise and specialization, and  
15 standardization and quality assurance.

### 16 17 *The establishment of the American Board of Medical Specialties*

18  
19 These developments led to the AMA establishing the ABMS in 1933 to ensure that physicians met  
20 certain standards of knowledge and skill in their respective fields. The founding members of  
21 ABMS were the American Board of Dermatology, the American Board of Obstetrics and  
22 Gynecology, the American Board of Ophthalmology, and the American Board of Otolaryngology –  
23 Head and Neck Surgery.<sup>2</sup> Member boards are established by their respective specialties and are  
24 physician-led, non-profit, independent evaluation organizations whose accountability is both to the  
25 profession and to the public. Members of the governing bodies include representatives from among  
26 the national specialty organizations in related fields. Now an independent organization, ABMS is  
27 governed by a Board of Directors, which includes representation from each of the ABMS Member  
28 Boards and members of the public. These individuals are working and retired physicians and  
29 professionals from across the country who have a broad range of experience in patient care, health  
30 policy, business, and community service. The Board of Directors is organized so that a significant  
31 portion of its activities are conducted by its committees, each of which operates under a written  
32 charter. All committees report to the Board of Directors, and all significant findings of a committee  
33 are presented to the Board of Directors for review, discussion, and approval. Additionally, the  
34 Board of Directors oversees the activities of the ABMS management team. The governance of  
35 ABMS is an essential component of the U.S. medical profession's system of collective self-  
36 regulation.

37  
38 Member boards certify physicians in their primary specialty and subspecialty areas and encourage  
39 the professional development of those board-certified physicians throughout their career. This is  
40 accomplished through a comprehensive process involving educational requirements, professional  
41 peer evaluation, examination, and professional development. Member boards can also revoke  
42 certifications when an individual breaches them. There are currently 24 certifying boards or  
43 Member Boards of ABMS. In 2022, ABMS published descriptions of all the medical specialties  
44 where certification is offered by an ABMS Member Board in the ABMS Guide to Medical  
45 Specialties. The ABMS certification process provides an independent evaluation of a physician's  
46 or specialist's knowledge and skills to practice safely and effectively in a specialty and serves as a  
47 trusted credential patients can rely upon when selecting a physician for their needs.

1 *ABMS/ACGME Core Competencies*

2  
3 To evaluate a physician's knowledge and skills, the ABMS and Accreditation Council for Graduate  
4 Medical Education (ACGME) co-developed six core competencies integral to the delivery of high-  
5 quality patient care. These competencies are the basis of the milestones physicians and specialists  
6 must meet during training and are also the basis for continuing certification assessment. The table  
7 below outlines the six core competencies.

*Table 1. ABMS/ACGME Core Competencies*

<b>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</b>	Show ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve practice.
<b>PATIENT CARE &amp; PROCEDURAL SKILLS</b>	Provide care that is compassionate, appropriate, and effective for the treatment of health problems and to promote health.
<b>SYSTEMS-BASED PRACTICE</b>	Demonstrate awareness of and responsibility to systems of health care. Be able to call on system resources to provide optimal care.
<b>MEDICAL KNOWLEDGE</b>	Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.
<b>INTERPERSONAL &amp; COMMUNICATION SKILLS</b>	Demonstrate skills that result in effective information exchange and teaming with patients, their families, and professional associates.
<b>PROFESSIONALISM</b>	Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.

8 Each ABMS Member Board's continuing certification program is developed by practicing  
9 physicians and specialists according to the standards set through ABMS. Activities and  
10 requirements must be met in the following four main components: professionalism, lifelong  
11 learning, assessment, and improvement.

12  
13 *Governance of ABMS Member Boards*

14  
15 The governance process used by the Member Boards of the ABMS involves a combination of self-  
16 regulation and collaboration within the framework established by the ABMS. While each  
17 individual specialty board operates independently, they adhere to certain common principles and  
18 guidelines set forth by the ABMS. The ABMS establishes general standards and requirements that  
19 Member Boards must meet to ensure consistency and quality across specialties. These standards  
20 include criteria for education, training, examinations, and ongoing professional development. The  
21 Member Boards are responsible for designing and implementing the certification process for their  
22 respective specialties. This process typically involves a combination of educational qualifications,  
23 completion of an accredited training program, passing written and/or oral examinations, and  
24 meeting specific practice experience criteria. The ABMS promotes the concept of lifelong learning  
25 and ongoing professional development through continuing board certification (CBC) programs.  
26 Member Boards develop and administer their own CBC programs, which often include  
27 requirements such as participation in continuing medical education (CME) activities, self-  
28 assessment modules, practice improvement activities, and periodic assessments. While each  
29 specialty board operates independently, collaboration and standardization are fostered among the  
30 Member Boards. The ABMS provides a forum for sharing best practices, collaborating on research  
31 and development, and ensuring consistency in certification standards and processes across  
32 specialties. The governance process emphasizes continuous improvement and adaptation to  
33 changes in medical knowledge, technology, and health care delivery. Member Boards regularly



1 review and update their certification and CBC processes to align with evolving standards and  
2 practices.

### 3 4 *ABMS and Board Eligibility*

5  
6 The ABMS defines board eligibility as the period of time between when a physician completes an  
7 ACGME-accredited residency program and when initial certification in a specialty or subspecialty  
8 is achieved. The ABMS Board Eligibility Policy for Specialty Certification and the ABMS  
9 Eligibility Policy for Subspecialty Certification enable Member Boards to set parameters for how  
10 candidates can use the term “board eligible” to signal their preparations for certification while at  
11 the same time closing off the potential for abuse through using the term indefinitely. The ability to  
12 become board certified by an ABMS Member Board is directly related to when the candidate  
13 completed an ACGME-accredited residency or fellowship program. A candidate’s eligibility for  
14 board certification (board eligible period) expires on a date determined by the ABMS Member  
15 Board. For initial certification in a specialty and subspecialty, that date must be no more than seven  
16 years following the successful completion of accredited training. In addition, individual Member  
17 Board requirements must be met, including time in practice required (if any) for admissibility to  
18 the qualifying or certifying examination.<sup>3</sup>

### 19 20 *AOA-BOS, Certification Process, and Board Eligibility*

21  
22 The Bureau of Osteopathic Specialists (BOS) is the supervisory body for the approved specialty  
23 certifying boards of the American Osteopathic Association (AOA) and is dedicated to establishing  
24 and maintaining high standards for certification of osteopathic and non-osteopathic physicians. The  
25 BOS ensures that all physicians it certifies demonstrate expertise and competence in their  
26 respective areas of specialization. The BOS serves as the certifying body for 29 primary medical  
27 specialties and 77 medical subspecialties. The BOS monitors the processes for all certifications,  
28 including primary certification, continuous certification, and certificates of added qualification;  
29 provides a mechanism to evaluate the validity and reliability of all certification examinations  
30 conducted by AOA specialty certifying boards; assesses examination scores and pass rates; and  
31 ensures notification of appropriate examination information to the  
32 ACGME. The BOS also provides pass rates as well as individual physician examination results  
33 (pass/fail) to physicians’ training programs.

34  
35 The BOS defines board eligibility status as “the time frame between a physician’s completion of a  
36 residency or fellowship training program in a specialty or subspecialty and when the physician  
37 achieves initial certification in that specialty or subspecialty or when the physician’s board  
38 eligibility status expires. The BOS certification examination process includes steps for initial entry,  
39 re-entry, and final entry. The re-entry process provides a pathway to certification for candidates  
40 who did not achieve board certification through the initial process and the final entry process is for  
41 candidates who did not achieve board certification through the re-entry process. To qualify for  
42 initial primary certification from the AOA through a specialty certifying board, the applicant must  
43 first meet one of five eligibility requirements and then meet additional requirements related to  
44 licensure, code of ethics, training, examinations, and clinical practice. Board eligibility status  
45 commences upon the physician’s completion of a residency or fellowship training program in a  
46 specialty or subspecialty. Board eligibility status terminates when the physician achieves initial  
47 certification in that specialty or subspecialty or on December 31st of the following sixth (6th)  
48 year.” Board certification issued by the AOA provides assurance to the public that a physician has  
49 demonstrated high levels of clinical competence and is an indication of excellence. Certification is  
50 issued upon successful completion of an AOA or ACGME accredited training program and by  
51 passing the associated examination(s) administered by an AOA specialty certifying board.

1 *Other board certification entities*

2  
3 In addition to ABMS and AOA-BOS, there are several other entities that provide initial and  
4 continuing board certification. These entities have varying standards for obtaining initial board  
5 certification and maintaining continuing certification over time. These entities include:

- 6  
7
- 8 • American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)
  - 9 • American Board of Cosmetic Surgery (ABCS)
  - 10 • American Board of Facial Plastic and Reconstructive Surgery (ABFPRS)
  - 11 • American Board of Oral & Maxillofacial Surgery (ABOMS)
  - 12 • American Board of Physician Specialties (ABPS)
  - 13 • National Board of Physicians and Surgeons (NBPAS)
  - 14 • United Council for Neurologic Subspecialties (UCNS)

15 *American Association of Neuromuscular & Electrodiagnostic Medicine*

16  
17 In 1987, the AANEM established the American Board of Electrodiagnostic Medicine (ABEM),  
18 now an independent credentialing organization in electrodiagnostic medicine. The maintenance of  
19 certification program for physicians was added in 1994 to assure that the ABEM followed the  
20 requirements of the ABMS. Initial certification for ABEM involves a process where candidates are  
21 evaluated in the core competencies. Candidates for the ABEM Initial Examination must meet the  
22 following requirements:<sup>4</sup>

- 23
- 24 • Board certified through American Board of Psychiatry and Neurology, American Board of
  - 25 Physical Medicine and Rehabilitation, American Osteopathic Board of Neurology and
  - 26 Psychiatry, or American Osteopathic Board of Physical Medicine and Rehabilitation (or a
  - 27 Canadian equivalent)
  - 28 • Six or more months of electrodiagnostic (EDX) training during a residency and/or
  - 29 fellowship program
  - 30 • Completed 200 EDX studies during training
  - 31 • One or more years of independent experience
  - 32 • Completed 200 EDX studies during independent experience
  - 33 • Complete and pass the annual online CoreComp questions to maintain continuous
  - 34 certification

35  
36 To maintain one's Continuous Certification with ABEM, one must:

- 37
- 38 • Attest to possess an active, unrestricted license to practice medicine
  - 39 • Attest to possess an active primary board certification in either neurology or physical
  - 40 medicine and rehabilitation
  - 41 • Complete 150 CME credits within one's 10-year cycle
  - 42 • Pay an annual administrative fee to gain access to the online CoreComp questions.
  - 43 • Complete and pass the annual online CoreComp questions

44 *American Board of Cosmetic Surgery*

45  
46 The ABCS requires all interested surgeons complete an ACGME or AOA residency program in a  
47 related specialty:

- 48
- 49 • General surgery
  - 50 • Plastic surgery
  - Neurological surgery

- 1 • Obstetrics and gynecology
- 2 • Orthopedic surgery
- 3 • Otolaryngology
- 4 • Thoracic surgery
- 5 • Urology
- 6 • American Board of Oral and Maxillofacial Surgery (ABOMS) with MD degree

7  
8 Candidate surgeons must also complete an American Academy of Cosmetic Surgery certified  
9 fellowship in cosmetic surgery and pass both written and oral examinations. With all specialties  
10 except plastic surgery, the candidate surgeon must also be board certified in one or more of the  
11 aforementioned specialties by a board recognized by the ABMS, the AOA, the ABOMS, or the  
12 Royal College of Physicians and Surgeons of Canada (RCPSC)

13  
14 To maintain continuous certification, applicants for ABCS must also pass the ABCS Annual  
15 Certifying Examination, which consists of both an oral and written component that is prepared and  
16 psychometrically evaluated by the National Board of Osteopathic Medical Examiners (NBOME)<sup>5</sup>.

17  
18 *American Board of Facial Plastic and Reconstructive Surgery*

19  
20 The ABFPRS was established in 1986 to improve the quality of medical and surgical treatment  
21 available to the public through the establishment of a mechanism for the education, qualification,  
22 training, review, and certification of surgeons specializing in facial plastic and reconstructive  
23 surgery. Candidates for the ABFPRS initial certification must:<sup>6</sup>

- 24
- 25 • Have completed a residency program approved by the ACGME or the RCPSC in one of
- 26 the two medical specialties containing identifiable training in facial plastic and
- 27 reconstructive surgery: otolaryngology/head-and-neck surgery or plastic surgery
- 28 • Have earned prior certification by the American Board of Otolaryngology, the American
- 29 Board of Plastic Surgery or the RCPSC in otolaryngology/head-and-neck surgery or plastic
- 30 surgery
- 31 • Have been in practice a minimum of two years
- 32 • Have 100 operative reports accepted by a peer-review committee
- 33 • Successfully pass an 8-hour written and oral examination
- 34 • Operate in an accredited facility
- 35 • Hold the appropriate licensure and adhere to the ABFPRS Code of Ethics
- 36 • Complete the FACEforward<sup>®</sup> online longitudinal assessments annually to maintain
- 37 certification

38  
39 *American Board of Oral & Maxillofacial Surgery*

40  
41 Board Certification by the ABOMS requires successful completion of the Qualifying and Oral  
42 Certifying Applications and Examinations. Once certified by ABOMS, candidates must participate  
43 in the Certification Maintenance process. For initial certification, a candidate must successfully  
44 complete both the qualifying examination and the oral certifying examination. The ABOMS also  
45 allows internationally trained applicants an opportunity to take the qualifying exam by meeting  
46 different requirements that hold the same caliber as the application for individuals taking the  
47 examination for the first time. Candidates have three consecutive years following successful  
48 completion of the qualifying examination to take and pass the oral certifying examination.  
49 Candidates who successfully complete these examinations become diplomates that have time-  
50 limited certifications. To maintain one's status as an ABOMS diplomate, one must complete the

1 components of certification maintenance in four areas: professional standing, lifelong learning,  
2 cognitive expertise, and performance in practice. Certification Maintenance is a continuous process  
3 of learning, self-assessment, and testing that proceeds over a 10-year period.<sup>7</sup>

4  
5 *American Board of Physician Specialties*

6  
7 ABPS is the official multi-specialty board certifying body of the American Association of  
8 Physician Specialists, Inc. ABPS assists the certifying bodies by guiding the planning,  
9 development, and psychometric evaluation of assessment procedures designed to measure  
10 professional competency. Eligibility requirements and examinations of the boards of certification  
11 are developed based on a substantial review and analysis of the current state of clinical knowledge  
12 in the field of a particular specialty, as reflected in medical literature and the patient-care setting.  
13 Candidates can apply for either certification or recertification and ABPS verifies credentials for  
14 both certification and recertification applicants using various sources including, but not limited to,  
15 the Federation of State Medical Boards Credentials Verification service and the American Medical  
16 Association Physicians Profiling services. ABPS offers two exam processes: one for specialties  
17 such as anesthesiology, emergency medicine, and orthopedic surgery that require two steps  
18 (written/computer-based and oral exams) and one for specialties such as dermatology, family  
19 medicine, and internal medicine that are a single-level (written/computer-based exam).<sup>8</sup>

20  
21 *National Board of Physicians and Surgeons*

22  
23 The NBPAS was established in 2015 and is a non-profit, physician-led organization that provides  
24 an alternative pathway for continuous certification from ABMS or AOA in all the broadly  
25 recognized areas of specialty medical practice. The NBPAS does not provide initial board  
26 certification; it is a pathway for continuous certification after completing the initial board  
27 certification from an ABMS or AOA member board. NBPAS performs primary source verification  
28 of physician education and training as required by the National Committee for Quality Assurance,  
29 Utilization Review Accreditation Commission, The Joint Commission, and Det Norske Veritas,  
30 Inc. accreditation standards. The NBPAS requires all physicians to meet the following criteria to be  
31 eligible for certification:

- 32  
33
- 34 • Previous certification through an ABMS/AOA Member Board
  - 35 • An active, valid, unrestricted license to practice medicine in at least one U.S. state or  
36 territory
  - 37 • Submission of continuing medical education credits
  - 38 • Active privileges to practice that specialty in at least one U.S. hospital or outpatient facility  
39 licensed by a nationally recognized credentialing organization with deeming authority from  
40 Centers for Medicare & Medicaid Services
  - 41 • Medical staff appointment/membership

42 While the NBPAS indicates it reserves the right to deny certification to any individual believed by  
43 the board to lack sufficient qualifications, it also expresses on its website that certification by  
44 NBPAS is a measure of training, experience, and life-long learning and does not guarantee  
45 competence or any specific medical outcomes.<sup>9</sup>

46  
47 Existing AMA policy conflicts with support for NBPAS because the board does not offer initial  
48 certification. Specifically, AMA Policy H-275.926, “Medical Specialty Board Certification  
49 Standards” states Our AMA (1) Opposes any action, regardless of intent, that appears likely to  
50 confuse the public about the unique credentials of American Board of Medical Specialties (ABMS)

1 or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board  
 2 certified physicians in any medical specialty, or take advantage of the prestige of any medical  
 3 specialty for purposes contrary to the public good and safety. (3) Continues to work with other  
 4 medical organizations to educate the profession and the public about the ABMS and AOA-BOS  
 5 board certification process. It is AMA policy that when the equivalency of board certification must  
 6 be determined, the certification program must first meet accepted standards for certification that  
 7 include both a) a process for defining specialty-specific standards for knowledge and skills and b)  
 8 offer an independent, external assessment of knowledge and skills for both initial certification and  
 9 recertification or continuous certification in the medical specialty. In addition, accepted standards,  
 10 such as those adopted by state medical boards or the Essentials for Approval of Examining Boards  
 11 in Medical Specialties, will be utilized for that determination. (4) Opposes discrimination against  
 12 physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where  
 13 board certification is one of the criteria considered for purposes of measuring quality of care,  
 14 determining eligibility to contract with managed care entities, eligibility to receive hospital staff or  
 15 other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our  
 16 AMA also opposes discrimination that may occur against physicians involved in the board  
 17 certification process, including those who are in a clinical practice period for the specified  
 18 minimum period of time that must be completed prior to taking the board certifying examination.

19  
 20 *United Council for Neurologic Subspecialties*

21  
 22 UCNS certification has been the recognized certification for emerging neurologic subspecialties  
 23 since 2003. Requirements for eligibility for UCNS initial certification include<sup>10</sup>:

- 24  
 25 • Applicants must be certified by an ABMS certifying board or possess equivalent  
 26 certification by the RCPSC or the AOA.  
 27 • Applicants must hold a current, active, valid, unrestricted, and unqualified license to  
 28 practice medicine in at least one jurisdiction in the United States, its territories, or Canada,  
 29 and in each jurisdiction in which they practice.  
 30 • Applicants must complete one of four eligibility pathways. The pathways are:  
 31 1. UCNS-accredited fellowship  
 32 2. Practice track  
 33 3. Academic appointment at a UCNS-accredited fellowship  
 34 4. Internationally trained faculty at UCNS-accredited training programs  
 35 • Applicants must provide documentation of a 36-month\* period of time in which the  
 36 applicant has spent a minimum of 25% of their time in the practice of their specialty.  
 37 • Applicants for continuous certification must complete and pass annual online assessments.

38  
 39 Below is a table that provides a comparative overview of these entities based on current AMA  
 40 policy.



*Table 1. Comparison of Credentialing Organizations*

Medical Specialty Board Certification Standards <a href="#">H-275.926 (3)</a>	Credentialing Organizations								
	ABMS	AOA-BOS	AANEM	ABCS <sup>i</sup>	ABFPRS <sup>ii</sup>	ABOMS	ABPS <sup>iii</sup>	NBPAS <sup>iv</sup>	UCNS
Certification programs must include a process for defining specialty-specific standards for knowledge and skills	X	X	X	X	X	X	X	X	X
Certification programs must offer an independent, external assessment of knowledge and skills for initial certification in the medical specialty	X	X	X	X	X	X	X		X
Certification programs must offer an independent, external assessment of knowledge and skills for recertification or continuous certification in the medical specialty	X	X	X	X	X	X	X		X

<sup>i</sup>With all specialties except plastic surgery, must also be board certified in one or more of these specialties, by a board recognized by the ABMS, AOA, ABOMS, or the RCPSC.

<sup>ii</sup>Must have earned prior certification by the American Board of Otolaryngology, the American Board of Plastic Surgery, or the RCPSC in otolaryngology/head-and-neck surgery or plastic surgery.

<sup>iii</sup>Must be currently board certified through the ABMS or AOA to be eligible for recertification.

<sup>iv</sup> Must hold a previous certification through an ABMS or AOA member board in the same specialty.

1 *AMA's Truth in Advertising Campaign*

2

3 The AMA believes that patients deserve to have increased clarity and transparency in health care.  
 4 There is no place for confusing or misleading health care advertising that has the potential to put  
 5 patient safety at risk. Recognizing that there is confusion among the public as to the education,  
 6 training, and skills of different health care professionals, which can lead to patients seeking and  
 7 obtaining inappropriate and potentially unsafe medical care, the AMA created the "Truth in  
 8 Advertising" campaign to help ensure patients know the education, training, and qualifications of  
 9 their health care professionals. The campaign does not increase or limit anyone's scope of practice.  
 10 Instead, the campaign increases the transparency of health care professionals' qualifications for  
 11 patients, so that patients can clearly see and make informed decisions about who provides their  
 12 care.

13

14 The campaign includes a model bill created by the AMA that states can use to advocate for health  
 15 care professional transparency. The model bill features two main components: (1) prohibition of

1 deceptive or misleading advertisements and requiring all health care practitioners to indicate their  
 2 license in any advertisements and (2) requirement that all health care practitioners wear a name  
 3 badge during all patient encounters that includes, among other information, the health care  
 4 practitioner's license. Presently the "Truth in Advertising" campaign does not acknowledge that  
 5 there are non-ACGME and non-BOA fellowships that should not be excluded (e.g., ABPS). The  
 6 model bill also includes an optional drafting note on board certification. This item is optional  
 7 because it is not AMA policy. The optional drafting note language outlines parameters physicians  
 8 must meet to be able to claim they are "board certified" in any advertisements and states as follows:  
 9

10 Drafting Note Re: Board Certification—To provide further guidance on an additional type of  
 11 requirement related to MD or DO board certification, this drafting note provides the following  
 12 sample.

13 A medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in  
 14 any manner as being certified by a public or private board including but not limited to a  
 15 multidisciplinary board or "board certified," unless all of the following criteria are satisfied:

16 (a) The advertisement states the full name of the certifying board.

17 (b) The board either:

18 1. Is a member board of the American Board of Medical Specialties (ABMS) or the American  
 19 Osteopathic Association (AOA); or

20 2. Is a non-ABMS or non-AOA board that requires as prerequisites for issuing certification:

21 (i) successful completion of a postgraduate training program approved by the Accreditation  
 22 Council for Graduate Medical Education (ACGME) or the AOA that provides complete  
 23 training in the specialty or subspecialty certified by the non-ABMS or non-AOA board;

24 (ii) certification by an ABMS or AOA board covering that training field that provides complete  
 25 ACGME or AOA-accredited training in the specialty or subspecialty certified by the non-  
 26 ABMS or non-AOA board; and

27 (iii) successful passage of examination in the specialty or subspecialty certified by the non-  
 28 ABMS or non-AOA board.  
 29  
 30

### 31 Discussion

32  
 33 Continuing demonstration of physician competency sets the qualifications of physicians above  
 34 other health professionals. Ongoing assessment and demonstration of competency help identify  
 35 gaps in knowledge or skills as medicine advances, allowing physicians to address those gaps and  
 36 provide safe, up-to-date, and effective care to patients. Demonstrating ongoing competency helps  
 37 build and maintain public trust in the medical profession. Patients and the broader community have  
 38 confidence in physicians who actively engage in professional development and demonstrate their  
 39 commitment to providing high-quality care. Physicians have a professional responsibility to  
 40 continuously improve and maintain their competence. By engaging in ongoing assessment and self-  
 41 reflection, physicians demonstrate accountability for their own practice and commitment to  
 42 meeting the highest standards of patient care. The field of medicine is constantly evolving, with  
 43 new research, technologies, and treatment options emerging regularly. Continuing education and  
 44 assessment help physicians stay up to date with the latest evidence-based practices and guidelines,  
 45 ensuring that patients receive the most current and effective treatments. While there are different  
 46 ways to achieve continuing board certification, it is debatable whether they produce the same  
 47 outcomes for patients.  
 48

49 The ABMS has established principles for determining physician competency. These principles  
 50 guide the certification and continuation of certification processes for medical specialties. The key  
 51 principles are evidence-based standards, ongoing assessment, lifelong learning, specialty-specific

1 criteria, transparency and fairness, quality improvement, and collaboration. Other entities also  
2 require ongoing assessment of knowledge and skills and should not be discriminated against for  
3 purposes of measuring quality of care, determining eligibility to contract with managed care  
4 entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to  
5 practice medicine, or for other purposes.

6  
7 The resolution directly impacts the optional drafting note on board certification in the [AMA's Truth](#)  
8 [in Advertising Campaign](#). Broadly speaking, the campaign addresses transparency in the level of  
9 training, education, and licensing of health care professionals to ensure patients know who is  
10 providing their care [and whether they are sufficiently qualified to perform a given procedure or  
11 treat a particular disease or condition]. The optional drafting note on board certification specifically  
12 addresses whether a physician can advertise as board certified and has been revised multiple times  
13 since it was originally added in 2011. More than 25 states have enacted the advertising language  
14 and/or name badge language of our Truth in Advertising bill, while three states have enacted  
15 language related to board certification and two states have enacted language like the board  
16 certification optional drafting note in AMA's model bill. There is not consensus regarding the  
17 definition of "board certification" and therefore the future of the optional drafting note in the Truth  
18 in Advertising campaign will need to be determined by the House of Delegates.

#### 19 20 Summary and Recommendation

21  
22 The Council on Medical Education therefore recommends that the following resolve be adopted in  
23 lieu of Resolution 304-A-22 and the remainder of this report be filed.

24  
25 That our American Medical Association (AMA):

- 26  
27
- 28 1. Encourage continued advocacy to federal and state legislatures, federal and state  
29 regulators, physician credentialing organizations, hospitals, and other interested parties  
30 to define physician board certification as the medical profession establishing specialty-  
31 specific standards for knowledge and skills, using an independent assessment process  
32 to determine the acquisition of knowledge and skills for initial certification and  
33 recertification. (Directive to Take Action)
  - 34 2. Reaffirm the following policy:  
35  
36
    - [H-275.926](#), "Medical Specialty Board Certification Standards"

Fiscal note: \$1000

1 APPENDIX: RELEVANT AMA POLICIES

2  
3 Medical Specialty Board Certification Standards H-275.926

4 1. Our AMA:

5 (1) Opposes any action, regardless of intent, that appears likely to confuse the public about the  
6 unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic  
7 Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any  
8 medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary  
9 to the public good and safety.

10 (2) Opposes any action, regardless of intent, by organizations providing board certification for non-  
11 physicians that appears likely to confuse the public about the unique credentials of medical  
12 specialty board certification or take advantage of the prestige of medical specialty board  
13 certification for purposes contrary to the public good and safety.

14 (3) Continues to work with other medical organizations to educate the profession and the public  
15 about the ABMS and AOA-BOS board certification process. It is AMA policy that when the  
16 equivalency of board certification must be determined, the certification program must first meet  
17 accepted standards for certification that include both a) a process for defining specialty-specific  
18 standards for knowledge and skills and b) offer an independent, external assessment of knowledge  
19 and skills for both initial certification and recertification or continuous certification in the medical  
20 specialty. In addition, accepted standards, such as those adopted by state medical boards or the  
21 Essentials for Approval of Examining Boards in Medical Specialties, will be utilized for that  
22 determination.

23 (4) Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-  
24 BOS board certification, or where board certification is one of the criteria considered for purposes  
25 of measuring quality of care, determining eligibility to contract with managed care entities,  
26 eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice  
27 medicine, or for other purposes. Our AMA also opposes discrimination that may occur against  
28 physicians involved in the board certification process, including those who are in a clinical practice  
29 period for the specified minimum period of time that must be completed prior to taking the board  
30 certifying examination.

31 (5) Advocates for nomenclature to better distinguish those physicians who are in the board  
32 certification pathway from those who are not.

33 (6) Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial  
34 burden on residents related to specialty board fees and fee procedures, including shorter  
35 preregistration periods, lower fees and easier payment terms.

36  
37 Continuing Board Certification D-275.954

38 Our AMA will:

39 1. Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active  
40 engagement in discussions regarding their implementation, encourage specialty boards to  
41 investigate and/or establish alternative approaches for CBC, and prepare a report regarding the  
42 CBC process at the request of the House of Delegates or when deemed necessary by the Council on  
43 Medical Education.

44 2. Continue to review, through its Council on Medical Education, published literature and  
45 emerging data as part of the Council's ongoing efforts to critically review CBC issues.

46 3. Continue to monitor the progress by the American Board of Medical Specialties (ABMS) and its  
47 member boards on implementation of CBC, and encourage the ABMS to report its research  
48 findings on the issues surrounding certification and CBC on a periodic basis.

49 4. Encourage the ABMS and its member boards to continue to explore other ways to measure the  
50 ability of physicians to access and apply knowledge to care for patients, and to continue to examine  
51 the evidence supporting the value of specialty board certification and CBC.

- 1 5. Work with the ABMS to streamline and improve the Cognitive Expertise (Part III) component of  
2 CBC, including the exploration of alternative formats, in ways that effectively evaluate acquisition  
3 of new knowledge while reducing or eliminating the burden of a high-stakes examination.
- 4 6. Work with interested parties to ensure that CBC uses more than one pathway to assess accurately  
5 the competence of practicing physicians, to monitor for exam relevance and to ensure that CBC  
6 does not lead to unintended economic hardship such as hospital de-credentialing of practicing  
7 physicians.
- 8 7. Recommend that the ABMS not introduce additional assessment modalities that have not been  
9 validated to show improvement in physician performance and/or patient safety.
- 10 8. Work with the ABMS to eliminate practice performance assessment modules, as currently  
11 written, from CBC requirements.
- 12 9. Encourage the ABMS to ensure that all ABMS member boards provide full transparency related  
13 to the costs of preparing, administering, scoring and reporting CBC and certifying examinations.
- 14 10. Encourage the ABMS to ensure that CBC and certifying examinations do not result in  
15 substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary  
16 standards for its member boards that are consistent with this principle.
- 17 11. Work with the ABMS to lessen the burden of CBC on physicians with multiple board  
18 certifications, particularly to ensure that CBC is specifically relevant to the physician's current  
19 practice.
- 20 12. Work with key stakeholders to (a) support ongoing ABMS member board efforts to allow  
21 multiple and diverse physician educational and quality improvement activities to qualify for CBC;  
22 (b) support ABMS member board activities in facilitating the use of CBC quality improvement  
23 activities to count for other accountability requirements or programs, such as pay for  
24 quality/performance or PQRS reimbursement; (c) encourage ABMS member boards to enhance the  
25 consistency of quality improvement programs across all boards; and (d) work with specialty  
26 societies and ABMS member boards to develop tools and services that help physicians meet CBC  
27 requirements.
- 28 13. Work with the ABMS and its member boards to collect data on why physicians choose to  
29 maintain or discontinue their board certification.
- 30 14. Work with the ABMS to study whether CBC is an important factor in a physician's decision to  
31 retire and to determine its impact on the US physician workforce.
- 32 15. Encourage the ABMS to use data from CBC to track whether physicians are maintaining  
33 certification and share this data with the AMA.
- 34 16. Encourage AMA members to be proactive in shaping CBC by seeking leadership positions on  
35 the ABMS member boards, American Osteopathic Association (AOA) specialty certifying boards,  
36 and CBC Committees.
- 37 17. Continue to monitor the actions of professional societies regarding recommendations for  
38 modification of CBC.
- 39 18. Encourage medical specialty societies' leadership to work with the ABMS, and its member  
40 boards, to identify those specialty organizations that have developed an appropriate and relevant  
41 CBC process for its members.
- 42 19. Continue to work with the ABMS to ensure that physicians are clearly informed of the CBC  
43 requirements for their specific board and the timelines for accomplishing those requirements.
- 44 20. Encourage the ABMS and its member boards to develop a system to actively alert physicians of  
45 the due dates of the multi-stage requirements of continuous professional development and  
46 performance in practice, thereby assisting them with maintaining their board certification.
- 47 21. Recommend to the ABMS that all physician members of those boards governing the CBC  
48 process be required to participate in CBC.
- 49 22. Continue to participate in the Coalition for Physician Accountability, formerly known as the  
50 National Alliance for Physician Competence forums.



- 1 23. Encourage the PCPI Foundation, the ABMS, and the Council of Medical Specialty Societies to  
2 work together toward utilizing Consortium performance measures in Part IV of CBC.
- 3 24. Continue to assist physicians in practice performance improvement.
- 4 25. Encourage all specialty societies to grant certified CME credit for activities that they offer to  
5 fulfill requirements of their respective specialty board's CBC and associated processes.
- 6 26. Support the American College of Physicians as well as other professional societies in their  
7 efforts to work with the American Board of Internal Medicine (ABIM) to improve the CBC  
8 program.
- 9 27. Oppose those maintenance of certification programs administered by the specialty boards of the  
10 ABMS, or of any other similar physician certifying organization, which do not appropriately  
11 adhere to the principles codified as AMA Policy on Continuing Board Certification.
- 12 28. Ask the ABMS to encourage its member boards to review their maintenance of certification  
13 policies regarding the requirements for maintaining underlying primary or initial specialty board  
14 certification in addition to subspecialty board certification, if they have not yet done so, to allow  
15 physicians the option to focus on continuing board certification activities relevant to their practice.
- 16 29. Call for the immediate end of any mandatory, secured recertifying examination by the ABMS  
17 or other certifying organizations as part of the recertification process for all those specialties that  
18 still require a secure, high-stakes recertification examination.
- 19 30. Support a recertification process based on high quality, appropriate Continuing Medical  
20 Education (CME) material directed by the AMA recognized specialty societies covering the  
21 physician's practice area, in cooperation with other willing stakeholders, that would be completed  
22 on a regular basis as determined by the individual medical specialty, to ensure lifelong learning.
- 23 31. Continue to work with the ABMS to encourage the development by and the sharing between  
24 specialty boards of alternative ways to assess medical knowledge other than by a secure high stakes  
25 exam.
- 26 32. Continue to support the requirement of CME and ongoing, quality assessments of physicians,  
27 where such CME is proven to be cost-effective and shown by evidence to improve quality of care  
28 for patients.
- 29 33. Through legislative, regulatory, or collaborative efforts, will work with interested state medical  
30 societies and other interested parties by creating model state legislation and model medical staff  
31 bylaws while advocating that Continuing Board Certification not be a requirement for: (a) medical  
32 staff membership, privileging, credentialing, or recredentialing; (b) insurance panel participation;  
33 or (c) state medical licensure.
- 34 34. Increase its efforts to work with the insurance industry to ensure that continuing board  
35 certification does not become a requirement for insurance panel participation.
- 36 35. Advocate that physicians who participate in programs related to quality improvement and/or  
37 patient safety receive credit for CBC Part IV.
- 38 36. Continue to work with the medical societies and the American Board of Medical Specialties  
39 (ABMS) member boards that have not yet moved to a process to improve the Part III secure, high-  
40 stakes examination to encourage them to do so.
- 41 37. Our AMA, through its Council on Medical Education, will continue to work with the American  
42 Board of Medical Specialties (ABMS), ABMS Committee on Continuing Certification (3C), and  
43 ABMS Stakeholder Council to pursue opportunities to implement the recommendations of the  
44 Continuing Board Certification: Vision for the Future Commission and AMA policies related to  
45 continuing board certification.
- 46 38. Our AMA, through its Council on Medical Education, will continue to work with the American  
47 Board of Medical Specialties (ABMS) and ABMS member boards to implement key  
48 recommendations outlined by the Continuing Board Certification: Vision for the Future  
49 Commission in its final report, including the development and release of new, integrated standards  
50 for continuing certification programs that will address the Commission's recommendations for

1 flexibility in knowledge assessment and advancing practice, feedback to diplomates, and  
2 consistency.

3 39. Our AMA will work with the ABMS and its member boards to reduce financial burdens for  
4 physicians holding multiple certificates who are actively participating in continuing certification  
5 through an ABMS member board, by developing opportunities for reciprocity for certification  
6 requirements as well as consideration of reduced or waived fee structures.

7 40. Our AMA will continue to publicly report its work on enforcing AMA Principles on  
8 Continuing Board Certification.

9  
10 Continuing Board Certification H-275.924

11 Continuing Board Certification

12  
13 AMA Principles on Continuing Board Certification

14  
15 1. Changes in specialty-board certification requirements for CBC programs should be  
16 longitudinally stable in structure, although flexible in content.

17  
18 2. Implementation of changes in CBC must be reasonable and take into consideration the time  
19 needed to develop the proper CBC structures as well as to educate physician diplomates about the  
20 requirements for participation.

21  
22 3. Any changes to the CBC process for a given medical specialty board should occur no more  
23 frequently than the intervals used by that specialty board for CBC.

24  
25 4. Any changes in the CBC process should not result in significantly increased cost or burden to  
26 physician participants (such as systems that mandate continuous documentation or require annual  
27 milestones).

28  
29 5. CBC requirements should not reduce the capacity of the overall physician workforce. It is  
30 important to retain a structure of CBC programs that permits physicians to complete modules with  
31 temporal flexibility, compatible with their practice responsibilities.

32  
33 6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and  
34 Systems (CAHPS) patient survey are neither appropriate nor effective survey tools to assess  
35 physician competence in many specialties.

36  
37 7. Careful consideration should be given to the importance of retaining flexibility in pathways for  
38 CBC for physicians with careers that combine clinical patient care with significant leadership,  
39 administrative, research and teaching responsibilities.

40  
41 8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or  
42 displaying any information collected in the process of CBC. Specifically, careful consideration  
43 must be given to the types and format of physician-specific data to be publicly released in  
44 conjunction with CBC participation.

45  
46 9. Our AMA affirms the current language regarding continuing medical education (CME): "Each  
47 Member Board will document that diplomates are meeting the CME and Self-Assessment  
48 requirements for CBC Part II. The content of CME and self-assessment programs receiving credit  
49 for CBC will be relevant to advances within the diplomate's scope of practice, and free of  
50 commercial bias and direct support from pharmaceutical and device industries. Each diplomate will  
51 be required to complete CME credits (AMA PRA Category 1 Credit", American Academy of

- 1 Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and/or  
2 American Osteopathic Association Category 1A).”  
3
- 4 10. In relation to CBC Part II, our AMA continues to support and promote the AMA Physician’s  
5 Recognition Award (PRA) Credit system as one of the three major credit systems that comprise the  
6 foundation for continuing medical education in the U.S., including the Performance Improvement  
7 CME (PICME) format; and continues to develop relationships and agreements that may lead to  
8 standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies and  
9 other entities requiring evidence of physician CME.  
10
- 11 11. CBC is but one component to promote patient safety and quality. Health care is a team effort,  
12 and changes to CBC should not create an unrealistic expectation that lapses in patient safety are  
13 primarily failures of individual physicians.  
14
- 15 12. CBC should be based on evidence and designed to identify performance gaps and unmet needs,  
16 providing direction and guidance for improvement in physician performance and delivery of care.  
17
- 18 13. The CBC process should be evaluated periodically to measure physician satisfaction,  
19 knowledge uptake and intent to maintain or change practice.  
20
- 21 14. CBC should be used as a tool for continuous improvement.  
22
- 23 15. The CBC program should not be a mandated requirement for licensure, credentialing,  
24 recredentialing, privileging, reimbursement, network participation, employment, or insurance panel  
25 participation.  
26
- 27 16. Actively practicing physicians should be well-represented on specialty boards developing CBC.  
28
- 29 17. Our AMA will include early career physicians when nominating individuals to the Boards of  
30 Directors for ABMS member boards.  
31
- 32 18. CBC activities and measurement should be relevant to clinical practice.  
33
- 34 19. The CBC process should be reflective of and consistent with the cost of development and  
35 administration of the CBC components, ensure a fair fee structure, and not present a barrier to  
36 patient care.  
37
- 38 20. Any assessment should be used to guide physicians’ self-directed study.  
39
- 40 21. Specific content-based feedback after any assessment tests should be provided to physicians in  
41 a timely manner.  
42
- 43 22. There should be multiple options for how an assessment could be structured to accommodate  
44 different learning styles.  
45
- 46 23. Physicians with lifetime board certification should not be required to seek recertification.  
47
- 48 24. No qualifiers or restrictions should be placed on diplomates with lifetime board certification  
49 recognized by the ABMS related to their participation in CBC.  
50

- 1 25. Members of our House of Delegates are encouraged to increase their awareness of and  
2 participation in the proposed changes to physician self-regulation through their specialty  
3 organizations and other professional membership groups.  
4
- 5 26. The initial certification status of time-limited diplomates shall be listed and publicly available  
6 on all American Board of Medical Specialties (ABMS) and ABMS Member Boards websites and  
7 physician certification databases. The names and initial certification status of time-limited  
8 diplomates shall not be removed from ABMS and ABMS Member Boards websites or physician  
9 certification databases even if the diplomate chooses not to participate in CBC.  
10
- 11 27. Our AMA will continue to work with the national medical specialty societies to advocate for  
12 the physicians of America to receive value in the services they purchase for Continuing Board  
13 Certification from their specialty boards. Value in CBC should include cost effectiveness with full  
14 financial transparency, respect for physicians' time and their patient care commitments, alignment  
15 of CBC requirements with other regulator and payer requirements, and adherence to an evidence  
16 basis for both CBC content and processes.  
17 Mechanisms to Measure Physician Competency H-275.936  
18 Addressing Public Health Disinformation Disseminated by Health Professionals D-440.914

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## **January 23, 2025 OMB Executive Director Comments (As of time of submittal on 1/2/2025):**

### **Statistics**

- Compact applications for MDs and PTs still outpacing regular applications (but NOT renewals).
- As of December 31, 2024, there are 30,528 Total Active Licensees.
- January 2024 through December 2024 OMB processed 25,288 combined applications and renewals (non-compact).
- January 2024 through December 2024 OMB processed 3,472 compact licenses (includes initial and renewals).
- Complaints received as of 12/31/2024-762 (on pace with prior years).
- Complaints opened for Investigation- 127 (on pace with prior years).
- For legal, cases closed with dispositions for 2024- 25 (on pace with prior years).

### **Issues**

#### **Oklahoma Legislation/Interim Studies**

- No further interim studies were conducted since the November 21, 2024, board meeting.
- 2025 bill request deadline occurred with 3,675 bills and resolutions requested in the House of Representatives and Senate. In 2022 there were 3,770 legislative requests made in the House and Senate.
- There were 31 new legislators sworn into the House and Senate. There are two vacancies in the House as two members resigned after the election. Those seats will be filled by special election in the spring.

#### **2025 legislative priorities are being set for the agency:**

- OMB extension of sunset which expires June 30, 2025.
- Canadian licensure problem state fix
  - Individuals who will graduate from Canadian medical schools on or after July 1, 2025, will be able to apply for ECFMG Certification beginning in late spring 2025, prior to the start of the 2026 residency application cycle in the United States. Additional

details and a definitive date when these individuals can begin applying for ECFMG Certification will be provided in a future update. In the interim, these individuals should continue to apply for USMLE exams as planned and based on current policies and procedures.

- Update language on background checks for OSBI/FBI on MD compact.
- These 2025 legislative priorities will be in addition to shepherding the rulemaking of OMB (PA, MD) and Board of Perfusion through the Administrative Rules committees of the House and Senate.

### **2025 Legislative Session Deadlines:**

<b>January 7, 2025</b>	Organizational Day
<b>January 16, 2025 4:00 pm</b>	Deadline to file bills
<b>February 1, 2025</b>	Rulemaking submission deadline
<b>February 3, 2025 Noon</b>	60th Legislature convenes
<b>February 27, 2025</b>	Deadline for Bills and Joint Resolutions to be Reported from Committee of Origin (Senate)
<b>March 13, 2025</b>	Deadline for Third Reading and Final Passage of Bills and Joint Resolutions by the Chamber of Origin (House and Senate)
<b>April 10, 2025</b>	Deadline for House Bills and Joint Resolutions to be Reported from Committee (Senate)
<b>April 24, 2025</b>	Deadline for Third Reading and Final Passage of Bills and Joint Resolutions by the Opposite Chamber (House and Senate)
<b>May 30, 2025 5:00 p.m.</b>	Sine Die Adjournment of the First Session of the 60th Legislature

### **Other legislative issues (OMB providing guidance/input):**

- **Medical Spa and IV Therapy legislation**

- **Alternative Licensing Model for foreign medical graduates** – OU and the bill author have reached out for technical assistance. OU and OSU will attend the January OMB Board meeting to present on this topic and answer questions.
- **Required CME for MDs, DOs and Podiatrists recommending medical marijuana**-OMMA is introducing legislation requiring recommending providers to register with OMMA. CME will also be required. OMB provided technical assistance.

### **Status of Executive Orders:**

EO 2024-14 issued June 17, 2024, created the Governor’s Task force on Licensing Efficiency. The data catalog was filed and accepted for all 3 Boards. There were three scheduled meetings of the Task Force with two being conducted. Since the November 2024 Board meeting, the final Task Force meeting was held December 17, 2024, and amendments to the report were accepted. The Task Force report was produced on Dec 31st. The report is attached in the Board Notebook immediately following this Executive Directors report with general recommendations but no recommendations that specifically reference OMB. The Task Force recommendations start on Page 7 of the report. The report can also be found at the following link <https://oklahoma.gov/content/dam/ok/en/omes/documents/EILReport20241231.pdf>

EO 2024-29 **issued December 18<sup>th</sup>, 2024**, ends the option of remote work and requires all state employees to return to their respective offices by Feb. 1, 2025. This includes those employees working in hybrid (not fully remote) positions. “This transition from telework to in-person collaboration will help promote successful government operations and accountability.” There is a pathway for exceptions.

### **Rulemaking**

- Administrative Rule changes for Physician Assistants and Medical Doctors were adopted by this Board, submitted to and accepted by the Secretary of State. Submission was well ahead of the February 1, 2025, deadline for submittal to the Legislature. Next step is to meet with the

Administrative Rules Chairs (House & Senate) to explain the purpose of the rules.

- Board of Examiners of Perfusionists – A separate board from OMB, but OMB staff, along with Maddy Martin in the AG’s office, conducted rulemaking with the Board. These rules were also submitted to and accepted by the Secretary of State.
- Year-round rulemaking in 2025.

### **Federal**

- The annual **National Defense Authorization Act (NDAA)** (H.R. 5009), introduced by Rep. Dave Joyce (R-OH)- The bill amends the Servicemembers’ Civil Relief Act mandating that states recognize professional licenses held by servicemembers and military spouses (“shall be considered valid for the scope of practice in the State of the new residence”) when they relocate due to military order. The reciprocating state **may, however, conduct a background check** and issue a temporary license if it cannot issue a reciprocal license within 30 days “that confers the same rights, privileges, and responsibilities as a permanent license.” Subsection (e) also references licenses granted through interstate compacts, which are “subject to the requirements of [the] compact or the applicable provisions of law of the applicable State” and defines “covered licenses” as being in good standing in the issuing state, have not been revoked or faced license discipline, and have no investigations pending (§ 587).
  - The bill passed the House (281-140) on December 11 and the Senate (83-12) on December 16. As of December 23, it is on the President’s desk awaiting his signature.
  - Licensing has reviewed the statutory language, and Oklahoma is compliance with the requirements in the way we currently process servicemember and military spouse applications.
- **American Relief Act, 2025 provides 90 Day Extension of Telehealth Flexibilities through March 31, 2025** (Section 3207)
  - The extension preserves critical telehealth services for Medicare beneficiaries. Patients will continue to access virtual care for behavioral health, chronic condition management, preventive

services, and more. These flexibilities also waive geographic and originating site restrictions, ensuring that care can be delivered in patients' homes, regardless of location.

- Additionally, the bill maintains Medicare reimbursement parity for telehealth services, allowing providers to receive equivalent payments for virtual and in-person visits. This provision is crucial for encouraging providers to offer telehealth services without financial disincentives.

### **Operational**

- Participated in Center for Telehealth and E Law Fall Summit in December where I presented on the topic of “State-by-State Insights: Analyzing CTeL’s 50 State Telehealth Surveys on payment parity and prescribing.”
- **Personnel**-We have hired and onboarded the Deputy Director. The new Board Secretary, appointed at the November meeting, Dr. Brian Boggs, has been onboarded and has begun his training with Dr. Billy Stout.
- Productive meeting occurred with OMES State CIO Aleta Seeman on database modernization. Discussions with vendors continue.
- **PA Compact status** – Compact Commissioner Valeska Barr attended a commissioner meeting on December 17<sup>th</sup>. The next meeting will be in person on January 29<sup>th</sup> to continue prioritize rulemaking for the PA Compact.
- **IMLCC** – As the IMLCC Commissioner for OMB, I participated in a regularly scheduled meeting of the Rules Committee.





# OKLAHOMA

STATE OF OKLAHOMA  
EFFICIENCY IN LICENSING TASK FORCE

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EFFICIENCY IN LICENSING TASK FORCE FINAL REPORT

2024

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## TASK FORCE MEMBERS

**SUSAN WINCHESTER, Chairwoman**  
*Secretary of Licensing and Regulation*

**RICK ROSE**  
*Director, Office of Management and Enterprise Services*

**WILL MILAM**  
*Secretary of State Josh Cockroft designee*

**LESLIE OSBORN**  
*Commissioner of Labor*

**JAY DOYLE**  
*Chief Executive Officer, Service Oklahoma*

**JERRY MOORE**  
*State Chief Transformation Officer*

**AMY MILLER**  
*Interim State Chief Information Officer designee*

**REPRESENTATIVE GERRID KENDRIX**  
*Speaker of the House Charles McCall appointee*

**REPRESENTATIVE MIKE OSBURN**  
*Speaker of the House Charles McCall appointee*

**SENATOR JULIE DANIELS**  
*Senate President Pro Tempore Greg Treat appointee*

**SENATOR ALLY SEIFRIED**  
*Senate President Pro Tempore Greg Treat appointee*

## STATE OF OKLAHOMA EFFICIENCY IN LICENSING TASK FORCE

The Honorable Governor J. Kevin Stitt, Senate President Pro Tempore Lonnie Paxton and Speaker of the House Kyle Hilbert:

Realizing that unnecessary restrictions hinder job creation, Governor Stitt issued [Executive Order 2024-14](#) directing all state agencies to compile an electronic catalog of licenses currently being issued in Oklahoma. The catalog was to include a description of the license issued, the fees charged for the license, the method by which licensing applications are received and the justification for requiring the license. In addition, the order created the Efficiency in Licensing Task Force to examine and simplify the occupational licensing process for working Oklahomans.

While utilizing the catalog created, the Task Force was charged to study, evaluate, and make recommendations regarding current policies and programs and to propose legislation that would simplify the process of securing a state-issued license, eliminate barriers to professional opportunities and lower the costs associated with obtaining a license.

The eleven members of the Task Force worked over several months to determine the recommendations we propose in our report. We recognize the purpose of occupational licensing is to protect the health, safety and welfare of the public while ensuring the integrity of the trades and occupations

It is imperative we make the licensing process in Oklahoma easy, accessible and affordable and sincerely hope the recommendations we have proposed move Oklahoma forward.

Respectfully,

*The Oklahoma Efficiency in Licensing Task Force*



**FILED**  
 June 17, 2024  
**Secretary of State**  
**State of Oklahoma**

J. Kevin Stitt  
 Office of the Governor  
 State of Oklahoma

**EXECUTIVE DEPARTMENT**  
**EXECUTIVE ORDER 2024-14**

WHEREAS, breaking the red tape that hinders job creation and eliminating barriers to professional opportunities remain priorities for my administration; and

WHEREAS, simplifying state-issued licenses processes and lowering costs will remove unnecessary barriers for those seeking to enter the workforce in Oklahoma.

NOW THEREFORE, I, J. Kevin Stitt, Governor of the State of Oklahoma, pursuant to the power and authority vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution, and to the fullest extent permitted by law, hereby order as follows:

1. Each “state agency”<sup>1</sup> (hereinafter “Agency”) that issues licenses shall compile an electronic catalog<sup>2</sup> of the types of licenses it issues and electronically submit that catalog to the Executive Director of the Office of Management and Enterprise Services (“OMES”) within sixty (60) days of the effective date of this Executive Order. At minimum, the catalog shall include:
  - a. A description of each type of license issued by the Agency, the term thereof, and the statutory, regulatory, or other basis therefor;
  - b. The fee charged by the Agency for each type of license and the statutory, regulatory, or other basis therefor;
  - c. The method by which the Agency receives applications for each type of license (e.g., paper, electronic, etc.) and when that method was last significantly updated;
  - d. The Agency’s analysis of and arguments justifying the need for each type of license issued by the Agency.
2. The Efficiency in Licensing Task Force (the “Task Force”) is hereby created. An organizational meeting of the Task Force shall be held not later than sixty (60) days after the effective date of this Executive Order. Using the catalogs generated pursuant to Section 1 above, the Task Force shall study evaluate, and make recommendations regarding policies and programs and propose legislation that will:

<sup>1</sup> In this Executive Order, “state agency” means, as it does in 61 O.S. § 327(A), “any department, board, commission, institution, or agency or entity of state government.”

<sup>2</sup> An electronic catalog template will be distributed to Agency heads along with a copy of this Order.

- a. Simplify the process of securing state-issued licenses, including but not limited to through the consolidation of the State's agencies, boards, and commissions;
- b. Eliminate barriers to professional opportunities; and
- c. Lower the costs associated with securing a state-issued license to work.

The Task Force shall electronically submit to the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives a report on or before December 31, 2024, detailing its findings and recommendations.

The Task Force shall be composed of eleven (11) members determined as follows:

- a. The Executive Director of OMES or designee;
- b. The Secretary of Licensing and Regulation or designee;
- c. The Secretary of State or designee;
- d. The Commissioner of Labor or designee;
- e. The Chief Executive Officer of Service Oklahoma or designee;
- f. The State Chief Transformation Officer or designee;
- g. The State Chief Information Officer or designee;
- h. Two (2) members to be appointed by the President Pro Tempore of the Senate; and
- i. Two (2) members to be appointed by the Speaker of the House of Representatives.

The Governor shall designate from among the appointees a Chair of the Task Force. The Chair shall have the authority to create committees and name committee chairs to facilitate the work of the Task Force and shall have the authority to appoint Task Force members and non-members to serve on committees. The Task Force shall meet as often as deemed necessary by the Chair allowing for timely completion of its work. A majority of the members shall constitute a quorum for the purpose of conducting the business of the Task Force. Members, including those appointed to committees who are not members of the Task Force, shall serve without compensation.

OMES shall provide staff and administrative support for the Task Force. All executive departments, officers, agencies, and employees of the State shall cooperate with the Task Force, including providing any information, data, records, and reports as may be requested.

- 3. Nothing in this Executive Order shall be construed to impair or otherwise affect the authority granted to an Agency by the Oklahoma Constitution, the Oklahoma Statutes, or the Oklahoma Administrative Code. Further, this Executive Order does not create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the State, its Agencies or agents, or any other person.
- 4. If any provision of this Executive Order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this Executive Order and



the applicability of its other provisions to any other persons or circumstances shall not be affected thereby.

5. This Executive Order shall be distributed to each member of the Task Force specifically identified herein and to each person appointed to a Task Force Committee.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 17th day of June, 2024.

**BY THE GOVERNOR OF THE STATE OF OKLAHOMA**



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ATTEST:



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Josh Cockroft, Secretary of State



## LICENSING EFFICIENCY TASK FORCE REPORT

Occupational licensing is the process by which the state legislature grants an agency or board the power to enforce and maintain licensing requirements for people providing regulated, professional or occupational services. A licensure board is typically made up of individuals from the profession or occupation being licensed and who will accept and review applications or oversee the administration of certain requirements for licensure. The powers and the organization of the licensing body are created by the Legislature.

### Purpose:

The purpose of occupational licensing is to protect the health, safety and welfare of the public while ensuring the integrity of trades. Both the public and the trades are protected through establishing minimum standards of quality and expertise which is important to a functioning community. However, trades and occupations should not rely on their license as the sole indicator of credibility for the industry.

### Benefits

Occupational licensing ensures integrity of the profession or occupation and protects the public. Individuals may seek to become licensed as a move toward greater professionalism. Consumers benefit as they can research information through a licensing entity before seeking services. Licensing creates incentives for individuals to invest in increased training and skill development for higher quality services and also builds community and cohesiveness within an occupation and standardizes work functions.

### Downside

Occupational licenses act as **a barrier to entry and prosperity** for many people to perform certain professions. These barriers decrease the ability of people to be gainfully employed which in turn decreases the availability of services for consumers and leads to higher prices. While it is important for legislators to protect the health and safety of the public, many times occupational licenses are required for reasons other than health and safety, and there are more effective and less restrictive ways of regulating a profession.

Oklahoma ranks 43<sup>rd</sup> in per capita income. Any barrier to entering the workforce is problematic and reduces the potential income for an employee. Data from the Census Bureau 2023 American Community Survey shows Oklahoma's poverty rate was 15.9%, the nation's sixth highest.

It is imperative we make the licensing process in Oklahoma as easy, as accessible, and as affordable as possible.

## **BACKGROUND**

### History of Licensing Reform in Oklahoma

The 2011 Oklahoma Legislature enacted legislation ([SB 772](#)) to establish the "Business and Professional License Facilitation Task Force". The Task Force was charged with identifying steps needed for Oklahoma to implement a **centralized government model for professional licensing**. Its report detailed the benefits of other states' "One Stop Shop" licensing models and proposed a phased in approach for implementing a similar structure for Oklahoma.

In 2017, Governor Fallin through [E/O 2016-39](#), created the Oklahoma Occupational Licensing Task Force to review occupational licensing and provide recommendations for the potential removal of license requirements that do not promote the health and/or safety of Oklahomans and are unreasonable barriers to Oklahoma workers' workforce entry.

The Task Force found a state of complete disarray in licensing review and administration and recommended further analysis of licenses by an independent entity utilizing an "Occupational Regulation Blueprint" to review the necessity, utility and impact of existing licensing regulations. The study resulted in passage of [SB 1475](#) during the 2018 legislative session which created the Occupational Licensing Advisory Commission, as well as twelve additional recommendations, three of which have been put into law: creating a publicly available directory of Oklahoma's occupational licenses, recognition of comparable licenses issued by other states for individuals relocating in Oklahoma and opening certain occupations or professions to individuals with prior criminal records.

The Occupational Licensing Advisory Commission functioned for four years and was subsequently sunset after all state licensing agencies had been evaluated.

In 2019, Oklahoma contracted with Guidehouse, a consulting group, to conduct an agency collaboration assessment for the Oklahoma Executive Branch. Their recommendations included combining a majority of all licensing agencies within the state and moving those agencies to a newly created Cabinet of Licensing and Regulation. Other recommendations included combining certain agencies with similar missions under one board as well as the elimination of certain agencies all together.

In 2022, the Legislative Office of Fiscal Transparency (LOFT) was asked to evaluate the public benefits and costs of occupational licensing and to examine both the expenditures and accountability of Oklahoma's licensing entities. LOFT published their [report and recommendations](#) in October 2022.

Licensing restructure was also a focus of legislative interest during the 2024 Legislative Session. Bills introduced included: [HB 3167](#) by Rep. Kerbs and Sen. Hall; [SB 1444](#) and [SB 1379](#) by Sen. Bergstrom; and [SB 1764](#) by Sen. Garvin. None of the bills were enacted into law.

Following the legislative session, Governor Stitt continued the evaluation of occupational licensing in Oklahoma by issuing [Executive Order 2024-14](#) directing all state agencies to compile an electronic catalog of the licenses they issued including a description of the license, the fees charged, the method by which licensing applications are received and the justification for requiring the license. In addition, the order created the Efficiency in Licensing Task Force to examine and simplify the occupational licensing process for working Oklahomans.

While a tremendous amount of research has been accomplished since 2011, only a few of the recommendations have been put into place. In order to address the Governor's charge through his Executive Order, the Task Force on Licensing Efficiency makes the following recommendations.

## **RECOMMENDATIONS**

Executive Order 2024-14 charged the Task Force, while utilizing the catalog generated pursuant to Sec. 1 to study, evaluate and make recommendations regarding policies and programs and propose licensing that will: simplify the process of securing state-issued licenses, including but not limited to the

consolidation of the State's agencies, boards and commissions; eliminate barriers to professional opportunities; and, lower the costs associated with securing a state-issued license to work.

Simplify the process of securing state-issued licenses, including but not limited to the consolidation of State's agencies, boards and commissions.

1. Beginning with the 2011 Task Force and continuing through both the 2017 Task Force as well as the report from LOFT have each recommended creating an "Centralized Agency" for handling the licensing process. Currently, Service Oklahoma provides a variety of licensing services for the state of Oklahoma. The Task Force recommends having Service Oklahoma provide a 2-year strategic plan outlining current services and projecting future services that could be implemented within licensing agencies.
2. Following the suggestion of the 2011 "Business and Professional License Facilitation Task Force", examine licensing structures from other states like the Utah Division of Professional Licensing and Certification and determine if this is a structure that works for Oklahoma. Other viable examples include the New Hampshire Office of Professional Licensing and Certification, the Missouri Division of Professional Registration, or the Virginia Department of Health Professions and create a similar structure for Oklahoma.
3. Recreate a Commission similar to the former Occupational Licensing Advisory Commission and expand the responsibilities of the Commission to include not only the review of agency licenses but also a review of the purpose and function of its boards and advisory committees; whether the board encourages public participation in its decision making processes; whether consumer concerns about the operations of the boards are adequately addressed; and, whether there are opportunities for improving board management.
4. Examine the elimination or consolidation of boards, commissions and advisory committees with careful consideration for boards primarily composed of members who are active practitioners within the areas they regulate. The US Supreme Court has held that boards may be subject to greater scrutiny and will require active state supervision if they are composed of a controlling number of market participants.
5. If not centralized, agencies could be combined into industry-specific groups. If this is an option, we recommend adding an assigned elected or appointed-and-confirmed State official with the duty to review and the power to overrule agency board actions.
6. Examine whether similar existing boards are licensing the same if not similar licenses and if so, eliminate the duplication.
7. Determine if there are similar boards with similar missions and if so, combine the boards.

Eliminate barriers to professional opportunities

1. Recognizing the need for a centralized resource to provide businesses with all necessary licensing information for starting operations, it is recommended to build upon the efforts already initiated by the Department of Commerce. Additionally, it is important to acknowledge that other agencies/entities may have similar initiatives in progress, and these efforts should be coordinated to ensure alignment and efficiency. Specifically, the Department is encouraged to collaborate with stakeholders across government agencies and the community to develop a comprehensive, user-friendly resource. Making this centralized resource accessible through multiple platforms and locations is also recommended to maximize its usability and reach.

2. Excessive occupational licensing may unnecessarily harm individuals who are aspiring to work, including low-income Oklahomans. High barriers to an occupation may create a poverty trap and force more people to rely on government assistance. Evaluate unnecessary and underutilized licenses and recommend rule or statute changes by having the legislature create both a sunrise and sunset review process and ensure the review process is shielded from special interest lobbying efforts.
3. Evaluate the steps needed to meet licensing requirements including but not limited to hours of professional education, testing requirements, continuing education and language barriers and include a comparison of other states' regulation of similar occupations.
4. Initiate additional legislation that further recognizes the occupational license, work experience and/or private certification obtained by a worker in another state when applying for an occupational license.
5. While it is imperative for essential workers to be able to move and work across state lines during emergencies the demand for workers from other states exists outside pandemics. Evaluate the temporary emergency measures put into place during the recent pandemic and formalize these measures into permanent legislation or rules.
6. Encourage licensing agencies to explore and implement additional compact or reciprocity agreements with other states.

Lower the costs associated with securing a state-issued license to work

1. Non-appropriated licensing agencies fund their operations with user fees paid by the licensee. The largest expenditure within the agencies includes employee compensation and administrative costs (office leases, legal, information technology, services provided by other state agencies). Combining agencies within a centralized format would reduce these costs significantly.
2. Conduct a comparative analysis of licensing fees imposed by the states surrounding Oklahoma and implement fees that are reflective.
3. Evaluate the statutory authority to set fees and make changes if needed.
4. Ensure that all agencies can provide total on-line licensing capabilities.
5. Immediately institute multi-year licensing.
6. Implement a licensing structure that offers a variety of ways for applicants to apply for a license making it easier for applicants to apply and reduce the complexity of the process.
7. Allow state agencies/boards to accept credit cards for payment on site. Currently, agencies are allowed to accept credit cards only through the online renewal system. For those appearing in person for assistance with a license must pay with either a check or money order. Agencies are not allowed to accept cash due to state auditing standards.



**AUGUST 15, 2024 MEETING MINUTES**



*EILTF, Aug. 15, 2024, SM Minutes*

**Efficiency in Licensing Task Force  
Office of Management and Enterprise Services  
Special Meeting Minutes  
Senate Conference Room 4s.9  
2300 N. Lincoln Blvd., Oklahoma City, OK 73105  
Thursday, August 15, 2024, 10:30 AM**

A meeting notice was filed with the Secretary of State, and the agenda was posted in accordance with the Open Meeting Act.

**MEMBERS PRESENT:**

Susan Winchester, Chairwoman, Secretary of Licensing and Regulations  
Joe McIntosh, State Chief Information Officer  
Will Milam, Secretary of State designee  
Leslie Osborn, Commissioner of Labor  
Jay Doyle, Chief Executive Officer of Service Oklahoma  
Katie DeMuth, Interim Director of Office of Management Enterprise Services (OMES)  
Jerry Moore, State Chief Transformation Officer  
Senator Julie Daniels, District 29, Senate President Pro Tempore, designee  
Representative Gerrid Kendrix, District 52, Speaker of the House, designee  
Representative Mike Osburn, District 81, Speaker of the House, designee

**MEMBERS ABSENT:**

Senator Ally Siefried, District 2, Senate President Pro Tempore, designee

**GUESTS:**

Beverly Hicks, OMES	Danna Fowble, OKFBAA/OPA
Mathew LaFon, DGC, OMES	Jim Dunlap, OSMA
Jacob Walker, OMES	Liz Searock, ODOL
Danielle Burk, OMES	Will Roberts, Realtors
Nitasha Devan, OMES	Shawn Lepard, Lepard Group
David Oakley, LegisOK	Jennifer Leppard, Lepard Group
LeRoy Young, DO. ODA	

**1. Call to order:**

Secretary Winchester called the special meeting to order at 10:30 a.m., reaffirming the task force's commitment to transparency. She was advised that a meeting notice was filed with the Secretary of State, and the agenda was posted in accordance with the Open Meeting Act.

**2. Roll Call and announcement of a quorum:**

A roll call was taken, and a quorum was established.



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### **3. Welcome/introductions:**

Chairwoman Winchester welcomed task force members and guests to the meeting. Each member present gave an introduction of themselves. An overview of the task force's objectives and responsibilities was given at the meeting.

### **4. Presentation on the Oklahoma Open Meeting Act:**

Task force attorney Matthew LaFon gave task force members an overview of the Oklahoma Open Meeting Act law.

### **5. Review of Executive Order 2014-14:**

Chairwoman Winchester gave an overview of Executive Order 2014-14, which addresses Efficiency in Licensing. The Task Force members then discussed efficiency improvements. The Task Force was formed by EO 2024-14 to evaluate and make recommendations to simplify state licensing. Task Force members have been asked to identify barriers to licensing, simplify the process, and lower licensing fees.

Each agency has been asked to provide the Office of Management and Enterprise Services (OMES) director with a list of licenses they administer. From the executive order's signature, agencies have sixty (60) days to comply and provide their list electronically. A report will be created that captures the task force's work and recommendations and will be submitted to the Governor, Senate President Pro Tempore, and the Speaker of the House of Representatives no later than December 31, 2024.

### **6. Status Updates: Agency Submissions**

Danielle Burk and Jacob Walker from OMES gave a presentation on initial catalog submissions. They discussed progress and challenges faced by agencies regarding process and legislation.

Ms. Burk reported that OMES had received 52 reports from state agencies as of this meeting. She is aware of 195 agencies/boards that need to report and 138 that need to send in a submission. Given the responses received at that time, OMES was able to analyze submissions from 30 agencies.

Ms. Burk introduced her colleague, Jacob Walker, who explained the metrics of the OMES process of catalog submissions to task force members.

Mr. Walker reported that, according to the information received at the time these metrics were put together, OMES had 30 agencies that reported. Of those agencies, 272 fees were identified, including initial application and annual renewal fees, with a median renewal amount of \$100. The median was chosen for that metric as some high-cost renewal fees skewed the mean. The average



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initial was \$350.67. With the initial rounds of information OMES was provided, they created a donut chart representing how submissions and applications were submitted to the agencies.

Ms. Burk clarified for task force members that OMES is not clear in the submissions what online or electronic fees are. The submissions say electronic, but OMES does not know if that means they have a system, if they are submitting it via email, or exactly how they are submitting it. It is the information that was submitted.

Ms. Burk reported that all agencies in the state are expected to send a report to OMES on whether they are licensed or not. If agencies are licensed, they are expected to submit a submission of their license and fees. If agencies are not licensed, they need to inform OMES. Of those submissions analyzed before the meeting, 164 license applications had online submission processes, 52 application processes had both online and paper submission options, 30 were paper submissions, 17 were paper currently but actively working on systems to update to online submission, and 7 had paper on email submissions.

Commissioner Osborn informed task force members that the Department of Labor's (ODOL) review found that out of all submissions, only 42 agencies issue occupational licenses, which is updated on the ODOL website. She believes those agencies regarding occupational licensing, which, with the Council of State Governments work done by Representative Mike Osburn and Senator Adam Pugh, put Oklahoma directly in the mean or median of the United States.

## **7. Feedback and Recommendations:**

Chairwoman Winchester received initial feedback on submitted catalogs. Task force members discussed identifying common issues and potential solutions.

Task Force member Commissioner Osborn mentioned that the Department of Labor undertook an initiative to identify and quantify occupational licenses and have resources she will provide to the group. She referenced the Workforce Innovation and Opportunity Act (WIOA) website as a good data source.

It was discussed whether centralizing licensing would be a good idea or something this task force considers recommending. Most agencies lose money on licensing, so centralizing may not be the ideal solution, as licensing would have to be apportioned in the budget. Some agencies may be non-apportioned and rely on the fees to generate revenue.

## **8. Next Steps:**

Chairwoman Winchester discussed a timeline for final catalog submissions and preparation for the next meeting on October 24, 2024, at 1:30 p.m. Information will be sent to Danielle Burk by next Tuesday, August 20, 2024. Then, the final report will be finalized by December 31, 2024.



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Task Force member Jay Doyle inquired about what applications must be submitted in person, how far away applicants live from the office where they can submit their application, the terms of licenses, and how many times they might be able to be renewed.

Commissioner Osborn will send task force members for background knowledge four short, concise PDF reports that show the Department of Labor's work each year. Links and summaries can be found on the Oklahoma Department of Labor (ODOL) website: <https://oklahoma.gov/labor.html>.

Chairwoman Winchester mentioned that she attended some of Commissioner Osborn's meetings, which were well worth attending, particularly the presentations by each agency head. The information they submitted is very valuable.

Task Force members shared the metrics and data they would like to see with OMES. OMES will contact the three licensing vendors, per SW1182, that agencies can select from to answer questions received and assemble a demonstration of their capabilities for the next meeting.

Task Force member Senator Daniels said, just as the Office of Administrative Rules has updated and revised its approach and standardized the solution of potential rules, are we talking about standardizing the licensing process in the separate boards, commissions, and agencies or, as an alternative, centralizing that? Will these vendors speak to both of those alternatives?

Task Force member State Chief Information Officer Joe McIntosh answered yes. The vendors have done this across several states and will be able to speak to how they will accomplish it at the next meeting.

## **9. Discussion and Possible Action Regarding Future Meeting Presentations and Potential Subgroups:**

Chairwoman Winchester led the discussion on committee subgroups.

CIO McIntosh recommended creating subcommittees focused on collecting information from task force members so that decisions can be made as quickly as possible. This will help OMES clarify its goals, which will ultimately be delivered in the final report.

Jay Doyle moved to establish three task force subcommittees: one focused on simplifying the process of securing state-issued licenses, another focused on eliminating the barriers to obtaining those licenses, and the third focused on lowering the costs and focused on getting the cost obtained simplified. Sen. Daniels seconded the motion. The following votes were recorded, and the motion passed.

Mr. McIntosh, aye; Mr. Milam, aye; Comm. Osborn, aye; Mr. Doyle, aye; Ms. DeMuth, aye; Mr. Moore, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.





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In addition, Task Force member State Chief Transformation Officer Jerry Moore recommended a fourth subcommittee on data collection and analytics.

Mr. Moore moved to establish an additional subcommittee focused on data collection and formatting of the data. Rep. Osburn seconded the motion. The following votes were recorded, and the motion passed.

Mr. McIntosh, aye; Mr. Milam, aye; Comm. Osborn, aye; Mr. Doyle, aye; Ms. DeMuth, aye; Mr. Moore, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.

**10. Adjournment:**

There being no further business, Sen. Julie Daniels made the motion to adjourn. Rep. Gerrid Kendrix seconded the motion. Seeing no opposition, the meeting adjourned at 11:13 a.m.

**NOVEMBER 25, 2024 MEETING MINUTES**



**Efficiency in Licensing Task Force**  
**Office of Management and Enterprise Services**  
**Special Meeting Minutes**  
**Senate Conference Room 4s.9**  
**2300 N. Lincoln Blvd., Oklahoma City, OK 73105**  
**Thursday, November 25, 2024, 10:30 AM**

A meeting notice was filed with the Secretary of State, and the agenda was posted in accordance with the Open Meeting Act.

**MEMBERS PRESENT:**

Susan Winchester, Chairwoman, Secretary of Licensing and Regulations  
 Amy Miller, Interim State Chief Information Officer Aleta Seaman designee  
 Will Milam, Secretary of State Josh Cockroft designee  
 Daniel Mares, Commissioner of Labor Leslie Osborn designee  
 Jay Doyle, Chief Executive Officer of Service Oklahoma  
 Rick Rose, Director of Office of Management Enterprise Services (OMES)  
 Jerry Moore, State Chief Transformation Officer  
 Senator Julie Daniels, District 29, Senate President Pro Tempore, designee [Attended remotely]  
 Representative Gerrid Kendrix, District 52, Speaker of the House, designee  
 Representative Mike Osburn, District 81, Speaker of the House, designee

**MEMBERS ABSENT:**

Senator Ally Siefried, District 2, Senate President Pro Tempore, designee

**GUESTS:**

Beverly Hicks, OMES	Mark Steinagel [Participated remotely]
Mathew LaFon, DGC, OMES	Tricia Everest [Listened remotely]
Chad Gorshing, OMES	Bonnie Campo [Listened remotely]
Danielle Burk, OMES	Tony DeSha [Listened remotely]
Steven Birkes, OMES	Cathy Kirkpatrick [Listened remotely]
David Oakley, LegisOK	
Diana Duran, LegisOK	

**1. Call to order:**

Secretary Winchester called the special meeting to order at 10:30 a.m. She confirmed that a meeting notice had been filed with the Secretary of State and that the agenda had been posted in accordance with the Open Meeting Act.

**2. Roll Call and announcement of a quorum:**

A roll call was taken, and a quorum of the task force members was established.

**3. Discussion and possible action on approval of special meeting minutes from Aug. 15, 2024:**



Jay Doyle moved to approve the meeting minutes of August. Jerry Moore seconded the motion. The following votes were recorded, and the motion passed:

Will. Milam, aye; Daniel Mares, aye; Amy Miller, aye; CEO Doyle, aye; Dir. Rose, aye; CTO Moore, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Sec. Winchester, aye.

#### **4. Welcome and Introductions:**

Chairwoman Winchester welcomed task force members and guests in person and those attending the meeting online.

#### **5. Presentation on the Oklahoma Open Meeting Act and Videoconference Requirements:**

Task force attorney Matthew LaFon gave task force members an overview of the Oklahoma Open Meeting Act law addressing the video conference requirements.

#### **6. Presentation by Mark Steinagel from Utah Department of Commerce, Division of Professional Licensing:**

Chairwoman Winchester introduced Mark Steinagel, who joined the meeting remotely. She mentioned that he has been a valuable source of information for her over the past three years and invited him to present at this meeting. She also noted that he had previously been a presenter at the Governor's Summit on Licensing.

Mr. Steinagel is the Division Director of the Utah Division of Professional Licensing within the Utah Department of Commerce. He has held this position since June 2009. Prior to his current employment, he was the Director of the Utah Division of Real Estate and a policy analyst with the Utah State Legislature.

Mr. Steinagel has extensive expertise in professional regulation across dozens of professions in the following areas: management of a large "umbrella" professional regulatory agency, engagement in professional licensing policy with lawmakers and other stakeholders and directing professional licensing reform efforts. He has been involved in thousands of high-level discussions with the Utah State Legislature and Governor's Office addressing professional regulation.

Mr. Steinagel is also a Board Member of the Council for Licensure Enforcement Administration and Regulation (CLEAR) and participated in the NCSL/NGA/CSG National Licensing Consortium. He has served as an interstate compact commissioner for the Interstate Medical Licensure Compact and the Physical Therapy Compact. Mark has a master's degree in public administration from Brigham Young University. His passion is government improvement that benefits Utah's citizens.

Mr. Steinagel presented to the task force members on professional licensing in response to marketing needs. In response to Chairwoman Winchester's questions, he discussed the creation of



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his agency, which consolidated licensing into one department. He also addressed the structure of his agency, shared any challenges he faced, and reflected on what he might do differently. Additionally, he talked about the scope of his investigators' coverage across various licensing areas and offered recommendations for Oklahoma.

Mr. Steinagel shared with task force members on the topic of creating a unified department for licensing under the Utah Department of Commerce. His presentation aimed to simplify administrative processes and enhance responsiveness to regulatory needs.

Mr. Steinagel outlined the structure of the proposed centralized agency, highlighting its advantages, including cost efficiencies and greater control over licensing practices. He acknowledged the challenges faced during implementation, such as ensuring adequate resources and authority to effectively oversee various professions.

Key discussions included the historical context of licensing in Utah, particularly the collaboration and leadership roles among professions. He referenced the importance of understanding the scope of work and the need for a comprehensive review of existing licensing positions and structures.

Mr. Steinagel also raised critical questions about enterprise solutions, emphasizing the necessity of evaluating costs and barriers in the licensing process. He encouraged task force members to consider how Utah's experiences and strategies could inform potential improvements in Oklahoma's licensing framework.

In conclusion, Mr. Steinagel's insights provided a valuable perspective on the potential for streamlined licensing practices and the importance of leadership and collaboration across professions.

*Mr. Rose exited the meeting at 10:30 a.m.*

**7. Review of the Occupational Licensing Advisory Commission (OLAC) a. November 2024 Reference Guide by Commissioner Leslie Osborn:**

Daniel Mares, Deputy General Counsel of the Department of Labor, attended the meeting on behalf of Labor Commissioner Osborn. He provided a brief synopsis of the report and presented task force members with a bound copy of the November 2024 Oklahoma Occupational Licensing Advisory Commission's (OLAC) reference guide compiled by Commissioner Osborn. The report covers the years 2016 to 2021, with the section for 2016 to 2018 compiled by former Labor Commissioner Melissa Houston. This guide serves as a comprehensive resource for licensing analysis, recommendations, and historical review.

**8. Presentation on the catalog compiled as a result of Executive Order 2024-14:**





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Danielle Burk, an IS Systems Analyst with the Office of Management and Enterprise Services (OMES), provided task force members with a handout on the license catalog report information she compiled in response to Executive Order 2024-14.

Ms. Burk presented an overview of her report on the licensing catalog. She reported that 61 agencies in Oklahoma issue various types of licenses. OMES has received a comprehensive digital catalog from these state regulatory entities, providing valuable insights into Oklahoma's licensing landscape.

The data reveals a total of 976 distinct licenses, encompassing both professional and categories, such as those for activities like hunting and fishing. This catalog serves as a foundation resource for understanding the scope and complexity of licensing in Oklahoma. The most common term length for a license is 1 year.

Ms. Burk informed task force members that some licenses have fees associated with obtaining or renewing them. In her report, she provided a list of licenses that include additional fees.

Ms. Burk reported that some agencies have various submission methods for each license. At least 282 of these licenses can be submitted through multiple methods. In her report, she provided a graph illustrating the methods for submitting applications and renewals. The bar on the graph labeled 'electronic.' is used as an overarching label to describe submissions received through web applications, NMLS, NABP, NIPR, and other state-wide licensing solutions. Some licenses can only be renewed in person, while paper submissions can be made by phone (fax), in person, or by U.S. mail.

Ms. Burk emphasized the importance of this catalog as a foundation resource for understanding licensing requirements and processes in Oklahoma.

#### **9. Review and discussion on subcommittee meetings and activities:**

Chairwoman Winchester provided task force members with a brief overview of the notes she prepared from the subcommittee meetings for their review. She thanked the task force members who volunteered and participated in the four subcommittees.

Ms. Winchester encouraged task force members to let her know if any issues arise after they review her notes.

#### **10. Next Steps - Preparation for the next meeting on December 17<sup>th</sup> - Final Report:**

Chairwoman Winchester gave an overview of expectations for the special meeting on December 17<sup>th</sup>, which will be the task force's final meeting. The final report is due to the Governor, President Pro Tempore of the Senate, and Speaker of the House of Representatives by December 31, 2024.



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Chairwoman Winchester asked staff to reach out to vendors and request a 30-minute video demonstration/presentation of their product for task force members to review before the next meeting.

**11. Discussion on Agenda Items - Question and answers - Additional comments from Task Force members:**

Ms. Winchester reiterated her appreciation for Mark Steinagel's presentation given earlier in the meeting.

**12. Adjournment:**

There being no further business, CTO Moore made the motion to adjourn. Rep. Kendrix seconded the motion. The following votes were recorded, and the motion passed:

Will. Milam, aye; Daniel Mares, aye; Amy Miller, aye; CEO Doyle, aye; Dir. Rose, aye; CTO Moore, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Sec. Winchester, aye

Seeing no opposition, the meeting adjourned at 11:45 a.m.

**DECEMBER 17, 2024 MEETING MINUTES**



*EILTF, Dec. 17, 2024, SM Minutes*

**Efficiency in Licensing Task Force  
Office of Management and Enterprise Services  
Special Meeting Minutes  
Senate Conference Room 4s.9  
2300 N. Lincoln Blvd., Oklahoma City, OK 73105  
Tuesday, December 17, 2024, 10:30 AM**

**UNOFFICIAL**

A meeting notice was filed with the Secretary of State, and the agenda was posted in accordance with the Open Meeting Act.

**MEMBERS PRESENT:**

Susan Winchester, Chairwoman, Secretary of Licensing and Regulations  
Amy Miller, Interim State Chief Information Officer Aleta Seaman designee  
Will Milam, Secretary of State Josh Cockroft designee  
Leslie Osborn, Commissioner of Labor  
Jay Doyle, Chief Executive Officer of Service Oklahoma  
Jerry Moore, State Chief Transformation Officer  
Senator Julie Daniels, District 29, Senate President Pro Tempore designee  
Senator Ally Siefried, District 2, Senate President Pro Tempore, designee  
Representative Gerrid Kendrix, District 52, Speaker of the House, designee

**MEMBERS ABSENT:**

Rick Rose, Director of Office of Management Enterprise Services (OMES)

**GUESTS:**

Beverly Hicks, OMES	Diana Duran, LegisOK
Mathew LaFon, DGC, OMES	Alex Fairbanks, Deloitte
Joe Lucas, TRAO	Pat Kohler, Deloitte
Danielle Burk, OMES	
Steven Birkes, OMES	
Beth Vincent, OSBOE	

**1. Call to order:**

Secretary Winchester called the special meeting to order at 10:35 a.m. She confirmed that a meeting notice had been filed with the Secretary of State and that the agenda had been posted in accordance with the Open Meeting Act.

**2. Roll Call and announcement of a quorum:**

A roll call was taken, and a quorum of the task force members was established.

**3. Discussion and possible action on approval of special meeting minutes from Nov. 25, 2024:**

Rep. Gerrid Kendrix moved to accept the meeting minutes of November. Sen. Julie Daniels seconded the motion. The following votes were recorded, and the motion passed:

Will. Milam, aye; Comm. Osborn, aye; Amy Miller, aye; CEO Doyle, aye; CTO Moore, aye;  
Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.

**4. Welcome and Introductions:**



Chairwoman Winchester welcomed task force members and guests to the meeting. She thanked the members for their work on the report and especially wanted to thank Labor Commissioner Leslie Osborn, Representative Mike Osburn, Service Oklahoma Chief Executive Officer Jay Doyle, and the Office of Management and Enterprise Services Chief Transformation Officer Jerry Moore for their instrumental contributions.

**5. Discussion and possible action to approve the proposed final report of the Efficiency in Licensing Task Force:**

Chairwoman Winchester referenced the subcommittee notes from October 22, 2024, “(1) provide for streamlining the process of starting a business, through the creation of a website or other accessible means in order to make it easier for citizens to start a business in the state.”

Secretary Winchester mentioned a suggestion discussed previously about the Department of Commerce possibly handling it but did not specify who would take action. She asked the members if they wanted to add this as a formal suggestion, keep it open-ended, or propose creating a website.

Mr. Moore commented a couple of weeks ago that the Department of Commerce launched a website specifically designed to streamline the application process by consolidating all permits in one place. Suggesting that this resource may already be in place.

Senator Daniels commented that the Secretary of State’s Office, where all business-related documents are located, and the Commerce website are two places where individuals could go to access it or at least be informed about it.

Commissioner Leslie Osborn mentioned that she met with the State Fire Marshal two weeks ago. They observed that many individuals attempting to start a business or purchase a commercial building in rural areas face challenges, such as Laverne, Oklahoma, often lacking a central point of contact, leading to confusion as people invest significant resources but may not follow consistent guidelines.

Ms. Osborn noted that the Labor Commission is working with Mike Fina, Executive Director of the Oklahoma Municipal League and the Municipal Association, to explore potential resources and packages. This effort aims to simplify the process for individuals in rural areas, ensuring that they check for the necessary permits before beginning renovations. She highlighted that state agencies and associations can work together to disseminate information effectively, as associations may have more efficient methods of outreach than state agencies. This is another area of focus for their ongoing efforts.

Mr. Doyle proposed a recommendation recognizing the need for a centralized resource to provide businesses with all necessary licensing information for starting operations, it is recommended to build upon the efforts already initiated by the Department of Commerce. Additionally, it is important to acknowledge that other agencies/entities may have similar initiatives in progress, and these efforts should be coordinated to ensure alignment and efficiency. Specifically, the Department is encouraged to collaborate with stakeholders across government agencies and the community to develop a comprehensive, user-friendly resource. Making this centralized resource





accessible through multiple platforms and locations is also recommended to maximize its usability and reach.

- 1) Sen. Julie Daniels moved to approve the recommendation made by member Jay Doyle to be added to the final report. Rep. Mike Osburn seconded the motion. The following votes were recorded, and the motion passed:

Will Milam, aye; Leslie Osborn, aye; Amy Miller, aye; Jay Doyle, aye; Jerry Moore, aye; Sen. Siefried, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.

- 2) Rep. Gerrid Kendrix moved to require legislative approval for major rule changes that have an impact above a certain financial level added to the final report. Sen. Julie Daniels seconded the motion. The following votes were recorded, and the motion passed:

Will Milam, aye; Leslie Osborn, aye; Amy Miller, aye; Jay Doyle, aye; Jerry Moore, aye; Sen. Siefried, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.

Chairwoman Winchester deferred to task force counselor Matthew Lafon, who suggested corrections and grammatical changes made to the report. The deputy general counsel of OMES shared his comments and suggested revisions to the draft to be incorporated into the final report.

- 3) Rep. Mike Osburn moved to approve the final report with the corrections made by Counselor LaFon. Rep. Gerrid Kendrix seconded the motion. The following votes were recorded, and the motion passed:

Will Milam, aye; Leslie Osborn, aye; Amy Miller, aye; Jay Doyle, aye; Jerry Moore, aye; Sen. Siefried, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.

*Sen. Siefried entered the meeting at 10:39 a.m.*

#### **6. Discussion and possible action on authorizing the inclusion of the unapproved minutes of this meeting into the final report:**

Comm. Leslie Osborn moved to approve the unapproved December 17, 2024, meeting minutes into the final report. Rep. Mike Osburn seconded the motion. The following votes were recorded, and the motion passed:

Will. Milam, aye; Comm. Osborn, aye; Amy Miller, aye; CEO Doyle, aye; CTO Moore, aye; Sen. Siefried, aye; Sen. Daniels, aye; Rep. Kendrix, aye; Rep. Osburn, aye; Sec. Winchester, aye.

#### **7. Final thoughts and closing remarks:**

Chairwoman Winchester conveyed her gratitude to task force members for their hard work. She made known the final additions that will be incorporated into the report: a cover letter and index.



*EILTF, Dec. 17, 2024, SM Minutes*

Ms. Winchester asked the members if they had any final thoughts or suggestions. She expressed her appreciation for the legislative branch on the Task Force, as this will be placed on their shoulders.

Senator Daniels commented that she is very motivated by these changes. She had no idea that so much work had been done prior to this. While she was aware of Commissioner Osborn's Occupational Licensing Commission and the work they had done, she noted that where there had been gaps in knowledge, the legislature followed through with that. People have recognized the need to address these issues for a long time. She looks forward to the next couple of legislative sessions and hopes to take what this task force has done, along with previous efforts, and get it past the finish line for the benefit of all. She thanks the members for their expertise and Secretary Winchester for leading the effort.

Chairwoman Winchester shared a quote she found from 1928 by the head of the budget department for Oklahoma, who was very concerned about the licensing process. An extreme number of boards and commissions had already been created, and at that time, there were thirty-eight. There have been a lot of references since that time over where we are, and she hopes they will begin to address some of those concerns moving forward.

Representative Kendrix expressed appreciation for the task force's efforts and highlighted the importance of creating a centralized process to help constituents navigate issues, as many feel lost on where to start. He identified the administrative rules process as a major obstacle in licensing and emphasized the need for reforms. He invited collaboration with Senator Bergstrom on addressing these issues in the upcoming legislative session, expressing optimism about making significant changes. He concluded by thanking everyone for their time and contributions.

**8. Adjournment:**

There being no further business, Rep. Kendrix made the motion to adjourn. Rep. Osburn seconded the motion. Seeing no opposition, the meeting adjourned at 10:50 a.m.

**OCTOBER 9, 2024**

**SUBCOMMITTEE MEETING NOTES**

## EFFICIENCY IN LICENSING TASK FORCE

Subcommittee Meeting  
Tuesday, October 9, 2024

Task Force Members attending included Susan Winchester, Secretary of Licensing and Regulation; Jerry Moore, Chief Transformation Officer; Rick Rose, Executive Director Office of Management and Enterprises Services; Joe McIntosh, Chief Information Officer

Subcommittee Members met to discuss the various pieces of research dealing with licensing efficiency that had already been created and released over the past twelve years including the 2012 “Business and Professional License Facilitation Task Force Report”, the 2018 “Occupational Licensing Task Force Report”, and the reports generated by the Occupational Advisory Commission reports from 2019-2022.

Notes/Recommendations

### 1. License Optimization & Evaluation

- **Eliminate Unnecessary Licenses:** There is a focus on reviewing and reducing unnecessary licenses on an annual basis.
- **Criteria for Public Interest Protection:** Use the [Occupational Licensing Blueprint](#) to define criteria for licenses that ensure they serve the public interest and require appropriate certification and training.
- **Annual Licensing Review:** The team agrees that we should perform a license review each year to ensure relevance and eliminate redundancy. Note: The OLAC also recommended that 25% of the +225 licenses be reviewed annually.

### 2. Fee Structure and Accessibility

- **Fee Structure Evaluation:** Assess whether the current fee structure creates artificial barriers for citizens, especially if the agencies generate revenue through licensing fees. Consider whether the fee structure is needed, could be more flexible, or inclusive.
- **Online Accessibility:** Explore making licenses easier to obtain by transitioning more processes online.
- **Acceptance of Out-of-State Licenses:** Consider accepting licenses from out-of-state applicants to make doing business in Oklahoma easier.

### 3. Review of Recommendations and Taskforces

- **Occupational Licensing Commission:** Review the commission’s recommendations from the last four years and check whether they were implemented. This may involve going through meeting minutes and votes. See summarized the meeting minutes from the [Occupational Licensing Review Board from 2019 – 2021](#). **For those that participated, would you consider this summary to be an accurate reflection?**
- **2017 Taskforce:** Review the [2018 OLAC Taskforce Report](#), which includes recommendations dating back to the 2012 taskforce. There may already be a blueprint for improvements.

### 4. Consolidation of Licensing Entities



- **One Centralized Entity:** Explore whether there is additional opportunity to consolidate licensing entities under an overarching board or entity, or if some should remain independent.
- **Service Oklahoma:** Should Service Oklahoma be the agency to run licensing?
- **Redundancy Identification:** Identify redundancies across different agencies or licenses that can be streamlined or consolidated.

#### 5. Executive Order & Future State Planning

- **Executive Order (EO):** Draft an EO to implement these recommendations, requiring every agency to justify the need and cost of the licenses they grant.
- **Business Process Changes:** The license-granting entities will need to modernize and change their processes to align with the future state of licensing.
- **Timeframe:** Define the timeframe for this transition.

#### 6. Role of Secretary of Licensing

- **Authority to Act:** Instead of creating another board, give Secretary of Licensing the authority to oversee the implementation of these recommendations and make decisions on behalf of the state.

**7. Draft Executive Order:** Working on a draft executive order for recommendations to streamline occupational licensing and foster economic growth

#### Documents Referenced:

- [Occupational Licensing and Advisory Commission](#) – This is the link to the Occupational Licensing and Advisory Commission site
- [Occupational Licensing Blueprint](#) – The Occupational Licensing Blueprint provides a structured roadmap for evaluating and regulating occupational licenses, focusing on whether licensing is necessary to protect a compelling public interest (e.g., public health, safety, fundamental rights, or fiduciary interests). It guides decision-makers through key questions
- [2018 OLAC Taskforce Report](#) – 2018 Occupational Licensing Taskforce Report
- [Summary of the OLAC meeting minutes.docx](#) – meeting minutes from the Occupational Licensing Review Board from 2019 – 2021

As a follow-up item, I suggested to those in the meeting they also review the 2022 Legislative Office of Fiscal Transparency (LOFT) Report on Non-Appropriated Agencies.



**OCTOBER 22, 2024**

**SUBCOMMITTEE MEETING NOTES**

## EFFICIENCY IN LICENSING TASK FORCE

Subcommittee Meeting  
Tuesday, October 22, 2024  
4:00 p.m., Secretary of State Conference Room

Task Force Members attending included Susan Winchester, Secretary of Licensing and Regulation, Senator Julie Daniels, Senator Ally Seifried, Representative Mike Osburn, and Service Oklahoma Executive Director Jay Doyle.

Guests attending were Diedra O'Neil, Service Oklahoma and Deborah Torres, Office of the Secretary of State.

Members of the Task Force met to discuss two of the subcommittees approved at the August 14, 2024, meeting: Simplifying the process of securing state-issued licenses and the elimination of barriers to professional opportunities.

Director Doyle suggested several ideas from his experience with Service Oklahoma and the incorporation of two separate agencies into their organization. Those ideas included:

- Providing customers with a variety of options when applying for and renewing licenses and permits
- Using basic universal terms to provide citizens with a list of required items necessary to complete the licensing process as well as a step-y-step process to follow for the license/permit they are requesting
- Making it possible for an agency to receive digital requests and/or document submissions from involved partners, such as doctors or educational institutions helping minimize the number of trips needed to acquire needed documentation for the application
- Providing a way for customers to see where they are within the licensing process
- Giving customers a choice of how they apply for a license including in person, online or at a kiosk
- Giving customers a single sign-on OPTION as well as the ability to opt out of single sign-on with the ability to apply or renew in one stop or as few stops as possible

At the conclusion of the discussion, members asked that moving forward we (1) provide guidelines for streamlining the process of starting a business, through the creation of a website or other accessible means in order to make it easier for citizens to start a business in the state following a step by step process and (2) Ask Service Oklahoma to create a strategic plan for the consolidation of services for the future.

**NOVEMBER 13, 2024**

**SUBCOMMITTEE MEETING NOTES**

## EFFICIENCY IN LICENSING TASK FORCE

Subcommittee Meeting

November 13, 2024

Secretary of State's Conference Room

Attending the meeting were: Susan Winchester, Secretary of Licensing and Regulation; Josh Cockroft, Secretary of State; Nitasha Rose, Deputy Secretary of State; Brian Bobeck, Chief Operating Officer; Deborah Torres, Senate Legislative Affairs Manager; and Robert Stout, House Legislative Affairs Manager.

The meeting was conducted virtually with Reeve Bull, Director Office of Regulatory Affairs for the State of Virginia. Mr. Bull discussed the current structure of the Virginia Office of Regulatory Affairs and the progress they were making in the areas of licensing reform.

### ORM Promotional Materials

- [“One-Pager”](#) on Regulatory Reduction
- [“One-Pager”](#) on Regulatory Economic Analysis
- ORM “Top 10” Cost-Saving Actions (see attached document—please hold close for now as some of these numbers are not yet public [will be covered in an op ed coming out in the next day or two])

### ORM Working Documents/Resources

- [Executive Order 19](#) (creation of ORM and regulatory reduction mandate)
- [Executive Order 39](#) (permitting and licensing Reform)
- [Virginia Permit Transparency](#) website (and predecessor [DEQ PEEP](#) website)
- [Regulatory Reduction Guide](#) (and associated [example](#) of regulatory requirement counting)
- [Regulatory Economic Analysis Manual](#) (gives agencies the tools needed to do regulatory cost-benefit analysis)
- [Procedures on Guidance](#) (explains what a guidance document is and how guidance documents can be streamlined)
- [Unified Regulatory Plan](#) (lists all anticipated regulatory actions in the coming fiscal year)

### Outside Resources

- [ALEC Model Bill Creating an ORM](#) (if Oklahoma would like to create a version of ORM by statute, this is a great resource to use--[Caleb Taylor](#) of the Virginia Institute for Public Policy is leading this effort and would be delighted to speak with you if interested)
- [Reeve Bull WLF Article](#) (early publication that describes how the Virginia model works)
- Reeve Bull/Alex Adams [Podcast](#) & [Article](#) (compares reforms in Virginia and Idaho)
- [Cato article](#) on the positive ROI of regulatory reform
- [Matthew Nolan Article](#) on benefits of sunseting and cost-benefit analysis
- [Cicero State-by-State Analysis](#) of regulatory reform efforts



**CONFIDENTIAL WORKING PAPERS OF THE GOVERNOR**



**OFFICE OF REGULATORY MANAGEMENT (ORM) MAJOR COST SAVINGS**

**Topline Statistics**

Regulatory reductions under Executive Order (EO) 19 have already saved Virginians **over \$1.27 billion**. Of those savings, **\$1.21 billion** are annual (i.e., they'll recur every year) and \$60 million are one-time savings. Another \$6.7 million represents savings to state government agencies.

**Top 10 Regulatory Reduction Wins**

1. Department of Housing and Community Development (**DHCD**) saved Virginians **\$723 million** annually by amending the Virginia Statewide Building Code. These changes reduce the construction cost of a new house by approximately **\$24,000**.
2. Department of Professional and Occupational Regulation (**DPOR**) saved Virginians **\$179 million** annually by reducing agency-wide license processing time from 33 business days on average to 5 business days.
3. Department of Environmental Quality (**DEQ**) saved Virginia businesses **\$124.2 million** annually [by modernizing the Stormwater Management Handbook](#).
4. Virginia Marine Resources Commission (**VMRC**) saved Virginia businesses **\$47 million** annually [by moving to a more streamlined process for permits governing subaqueous beds](#).
5. Department of Professional and Occupational Regulation (**DPOR**) saved Virginians **\$27 million** annually [through the Tradesman Eligibility Amendment](#). DPOR created a new residential tradesman license for the HVAC and plumbing trades that reduces entry qualifications for individuals seeking tradesman licenses, including reducing required training by 33% and experience by 50%.
6. Department of Professional and Occupational Regulation (**DPOR**) saved Virginians **\$25 million** annually by translating twenty contractor and tradesman examinations into Spanish, which expands the supply of contractors.
7. Department of Professional and Occupational Regulation (**DPOR**) saved Virginians **\$25 million** annually by [adopting Universal License Recognition \(ULR\)](#).
8. Department of Environmental Quality (**DEQ**) saved Virginia businesses **\$15 million** annually by [modernizing the Virginia Runoff Reduction Method Compliance Spreadsheet User's Manual](#).
9. Department of Professional and Occupational Regulation (**DPOR**) saved Virginians **\$14.7 million** annually for five years through [Contractor Eligibility Amendment](#). DPOR reduced the experience requirements for Class C contractor licenses by 50%.
10. Department of Environmental Quality (**DEQ**) saved Virginia businesses **\$13.5 million** annually by reissuing a general permit (which is less costly to obtain than a general permit) for the [VPDES Stormwater Construction Permit](#).



**NOVEMBER 18, 2024**

**SUBCOMMITTEE MEETING NOTES**

## **EFFICIENCY IN LICENSING TASK FORCE**

Subcommittee Meeting

November 18, 2024

Secretary of State's Conference Room

Members of the Task Force attending were Secretary of Licensing and Regulation Susan Winchester and Deputy Secretary of State Nitasha Rose.

Also attending were Deborah Torres, Senate Legislative Affairs Manager, and Robert Stout, House Legislative Affairs Manager.

Representing Americans for Prosperity and providing the presentation were John Tidwell, Bradley Ward, and Michael Morrison.

The presentation centered on legislative oversight through introduction of a REINS Act (Regulation from the Executive in Need of Scrutiny) Act. The policy purpose is to require legislative approval for "major" rules that have an economic impact above a certain financial threshold. The provisions give elected officials and by extension the voters who elect them more of a voice in the establishment of rules and regulations.

The reforms through this legislation are forward-looking and as a result, only apply to newly proposed rules. It gives lawmakers the opportunity to prevent the implementation of overly burdensome regulations, providing an important check on the often-unrestrained power of the administrative branch to implement laws at their discretion.

Americans for Prosperity had provided a similar presentation during a recent Interim Study and are hoping to see the legislation introduced during the upcoming legislative session.

# Regulations by the Numbers



## Regulations Hinder Economic Prosperity

Increasing government regulations and licensing fees in Oklahoma drive up costs for businesses and consumers, hindering economic prosperity. These regulatory burdens impose significant financial and administrative burdens on businesses, leading to higher prices for goods and services. By imposing strict rules and bureaucratic hurdles, governments can inadvertently suppress

entrepreneurship and economic growth, ultimately undermining the fundamental principles of a free enterprise system.

Oklahoma's administrative code has over **142,000** regulatory restrictions

Streamlining regulations and reducing licensing fees will lower costs, encourage business growth, and ultimately foster a more prosperous economic environment in Oklahoma.

### Oklahoma Regulation by the Numbers



In FY24, 57 non-appropriated agencies, boards and commissions budgeted over \$2 billion for writing and enforcing regulations on Oklahoma workers and businesses.<sup>1</sup>



There are state-mandated entry requirements for over 200 occupations in Oklahoma: one of the highest rates in the nation.



Oklahoma's energy sector is regulated by approximately 35,000 restrictions.

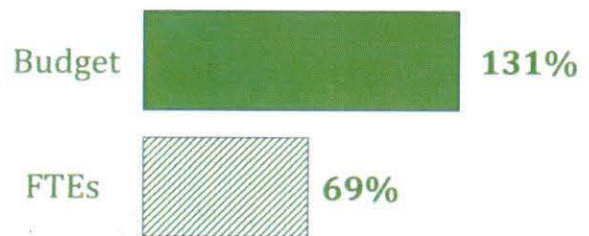


Average of 405 days lost to required training (15<sup>th</sup> highest in the nation).



Average occupational licensing fee is \$307 (18<sup>th</sup> highest in the nation). Some licenses are as high as \$2,000.

Oklahoma Regulatory Agencies Growth (2014 - 2024)



Source: Bradley Ward, Ph.D.'s analysis based on data from OMES

<sup>1</sup> Bradley Ward, Ph.D.'s analysis based on data from OMES.



## Policy Recommendation: REINS Act



# Restoring Oversight through Regulations from the Executive in Need of Scrutiny (REINS)

## WHAT IS REINS?

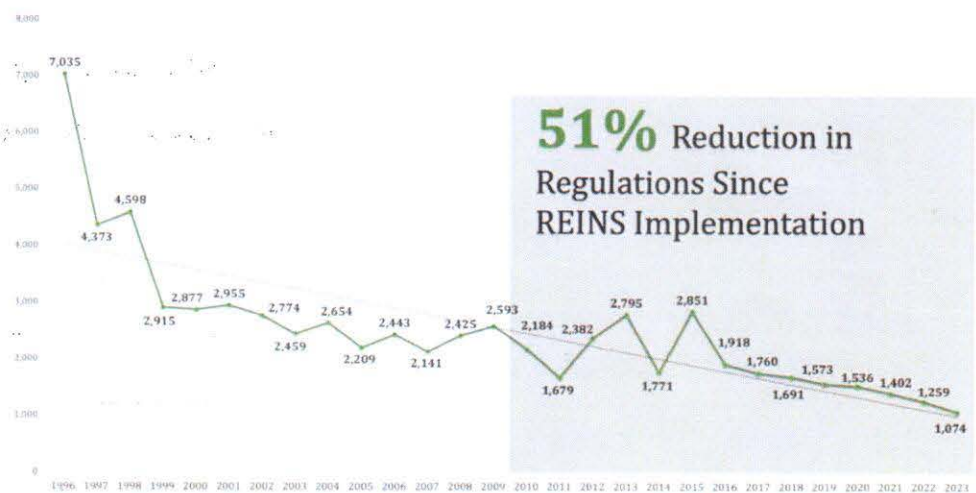
One tool for instituting more oversight by legislative branches is a REINS (Regulations from the Executive in Need of Scrutiny) Act. The policy aims to require legislative approval for “major” rules that have an economic impact above a certain threshold, such as \$1 million per year in the case of a state-level regulation. This tool gives elected officials, and by extension the voters which elect them, more of a voice in the establishment of rules and regulations.

This reform is forward-looking, and as such would only apply to newly proposed rules. It gives lawmakers the opportunity to prevent the implementation of overly burdensome regulations, providing an important check on the often virtually unrestrained power of the administrative branch to implement laws at their discretion.

## POLICY RECOMMENDATIONS IN ACTION

In 2010, Florida passed a state-level version of the REINS Act which requires legislative approval for any rule that would cost businesses or taxpayers more than \$1 million.

To ensure regulators appropriately weigh the potential economic costs of the proposed rules, the legislation gives the state legislature the power to request an independent economic impact analysis of a proposed rule.



Source: Bradley Ward, Ph.D.'s analysis based on data from Florida Joint Administrative Procedures Committee

The Florida REINS Act does not prevent agencies from enacting new regulations; it is designed to ensure that new rules with a major impact on the economy face scrutiny by elected officials, who are accountable to the voters.

Bradley Ward, Ph.D.  
Deputy State Director

bward@afphq.org





# THREE ESSENTIAL PILLARS OF REGULATORY REFORM

## THE INDISPENSABLE SEPARATION OF POWERS

The proper separation of government powers is foundational to American liberty and democracy, representing the genius of the founding generation. To better protect individual liberty, our federal and state constitutions divide government's most coercive powers by granting limited authority to each branch, together with other checks aimed at keeping each type of power separated. Under this plan, the legislature has the sole power to make our laws, the executive has the sole power to enforce laws, and judges have the final power to interpret laws when they decide cases and controversies in their courts.

However, that constitutional separation—the greatest achievement of American government upon which our flourishing depends—has been significantly undermined and sometimes grossly violated. The worst examples include when the legislature delegates sweeping lawmaking authority to regulatory agencies and others to write regulations with the force of law, and when judges improperly defer to the executive branch's interpretation of law—including the executive's interpretation of its own powers.

Fully restoring the constitutional separation of powers is critical to promoting liberty and protecting individuals from governmental overreach. State legislators should focus on three key pillars of regulatory reform to return each branch to its proper lane and prevent any one branch from straying from its constitutionally assigned task or gaining too much unchecked power.

### I. MEANINGFUL LEGISLATIVE OVERSIGHT OVER REGULATORY AGENCIES

Regulatory agencies staffed by unelected bureaucrats write many more binding rules than the laws enacted by the legislature; such regulations often impose crippling civil or even criminal penalties on businesses and individuals. Instead of just filling in minor gaps in laws, some grants of rulemaking authority are alarmingly broad and amount to lawmaking. Without focused legislative oversight, regulatory agencies seriously undermine the legislature's core function and upset the balance of power between the branches. Personal liberty always suffers when government power is so concentrated.

#### A. Legislative Joint Committee on Administrative Rules

To restore accountability for agency rules, legislators need more effective oversight tools to ensure agencies stay within the permissive bounds of authority, and that agencies don't issue abusive rules that would never pass the legislative process. A legislative Joint Committee on Administrative Rules (JCAR) exists in many states to conduct systematic review of administrative rules. Almost any JCAR is better than none, but some JCARs have more practical and powerful tools than others.

For oversight to be meaningful, legislators need actionable information and analysis throughout the year when agency rules are proposed and issued. A JCAR focused on regulatory review, and which meets year-round, can keep pace with the regulatory edicts imposed on citizens. Without a JCAR or similar committee, most rules will escape oversight entirely—or receive only cursory review long after they have gone into effect. Moreover, a JCAR ensures that legislators, who are more sensitive to the concerns and liberties of



their constituents, have meaningful input in the regulatory process and can evaluate matters that agency regulators may have discounted or not considered at all.

### **B. Targeted legislative review of major rules**

A few state legislatures must approve all, or almost all, rules before they go into effect. That is an excellent way to satisfy the separation of powers ideal. Yet there is a concern that such a practice in other states could lead to mass rubberstamping of rules or other harms, if vital rules are not affirmed. Even so, there are ways to approximate the legislative ideal. Targeted legislative review requires or significantly aids the legislature to vote on every “major rule” (a threshold defined by the legislature) proposed by administrative agencies before they take effect. That’s especially effective when the legislature earmarks a small portion of the regulatory agency’s budget to fund an independent economic and regulatory analysis staff in the legislature. By focusing on major rules, the legislature’s professional staff and legislative members can ensure the people’s elected representatives have the final say over the most significant rules that impact the daily affairs of individuals and businesses. In short, targeted legislative review ensures the legislature retains its core lawmaking power while agencies are left to fill in smaller regulatory gaps.

### **C. Sunset review**

Sunset review of rules (which is similar to sunset review of laws) requires the legislature to review agency rules on a periodic basis and determine if they should be retained, reformed, or repealed. Excessive rules clutter the regulatory code, imposing needless costs and uncertainty on personal and business activities. When too many rules build up over time without being repealed, economic growth slows down, fewer businesses open, and wealth inequality is increased as excessive rulemaking disproportionately burdens low-income households. Sunset review ensures that burdensome and ineffective rules are eliminated and not left to needlessly clutter the regulatory code.

## **II. EXECUTIVE ACCOUNTABILITY: ACCOUNTABILITY IN RULEMAKING ACT**

Rules that have the force of law should be signed by the governor just like any other law. Far too often, however, state rules are signed by unelected bureaucrats who are not democratically accountable to anyone. American democracy requires lawmakers to be directly accountable to the people. When unelected bureaucrats make rules, they need not consider everyone’s best interests or concerns, because citizens have no way of removing them from office. Rulemaking by unaccountable bureaucrats also enables higher-level executives, including those who are democratically elected, to avoid accountability for these rules. Even when a governor appoints the agency heads, it’s much more difficult to claim he or she did not know a much-criticized rule was issued if the governor is required to approve the rule before it takes effect.

## **III. JUDICIAL INTEGRITY: JUDICIAL DEFERENCE REFORM ACT**

Despite judges’ constitutionally assigned duty to interpret the law independently and without bias—many judges regularly violate that duty. In many states, the judiciary has abdicated its obligation of fairness by deferring instead to regulatory agencies’ interpretation of a statute, regulation, or guidance document. This happens even when an agency’s interpretation conflicts with a court precedent or with a prior interpretation by that same agency. As then-Judge (now Justice) Neil Gorsuch explained, deference allows an agency to “reverse its current view 180 degrees anytime based merely on the shift of political winds and still prevail [in court].” To ensure the judiciary understands and does not shirk its duty, the legislature should require judges to interpret statutes, regulations, and other documents without giving any deference to an agency’s legal interpretation. If the text is still unclear, even after the judge exhausts all customary interpretive tools, the judge should default to a reasonable interpretation which limits agency power and maximizes individual liberty. The tie should go to the citizen, not the government.





**REINING IN THE  
ADMINISTRATIVE STATE  
THROUGH EFFECTIVE  
REGULATION REFORM**

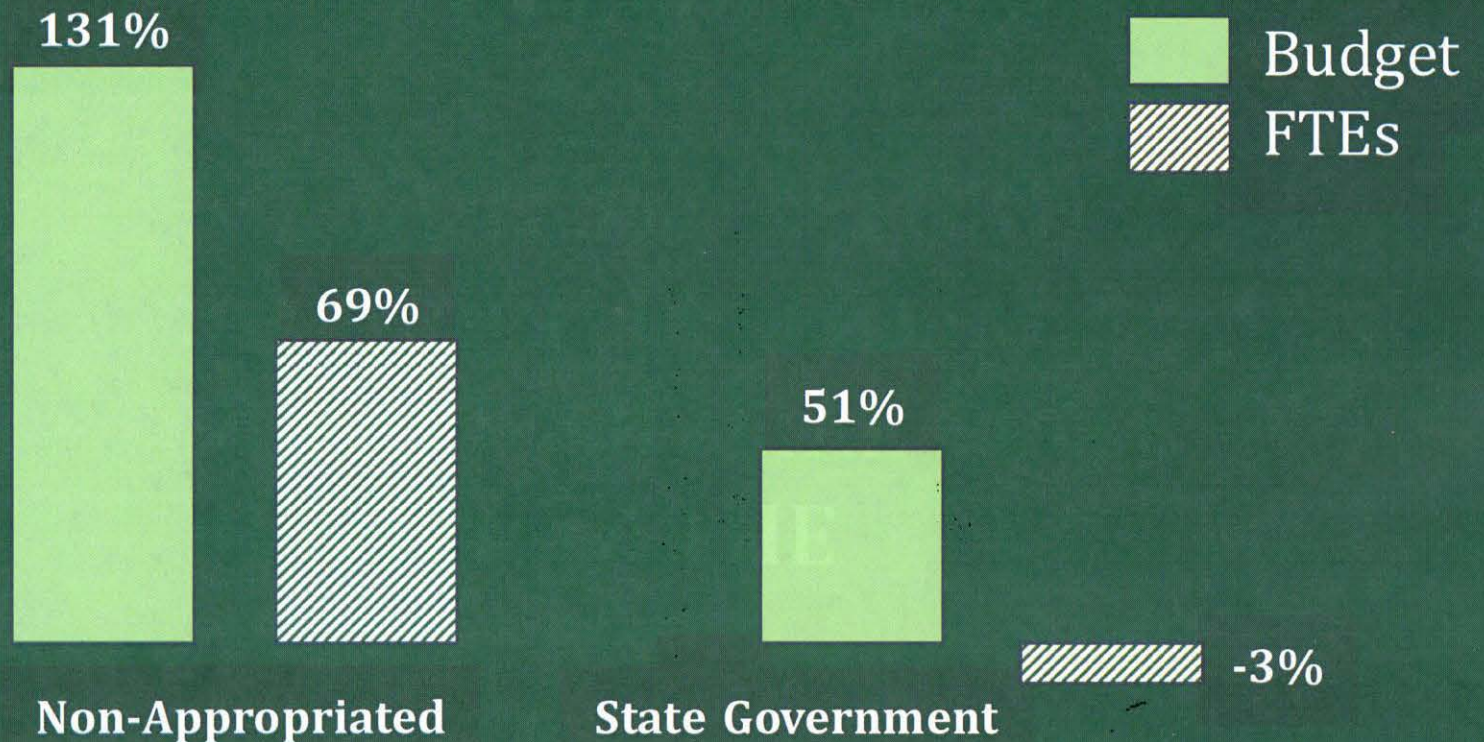
**INTERIM STUDY 24-001**

**Bradley Ward, Ph.D.  
bward@afphq.org**

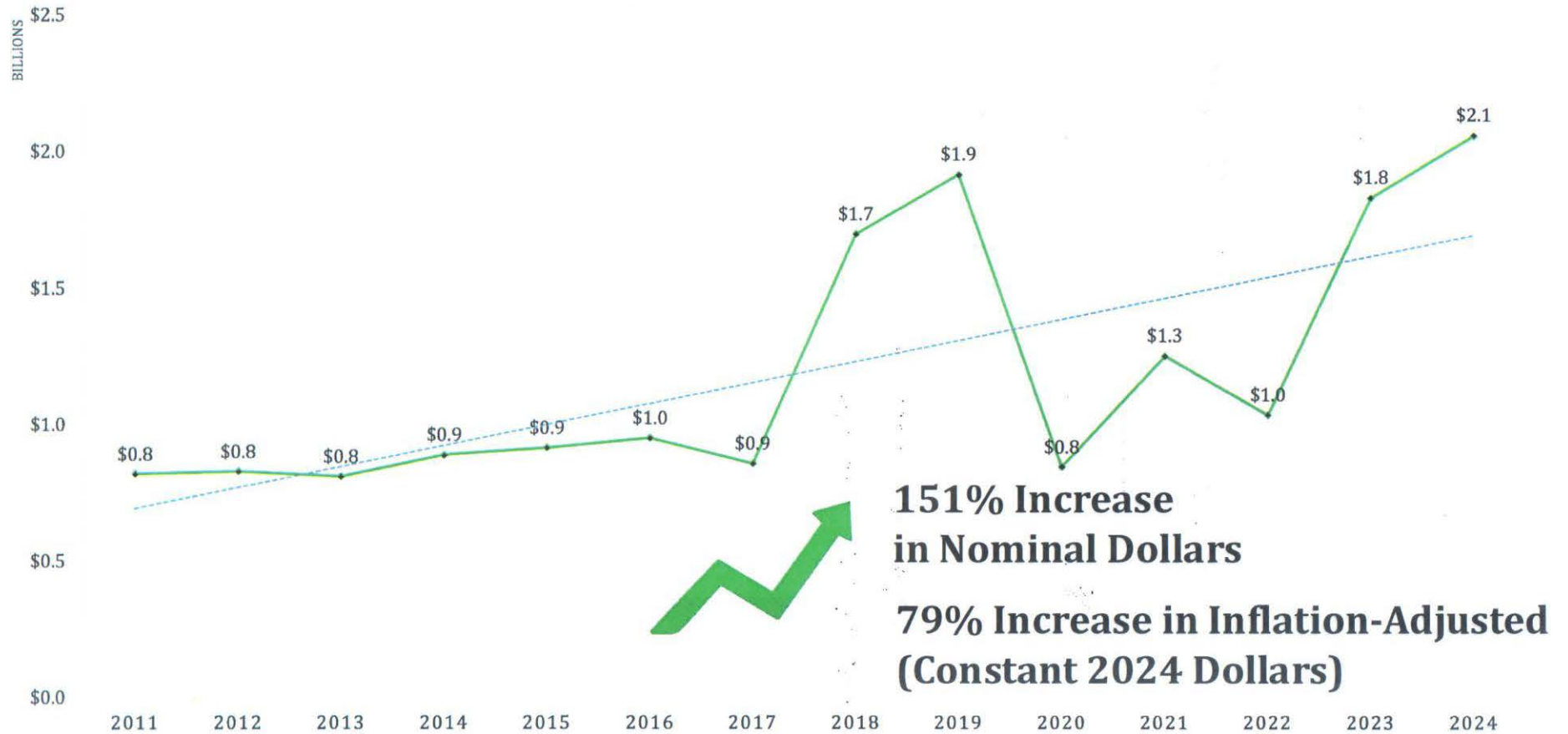


# NON-APPROPRIATED AGENCIES VS STATE GOVERNMENT COMPARISON 2014-2024

Source: Bradley Ward, Ph.D.'s analysis based on data from OMES



## OKLAHOMA NON-APPROPRIATED AGENCIES BUDGET BY YEAR (2011 - 2024)



**AFP** Source: Bradley Ward, Ph.D.'s analysis based on data from OMES



# REGULATIONS HINDERING STATE'S TOP INDUSTRIES



**ENERGY**  
35,000  
RESTRICTIONS



**HEALTH CARE**  
30,000  
RESTRICTIONS



**AGRICULTURE**  
20,000  
RESTRICTIONS



**ENVIRONMENTAL**  
15,000  
RESTRICTIONS

Oklahoma's  
administrative code has  
over **142,000**  
regulatory restrictions



## REINS LEGISLATION

State	Year Enacted	Fiscal Impact Threshold	Legislative Involvement	Oversight Authority
Florida	2010	\$1 million or more over 5 years	Requires Legislative Approval	State Legislature
Wisconsin	2017	\$10 million or more over 2 years	Requires Legislative Approval	Joint Committee for Review of Administrative Rules
Indiana	2024	\$1 million or more over two years	Requires Legislative Review	Budget Committee of the State Budget Agency
Kansas	2024	\$1 million or more over 5 years	Requires Legislative Approval	State Legislature

Source: Bradley Ward, Ph.D.'s creation based on statutory research

# OKLAHOMA REGULATION BY THE NUMBERS



Average of 405 days lost to required training (15<sup>th</sup> highest)

Average License Fee is \$307 (18<sup>th</sup> highest)



State-mandated entry requirements for over 200 occupations



Oklahoma ranks 16<sup>th</sup> highest in occupational licensing burdens in the nation



Source: Bradley Ward, Ph.D.'s analysis based on data from Institute for Justice

## LEGISLATIVE OVERSIGHT – ECONOMIC IMPACT

# Oklahoma

### *Justification of Fee*

Existing fees do not accurately reflect the costs associated with regulation provided by the Department.

# Wisconsin

### 8. The Rule Will Impact the Following (Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> State's Economy        | <input checked="" type="checkbox"/> Specific Businesses/Sectors                          |
| <input type="checkbox"/> Local Government Units | <input type="checkbox"/> Public Utility Rate Payers                                      |
|   | <input checked="" type="checkbox"/> Small Businesses (if checked, complete Attachment A) |

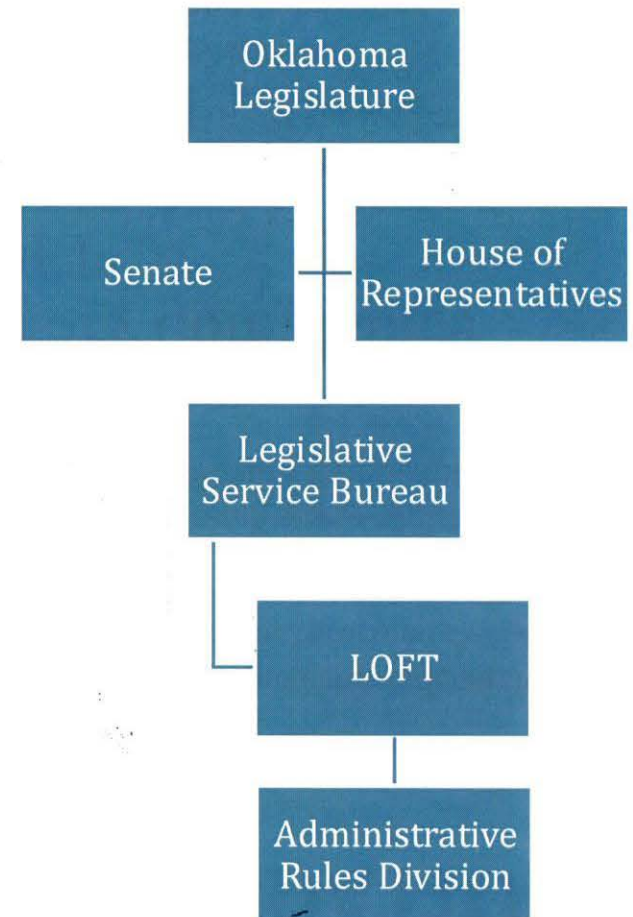
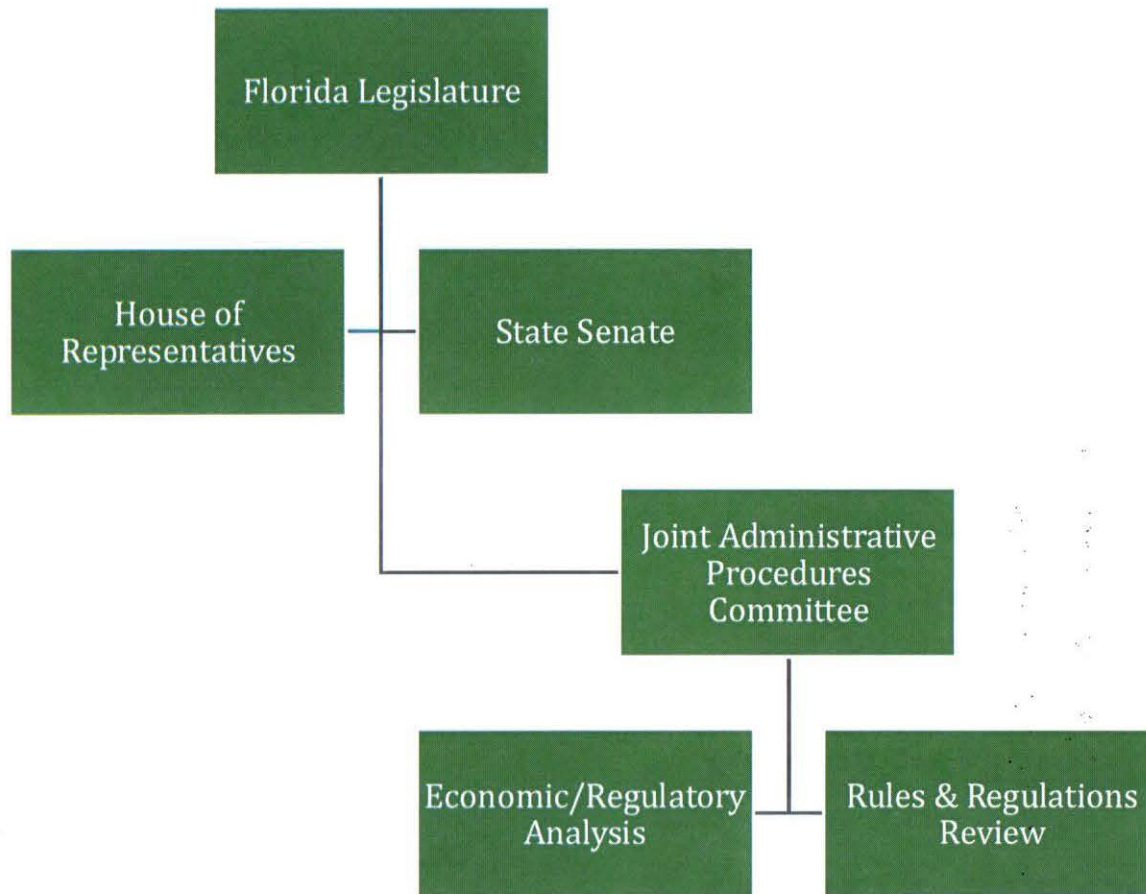
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). The implementation and compliance costs that are reasonably expected to be incurred by businesses as a result of the proposed rule is \$1,228,884 in the first year, \$1,311,161 in the second year, and a total of \$2,540,045 in the first two years. The estimates are described under #14.

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?

- Yes  No



# LEGISLATIVE OVERSIGHT & GOVERNANCE



**AFP** Source: Bradley Ward, Ph.D.'s creation



# POLICY RECOMMENDATIONS

## • REINS Legislation

- Mandates regulatory agencies provide detailed economic analyses and data, improving transparency and allowing for informed decision-making by the Legislature.
- Promotes the use of formal cost-benefit analyses to evaluate the anticipated economic effects, helping to ensure that benefits justify the costs.

## • Implement Regulatory Compliance Division within LOFT

- Provide necessary statutory and legal analysis on proposed rules;
- Independently determine costs of compliance and implementation for all proposed rules and regulations





# Response to Executive Order EO 2024-14

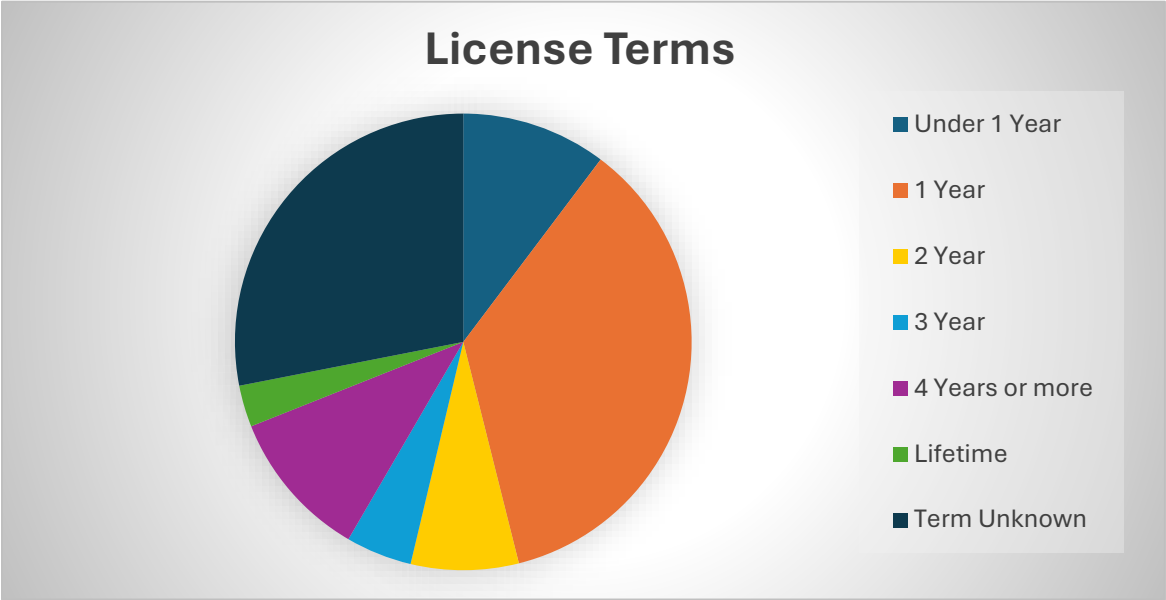
**License Catalog Report**

Of the agencies in Oklahoma, 61 issue various types of licenses. We have received a comprehensive digital catalog from all 61 regulatory entities in the state of Oklahoma, providing valuable insight into the licensing landscape across the state.

The data reveals a total of 976 distinct licenses, encompassing both professional and non-professional categories, such as those for activities like hunting and fishing. The catalogs serve as a foundational resource for understanding the scope and complexity of licensing in Oklahoma.

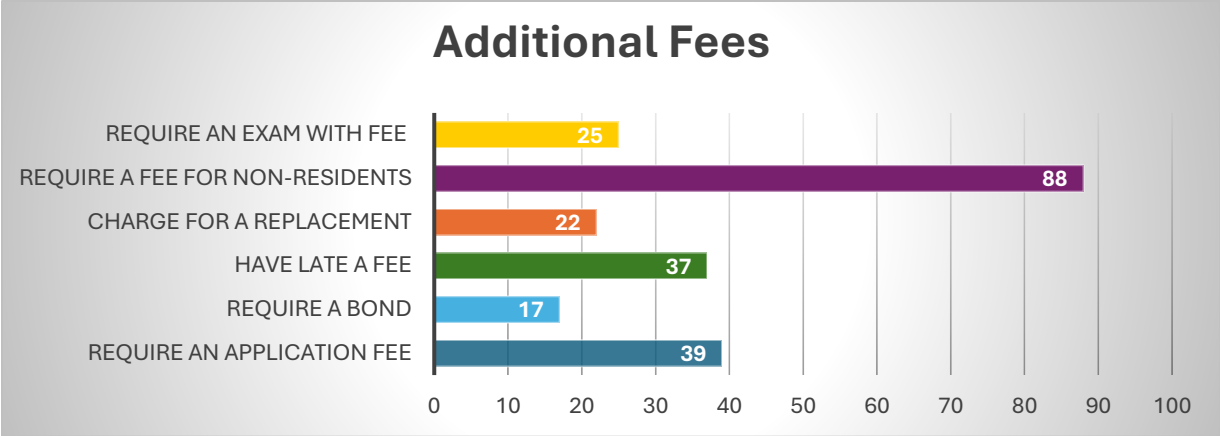
**Terms**

The most common term length for a license is 1 year.



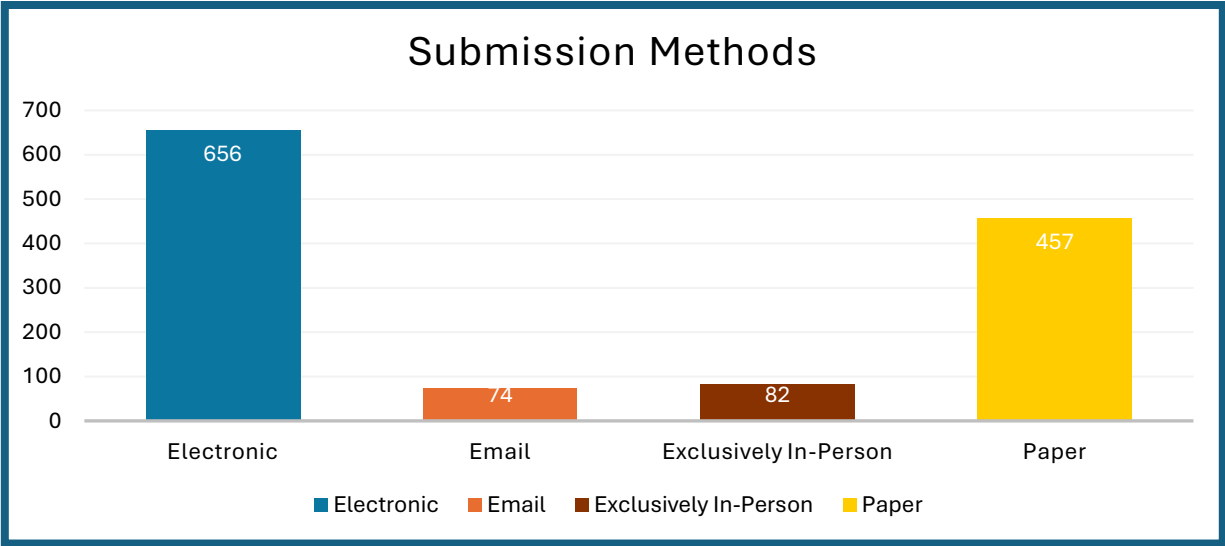
**Fees**

Some licenses have fees that accompany the cost for the license or renewal. Listed below are the number of licenses that have additional fees.



**Submission Method**

Some agencies have various submission methods for each license. At least 282 of the licenses can be submitted via multiple methods. The graph below shows the methods used for submitting applications and renewals. The label "Electronic" is used as an overarching term used to describe submissions received by webpage submission, NMLS, NABP, NIPR, a licensing solution such as one of the three on a statewide contract, and several others. Some licenses can only be renewed in-person. Paper submissions are received by phone, in-person, or by US Mail.



## EO 2024-14 OKLAHOMA SUBMISSIONS

[EO 2024-14 Oklahoma submissions with supporting documents](#)

### SUPPORTING DOCUMENTS

[045-Architects\\_Landscape Architects\\_Interior Designers](#)

[140-Podiatry EO 2024-14](#)

[215-Dental Board Attachment A](#)

[215-Dental License Detail](#)

[343-Perfusionist EO 2024-14](#)

[450-OMB EO 2024-14](#)

[485-OAB License Detail](#)

[525-Osteopathic](#)

[560-Pharmacy License](#)

[755-License OUMVDMHC\\_Agency Analysis EO 2024-14](#)

[2024-14 Catalog Template\\_Oklahoma Turnpike Authority\\_License for Right-of-Way Access](#)



J. Kevin Stitt  
Office of the Governor  
State of Oklahoma

**FILED**  
December 18, 2024  
**Secretary of State**  
**State of Oklahoma**

**EXECUTIVE DEPARTMENT**  
**EXECUTIVE ORDER 2024-29**

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WHEREAS, in March 2020, the COVID-19 pandemic brought the world to a standstill, affecting every facet of everyday life in the State of Oklahoma; and

WHEREAS, my administration took swift action to protect the lives and health of all Oklahomans, by allowing state agencies to function to the best of their ability amidst the ongoing pandemic; and

WHEREAS, when the pandemic was at its height, it was appropriate for state agencies to allow state employees to work remotely in order to protect themselves and their families from COVID-19; and

WHEREAS, as the Public Health Emergency for COVID-19 ended on May 11, 2023, the conditions necessary for non-traditional work environments have been alleviated; and

WHEREAS, dedication of efficient government requires all agencies be accountable to taxpayers by ensuring state employees are operating at the best of their abilities while being compensated by taxpayer dollars.

NOW THEREFORE, I, J. Kevin Stitt, Governor of the State of Oklahoma, pursuant to the power and authority vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution, and to the fullest extent permitted by law, hereby order as follows:

1. State agencies shall require all full-time employees to perform their work in the office, facility, or field location assigned by their agency, and not from a remote location by February 1, 2025.
2. Agency executives may grant limited exceptions to the schedule and location requirements for the following reasons:
  - a. Agency employees whose work hours are outside normal business hours (e.g., evenings, weekends, or holidays);
  - b. Agency employees for whom no reasonable in-office employment is possible, or
  - c. An agency is at full office capacity and new or additional office space would have to be acquired at additional cost.



3. Any exception to subparagraph 2 of this Executive Order shall be certified by the respective agency executive.
4. An agency utilizing the exception in subparagraph c of paragraph 2 of this section shall provide to the Executive Director of the Office of Management and Enterprise Services (“OMES”) the number of employees and the job description for each employee, as well as the anticipated return to office date.
5. Beginning March 31, 2025, each agency executive shall provide a quarterly report to the Executive Director of OMES regarding the composition of their workforce employed remotely or on a hybrid basis. The report shall include a list of exceptions approved by the agency director under subparagraph 2 of this Executive Order, and a brief explanation as to why the exception is applicable.
6. Nothing in this Executive Order shall be construed to impair or otherwise affect the authority granted to an agency by the Oklahoma Constitution, the Oklahoma Statutes, or the Oklahoma Administrative Code. Further, this Executive Order does not create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the State, its Agencies or agents, or any other person.
7. If any provision of this Executive Order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this Executive Order and the applicability of its other provisions to any other persons or circumstances shall not be affected thereby.
8. This Executive Order shall be distributed to the Executive Director of OMES, all cabinet secretaries, and all agency executives.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 18th day of December, 2024.

**BY THE GOVERNOR OF THE STATE OF OKLAHOMA**

*K. St.*

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ATTEST:



*Josh Cockroft*  
Josh Cockroft, Secretary of State

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

Minutes

The Board of Medical Licensure and Supervision met on November 21, 2024, in accordance with the Oklahoma Open Meeting Act and the Administrative Procedures Act. This meeting was held in the Board Office at 101 NE 51<sup>st</sup> Street, Oklahoma City, Oklahoma. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on November 19, 2024, at 7:06 p.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  
 Steven Katsis, MD  
 Ms. Bridget Keast  
 Jessica Keller, MD  
 Don Wilber, MD

*Others present included:*

Sandra Harrison, JD, Executive Director  
 Billy Stout, MD, Board Secretary  
 Emery Reynolds, MD, Medical Advisor  
 Robert C. Margo, JD, Board Legal Advisor  
 Barbara J. Smith, Executive Secretary  
 Joseph L. Ashbaker, AAG  
 Alex Pedraza, AAG  
 Lisa Cullen, Director of Licensing  
 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, Executive Director**, made brief opening remarks. Ms. Harrison included in her remarks that security for the meeting was being provided by Oklahoma City police officers and anyone appearing before the Board should see the receptionist if they have any questions. Rick Zimmer, Investigator, was introduced as the agency's newest employee. In closing, Ms. Harrison reminded the audience that all agenda items are of equal importance and will be given the time and attention they deserve.

**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.

In closing, Mr. Margo advised that, with the president's permission, he will introduce each agenda matter.

Next, Barbara Smith, Executive Secretary and Board Administrative Rules Liaison, provided a chronology of the rulemaking process. Ms. Harrison then presented **Proposed Amended MD Administrative Rules (Okla. Admin. Code 435:1, 3, 5, 7, and 10)** for consideration by the Board.

**Chapter 1. Administration and Organization.** Following review and discussion, Dr. Katsis moved that, upon the advice of Board Legal Advisor, the administrative fine in **Okla. Admin. Code 435:1-1-7(a)(4)(L)** be amended to \$5,000 per day and strike the previous fine of \$6,000. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

Dr. Katsis moved, upon the advice of Board Legal Advisor, to approve the remaining proposed amendments to Chapter 1 with the exception of **Okla. Admin. Code 435:1-1-10 Duties of the Secretary/Medical Advisor** which is not approved. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

**Chapter 3. Individual Proceedings, Subchapter 3. Investigations and Hearings.** Following review and discussion, Dr. Katsis moved to approve the proposed rules as presented. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

**Chapter 5. Disciplinary Actions.** Dr. Katsis moved, upon the advice of Board Legal Advisor, to add "Not to exceed" before "\$5,000" in **Okla. Admin. Code 435:5-1-4.1(1)**. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**Chapter 7. Administrative Remedies.** Following review and discussion, Mr. Hall moved to approve the proposed rules as presented. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**Chapter 10. Physicians and Surgeons.** Following review and discussion, and upon the advice of Board Legal Advisor, Dr. Chambers moved to amend **Okla. Admin. Code 435:10-4-4(1)** to read as follows: "An applicant may withdraw an application for licensure at any time prior to a final decision of the Board." The second sentence will remain as stricken. Dr. Cox seconded the motion and the vote is recorded below:

Mr. Trevor Nutt, President:	Aye
Ross Vanhooser, MD, Vice-President:	NO
Mr. Clay Bullard:	Aye
Susan Chambers, MD:	Aye
Louis Cox, MD:	Aye
Mr. Jeremy Hall:	NO
Tim Holder, MD:	Aye
Steven Katsis, MD:	Aye
Ms. Bridget Keast:	Aye
Jessica Keller, MD:	Aye
Don Wilber, MD:	Aye

Following review and discussion and upon the advice of the Board Legal Advisor, Mr. Hall moved to amend **Okla. Admin. Code 435:10-4-6 (b)** to add a period after the word “sittings” and strike the words “of the,” and to amend by restoring proposed stricken language and adding, “However, the Board may review exception requests on a case by case basis,” and to amend **Okla. Admin. Code 435:10-4-6(e)(3)** by correcting the “(g)” in the second sentence to “(e).” Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

Mr. Trevor Nutt, President:	Aye
Ross Vanhooser, MD, Vice-President:	NO
Mr. Clay Bullard:	Aye
Susan Chambers, MD:	Aye
Louis Cox, MD:	Aye
Mr. Jeremy Hall:	Aye
Tim Holder, MD:	Aye
Steven Katsis, MD:	Aye
Ms. Bridget Keast:	Aye
Jessica Keller, MD:	Aye
Don Wilber, MD:	Aye

Following review and discussion, and upon the advice of Board Legal Advisor, Dr. Cox moved that the second sentence in **Okla. Admin. Code 435:10-4-7(b)** be restored and the following sentence added, “However, the Board may review exception requests on a case by case basis.” Dr. Chambers seconded the motion and the vote is recorded below:

Mr. Trevor Nutt, President:	Aye
Ross Vanhooser, MD, Vice-President:	NO
Mr. Clay Bullard:	Aye
Susan Chambers, MD:	Aye
Louis Cox, MD:	Aye
Mr. Jeremy Hall:	Aye
Tim Holder, MD:	Aye
Steven Katsis, MD:	Aye
Ms. Bridget Keast:	Aye
Jessica Keller, MD:	Aye
Don Wilber, MD:	Aye

*\*The Board took a ten-minute recess. Roll was called after recess to establish a continued quorum for purposes of the record.*

Following review and discussion, and upon the advice of Board Legal Advisor, Dr. Holder moved to remove “American Board of Physician Specialties (APBS)” from **Okla. Admin. Code 435:10-7-2**, delete “found” in the 6<sup>th</sup> sentence down, and correct the citation 435:1-18(a)(4)O(i) in the 8<sup>th</sup> sentence down to Okla. Admin. Code 435:1-18(a)(4)K(i). Dr. Katsis seconded the motion and the vote was unanimous in the affirmative.

Following review and discussion, and upon the advice of Board Legal Advisor, Dr. Katsis moved to capitalize the word “board’s” in **Okla. Admin. Code 435:10-7-5(51)**. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

Following review and discussion, and upon the advice of Board Legal Advisor, Dr. Chambers moved to amend **Okla. Admin. Code 435:10-7-13(a)** to read “Holds a license to practice medicine in this state”, restore the word “communications” at the end of **Okla. Admin. Code 435:10-7-13(3)(A)**, and to delete the redundant paragraphs (A) and (B) at the end of **Okla. Admin. Code 435:10-7-13(3)**. Mr. Bullard seconded the motion and the vote was unanimous in the affirmative.

Following review and discussion and upon the advice of Board Legal Advisor, Dr. Katsis moved to correct the spelling of “discretion” and capitalize “board” in **Okla. Admin. Code 435:10-11-2(c)**, add “Board” after “issued by the” in **Okla. Admin. Code 435:10-11-3(a)**, and add “being” after “limitation” in **Okla. Admin. Code 435:10-11-3(b)**. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

Following review and discussion, and upon consideration of public comments and advice of Board Legal Advisor, Dr. Holder moved to amend **Okla. Admin. Code 435:10-13-2(a)(1)** by deleting “supervising” before the word “delegating” and to state a “delegating physician must have a license in good standing” and strike the words “full unrestricted license”, amend **Okla. Admin. Code 435:10-13-2(a)(1)(A)** by deleting “permits” in the second sentence after “(OBN)”, amend **Okla. Admin. Code 435:10-13-2(a)(2)** by deleting “supervising” before the word “delegating,” and amend **Okla. Admin. Code 435:10-13-2(a)(1)** by adding new language following paragraph A to read as follows: “(B) A physician who does not possess permits from the Drug Enforcement Agency (DEA) and the Oklahoma Bureau of Narcotics (OBN), but is otherwise authorized to prescribe other drugs on the formulary described in Okla. Admin. Code 435:15-11-2 or the Oklahoma Board of Nursing Exclusionary Formulary for Advanced Practice Registered Nurses, may continue to delegate or supervise physician assistants or advanced practice registered nurses provided that at no time shall the physician assistant or advanced practice registered nurse prescribe any drug from either formulary if the supervising physician currently delegating to the physician assistant or advanced practice registered nurse is unable to prescribe said drug.” Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

Dr. Chambers moved to approve all amendments proposed in **Okla. Admin. Code 435 Chapters 1, 3, 5, 7 and 10**, with the exception of those specifically noted in motions above. Dr. Katsis seconded the motion and the vote was unanimous in the affirmative.

**MIGUEL CRUZ PIMENTEL, MD**, applicant for a special medical license, appeared virtually. Michael Siatkowski, MD, Dean A. McGee Eye Institute, appeared in support of the application. All witnesses expected to testify were sworn. Billy H. Stout, MD, Board Secretary,



advised the Board that Dr. Pimentel is a retinal specialist. His practice locations will be limited to Dean McGee Eye Institute at Oklahoma City, Edmond, Lawton, Enid and Shawnee, and the OU Health Sciences Center campus in Oklahoma City, and his practice is limited to adult and pediatric vitreoretinal surgery and medical retina only. The application is currently incomplete. Dr. Stout stated this applicant's appearance before the Board is justified by his screening of Dr. Pimentel's qualifications and the need in Oklahoma. Dr. Siatkowski advised of the applicant's education and experience and stated that this physician has special qualifications and will fill a need for care at the Dean McGee Eye Institute. He would be the only physician in this practice area in the entire state. Dr. Cox moved to find that exceptional qualifications and need exist and to grant the special medical license pending completion of the file. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

*\*The board took a 10-minute recess for lunch. Upon returning from recess, roll was called to establish a continued quorum for the record.*

Next, Amy Gibson, MS, RN, Senior Vice President of Health Policy and External Relations, **American Board of Medical Specialties** ("ABMS") presented on their board certification protocol and processes. Following Ms. Gibson's presentation, Karen Shatton, Associate Director of **National Board of Physicians and Surgeons** ("NBPAS") presented on their board certification protocol and processes. After review and discussion, Dr. Katsis moved to table this matter and have it placed on the January 23-24, 2025 agenda. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

**DUSTIN COREY BROOKS, PA**, did not appear in response to allegations of unprofessional conduct, nor did counsel appear on his behalf. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State and gave a brief history of the matter and provided a Voluntary Submittal to Jurisdiction for the Board's consideration. Mr. Pedraza advised that the term "individual psychopathy" in paragraph (d) on page 3 will be corrected to "individual psychotherapy." Dr. Chambers moved to approve the Voluntary Submittal to Jurisdiction with interlineation of the word "psychotherapy" in paragraph (d) on page 3. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**KARLA JEAN DIRICKSON, OA**, did not appear in response to a Notice of Intention to Impose Administrative Remedy. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State, and gave a brief history of the matter including that Ms. Dirickson had already paid the administrative fine. Following review and discussion, Mr. Margo advised that service of the documents was appropriate. Ms. Keast moved to ratify the Notice of Intention to Impose Administrative Remedy. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

**CHELSEA LORUS McKINNEY, OA**, appeared personally in support of (Defendant's) Motion to Modify Voluntary Submittal to Jurisdiction. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State. The Defendant understands she has a right to legal counsel for this proceeding and she had lawyers for two previous matters, one in Arkansas and the other in Oklahoma. She waived her right to have counsel present to advise her for any issue that may come up today. She wishes to proceed as her own attorney recognizing she is bound by the same rules as any other attorney licensed to practice in the state of Oklahoma. Further, the Defendant answered Mr. Margo's questions regarding her motion. Mr. Margo advised the Board that it is his opinion that this Board has no jurisdiction to proceed any further in this matter due to the motion

and/or appeal not being filed timely. It is his recommendation to make some findings of fact and conclusion of law that the matter be dismissed with prejudice based on 75 O.S. § 317(a) from APA and Okla. Admin. Code 435:3-3-21. Dr. Katsis moved to dismiss the matter with prejudice. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**BERNADETTE MARIA MILLER, MD**, did not appear in response to allegations of unprofessional conduct. However, David Russell with Rodolf & Todd appeared on her behalf. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State. Mr. Ashbaker gave a brief history of the matter and presented a Voluntary Submittal to Jurisdiction to the Board for its consideration. Following review and discussion, Dr. Vanhooser moved to accept the Voluntary Submittal to Jurisdiction as presented. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

*\*Dr. Katsis stepped out of the meeting.*

*\*Dr. Katsis returned to the meeting.*

**GREGORY SHAUN PERRIN, OA**, did not appear in response to allegations of unprofessional conduct, nor did he have counsel present. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Pedraza gave a brief history of the matter and presented a Voluntary Submittal to Jurisdiction (“VSJ”) for the Board’s consideration. Mr. Pedraza advised the Board that Mr. Perrin’s signature is such due to a neurological impairment and Mr. Pedraza will defer to Mr. Margo regarding the acceptability of the signature. Mr. Pedraza stated he has an email acknowledging Defendant’s agreement with the VSJ. The email acknowledging his signature was presented to Mr. Margo for his review and it was admitted as State’s Exhibit No. 1. Mr. Margo directed that the email be attached to the original VSJ. Dr. Katsis moved to approve the Voluntary Submittal to Jurisdiction with Exhibit No. 1 attached. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**KORY ALLEN SAMS, LPED**, did not appear in response to a Notice of Intention to Impose Administrative Remedy, nor did counsel appear on his behalf. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Sams filed a response on November 15, 2024, but has not yet paid the fine. Dr. Vanhooser moved to ratify the Notice of Intention to Impose Administrative Remedy. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

**KORY ALLEN SAMS, RPOA**, did not appear in response to a Notice of Intention to Impose Administrative Remedy, nor did counsel appear on his behalf. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Sams filed a response on November 15, 2024, but has not yet paid the fine. Dr. Vanhooser moved to ratify the Notice of Intention to Impose Administrative Remedy. Dr. Wilber seconded the motion and the vote is recorded below:

Mr. Trevor Nutt:	Aye
Ross Vanhooser, MD:	Aye
Mr. Clayton Bullard:	Aye
Susan Chambers, MD:	Aye
Louis Cox, MD:	Aye
Mr. Jeremy Hall:	Aye
Tim Holder, MD:	Aye
Steven Katsis, MD:	NO

Ms. Bridget Keast:	Aye
Jessica Keller, MD:	Aye
Don Wilber, MD:	Aye

**KOICHI NOMOTO, MD**, appeared virtually in support of his application for special medical license. Dr. Tanaka and Dr. Itagaki, Chief of Cardiovascular Surgery at OU Medical Center, appeared virtually in support of the application. Dr. Stout presented a brief history to the Board and stated the physician's practice would be in ICU at OU Health Sciences Center maintaining the ECMO devices. Dr. Stout advised that staff was convinced of the applicant's special qualifications and OU Health Sciences Center's need. While speaking with the parties, Dr. Stout was informed that this is not a service they have readily available currently. Dr. Nomoto's practice will be limited to the OU Health Sciences Center Oklahoma City campus and limited to adult cardiovascular ICU care to support VAD and Venous-Arterial (VA) ECMO placement services for adult patients with severe heart dysfunction. This service requires close collaborations among cardiac surgeons, interventional cardiologists, and intensivists who are uniquely trained in the management of these complex needs. The physician will be supervised by Shinobu Itagaki, MD, at OU Health Sciences, Oklahoma City campus. His application is complete.

Following review and discussion, Dr. Chambers moved to approve the application for special licensure with stated staff recommendations. Mr. Hall seconded the motion and the vote is recorded below:

Mr. Trevor Nutt:	Aye
Ross Vanhooser, MD:	NO
Mr. Clayton Bullard:	Aye
Susan Chambers, MD:	Aye
Louis Cox, MD:	Aye
Mr. Jeremy Hall:	Aye
Tim Holder, MD:	Aye
Steven Katsis, MD:	Aye
Ms. Bridget Keast:	Aye
Jessica Keller, MD:	Aye
Don Wilber, MD:	Aye

*\*The Board took a ten-minute recess. Roll was called after recess to establish a continued quorum for purposes of the record.*

Next, **CHRISTOPHER HARRIS, MD**, appeared virtually in support of his request to supervise up to ten (10) mid-level practitioners. All witnesses expected to testify were sworn. Dr. Harris advised he is working with a group that provides mental health services to various communities in rural Oklahoma as well as being involved with the Oklahoma Department of Health. Following review and discussion, Mr. Bullard moved to approve supervision of an additional two mid-level practitioners for a total of eight mid-level practitioners. Dr. Chambers seconded the motion and the vote is recorded below:

Mr. Trevor Nutt:	Aye
Ross Vanhooser, MD:	NO
Mr. Clayton Bullard:	Aye
Susan Chambers, MD:	Aye

Louis Cox, MD:	Aye
Mr. Jeremy Hall:	Aye
Tim Holder, MD:	Aye
Steven Katsis, MD:	NO
Ms. Bridget Keast:	Aye
Jessica Keller, MD:	Aye
Don Wilber, MD:	Aye

**ASHLEY EVANS, MD**, appeared virtually in support of her request to supervise up to ten (10) mid-level practitioners. She presently supervises six mid-level practitioners. Dr. Holder moved to approve the request to supervise up to ten (10) mid-level practitioners. Mr. Bullard seconded the motion and the vote is recorded below:

Mr. Trevor Nutt:	Aye
Ross Vanhooser, MD:	NO
Mr. Clayton Bullard:	Aye
Susan Chambers, MD:	Aye
Louis Cox, MD:	Aye
Mr. Jeremy Hall:	Aye
Tim Holder, MD:	Aye
Steven Katsis, MD:	NO
Ms. Bridget Keast:	Aye
Jessica Keller, MD:	NO
Don Wilber, MD:	Aye

Next, Dr. Holder moved to enter into executive session and invite Ms. Harrison and Zach West, Assistant Attorney General, to join pursuant to Title 25 O.S. § 307(B)(4) for the purpose of confidential communications between the Board and legal counsel where counsel has determined that disclosure of information related to the case cited will seriously impair the ability of the Board to process or conduct litigation in the following matter(s):

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

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

*\*Executive Session*

Dr. Vanhooser moved to vote to return to open session. Mr. Bullard seconded the motion and the vote was unanimous in the affirmative.

*\*Open Session*

Next, Barbara Smith presented the **Registered Electrologist Advisory Committee recommendations** for the Board's consideration. Following review and discussion, Dr. Katsis moved to approve the recommendations as presented with the exception of the CEU course: *Hormonal Affirmation Treatment in Gender Nonconforming Youth*. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

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

Next, **Sandra Harrison** presented the **Executive Director's Report** to the Board:

- **Elimination of Telemedicine Form for MDs** – Ms. Harrison reported that the licensure applications will be updated to no longer inquire if the physician plans to practice telemedicine. Dr. Vanhooser moved to approve removal of the telemedicine question(s) effective immediately. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.
- **Statistics** – See attached.
- **Legislation/Interim Studies** – See attached.
- **Rulemaking** – See attached.
- **Executive Orders** – See attached.
- **Operational** – See attached.
- **Interstate Medical Licensure Compact** – See attached.

Next, Dr. Vanhooser 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 September 19, 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 September 1, 2024, to October 31, 2024 (*Attachment #3 to agenda*)
- e) Ratification of the **Occupational Therapy Advisory Committee recommendations**
- f) Ratification of the **Advisory Committee on Pedorthics recommendations**
- g) Ratification of the **Advisory Committee on Dietetic Registration recommendations**
- h) Ratification of the **Physical Therapy Advisory Committee recommendations**
- i) Ratification of the **Physician Assistant Advisory Committee recommendations**
- j) Ratification of the **Respiratory Care Advisory Committee recommendations**
- k) Ratification of the **Therapeutic Recreation Committee recommendations**
- l) Approval of the **2025 Amended Medical Board Meeting Dates** as follows:
  - March 20, 2025 amended to March 13, 2025
  - November 21, 2025 amended to November 6, 2025

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

Next, Dr. Holder moved to enter into executive session, and invite Sandra Harrison to join, as authorized by 25 O.S. § 307(B)(1) for the discussion of the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee (Board Secretary, Deputy Director, and Board Legal Advisor). Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

*\*Executive Session*



Dr. Holder moved to return to open session. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

*\*Open Session*

Upon returning to open session, Dr. Holder moved to accept the retirement of Billy H. Stout, MD, Board Secretary, effective February 28, 2025, and approve the hiring and appointment of Brian Boggs, MD, as Board Secretary, on January 1, 2025, with the details of said hiring and appointment of Dr. Boggs to be handled by Staff. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Dr. Vanhooser moved to adjourn the meeting. The time was 4:11 p.m.

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

The Physical Therapy Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on December 3, 2024, and made the following recommendations to the Board.

**RECOMMENDATION #1:** Approve the application of **CHARLES BURGESS** for Physical Therapist Assistant licensure pending completion of the file to include 22 days of direct on-site supervision with an adequate performance evaluation from the supervising therapist provided at the conclusion thereof, and obtaining 60 PDUs.

**RECOMMENDATION #2:** Approve the application of **MANPREET NIJJAR** for Physical Therapist licensure pending successful completion of the NPTE exam.

**RECOMMENDATION #3:** Approve the request of **HAILEY SHEPPS**, applicant, Physical Therapist Assistant, for special accommodations, based on medical recommendations, of time and a half and a separate room while sitting for the Federation of State Boards of Physical Therapy exam for a third time.

**RECOMMENDATION #4:** Approve the application of **MEGAN THOMAS** for Physical Therapist Assistant licensure pending completion of the file to include 22 days of direct on-site supervision with an adequate performance evaluation from the supervising therapist provided at the conclusion thereof, and obtaining 60 PDUs.

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

**RECOMMENDATION #6:** Approve incomplete application(s) for reinstatement of Physical Therapist Assistant licensure as shown on *Attachment #1* pending completion of the file(s). A

**RECOMMENDATION #7:** Approve the complete application(s) for Physical Therapist Assistant licensure pending completion of the file(s) as shown on *Attachment #1*.

**RECOMMENDATION #8:** Approve the incomplete application(s) for Physical Therapist licensure as shown on *Attachment #1* pending completion of the file(s).

**RECOMMENDATION #9:** Approve the incomplete application(s) for reinstatement of Physical Therapist licensure as shown on *Attachment #1* pending completion of the file(s).

**RECOMMENDATION #10:** Approve the complete application(s) for Physical Therapist licensure as shown on *Attachment #1*.

**INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS**

TA 3880	OLSEN, RAYMOND VAAETASI
TA 3881	SHEPPS, HAILEY EVER NICHOLE
TA 3882	AVANT, DONICA RAAN
TA 3883	HOPKINS, AUDREY MARIYA
TA 3884	WHITELEY, CHRISTINA ANNE
TA 3885	NUCKOLLS, AUTUMN MACKENZIE

**INCOMPLETE REINSTATEMENT PHYSICAL THERAPIST ASSISTANT APPLICATION**

TA 2097	WALKER, TESSA KATE
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**COMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATION**

TA 3879	GRAY, HAL
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**INCOMPLETE PHYSICAL THERAPIST APPLICATIONS**

PT 6644	CLINKENBEARD, JACE
PT 6646	GRIMES, JAMES MADISON III
PT 6647	BOWLES, BRADY ALAN
PT 6648	RAINBOW, KYRA NICOLE
PT 6649	KELKAR, KUMUDINI
PT 6650	MCLAUCHLIN, MELISSA JOY
PT 6651	BEAM, GEORGIA
PT 6652	FOX, REESE
PT 6653	DUNCAN, TAYLOR MAKINSEY
PT 6654	MELLEIN, SVETLANA
PT 6655	JACKSON, CLARE QUIRK
PT 6656	GENTRY, LOGAN LOUISE
PT 6657	TAYLOR, ABIGAIL B

**INCOMPLETE PHYSICAL THERAPIST REINSTATEMENT APPLICATION**

PT 3488	CHEEK, CELESTE ELISE
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**COMPLETE PHYSICAL THERAPIST APPLICATION**

PT 6645	TADLOCK, ABBIE RAE
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**REGISTERED ELECTROLOGIST ADVISORY COMMITTEE**  
**Recommendations to the Board**

The Registered Electrologist Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on January 13, 2025, and made the following recommendations to the Board:

**RECOMMENDATION #1:** Approving Continuing Education Courses as listed on *Attachment #1*.

## REGISTERED ELECTROLOGIST COMMITTEE MEETING

January 13, 2025

COURSE SPONSOR	DATE OF COURSE	TOPIC	HOURS REQUESTED
AMERICAN RED CROSS	6/12/2024	CPR	3
CEUFAST	11/5/2024	Accidental Injuries - A Pediatric Concern	1.5
CEUFAST	10/10/2024	Allergy versus side effects: The Confusion Must Stop	1
CEUFAST	10/17/2024	Angina	3
CEUFAST	10/17/2024	Arterial Blood Gases	2
CEUFAST	10/9/2024	BPH and Prostate Cancer	2
CEUFAST	10/17/2024	Cardiovascular Accident (Stroke): Time is of the Essence	1
CEUFAST	11/11/2024	Ebola	2
CEUFAST	11/25/2024	Hepatitis C: Beyond the Basics	2.5
Electrology Education Coalition	12/19/2024	Perfecting your Insertion Technique - Home Study	1
Electrology Education Coalition	12/19/2024	Documentation and Charting for the Electrologist - Home Study	1
Electrology Education Coalition	12/22/2024	Treatment Planning: The Staircase Model-Home Study	2
GLOBAL EDUCATION GROUP	12/16/2024	Raising the Bar on Prurigo Nodularis Treatment: Focus on Targeted Biologics for a Complex Disease	1
INSTITUTE FOR NATURAL RESOURCES	12/10/2024	The Dangers of Vaping THC: What Health Professionals Need to Know	3
NATIONAL SKI PATROL	8/19/2024	2024 OEC Refresher Cycle B - Online Modules	2
NATIONAL SKI PATROL	9/16/2024	2024 OEC Refresher Cycle B - Skills Session	6
SOLVENTUM	5/16/2024	Ehlers-Danlos Syndrome	1
SOLVENTUM	5/20/2024	Wounds: Impact of Documentation	1



**MUSIC THERAPY COMMITTEE**  
**Recommendations to the Board**

The Music Therapy Committee of the Oklahoma Board of Medical Licensure and Supervision met on January 13, 2025, and made the following recommendations:

**RECOMMENDATION #1:** Recommend approval of the incomplete applications of **YEOJIN JEON and JEREMIAH R. STEVENSON-TITSWORTH** for Licensed Professional Music Therapist licensure pending completion of the files.

**ATHLETIC TRAINERS ADVISORY COMMITTEE**  
**Recommendations to the Board**

The Athletic Trainers Advisory Committee met on January 15, 2025, and made the following recommendations to the Board:

**RECOMMENDATION #1:** Approval of the complete application(s) for Apprentice Athletic Trainer licensure as shown on *Attachment #1* hereto.

**RECOMMENDATION #2:** Approval of the incomplete application(s) for Athletic Trainer licensure pending completion of the file(s) as shown on *Attachment #1* hereto.

**RECOMMENDATION #3:** Approval of the complete application(s) for reinstatement of Athletic Trainer licensure as shown on *Attachment #1* hereto.

**RECOMMENDATION #4:** Approval of the complete application(s) for Athletic Trainer licensure as shown on *Attachment #1* hereto.

**COMPLETE APPRENTICE ATHLETIC TRAINER APPLICATIONS**

AA 867	RIOS, DANIEL
AA 868	SULLIVAN, MAKIA
AA 869	CAIN, DOMINIC
AA 870	COLOMBE, AUBREY GRACE
AA 871	MARTINEZ, ROSALINDA
AA 872	SHADY, EMMA
AA 873	BURKHEAD, ASHTON KAY
AA 874	FRENCH, BREANNA
AA 875	GILLHAM, MADISON TATE
AA 876	MOORE, ATRACIA

**INCOMPLETE ATHLETIC TRAINER APPLICATIONS**

AT 1388	NEWSOME, ALLISON
AT 1390	WOLGAST, KYRSTEN LEE
AT 1391	KRAUSE, ALLISON
AT 1392	RIASE, DAWN
AT 1398	POMANA, ERICA
AT 1403	GIPSON, KIARA JENIECE
AT 1404	LATOS, SARA
AT 1405	MANCIOCCHI, KATHLEEN ANNE
AT 1407	MORRIS, GABRE ALEXUS
AT 1408	ROENIGK, RYAN

**COMPLETE ATHLETIC TRAINER REINSTATEMENT APPLICATIONS**

AT 268	LANKFORD, BRIAN K
AT 628	KATZENMEIER, ANTHONY ALAN
AT 676	DAVIS, BRITTANY ANN
AT 745	WILLIAMS, ELIAS

**COMPLETE ATHLETIC TRAINER APPLICATIONS**

AT 1383	CINEUS, BILLANOVE BRIAN
AT 1384	FAULK, BRITANI
AT 1385	FOREMAN, THOMAS GEOFFREY
AT 1386	PIKER, DAVID JAMES
AT 1387	OSTROVECKY, KATIE LYN
AT 1389	JOHNSON, DESTINEE DEANNA
AT 1393	WENDELBERGER, KELLY RAE
AT 1394	MECHE, AUDREY
AT 1395	SMITH, BROOKE ASHLEY
AT 1396	CHILDS, KAYLEY SLONE
AT 1397	HANZLICK, KALEIGH RENAE
AT 1399	HULL, LEAH RENEE
AT 1400	LAURENT, AUBREY ELYSE
AT 1401	MCNALLY, MEGAN DARBY
AT 1402	ARJONA JR, BENJAMIN
AT 1406	DREISBACH, MICHAEL P
AT 1409	HOPKINS, TRISTON

**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 January 15, 2025, and made the following recommendations to the Board.

**RECOMMENDATION #1:** Approval of the incomplete application(s) for Provisional Dietitian licensure pending completion of the file(s) as indicated on *Attachment #1* hereto.

**RECOMMENDATION #2:** Approval of the complete application(s) for Provisional Dietitian licensure as indicated on *Attachment #1* hereto.

**RECOMMENDATION #3:** Approval of the incomplete application(s) for Licensed Dietitian licensure pending completion of the file(s) as indicated on *Attachment #1* hereto.

**RECOMMENDATION #4:** 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:** Approval of the complete application(s) for reinstatement of Licensed Dietitian licensure as indicated on *Attachment #1* hereto.

**RECOMMENDATION #6:** Approval of the complete application(s) for Licensed Dietitian licensure as indicated on *Attachment #1* hereto.

**INCOMPLETE PROVISIONAL DIETITIAN APPLICATION**

PD 907 SWENSON, SAM Q

PD 908 VILLINES, SARAH LEANN

**COMPLETE PROVISIONAL DIETITIAN APPLICATION**

PD 902 MEDINA RIOS, YISSEL MEDINA

**INCOMPLETE LICENSED DIETITIAN APPLICATIONS**

LD 3087 HASAN, NEHA

LD 3090 SCHNEIDER, ELIZABETH JANE

LD 3099 BROWN, TERESA GAYE

LD 3102 KIEFER, ALEXIS

LD 3103 ARAKELIAN, DAYANETH YOLANDA

LD 3107 SANDERS, KRISTI MARIA

LD 3109 RUMSEY, NATASHA R

LD 3113 BAD HEART BULL, RYAN

LD 3114 MENEGUS, STEVEN

LD 3115 CAHILL, JEANNE

LD 3116 LIEBERMAN, RANIER VINCE CASTILLO

LD 3118 WOOD, RACHEL S

LD 3119 CAMPBELL, HILARY

LD 3122 ERDOS, JACQUELINE NICOLE

LD 3123 RODRIGUEZ, CALLIE

LD 3124 PARRY, VICTORIA L

LD 3125 MOSER, ALYSHA RENEE

LD 3126 WARDEN, ELIZABETH

LD 3127 JEAN, LINDA FAYE

LD 3128 MCCOY, KALYN CLAIRE

LD 3129 ALLEN, LINDA ROBERTS

LD 3130 RUSSELL, ROBIN COLLINS

LD 3131 KOORY, CELIA

LD 3132 DOCKHORN, MOLLY

LD 3135 OMDOLL, RACHAEL MARIE

LD 3136 MCCORMICK, BRIDGET

LD 3137 SURESH, SMITHA

LD 3138 JUNNARKAR, GAURI

LD 3139 HARDY, MARY B

LD 3142 TAYLOR, LAUREN RENEE'

LD 3143 TROYER, KATHRYN ELIZABETH

LD 3144 JOHNSON, SAMANTHA

LD 3145 EASTIN, STEFANIE LEE

LD 3146 FAULKNER, SAVANNAH KAYE

**INCOMPLETE REINSTATEMENT LICENSED DIETITIAN APPLICATION**

LD 1693 WINCHIP, CHRISTINA RAE

**COMPLETE REINSTATEMENT LICENSED DIETITIAN APPLCIATION**

LD 2832 COLUCCI, AMY



**COMPLETE LICENSED DIETITIAN APPLICATIONS**

LD 3088	MONZON, NOAHLANA
LD 3089	ELLIS, EMILY JOY
LD 3091	HOTCHKISS, AMANDA
LD 3092	HIGHTOWER, REBEKAH
LD 3093	CARABALLO ARAQUE, ROSMARY DEL VALLE
LD 3094	MORAN, HEATHER
LD 3095	SOBOL, ANNA CHRISTINE
LD 3096	BATCHELOR, JENNIFER
LD 3097	MARSHALL, LAUREN ELIZABETH GEURIN
LD 3098	MENA, LONDON
LD 2906	SCHULTE, MORGAN
LD 3100	MERIDETH, PEESHA NIDIA
LD 3101	CAMPBELL, VICTORIA
LD 3104	HYND, DENICE HELENA
LD 3105	CRYER, MEREDITH
LD 3106	WHITE, GRACE EVANGELINE
LD 3108	CONLEY, LESA
LD 3110	HOLLAND, JOSEPH CONDRAY
LD 3111	LOPEZ, NATIEKA JUDITH
LD 3112	GARDENER, GRACE
LD 3117	NEEL, AMBERLEY ANISTON
LD 3120	BARCENAS, LESLIE MARIE
LD 3121	STUTLER, ELIZABETH REID
LD 3133	MERILATT, AUTUMN LEIGH
LD 3134	EARLES, BOBBIE J
LD 3140	HEPWORTH, ALLISON DOUB
LD 3141	BOREN, MEGAN ELIZABETH