

Minutes

The Physician Assistant Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on July 16, 2024, in accordance with the Oklahoma Open Meeting Act. Advance notice of this regularly scheduled meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023. The notice and agenda were posted on the Board's website on July 10, 2024, at 12:32 p.m. pursuant to 25 O.S. § 311(A)(9).

Committee Members present:

Jeffrey Burke, PA-C, FHRS, CEPS, CCDS, Acting Chair
*Louis Cox, MD
Saura Douglas, PA-C
Don Flinn, PA-C
Jonathan Stone, DO
Lee Schoeffler, MD

Committee Member(s) absent:

Leroy Young, DO

Program Director(s) Present:

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

Program Director(s) Absent:

Darlla Duniphin, PA, OU-OKC, PA Program Interim Director
Shannon Ijams, MPAS, PA-C, OU-Tulsa, PA Program Director
Mark Perdue, PhD, PA-C, NSU PA Program Director

Others present included:

Sandra B. Harrison, JD, Interim Executive Director
Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Mr. Burke called the meeting to order at 3:02 p.m. Barbara Smith called roll to confirm a quorum for purposes of the record.

Sandra Harrison, JD, Interim Executive Director, made opening remarks. Ms. Harrison introduced herself and gave a history of her educational and work experience. She advised that she will be providing this introduction to all allied committees and board members. She also stated that Board leadership is looking into changing agency processes, including the rulemaking process. She advised that the rules which will be discussed later during this meeting are being presented with direction from the governor's office to modernize and harmonize rules with current law.

**Dr. Cox joined the meeting*

Following Committee review, Dr. Cox moved to approve the meeting minutes of April 16, 2024, as written. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative with Dr. Cox and Ms. Amy Harrison ABSTAINING.

TERRY ARNOLD appeared in person in support of his application for Physician Assistant licensure. His license lapsed in March of 2021 and his last practice was in 2015. The applicant's NCCPA certification expires December 31, 2024. He is not licensed in any other states and his application is currently incomplete. The applicant answered questions regarding his activities while his license lapsed. He does not have immediate plans to return to practice, but would like to re-establish his licensure so that he can return to practice at some point. He is an adjunct professor for two PA programs, OU-Tulsa and Saint Louis University. He is up to date with all CMEs. He stated he would welcome proctoring before going back into a dermatological surgery setting. Mr. Flinn moved to approve the application with a temporary letter to practice and three months of direct onsite supervision with a letter of successful completion provided to Staff at the conclusion thereof pending conclusion of the file. Dr. Stone seconded the motion and the vote was unanimous in the affirmative.

MONICA KIRBY appeared in person in support of her application for Physician Assistant licensure. Her application is current incomplete. Her license lapsed in 2005 and she last practiced in 2006. She regained her NCCPA certification this year and she is not licensed in any other state. She has a job offer at Highwater Aesthetics primarily working in the weight management program and hormone replacement. She is current on required CMEs. She has been in the office shadowing the PA and physician for almost a month and she is allowed to observe procedures. She read medical journals and had "medical discussions" with her husband who is a physician. Dr. Stone moved to approve the application with a temporary letter to practice with six months of direct onsite supervision with a letter of successful completion provided to Staff at the conclusion thereof pending completion of the file. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed the following applications for licensure:

1. Dr. Cox moved to recommend approval of the incomplete application(s) for Physician Assistant licensure pending completion of the file(s) as indicated on *Attachment #1* hereto. Mr. Bosse seconded the motion and the vote was unanimous in the affirmative.
2. Dr. Stone moved to recommend approval of the incomplete application(s) for reinstatement of Physician Assistant licensure pending completion of the file(s) as indicated on *Attachment #1* hereto. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.
3. Mr. Flinn moved to recommend approval of the complete application(s) for Physician Assistant licensure as indicated on *Attachment #1* hereto. Mr. Bosse seconded the motion and the vote was unanimous in the affirmative. There being no further business, Mr. Burke moved to adjourn the meeting.

Lisa Cullen presented a report on the Physician Assistants required to obtain 40 CME hours in 2024 for 2025 renewal of licensure as identified on the page(s) attached to the agenda as *Attachment #2*. The Committee thanked her for the report.

Then, Ms. Harrison presented proposed amended administrative rules (OAC 435:15). She advised that she, Patti Parrish, Barbara Smith, and Alexis Garner, along with input from others, prepared the draft of rules before the Committee today. The recent Attorney General's Opinion regarding off-site writing of Schedule IIs is not addressed in the rule amendments. Most amendments are modernizing the rules to conform with laws that were passed four years ago,

including some rules which were adopted by the Medical Board but were ultimately held from moving forward by the former Executive Director.

Following discussion regarding the definition of “On-Site” to include “(I) Any other setting as authorized by the delegating physician,” in OAC 435:15-1-1.1., Dr. Stone stated he believed this definition to be too broad, i.e., “carte blanche for prescribing.”

Regarding the supervising ratio, Dr. Stone indicated that employers would like physicians to supervise more than six mid-level practitioners who work in a hospital. Mr. Burke stated that SB1915’s intent was to not have any ratio. Dr. Schoeffler indicated his concern stating, “This is giving hospitals, etc., carte blanche to do whatever they want to do.” Mr. Burke stated there is a lot of collaboration between the physician and physician assistant. Mr. Flinn would like for the ratio to be removed and let the Board decide during its adoption phase.

Mr. Burke stated that Mercy Hospital contacted “us” to include a 100-day supply for non-CDS prescriptions with three refills and told the Committee it is “common practice” to prescribe in those quantities. See: OAC 435:15-11-1(c). Dr. Stone believes it is poor practice to prescribe that much medication for a new diagnosis. Mr. Burke stated there is no statutory requirement governing this issue. Dr. Stone asked for his disagreement with this language, especially as it relates to refills, to be put in the minutes.

At the conclusion of much discussion, Mr. Burke called for action and Ms. Smith requested separate motions and votes for the three items below:

- Mr. Burke moved to recommend leaving the proposed language of “(I) Any other setting as authorized by the delegating physician,” in OAC 435:15-1-1.1. Ms. Douglas seconded the motion and the vote is recorded below:

Jeffrey Burke, PA-C, FHRS, CEPS, CCDS, Acting Chair: Yes
Louis Cox, MD: Yes
Saura Douglas, PA-C: Yes
Don Flinn, PA-C: Yes
Jonathan Stone, DO: No
Lee Schoeffler, MD: Yes

- Dr. Cox stated it did not seem appropriate that PA rules were governing MDs and how many mid-levels may be supervised by an MD. Following discussion, Dr. Stone moved to strike 435:15-3-13(c) from the rules. Mr. Flinn seconded the motion and the vote is recorded below:

Jeffrey Burke, PA-C, FHRS, CEPS, CCDS, Acting Chair: No
Louis Cox, MD: Yes
Saura Douglas, PA-C: Yes
Don Flinn, PA-C: Yes
Jonathan Stone, DO: Yes
Lee Schoeffler, MD: Yes

- Mr. Flinn moved to approve the rules as presented with the two motions above notated. Dr. Cox seconded the motion and the vote is recorded below:

Jeffrey Burke, PA-C, FHRS, CEPS, CCDS, Acting Chair: Yes

Louis Cox, MD: Yes
Saura Douglas, PA-C: Yes
Don Flinn, PA-C: Yes
Jonathan Stone, DO: No
Lee Schoeffler, MD: Yes

There being no further business, Mr. Burke moved to adjourn the meeting. The time was 5:17 p.m.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 4932 TARYN ASHLEY FIELDS
 Physician Assistant

Practice Address:

June 11, 2024
 ALPHA TELEMEDICINE
 530 LYTTON AVE
 2ND FLOOR
 PALO ALTO, CA 94301
 NOT OKLAHOMA

Status:

Endorsed By: NCCPA Certification

Res:
Received: 06/11/2024
Entered: 06/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 06/18/2024
AMA Rec:
Board Action:
License #: 4932
Sex: F
Ethnic Origin: 1

Orig Issued:

Orig. Lic. Exp:

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF KENTUCKY					
City: LEXINGTON		State: KY	Country: UNITED STATES		
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES		From: 1/2015	To: 6/2017	Verified:	
School Name: UNIVERSITY OF KENTUCKY					
City: LEXINGTON		State: KY	Country: UNITED STATES		
Degree: HUMAN NUTRITION		From: 8/2010	To: 5/2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 4932 TARYN ASHLEY FIELDS
 Physician Assistant

PRACTICE HISTORY			
Employed: Alpha Telemedicine City: PALO ALTO Specialty: TELEMEDICINE PHYSICIAN ASSISTANT Comments:	Supervisor: State: CA Country: UNITED STATES From: 11 /2022 To: / Verified:		
Employed: NONE City: MORGANTON Specialty: JOB SEARCH AND PERSONAL TIME Comments:	Supervisor: State: NC Country: UNITED STATES From: 10 /2022 To: 11 /2022 Verified:		
Employed: CompHealth City: MIDVALE Specialty: LOCUM TENENS PHYSICIAN ASSISTANT Comments:	Supervisor: State: UT Country: UNITED STATES From: 1 /2022 To: 9 /2022 Verified:		
Employed: UNC Blue Ridge Urgent Care City: MORGANTON Specialty: URGENT CARE PHYSICIAN ASSISTANT Comments:	Supervisor: State: NC Country: UNITED STATES From: 3 /2020 To: 12 /2021 Verified:		
Employed: NONE City: MORGANTON Specialty: MOVING FOR NEW JOB Comments:	Supervisor: State: NC Country: UNITED STATES From: 1 /2020 To: 2 /2020 Verified:		
Employed: CompHealth City: MIDVALE Specialty: LOCUM TENENS PHYSICIAN ASSISTANT Comments:	Supervisor: State: UT Country: UNITED STATES From: 7 /2019 To: 1 /2020 Verified:		
Employed: Baptist Health City: RICHMOND Specialty: PRIMARY CARE PHYSICIAN ASSISTANT Comments:	Supervisor: State: KY Country: UNITED STATES From: 11 /2017 To: 6 /2019 Verified:		
Employed: NONE City: LEXINGTON Specialty: UNEMPLOYED Comments:	Supervisor: State: KY Country: UNITED STATES From: 7 /2017 To: 11 /2017 Verified:		
Employed: BAPTIST HEALTH City: LEXINGTON Specialty: PT CARE TECH Comments:	Supervisor: State: KY Country: UNITED STATES From: 5 /2014 To: 1 /2015 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 4932 TARYN ASHLEY FIELDS
 Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MD	Physician Assistant C09185	A	11/17/23	6/30/25	6/18/24
NC	Physician Assistant 0010-08936	A	3/12/19	9/22/24	6/18/24
MI	Physician Assistant 5601012082	A	11/7/23	11/7/25	6/18/24
ME	Physician Assistant PA2590	A	12/15/23	9/30/24	6/18/24
CA	Physician Assistant 56846	A	5/31/19	9/30/24	6/18/24
WV	Physician Assistant 2841	A	3/11/24	3/31/25	6/18/24
KS	Physician Assistant 15-02834		10/6/23	1/31/25	6/18/24
NY	PA 023554	A	7/1/19	8/31/27	8/1/24
CT	Physician Assistant 23.006344	A	10/13/23	9/30/24	6/18/24
FL	Physician Assistant PA9118224	A	11/17/23	1/31/26	6/18/24
GA	Physician Assistant 11835	A	8/3/23	9/30/24	6/18/24
IN	Physician Assistant 10004313A	A	3/11/24	6/30/26	6/18/24
WI	Physician Assistant 7682-23	A	11/9/23	3/1/26	6/18/24
MO	Physician Assistant 2023027844	A	7/10/23	1/31/25	6/18/24
AR	Physician Assistant PA-1245	A	2/9/24	9/30/24	6/18/24
LA	Physician Assistant 340048	A	1/4/24	9/30/24	6/18/24
WA	Physician Assistant 61222807	A	9/9/22	9/22/25	6/18/24
WI	PA 4947-23	I	11/26/19	2/29/20	6/18/24
KY	PA PA2318	I	3/15/18	3/31/20	6/18/24
IN	PA-TELEHEALTH TH0007108	A			6/18/24

DEFICIENCIES

Application Instructions

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR ALPHA TELEMEDICINE?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5388 KARA WILLIAMS
 Physician Assistant

Practice Address:
 July 18, 2024

Status:
Res:
Received: 06/20/2024
Entered: 06/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 07/18/2024
AMA Rec:
Board Action:
License #: 5388
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: TEMPLE UNIVERSITY					
City: PHILADELPHIA	State: PA	Country: UNITED STATES			
Degree: MPAS	From: 6/2020	To: 7/ 2022	Verified:		
School Name: DELAWARE COUNTY COMMUNITY COLLEGE					
City: MEDIA	State: PA	Country: UNITED STATES			
Degree:	From: 8/2018	To: 12/ 2018	Verified:		
School Name: BRIGHAM YOUNG UNIVERSITY					
City: PROVO	State: UT	Country: UNITED STATES			
Degree:	From: 8/2011	To: 5/ 2016	Verified:		
School Name: SKYLINE HIGH SCHOOL					
City: SALT LAKE CITY	State: UT	Country: UNITED STATES			
Degree:	From: 8/2008	To: 6/ 2011	Verified:		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type **Number** **Name**
PA 5388 KARA WILLIAMS
Physician Assistant

PRACTICE HISTORY

Employed: Nemours Children's Hospital City: WILMINGTON Specialty: PHYSICIAN ASSISTANT Comments: IN PEDIATRIC OPHTHALMOLOGY	Supervisor: State: DE Country: UNITED STATES From: 11 /2022 To: 6 /2024 Verified:
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Employed: Jahnle Eye Associates City: HAVERTOWN Specialty: OPHTHALMIC TECHNICIAN Comments:	Supervisor: State: PA Country: UNITED STATES From: 5 /2018 To: 5 /2020 Verified:
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Employed: Wills Eye Hosiptal City: PHILADELPHIA Specialty: OPHTHALMIC TECHNICIAN Comments:	Supervisor: State: PA Country: UNITED STATES From: 10 /2017 To: 12 /2017 Verified:
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Employed: Excel Eye Center City: PROVO Specialty: OPHTHALMIC TECHNICIAN AND LASIK COORDINATOR Comments:	Supervisor: State: UT Country: UNITED STATES From: 4 /2016 To: 6 /2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NJ	PA 25MP00762400	A	1/26/23	8/31/25	7/18/24
DE	PA C5-0011807	A	9/22/22	3/31/25	7/18/24
PA	PA MA064407	A	3/3/23	12/31/24	7/18/24

DEFICIENCIES

Evidence of Status
PHOTO
Transcript
Application Instructions
OATH
Time Deficiency Form for: 12/2017- 5/2018; 5/2022- 11/2022- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5393 AILEY PHAM
 Physician Assistant

Practice Address:

June 27, 2024
 WORKIT HEALTH MI PLLC
 5373 W ALABAMA ST
 SUITE 204
 HOUSTON, TX 77056
 NOT OKLAHOMA

Status:
Res:
Received: 06/27/2024
Entered: 06/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 07/26/2024
AMA Rec:
Board Action:
License #: 5393
Sex: F
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TEXAS RIO GRANDE VALLEY					
City: EDINBURG		State: TX		Country: UNITED STATES	
Degree: MASTER OF PHYSICIAN ASSISTANT STUDIES (MPAS)		From: 8/2016		To: 12/ 2018 Verified:	
<hr/>					
School Name: UNIVERSITY OF TEXAS					
City: ARLINGTON		State: TX		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE (BS)		From: 8/2014		To: 5/ 2016 Verified:	
<hr/>					
School Name: TARRANT COUNTY COLLEGE					
City: ARLINGTON		State: TX		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2012		To: 5/ 2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5393 AILEY PHAM
 Physician Assistant

PRACTICE HISTORY

Employed: Workit Health MI PLLC City: AUSTIN Specialty: TELEHEALTH Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2022 To: / Verified:
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Employed: TriCity Psychiatric Services PA City: ARLINGTON Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2019 To: / Verified:
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Employed: Language Line Solutions Vietnamese Interpreter City: DALLAS Specialty: PA Comments: PHYSICIAN	Supervisor: State: TX Country: UNITED STATES From: 3 /2019 To: / Verified:
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Employed: Akorbi Language Service Provider Vietnamese Interp City: PLANO Specialty: PA Comments:	Supervisor: State: TX Country: UNITED STATES From: 11 /2017 To: 2 /2019 Verified:
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Employed: Brookdale at Oak Hollow Resident Assistant (CNA) City: BEDFORD Specialty: PA Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2014 To: 5 /2016 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	PA 2022041535	I	10/17/22	1/31/24	7/26/24
TX	PA PA12727	A	3/29/19	2/28/25	7/26/24
IN	PA 10003656A	I	7/14/22	6/30/24	7/26/24
IN	PA TH0003523		7/21/22		
NY	PA 031271	A	1/22/24	12/31/26	7/26/24

DEFICIENCIES

Application Instructions
 Time Deficiency Form for: 9/2010-8/2012, -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: FCVS / ARE YOU CURRENTLY EMPLOYED WITH WORKIT HEALTH MI PLLC, TRICITY PHYCHIATRIC SERVICES, AND LANGUAGE LINE SOLUTIONS? / NEED JOB TITLES FOR AKORBI LANGUAGE SERVICE PROVIDER AND BROOKEDALE AT OAK HOLLOW RESIDENT ASSISTANT.
 Verify License from IN TH0003523
 Form 5

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5395 SAMUEL SUNG KIM
 Physician Assistant

Practice Address:
 July 26, 2024

Status:
Res:
Received: 06/28/2024
Entered: 06/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 07/26/2024
AMA Rec:
Board Action:
License #: 5395
Sex: M
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: LOMA LINDA UNIVERSITY					
City: LOMA LINDA		State: CA		Country: UNITED STATES	
Degree: MPAS		From: 9/2016		To: 9/2018 Verified:	
<hr/>					
School Name: UNIVERSITY OF CALIFORNIA IRVINE					
City: IRVINE		State: CA		Country: UNITED STATES	
Degree: BIOLOGICAL SCIENCE		From: 1/2009		To: 6/2012 Verified:	
<hr/>					
School Name: SIERRA VISTA LAS VEGAS HIGH SCHOOL					
City: LAS VEGAS		State: NV		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2003		To: 6/2006 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5402 LAUREN YOUNGER
 Physician Assistant

Practice Address:
 July 12, 2024

NOT OKLAHOMA

Status:
Res:
Received: 07/12/2024
Entered: 07/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/13/2024
AMA Rec:
Board Action:
License #: 5402
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF KENTUCKY					
City: LEXINGTON		State: KY		Country: UNITED STATES	
Degree: MPAS		From: 1/2015		To: 7/ 2017 Verified:	
<hr/>					
School Name: UNIVERSITY OF KENTUCKY					
City: LEXINGTON		State: KY		Country: UNITED STATES	
Degree: BS		From: 8/2010		To: 5/ 2014 Verified:	
<hr/>					
School Name: BELFRY HIGH SCHOOL					
City: BELFRY		State: KY		Country: UNITED STATES	
Degree:		From: 8/2006		To: 5/ 2010 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5402 LAUREN YOUNGER
 Physician Assistant

PRACTICE HISTORY

Employed: Alpha Telemedicine City: PALO ALTO Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 /2023 To: / Verified:
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Employed: Novant Health City: CHARLOTTE Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: NC Country: UNITED STATES From: 1 /2019 To: 1 /2023 Verified:
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Employed: Eastern State Hospital City: LEXINGTON Specialty: PHYSICIAN ASSISTANT Comments: , PSYCHIATRY	Supervisor: State: KY Country: UNITED STATES From: 9 /2017 To: 7 /2018 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	PA 15-02905	A	4/23/24	1/31/25	8/13/24
GA	PA 12014	A	11/2/23	9/30/25	8/13/24
MN	PA 14966	A	6/27/24	9/30/25	8/13/24
AK	PA 215314	A	11/6/23	12/31/24	8/13/24
NC	PA 0010-08151	A	6/19/18	9/8/24	8/13/24
DE	PA C5-0012030	A	2/9/24	3/31/25	8/13/24
ME	PA PA2582	A	9/29/23	9/30/24	8/13/24
KY	PA PA2317	A	12/14/17	3/31/16	8/13/24
IN	PA 10004213A	A	11/28/23	6/30/26	8/13/24
NE	PA 3140	A	7/30/24	10/1/25	8/13/24
WI	PA 8043-23	A	7/19/24	2/28/26	8/13/24

DEFICIENCIES

Application Instructions
 Time Deficiency Form for: 5/2014- 1/2015; 7/2018- 1/2019; ARE YOU CURRENTLY PRACTICING AT ALPHA?- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PA?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5405 CHERYL ACAMPORA
 Physician Assistant

Practice Address:
 August 12, 2024

Status:
Res:
Received: 07/12/2024
Entered: 07/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/12/2024
AMA Rec:
Board Action:
License #: 5405
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: FRANKLIN PIERCE UNIVERSITY					
City: LEBANON		State: NH	Country: UNITED STATES		
Degree: MPAS		From: 11/2020	To: 3/ 2023	Verified:	
<hr/>					
School Name: UNIVERSITY OF VERMONT					
City: BURLINGTON		State: VT	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2014	To: 12/ 2017	Verified:	
<hr/>					
School Name: PEMBROKE HIGH SCHOOL					
City: PEMBROKE		State: MA	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2010	To: 6/ 2014	Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: South Shore Hospital					
City: WEYMOUTH		Supervisor:		State: MA Country: UNITED STATES	
Specialty: SURGICAL PHYSICIAN ASSISTANT		From: 4 /2023	To: /	Verified:	
Comments: 8/14/24MT- CURRENTLY PRACTICING					
<hr/>					
Employed: HEALTH EXPRESS					
City: PEMBROKE		Supervisor:		State: MA Country: UNITED STATES	
Specialty: MEDICAL ASSISTANT		From: 2 /2018	To: 10 / 2020	Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type **Number** **Name**
PA 5405 CHERYL ACAMPORA
Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MA	PA PA9321	A	3/27/23	3/1/25	8/12/24

<u>DEFICIENCIES</u>
Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5406 ADANNAYA C INYAMA
 Physician Assistant

Practice Address:
 August 13, 2024

Status:
Res:
Received: 07/13/2024
Entered: 07/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/13/2024
AMA Rec:
Board Action:
License #: 5406
Sex: F
Ethnic Origin: 2

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

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

PRE-MED EDUCATION					
School Name: HARDIN SIMMONS UNIVERSITY					
City: ABILENE		State: TX		Country: UNITED STATES	
Degree: MASTERS IN PHYSICIAN ASSISTANT STUDIES		From: 8/2019	To: 5/ 2023	Verified:	
School Name: TEXAS A&M SCHOOL OF RURAL PUBLIC HEALTH					
City: COLLEGE STATION		State: TX		Country: UNITED STATES	
Degree: MPH		From: 7/2007	To: 2/ 2008	Verified:	
School Name: EAST CENTRAL UNIVERSITY					
City: ADA		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE IN MEDICAL TECHNOLOGY		From: 5/2001	To: 8/ 2006	Verified:	
School Name: SOLID FOUNDATION INTERNATIONAL SCHOOL					
City: LAGOS		State:		Country: NIGERIA	
Degree:		From: 8/1993	To: 8/ 1999	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
PA	5408	MICHELE MARIE POHLMANN
Physician Assistant		

Practice Address:

July 18, 2024

PINNACLE INTEGRATIVE ORTHOPEDICS SPORTS M
802 OHIO AVE

WICHITA FALLS, TX 76301-6532
NOT OKLAHOMA

Status:

Res:

Received: 07/18/2024

Entered: 07/18/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 08/15/2024

AMA Rec:

Board Action:

License #: 5408

Sex: F

Ethnic Origin: 1

Endorsed By: NCCPA

Orig Issued:

Orig. Lic. Exp:

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

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5408 MICHELE MARIE POHLMANN
 Physician Assistant

PRE-MED EDUCATION			
School Name: UNIVERSITY OF LOUISIANA LAFAYETTE		State: LA	Country: UNITED STATES
City: LAFAYETTE		From: 8/2018	To: 12/ 2020 Verified:
Degree: MASTER'S OF BUSINESS ADMINISTRATION - HEALTHCARE			
<hr/>			
School Name: UNT HEALTH SCIENCE CENTER FT WORTH		State: TX	Country: UNITED STATES
City: FT. WORTH		From: 5/2006	To: 5/ 2009 Verified:
Degree: MASTER'S PHYSICIAN ASSISTANT STUDIES			
<hr/>			
School Name: UNIVERSITY OF TEXAS TYLER		State: TX	Country: UNITED STATES
City: TYLER		From: 8/2002	To: 12/ 2005 Verified:
Degree: BACHELOR OF ART KINESIOLOGY - CUM LAUDE			
<hr/>			
School Name: TYLER JUNIOR COLLEGE		State: TX	Country: UNITED STATES
City: TYLER		From: 8/2001	To: 5/ 2003 Verified:
Degree: ASSOCIATE DEGREE IN BIOLOGY			
<hr/>			
School Name: HILL OLLEGE		State: TX	Country: UNITED STATES
City: CLEBURNE		From: 8/1995	To: 12/ 1995 Verified:
Degree: NONE			
<hr/>			
School Name: THE UNIVERSITY OF TEXAS AUSTIN		State: TX	Country: UNITED STATES
City: AUSTIN		From: 8/1993	To: 12/ 1994 Verified:
Degree: NONE			
<hr/>			
School Name: ALVARADO HIGH SCHOOL		State: TX	Country: UNITED STATES
City: ALVARADO		From: 8/1989	To: 5/ 1993 Verified:
Degree: HONORS DIPLOMA			

PRACTICE HISTORY			
Employed: United Regional Physician Group		Supervisor:	
City: WICHITA FALLS		State: TX	Country: UNITED STATES
Specialty: PA - CARE PLUS		From: 1 /2013	To: 12 /2022 Verified:
Comments:			
<hr/>			
Employed: Midwestern University		Supervisor:	
City: WICHITA FALLS		State: TX	Country: UNITED STATES
Specialty: ASSISTANT PROFESSOR		From: 1 /2011	To: 6 /2011 Verified:
Comments:			
<hr/>			
Employed: PSR _ Emergency Group		Supervisor:	
City: WICHITA FALLS		State: TX	Country: UNITED STATES
Specialty: ER PA		From: 10 /2009	To: 9 /2013 Verified:
Comments:			
<hr/>			
Employed: United Regional Physician Group		Supervisor:	
City: WICHITA FALLS		State: TX	Country: UNITED STATES
Specialty: PA - ORTHOPEDIC SURGERY		From: 6 /2009	To: 12 /2022 Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
PA 5408 MICHELE MARIE POHLMANN
Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Physician Assistant PA06249	A	7/17/09	2/28/25	8/15/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 12/1994-8/1995, 12/1995-8/2001, 12/2005-5/2006, 12/2022-PRESENT MUST

USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: FCVS

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5409 BRYAN JAMES NEWCOMB
 Physician Assistant

Practice Address:

July 19, 2024
 OU HEALTH UNIVERSITY OF OKLAHOMA MEDICAL C
 700 NE 13TH ST

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 07/19/2024
Entered: 07/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/16/2024
AMA Rec:
Board Action:
License #: 5409
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NOVA SOUTHEASTERN UNIVERSITY					
City: FORT MYERS	State: FL	Country: UNITED STATES			
Degree: PA	From: 5/2011	To: 8/ 2013	Verified:		
<hr/>					
School Name: GEORGE MASON UNIVERSITY					
City: FAIRFAX	State: VA	Country: UNITED STATES			
Degree:	From: 8/2005	To: 5/ 2006	Verified:		
<hr/>					
School Name: UNIVERSITY OF VIRGINIA					
City: CHARLOTTESVILLE	State: VA	Country: UNITED STATES			
Degree: BA	From: 8/2002	To: 8/ 2006	Verified:		
<hr/>					
School Name: PEPPERDINE UNIVERSITY					
City: MALIBU	State: CA	Country: UNITED STATES			
Degree:	From: 8/2001	To: 5/ 2002	Verified:		
<hr/>					
School Name: ATLEE HIGH SCHOOL					
City: MECHANICSVILLE	State: VA	Country: UNITED STATES			
Degree:	From: 9/1997	To: 6/ 2001	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5409 BRYAN JAMES NEWCOMB
 Physician Assistant

PRACTICE HISTORY			
Employed: OU MEDICAL CENTER City: OKLAHOMA CITY Specialty: PA Comments: 7/19/24 - TEMP NOT ISSUED, APP INCOMPLETE (KB) 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: JASON LEES, MD 21247 State: OK Country: From: 7 /2024 To: / Verified:		
Employed: HCA Florida Ocala Hospital City: OCALA Specialty: PHYSICIAN ASSISTANT Comments: 8/23/2024:PROVIDE LOCUMS COVERAGE. MOST RECENT ONE IN JUNE 2024(SJ)	Supervisor: State: FL Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: Portsmouth Regional Hospital City: PORTSMOUTH Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: NH Country: UNITED STATES From: 8 /2023 To: 1 /2024 Verified:		
Employed: Integrated Emergency Medicine Specialists City: NAPLES Specialty: PHYSICIAN ASSISTANT Comments: 8/23/2024:CURRENTLY MAINTAIN PRN POSITION (SJ)	Supervisor: State: FL Country: UNITED STATES From: 7 /2023 To: / Verified:		
Employed: Axel Health City: FORT MYERS Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: FL Country: UNITED STATES From: 3 /2015 To: 1 /2020 Verified:		
Employed: Lee Health City: FORT MYERS Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: FL Country: UNITED STATES From: 1 /2014 To: 4 /2024 Verified:		
Employed: NONE City: FORT MYERS Specialty: STUDYING FOR PANCE Comments:	Supervisor: State: FL Country: From: 8 /2013 To: 1 /2014 Verified:		
Employed: Advanced Orthopedics City: RICHMOND Specialty: CLINICAL ASSISTANT Comments:	Supervisor: State: VA Country: UNITED STATES From: 12 /2010 To: 5 /2011 Verified:		
Employed: Mid-Atlantic Volleyball Club City: CHESTERFIELD Specialty: DIRECTOR OF VOLLEYBALL TRAINING & SPECIAL PROGRAMS Comments: DIRECTOR OF VOLLEYBALL TRAINING AND SPECIAL PROGRAMS	Supervisor: State: VA Country: UNITED STATES From: 6 /2009 To: 4 /2011 Verified:		
Employed: Cesu Alus Volleyball City: RIGA Specialty: PROFESSIONAL VOLLEYBALL PLAYER Comments:	Supervisor: State: Country: LATVIA From: 1 /2009 To: 5 /2009 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5409 BRYAN JAMES NEWCOMB
 Physician Assistant

Employed: Voley Guada City: GUADALAJARA Specialty: PROFESSIONAL VOLLEYBALL PLAYER Comments:	Supervisor: State: Country: SPAIN From: 8 /2008 To: 12 /2008 Verified:
Employed: Tierp Volley City: TIERP Specialty: PROFESSIONAL VOLLEYBALL PLAYER Comments:	Supervisor: State: Country: SWEDEN From: 8 /2007 To: 5 /2008 Verified:
Employed: Pallovollo Lugano City: LUGANO Specialty: PROFESSIONAL VOLLEYBALL PLAYER Comments:	Supervisor: State: Country: SWITZERLAND From: 8 /2006 To: 5 /2007 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
ID	PA PA-2776	A	4/11/24	6/30/25	8/16/24
NJ	PA 25MP00853000	A	5/28/24	8/31/25	8/16/24
FL	PA PA9107631	A	10/21/13	1/31/26	8/16/24
NE	PA 3100	A	3/20/24	10/1/25	8/16/24
NH	PA 2140	A	12/4/23	12/4/25	8/16/24
CA	PA 64735	A	7/1/24	2/28/26	8/16/24
NH	TEMP LICENSE EL12516	I	8/11/23	12/9/23	6/17/24

DEFICIENCIES
 Application Instructions
 Form 1

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5412 LIANNA CLAIR TEMPLETON
 Physician Assistant

Practice Address:
 July 27, 2024
 ONE TO ONE HEALTH
 1110 MARKET ST.
 STE 502
 CHATTANOOGA, TN 37402
 NOT OKLAHOMA

Status:
Res:
Received: 07/27/2024
Entered: 07/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/23/2024
AMA Rec:
Board Action:
License #: 5412
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF KENTUCKY					
City: LEXINGTON		State: KY	Country: UNITED STATES		
Degree: MASTERS PHYSICIAN ASSISTANT STUDIES		From: 1/2015	To: 6/ 2017	Verified:	
<hr/>					
School Name: MOREHEAD STATE UNIVERSITY					
City: MOREHEAD		State: KY	Country: UNITED STATES		
Degree: BACHELORS BIOMEDICAL SCIENCE		From: 8/2012	To: 5/ 2014	Verified:	
<hr/>					
School Name: MAYSVILLE COMMUNITY AND TECHNICAL COLLEGE					
City: MAYSVILLE		State: KY	Country: UNITED STATES		
Degree: ASSOCIATE OF SCIENCE		From: 1/2011	To: 5/ 2012	Verified:	
<hr/>					
School Name: STATE OF KENTUCKY BOARD OF EDUCATION					
City: FRANKFORT		State: KY	Country: UNITED STATES		
Degree: GED		From: 4/2001	To: 4/ 2001	Verified:	
<hr/>					
School Name: MASON COUNTY HIGH SCHOOL					
City: MAYSVILLE		State: KY	Country: UNITED STATES		
Degree:		From: 8/1998	To: 12/ 2000	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PA 5415 LINDSEY THURMOND GUEVARA
Physician Assistant

Practice Address:
August 27, 2024

Status:
Res:
Received: 07/31/2024
Entered: 07/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/27/2024
AMA Rec:
Board Action:
License #: 5415
Sex: F
Ethnic Origin: 1

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

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

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5415 LINDSEY THURMOND GUEVARA
 Physician Assistant

PRE-MED EDUCATION			
School Name: EMORY UNIVERSITY City: ATLANTA Degree: MPAS	State: GA From: 7/2019	Country: UNITED STATES To: 12/ 2021	Verified:
School Name: HARRIS HEALTH SCHOOL OF RADIOLOGY City: HOUSTON Degree: CERTIFICATION: DIAGNOSTIC ULTRASOUND TECHNOLOGY	State: TX From: 8/2011	Country: UNITED STATES To: 5/ 2013	Verified:
School Name: UNIVERSITY OF HOUSTON City: VICTORIA Degree: MAIS	State: TX From: 12/2010	Country: UNITED STATES To: 12/ 2016	Verified:
School Name: UNIVERSITY OF TEXAS MEDICAL BRANCH City: GALVESTON Degree:	State: TX From: 8/2010	Country: UNITED STATES To: 12/ 2010	Verified:
School Name: UNIVERSITY OF HOUSTON City: VICTORIA Degree: BS	State: TX From: 8/2007	Country: UNITED STATES To: 5/ 2009	Verified:
School Name: UNIVERSITY OF MARY HARDIN BAYLOR City: BELTON Degree:	State: TX From: 1/2006	Country: UNITED STATES To: 1/ 2007	Verified:
School Name: HOUSTON COMMUNITY COLLEGE City: HOUSTON Degree:	State: TX From: 6/2003	Country: UNITED STATES To: 5/ 2009	Verified:
School Name: HOUSTON BAPTIST UNIVERSITY City: HOUSTON Degree:	State: TX From: 8/2000	Country: UNITED STATES To: 5/ 2002	Verified:
School Name: WHARTON COUNTY JUNIOR COLLEGE City: HOUSTON Degree:	State: TX From: 6/2000	Country: UNITED STATES To: 5/ 2009	Verified:
School Name: SOUTHWEST CHRISTIAN ACADEMY City: HOUSTON Degree:	State: TX From: 8/1996	Country: UNITED STATES To: 5/ 2000	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5415 LINDSEY THURMOND GUEVARA
 Physician Assistant

PRACTICE HISTORY					
Employed: NONE City: SUGARLAND Specialty: UNEMPLOYED Comments: 8/28/24MT- CURRENT STATUS MATERNITY LEAVE	Supervisor: State: TX Country: UNITED STATES From: 12 /2022 To: / Verified:				
Employed: Aura MD City: HOUSTON Specialty: PHYSICIAN ASSISTANT Comments: IN PSYCHIATRY TELEMEDICINE	Supervisor: State: TX Country: UNITED STATES From: 8 /2022 To: 12 /2022 Verified:				
Employed: North Georgia Urgent Care City: DULUTH Specialty: PHYSICIAN ASSISTANT Comments: IN URGENT CARE SETTING	Supervisor: State: GA Country: UNITED STATES From: 4 /2022 To: 8 /2022 Verified:				
Employed: NONE City: ATLANTA Specialty: UNEMPLOYED Comments: STUDYING FOR PANCE	Supervisor: State: GA Country: UNITED STATES From: 12 /2021 To: 4 /2022 Verified:				
Employed: Harris Health System City: HOUSTON Specialty: ULTRASOUND TECHNOLOGIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2013 To: 8 /2019 Verified:				
Employed: APPS Paramedical Services City: SUGAR LAND Specialty: PARAMEDICAL EXAMINER Comments: PARAMEDICAL SERVICES (INCLUDING VENIPUNCTURES, EKGS, ETC)	Supervisor: State: TX Country: UNITED STATES From: 8 /2007 To: 8 /2010 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
GA	PA 11001	A	5/5/22	10/31/25	8/27/24
TX	PA PA15976	A	8/23/22	8/31/26	8/27/24

DEFICIENCIES
Application Instructions

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5416 SHENEY HUNTER REDMOND
 Physician Assistant

Practice Address:
 September 23, 2024
 HOOKER MEDICAL CLINIC, LLC
 101 GLAYDAS ST

 HOOKER, OK 73945
 TEXAS

Status:
Res:
Received: 08/06/2024
Entered: 08/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5416
Sex: M
Ethnic Origin: 4

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

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

PRE-MED EDUCATION			
School Name: WICHITA STATE UNIVERSITY			
City: WICHITA	State: KS	Country: UNITED STATES	
Degree: MPAS	From: 6/2022	To: 7/2024	Verified:
School Name: OKLAHOMA PANHANDLE STATE UNIVERSITY			
City: GOODWELL	State: OK	Country: UNITED STATES	
Degree: B.S.	From: 8/2020	To: 5/2022	Verified:
School Name: SEWARD COUNTY COMMUNITY COLLEGE			
City: LIBERAL	State: KS	Country: UNITED STATES	
Degree: A.A.	From: 6/2017	To: 5/2020	Verified:
School Name: HOOKER HIGH SCHOOL			
City: HOOKER	State: OK	Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA	From: 8/2013	To: 5/2017	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5416 SHENEY HUNTER REDMOND
 Physician Assistant

PRACTICE HISTORY

Employed: HOOKER MEDICAL CLINIC, LLC **Supervisor:**
City: HOOKER **State:** OK **Country:**
Specialty: PA **From:** 9 / 2024 **To:** / **Verified:**
Comments: 9/18/24 -TEMP NOT ISSUED, APP INCOMPLETE - KB
 101 GLAYDAS ST
 HOOKER, OK 73945
 580-652-1100

Employed: Physical Therapy On The Move **Supervisor:**
City: HOOKER **State:** OK **Country:** UNITED STATES
Specialty: FRONT DESK **From:** 2 / 2021 **To:** 5 / 2022 **Verified:**
Comments: /TECH/SPANISH INTERPRETER

Employed: Prairie Vista Eye & Optical, PA **Supervisor:**
City: LIBERAL **State:** KS **Country:** UNITED STATES
Specialty: FRONT DESK **From:** 5 / 2018 **To:** 2 / 2021 **Verified:**
Comments: /SCRIBE/TECH

Employed: Seward County Community College **Supervisor:**
City: LIBERAL **State:** KS **Country:** UNITED STATES
Specialty: WORK-STUDY **From:** 8 / 2017 **To:** 5 / 2018 **Verified:**
Comments: ASSISTED IN MATH AND SCIENCE DEPT AS WORK-STUDY

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

OTHER DEFICIENCIES: CANNOT PROCESS RECEIVED TRANSCRIPT- MUST SHOW FINALIZED DEGREE Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5417 EVAN SIMONE JOHNSON
 Physician Assistant

Practice Address:
 August 09, 2024

NOT OKLAHOMA

Status:
Res:
Received: 08/09/2024
Entered: 08/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/06/2024
AMA Rec:
Board Action:
License #: 5417
Sex: F
Ethnic Origin: 2

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

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

PRE-MED EDUCATION					
School Name: BAYLOR COLLEGE OF MEDICINE					
City: HOUSTON		State: TX		Country: UNITED STATES	
Degree: MPAS		From: 6/2018		To: 12/ 2020 Verified:	
<hr/>					
School Name: UNIVERSITY OF GEORGIA					
City: ATHENS		State: GA		Country: UNITED STATES	
Degree:		From: 8/2014		To: 5/ 2018 Verified:	
<hr/>					
School Name: CENTENNIAL HIGH SCHOOL					
City: ROSWELL		State: GA		Country: UNITED STATES	
Degree:		From: 8/2010		To: 5/ 2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5417 EVAN SIMONE JOHNSON
 Physician Assistant

PRACTICE HISTORY

Employed: Henry Meds City: SAN FRANCISCO Specialty: PA Comments: SENIOR CLINICAL TEAM MANAGER AND	Supervisor: State: CA Country: UNITED STATES From: 1 / 2023 To: / Verified:
--	---

Employed: Quality Health Partners City: SANTA FE Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 / 2022 To: 1 / 2023 Verified:
--	--

Employed: Envision Healthcare City: NASHVILLE Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: TN Country: UNITED STATES From: 1 / 2021 To: 8 / 2022 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PA PA14256	A	1/26/21	2/28/26	9/6/24
IL	PA 085008636	A	9/29/21	3/1/26	9/6/24
NY	PA 027339	A	9/27/21	8/3/26	9/6/24
FL	PA PA9118156	A	10/27/23	1/31/26	9/6/24
VA	PA 0110010207	A	7/12/24	9/30/25	9/6/24
CA	PA 61112	A	5/17/22	9/30/25	9/6/24
UT	PA 14065830-1206	A	7/3/24	5/31/26	9/6/24
CO	PA PA.0008107	A	8/21/23	1/31/26	9/6/24
WA	PA PA61497495	A	11/9/23	9/26/26	9/6/24
DE	PA C5-001211	A	8/6/24	3/31/25	9/6/24
IA	PA 127350	A	8/15/24	9/30/26	9/6/24
MI	PA 5601012614	A	8/13/24	8/13/27	9/6/24
WI	PA 8062-23	A	8/6/24	2/28/26	9/6/24

DEFICIENCIES

Application Instructions
 Time Deficiency Form for: ARE YOU CURRENTLY PRACTICING AT HENRY MEDS?
 OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PA?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5418 FAITH MORRISON
 Physician Assistant

Practice Address:
 September 10, 2024

Status:
Res:
Received: 08/14/2024
Entered: 08/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5418
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER					
City: LUBBOCK		State: TX		Country: UNITED STATES	
Degree: MPAS		From: 5/2021		To: 8/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA BAPTIST UNIVERSITY					
City: SHAWNEE		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 12/ 2018 Verified:	
<hr/>					
School Name: SAN JACINTO CHRISTIAN ACADEMY					
City: AMARILLO		State: TX		Country: UNITED STATES	
Degree:		From: 8/2010		To: 5/ 2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5418 FAITH MORRISON
 Physician Assistant

PRACTICE HISTORY

Employed: Walt Disney World Resort **Supervisor:**
City: ORLANDO **State:** FL **Country:** UNITED STATES
Specialty: WORKED AS LIFEGUARD AT DISNEY RESORT. **From:** 1 / 2022 **To:** 7 / 2022 **Verified:**
Comments:

Employed: Cardiology Center of Amarillo **Supervisor:**
City: AMARILLO **State:** TX **Country:** UNITED STATES
Specialty: MEDICAL SCRIBE **From:** 8 / 2020 **To:** 4 / 2021 **Verified:**
Comments: WORKED AS MEDICAL SCRIBE FOR INTERVENTIONAL CARDIOLOGIST.

Employed: Heal the City Free Clinic **Supervisor:**
City: AMARILLO **State:** TX **Country:** UNITED STATES
Specialty: MEDICAL SCRIBE **From:** 5 / 2019 **To:** 6 / 2020 **Verified:**
Comments: WORKED AS MEDICAL SCRIBE AND SOCIAL MEDIA COORDINATOR.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE:ACADEMIC PROBATION
 Application Instructions
 OATH
 Time Deficiency Form for: 12/2018-5/2019 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 PHOTO
 OTHER DEFICIENCIES: FORM1 RECEIVED SHOWS THAT THERE WAS DISCIPLINARY ACTION, BUT THEY DID NOT ATTACH ANY DOCUMENTS.

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5419 DANIELLE PUANANI KLAEYSEN
 Physician Assistant

Practice Address:
 August 16, 2024
 TWIN HEALTH
 2525 E. CHARLESTON RD
 #104
 MOUNTAIN VIEW, CA 94043
 NOT OKLAHOMA

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/11/2024
AMA Rec:
Board Action:
License #: 5419
Sex: F
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: CHATHAM UNIVERSITY					
City: PITTSBURGH		State: PA		Country: UNITED STATES	
Degree: MASTER OF PHYSICIAN ASSISTANT STUDIES (MPAS)		From: 8/2009		To: 7/ 2011 Verified:	
<hr/>					
School Name: CONNECTICUT COLLEGE					
City: NEW LONDON		State: CT		Country: UNITED STATES	
Degree: BACHELOR OF ARTS (BA)		From: 8/2003		To: 5/ 2007 Verified:	
<hr/>					
School Name: PUNAHOU SCHOOL					
City: HONOLULU		State: HI		Country: UNITED STATES	
Degree:		From: 8/1999		To: 6/ 2003 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5419 DANIELLE PUANANI KLAEYSEN
 Physician Assistant

PRACTICE HISTORY			
Employed: Twin Health City: MOUNTAIN VIEW Specialty: PHYSICIAN ASSISTANCE DUTIES Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 /2022 To: / Verified:		
Employed: ZoomCare City: PORTLAND Specialty: PROVIDE INFO Comments:	Supervisor: State: OR Country: UNITED STATES From: 10 /2019 To: 6 /2022 Verified:		
Employed: Zoomcare City: SEATTLE Specialty: Comments: ORDER APPROPRIATE POINT-OF-CARE TESTING WITH INTERPRETATION OF X-RAYS.	Supervisor: State: WA Country: UNITED STATES From: 10 /2019 To: 6 /2022 Verified:		
Employed: North Sound Emergency Medicine City: EVERETT Specialty: Comments: PERFORM SYSTEM BASED AND THOROUGH HISTORY AND PHYSICAL EXAMINATIONS	Supervisor: State: WA Country: UNITED STATES From: 1 /2018 To: 9 /2019 Verified:		
Employed: Providence Medical Group City: EVERETT Specialty: PROVIDES PHYSICIAN ASSISTANCE SERVICES Comments: PROVIDES PHYSICIAN ASSISTANCE SERVICES SUCH AS PERFORMING THOROUGH HISTORY AND PHYSICAL EXAMS	Supervisor: State: WA Country: UNITED STATES From: 2 /2014 To: 6 /2022 Verified:		
Employed: Prime Care Urgent Care City: ALBANY Specialty: Comments: PERFORM SYSTEM-BASED HISTORY AND PHYSICAL EXAMINATIONS	Supervisor: State: NY Country: UNITED STATES From: 7 /2013 To: 2 /2015 Verified:		
Employed: Albany Medical Center City: ALBANY Specialty: Comments: SUPERVISED PHYSICIAN ASSISTANT AND MEDICAL STUDENTS DURING THEIR ELECTIVE ROTATION	Supervisor: State: NY Country: UNITED STATES From: 8 /2012 To: 10 /2019 Verified:		
Employed: St Peter's Hospital City: ALBANY Specialty: Comments: DOCUMENTED AND REVIEWED PERTINENT PROGRESS NOTES TO MAINTAIN ACCURATE PATIENT MEDICAL RECORDS.	Supervisor: State: NY Country: UNITED STATES From: 8 /2011 To: 1 /2013 Verified:		
Employed: Dana - Farber Cancer Institute City: BOSTON Specialty: PA SERVICES Comments:	Supervisor: State: MA Country: UNITED STATES From: 8 /2007 To: 7 /2009 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5419 DANIELLE PUANANI KLAEYSEN
 Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
IL	Physician Assistant 085008988	A	6/15/22	3/1/26	9/11/24
AL	Physician Assistant 2010	A	7/21/22	12/31/24	9/11/24
MA	Physician Assistant PA8850	A	7/21/22	3/1/25	9/11/24
KY	Physician Assistant PA3056	A	12/15/22	3/31/26	9/11/24
NV	Physician Assistant PA2644	A	5/23/22	6/30/25	9/11/24
RI	Physician Assistant PA01506	A	9/30/22	6/30/25	8/19/24
WI	Physician Assistant 7066-23	A	8/16/22	3/1/26	9/11/24
SC	Physician Assistant 4542	I	8/16/22	12/31/23	9/11/24
IA	Physician Assistant 114796	A	6/15/22	9/30/26	9/11/24
NC	Physician Assistant 0010-12472	A	7/29/22	6/18/25	9/11/24
AR	Physician Assistant PA-1095	A	7/28/22	6/30/25	9/11/24
MD	Physician Assistant C08559	A	7/25/22	6/30/25	9/11/24
PA	Physician Assistant MA063543	A	5/5/22	12/31/24	9/11/24
MO	Physician Assistant 2022034196	I	8/25/22	1/31/24	9/11/24
IN	Physician Assistant 10003777A	A	9/30/22	6/30/26	9/11/24
WV	Physician Assistant ITRPA-1013		10/7/22		
FL	Physician Assistant PA9115920	A	4/26/22	1/31/26	9/11/24
MN	Physician Assistant 14076	A	6/6/22	6/30/25	9/11/24
LA	Physician Assistant 333122	A	8/20/22	6/30/25	9/11/24
OR	Physician Assistant PA211345	A	7/28/22	12/31/25	9/11/24
NJ	Physician Assistant 25MP00726300	A	8/16/22	8/31/25	9/11/24
TN	Physician Assistant 5048	A	6/15/22	6/30/25	9/11/24
CA	Physician Assistant 61083	A	5/6/22	6/30/25	9/11/24
VA	Physician Assistant 0110008707	A	7/26/22	6/30/25	9/11/24
WA	Physician Assistant PA60516216	A	11/13/14	6/18/25	9/11/24
TX	Physician Assistant PA16015	A	9/27/22	8/31/25	9/11/24
MI	Physician Assistant 5601011165	A	7/7/22	7/7/26	9/11/24
NY	Physician Assistant 015029	A	8/17/11	1/31/25	9/11/24
OH	Physician Assistant 50.007667RX	A	7/5/22	7/5/26	9/11/24
UT	Physician Assistant 12900275-1206	A	7/13/22	5/31/26	9/11/24
AZ	Physician Assistant 9223	A	10/13/22	9/16/25	9/11/24
KS	Physician Assistant TW-00164-4	A	5/1/22	7/31/25	8/19/24
IN	Physician Assistant- TELEHEALTH CERTIFICATE	I	2/19/24		9/11/24
OR	PA CP201381	I	7/7/20	7/31/22	9/11/24
AR	PA TEMP PT2022-047	I	7/15/22	8/5/22	8/19/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5419	DANIELLE PUANANI KLAEYSEN

Physician Assistant

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR TWIN HEALTH?/ PLEASE LET US
KNOW YOUR JOB TITLES FOR ALL JOBS LISTED

Verify License from WV ITRPA-1013

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5420 JOSEPHINE NHU NGUYEN
 Physician Assistant

Practice Address:
 September 11, 2024

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5420
Sex: F
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: OSU CENTER FOR HEALTH SCIENCES					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 7/2022	To: /	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: PUTNAM CITY NORTH HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5420 JOSEPHINE NHU NGUYEN
 Physician Assistant

PRACTICE HISTORY

Employed: TLC Walk-In Urgent Care Clinic **Supervisor:**
City: BETHANY **State:** OK **Country:** UNITED STATES
Specialty: PERFORMED NECESSARY IN-HOUSE LABS **From:** 9 /2021 **To:** 4 /2022 **Verified:**
Comments: TRIAGED PATIENTS, PERFORMED NECESSARY IN-HOUSE LABS, & NOTE DOCUMENTATION FOR PROVIDERS

Employed: ScribeAmerica **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SCRIBE **From:** 8 /2020 **To:** 4 /2022 **Verified:**
Comments: ASSISTED PROVIDERS IN DOCUMENTING PATIENT HISTORY, PHYSICAL EXAMINATIONS, & DIAGNOSTIC TESTS

Employed: NONE **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SUMMER BREAK BETWEEN HIGH SCHOOL AND UNDERGRADUATE **From:** 5 /2017 **To:** 8 /2017 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FORM OSU? WHEN IS THE ANTICIPATED GRADUATION?/ RECEIVED BACKGROUND CHECK BUT DOB IS DIFFERENT FROM THE ONE ON THE APPLICATION

Evidence of Status

Application Instructions

OATH

Extended Background Check

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5421 SYDNEE NICOLE SCOTT
 Physician Assistant

Practice Address:
 September 11, 2024

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5421
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: STILLWATER		From: 7/2022	To: /	Verified:	
Degree: MASTER'S OF SCIENCE					
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: STILLWATER		From: 8/2018	To: 12/ 2021	Verified:	
Degree:					
School Name: EDMOND NORTH HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: EDMOND		From: 8/2014	To: 5/ 2018	Verified:	
Degree:					

PRACTICE HISTORY					
Employed: Legacy Village		Supervisor:			
City: STILLWATER		State: OK	Country: UNITED STATES		
Specialty: CNA		From: 4 /2021	To: 4 / 2022	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

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

Type	Number	Name
PA	5421	SYDNEE NICOLE SCOTT

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FROM OKLAHOMA STATE UNIVERSITY? WHEN IS THE ANTICIPATED GRADUATION?/ TRANSCRIPT RECEIVED IS NOT SHOWING THE PA DEGREE CONFER DATE

NCCPA

OATH

PHOTO

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5422 RILEY CHRISTINE HAMM
 Physician Assistant

Practice Address:
 August 16, 2024
 TULSA BONE AND JOINT ASSOCIATES
 4802 S 109TH E AVE

 TULSA, OK 74146
 TULSA

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5422
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION			
School Name: OSU-CHS		State: OK	Country: UNITED STATES
City: TULSA		From: 7/2022	To: / Verified:
Degree:			
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: STILLWATER		From: 8/2017	To: 5/ 2021 Verified:
Degree: BACHELOR OF SCIENCE			
School Name: HILLDALE PUBLIC SCHOOLS		State: OK	Country: UNITED STATES
City: MUSKOGEE		From: 8/2013	To: 5/ 2017 Verified:
Degree:			

PRACTICE HISTORY			
Employed: NONE		Supervisor:	
City: TULSA		State: OK	Country: UNITED STATES
Specialty: UNEMPLOYED		From: 5 /2021	To: 7 /2022 Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5422	RILEY CHRISTINE HAMM

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

Form 1

Transcript

NCCPA

OATH

PHOTO

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FROM OSU? WHEN IS THE ANTICIPATED GRADUATION?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5423 ANNA ADELE PEACOCK
 Physician Assistant

Practice Address:
 September 11, 2024

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5423
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 7/2022	To: /	Verified:	
<hr/>					
School Name: UNIVERSITY OF TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018	To: 5/2022	Verified:	
<hr/>					
School Name: EDMOND SANTA FE HIGH SCHOOL					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014	To: 5/2018	Verified:	

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5423	ANNA ADELE PEACOCK

Physician Assistant

DEFICIENCIES

NCCPA

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FROM OSU? WHEN IS THE ANTICIPATED GRADUATION ?

Form 1

Transcript

Evidence of Status

Application Instructions

OATH

PHOTO

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5424 ALISON TUTTLE
 Physician Assistant

Practice Address:
 September 11, 2024

Status:
Res:
Received: 08/16/2024
Entered: 08/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5424
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OSU-CHS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES		From: 7/2022	To: /	Verified:	
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: NUTRITIONAL SCIENCES - ALLIED HEALTH		From: 8/2016	To: 5/ 2020	Verified:	
School Name: CASCIA HALL PREPARATORY SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2012	To: 5/ 2016	Verified:	
PRACTICE HISTORY					
Employed: OB/GYN Specialists of Tulsa			Supervisor:		
City: TULSA		State: OK		Country: UNITED STATES	
Specialty: WORKED AS A MEDICAL ASSISTANT		From: 6 /2020	To: 5 /2022	Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type **Number** **Name**
PA 5424 ALISON TUTTLE
Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Transcript
NCCPA
PHOTO
OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM OSU?
Evidence of Status
Application Instructions
OATH
Form 1

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5425 CAMRYN CHITTY
 Physician Assistant

Practice Address:
 September 12, 2024

Status:
Res:
Received: 08/17/2024
Entered: 08/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5425
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY - CENTER FOR HUMAN SCI.					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES		From: 6/2022		To: 10/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELOR'S OF HUMAN DEVELOPMENT AND FAMILY SCIENCE		From: 8/2017		To: 8/ 2021 Verified:	
<hr/>					
School Name: CHOCTAW HIGH SCHOOL					
City: CHOCTAW		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/ 2017 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: Oklahoma State University Center for Developmental			Supervisor:		
City: STILLWATER		State: OK		Country: UNITED STATES	
Specialty: CLASS ADMIN & INSTRUCTOR		From: 8/2021		To: 6/ 2022 Verified:	
Comments: SELF-DETERMINATION CLASS ADMINISTRATOR AND INSTRUCTOR FOR DISABLED ADULTS					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
PA 5425 CAMRYN CHITTY
Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Application Instructions
OATH
Extended Background Check
PHOTO
Form 1
Transcript
NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5426 BRADY LLOYD FIELDS
 Physician Assistant

Practice Address:
 September 12, 2024

Status:
Res:
Received: 08/18/2024
Entered: 08/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5426
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION			
School Name: OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENC	State: OK	Country: UNITED STATES	
City: TULSA			
Degree:	From: 7/2022	To: /	Verified:
<hr/>			
School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY	State: OK	Country: UNITED STATES	
City: ALVA			
Degree:	From: 8/2012	To: 5/ 2017	Verified:
<hr/>			
School Name: SEILING PUBLIC SCHOOLS	State: OK	Country: UNITED STATES	
City: SEILING			
Degree:	From: 8/2007	To: 5/ 2012	Verified:

PRACTICE HISTORY			
Employed: Stillwater Otolaryngology	Supervisor:		
City: STILLWATER	State: OK	Country: UNITED STATES	
Specialty: SCRIBE AND MEDICAL ASSISTANT	From: 9 /2017	To: 6 /2022	Verified:
Comments:			
<hr/>			
Employed: Seiling Nursing Center	Supervisor:		
City: SEILING	State: OK	Country: UNITED STATES	
Specialty: DIETARY AID	From: 11 /2011	To: 8 /2017	Verified:
Comments: AND COOK AND DISHWASHER			

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

Type	Number	Name
PA	5426	BRADY LLOYD FIELDS

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
Extended Background Check
Time Deficiency Form for: WHEN IS YOUR EXPECTED GRADUATION DATE FROM OSUHSC?; WHERE DID YOU OBTAIN YOUR PA DEGREE?- MUST USE TIME DEFICIENCY FORM
PHOTO
Form 1
Transcript
NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5427 GRACE MARGARET ROY
 Physician Assistant

Practice Address:
 September 17, 2024

Status:
Res:
Received: 08/21/2024
Entered: 08/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5427
Sex: F
Ethnic Origin: 3

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

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

PRE-MED EDUCATION					
School Name: OSU CENTER OF HEALTH SCIENCES					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES		From: 7/2022	To: /	Verified:	
<hr/>					
School Name: THE UNIVERSITY OF TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: BIOLOGICAL SCIENCES		From: 8/2018	To: 5/ 2022	Verified:	
<hr/>					
School Name: BISHOP KELLEY HIGH SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014	To: 5/ 2018	Verified:	
<hr/>					
PRACTICE HISTORY					
Employed:			Supervisor:		
City:		State:		Country:	
Specialty:		From: /	To: /	Verified:	
Comments:					

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

Type	Number	Name
PA	5427	GRACE MARGARET ROY

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
PHOTO
Form 1
Transcript
NCCPA
Extended Background Check
Evidence of Status
Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE: "YES" ANSWER ON APPLICATION
Application Instructions
OATH
Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM OSU-HSC?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5428 MARIBEL DIAZ CAMPOS
 Physician Assistant

Practice Address:
 August 21, 2024

NOT OKLAHOMA

Status:
Res:
Received: 08/21/2024
Entered: 08/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/17/2024
AMA Rec:
Board Action:
License #: 5428
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: STANFORD UNIVERSITY					
City: STANFORD		State: CA		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT		From: 5/2016		To: 5/2018 Verified:	
<hr/>					
School Name: NAPA VALLEY COLLEGE					
City: NAPA		State: CA		Country: UNITED STATES	
Degree:		From: 8/2002		To: 6/2006 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5428 MARIBEL DIAZ CAMPOS
 Physician Assistant

PRACTICE HISTORY

Employed: Kaiser Permanente		Supervisor:	
City: VACAVILLE		State: CA	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 9 / 2018	To: /	Verified:
Comments: EMPLOYED			

Employed: Kaiser Permanente		Supervisor:	
City: SACRAMENTO		State: CA	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 6 / 2011	To: 6 / 2016	Verified:
Comments: EMPLOYED			

Employed: John Muir Medical Center		Supervisor:	
City: WALNUT CREEK		State: CA	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 7 / 2006	To: 6 / 2013	Verified:
Comments: EMPLOYED			

Employed: Northbay HealthCare		Supervisor:	
City: FAIRFIELD		State: CA	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 6 / 2005	To: 4 / 2006	Verified:
Comments: EMPLOYED			

Employed: Department of Veterans Affairs		Supervisor:	
City: MARE ISLAND		State: CA	Country: UNITED STATES
Specialty: NEED JOB TITLE	From: 7 / 2003	To: 2 / 2006	Verified:
Comments: EMPLOYED			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5428 MARIBEL DIAZ CAMPOS
 Physician Assistant

Other Licenses						
State	Lic Type and Number	Status	Issued	Exp	Verif	
OR	PA PA218651	A	8/14/24	12/31/25	9/17/24	
ID	PA PA-2700	A	1/18/24	6/30/25	9/17/24	
NJ	PA 25MP00781400	A	5/4/23	8/31/25	9/17/24	
MS	PA PA00718	A	6/7/23	6/30/25	9/17/24	
CA	PA 55521	A	4/20/18	4/30/26	9/17/24	
AZ	PA 10173	A	3/12/24	7/14/26	9/17/24	
OH	PA 50.008119RX	A	5/5/23	5/5/25	9/17/24	
TX	PA PA17584	A	1/30/24	2/28/26	9/17/24	
WA	PA PA61509977	A	12/15/23	4/15/26	9/17/24	
NY	PA 029969	A	5/25/23	4/30/26	9/17/24	
TN	PA 5519	A	5/5/23	4/30/26	9/17/24	
IL	PA 085009717	I	6/17/23	3/1/24	9/17/24	
NV	PA PA2985	A	2/7/24	6/30/25	9/17/24	
CO	PA PA.0007886	A	4/18/23	1/31/26	9/17/24	
FL	PA PA9118371	A	1/24/24	1/31/26	9/17/24	
MT	PA 144442	A	8/26/24	10/31/25	9/17/24	
VA	PA 0110010361	A	9/6/24	4/30/27	9/17/24	

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 Time Deficiency Form for: 4/2002- 8/2002; 5/2018- 9/2018; NEED JOB TITLES FOR ALL PROFESSIONS LISTED ON APPLICATION; ARE YOU CURRENTLY WORKING FOR KAISER PERMANENTE?- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PA?
 Form 1
 Transcript
 PHOTO

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5429 TAYLOR KAYE LANNING
 Physician Assistant

Practice Address:
 September 18, 2024

Status:
Res:
Received: 08/23/2024
Entered: 08/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5429
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY - HSC					
City: TULSA			State: OK	Country: UNITED STATES	
Degree: MPAS			From: 7/2022	To: /	Verified:
<hr/>					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TAHLEQUAH			State: OK	Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN NUTRITIONAL SCIENCES			From: 8/2019	To: 5/ 2021	Verified:
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA			State: OK	Country: UNITED STATES	
Degree: ASSOCIATE OF SCIENCE IN NUTRITIONAL SCIENCES			From: 1/2018	To: 5/ 2020	Verified:
<hr/>					
School Name: BROKEN ARROW HIGH SCHOOL					
City: BROKEN ARROW			State: OK	Country: UNITED STATES	
Degree:			From: 8/2013	To: 5/ 2017	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
PA	5429	TAYLOR KAYE LANNING
Physician Assistant		

PRACTICE HISTORY			
Employed: NONE City: BROKEN ARROW Specialty: UNEMPLOYED Comments: SCHOOL BREAK DURING FALL OF 2017.	Supervisor: State: OK Country: UNITED STATES From: 6 /2017 To: 12 /2017 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Transcript NCCPA Evidence of Status Application Instructions Time Deficiency Form for: 5/2021- 7/2022; WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM OSU-HSC?- MUST USE TIME DEFICIENCY FORM OATH PHOTO Form 1

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5430 TERA TASHLYN DUFFER
 Physician Assistant

Practice Address:
 August 24, 2024
 WORKIT HEALTH MI PLLC
 5373 W ALABAMA ST
 SUITE 204
 HOUSTON, TX 77056
 NOT OKLAHOMA

Status:
Res:
Received: 08/24/2024
Entered: 08/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/18/2024
AMA Rec:
Board Action:
License #: 5430
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIV. OF MARYLAND, BALTIMORE & ANNE ARUNDEL CC					
City: ARNOLD		State: MD		Country: UNITED STATES	
Degree: PA COLLABORATION PROGRAM		From: 5/2018		To: 7/ 2020 Verified:	
<hr/>					
School Name: UNIVERSITY OF MARYLAND					
City: COLLEGE PARK		State: MD		Country: UNITED STATES	
Degree: BACHELOR'S DEGREE IN BIOLOGY		From: 1/2010		To: 6/ 2013 Verified:	
<hr/>					
School Name: MISSOURI STATE UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree:		From: 8/2007		To: 12/ 2009 Verified:	
<hr/>					
School Name: GLENDALE HIGH SCHOOL					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree:		From: 9/2002		To: 5/ 2007 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5430 TERA TASHLYN DUFFER
 Physician Assistant

PRACTICE HISTORY					
Employed: Workit Health City: HOUSTON Specialty: PHYSICIAN ASSISTANT Comments: BEHAVIORAL HEALTH/ADDICTION RECOVERY PHYSICIAN ASSISTANT	Supervisor: State: TX Country: UNITED STATES From: 10 /2021 To: / Verified:				
Employed: Rio Vista Behavioral Health Center with Dr. Oscar City: EL PASO Specialty: INPATIENT PSYCH Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2021 To: 12 /2021 Verified:				
Employed: Lexicon Media Productions City: WASHINGTON Specialty: COVID-19 SCREENER Comments:	Supervisor: State: DC Country: UNITED STATES From: 2 /2021 To: 3 /2021 Verified:				
Employed: Capitol Coordinated City: KENSINGTON Specialty: ASSISTANT CLINICAL COORDINATOR Comments: ASSISTANT CLINICAL COORDINATOR FOR OUTPATIENT PRIMARY CARE	Supervisor: State: MD Country: UNITED STATES From: 12 /2017 To: 5 /2018 Verified:				
Employed: ScribeAmerica City: PRINCE FREDERICK Specialty: EMERGENCY ROOM CHIEF SCRIBE Comments:	Supervisor: State: MD Country: UNITED STATES From: 12 /2014 To: 12 /2017 Verified:				
Employed: Olive Garden City: LAUREL Specialty: CREW MEMBER Comments:	Supervisor: State: MD Country: UNITED STATES From: 5 /2014 To: 12 /2014 Verified:				
Employed: Ruby Tuesday's City: HONOLULU Specialty: CREW MEMBER Comments:	Supervisor: State: HI Country: UNITED STATES From: 7 /2013 To: 5 /2014 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
VA	PA 0110007716	A	2/4/21	9/30/25	9/18/24
MD	PA C0007751	I	10/14/20	6/30/21	9/18/24
TX	PA PA14618	A	5/25/21	8/31/26	9/18/24
TX	PA - Physician Assistant PATEMP		5/19/21		
NM	PA PA2024-0098	A	9/10/24	3/1/25	9/18/24
MT	MD 144729	A	9/3/24	10/31/26	9/18/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5430	TERA TASHLYN DUFFER

Physician Assistant

DEFICIENCIES

Verify License from TX PATEMP

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWER

Application Instructions

OATH

Time Deficiency Form for: 7/2020-2/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR WORKIT HEALTH?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5431 CLAY ALAN DEBBAN
 Physician Assistant

PRACTICE HISTORY

Employed: Saint Francis Health System **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: **From:** 11 /2018 **To:** 5 /2022 **Verified:**
Comments: CONDUCT AND MONITOR EKGS, VITAL SIGNS, AND PATIENT'S WELLBEING AND SAFETY DURING STRESS TESTING

Employed: Summit Physical Therapy **Supervisor:**
City: CLAREMORE **State:** OK **Country:** UNITED STATES
Specialty: PT TECH **From:** 6 /2016 **To:** 11 /2018 **Verified:**
Comments: ASSISTED PATIENT IN EXERCISE ROUTINES AND PRE AND POST CARE; MAINTAIN CLINIC CLEANLINESS.

Employed: Drayer Physical Therapy **Supervisor:**
City: MUSKOGEE **State:** OK **Country:** UNITED STATES
Specialty: PT TECH **From:** 6 /2015 **To:** 5 /2016 **Verified:**
Comments: ASSISTED PATIENT IN EXERCISE ROUTINES AND PRE AND POST CARE; MAINTAIN CLINIC CLEANLINESS.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Transcript
 NCCPA
 OATH
 PHOTO
 OTHER DEFICIENCIES: NEED JOB TITLE FOR SAINT FRANCIS HEALTH SYSTEM. / WHEN IS EXPECTED GRADUATION DATE FROM OKLAHOMA STATE UNIVERSITY CENTER OF HEALTH SCIENCE?/ RCVD TRANSCRIPT BUT DEGREE NOT POSTED - DEGREE MUST BE POSTED ON TRANSCRIPT
 Application Instructions
 Form 1
 Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5434 BARBARA ANN GRUENHAGEN
 Physician Assistant

Practice Address:
 September 09, 2024
 EVOLENT HEALTH-REMOTE UTILIZATION MANAGEM
 1812 N MOORE ST

 ARLINGTON, VA 22209
 NOT OKLAHOMA

Status:
Res:
Received: 08/29/2024
Entered: 08/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/19/2024
AMA Rec:
Board Action:
License #: 5434
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: YALE UNIVERSITY					
City: NEW HAVEN		State: CT	Country: UNITED STATES		
Degree: MASTER OF MEDICAL SCIENCE		From: 8/2002	To: 9/2004	Verified:	
<hr/>					
School Name: COLLEGE OF SAINT BENEDICT					
City: COLLEGEVILLE		State: MN	Country: UNITED STATES		
Degree: BACHELOR OF ARTS		From: 8/1997	To: 5/2001	Verified:	
<hr/>					
School Name: SLEEPY EYE HIGH SCHOOL					
City: SLEEPY EYE		State: MN	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 9/1984	To: 5/1997	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5434 BARBARA ANN GRUENHAGEN
 Physician Assistant

PRACTICE HISTORY			
Employed: EVOLENT HEALTH City: ARLINGTON Specialty: PA Comments: 9/3/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB 1812 N MOORE STREET ARLINGTON, VA 2229 571-389-6000	From: 9 / 2024	To: /	Supervisor: State: VA Country: Verified:
Employed: Evolent Health City: CHICAGO Specialty: SECOND LEVEL REVIEWER Comments: 10/8/24 - CURRENTLY EMPLOYED (LKC)	From: 8 / 2023	To: /	Supervisor: State: IL Country: UNITED STATES Verified:
Employed: Park Nicollet Heart & Vascular Center City: ST LOUIS PARK Specialty: CARDIOLOGY PA Comments:	From: 1 / 2019	To: 7 / 2023	Supervisor: State: MN Country: UNITED STATES Verified:
Employed: UMPHYSICIANS City: MINNEAPOLIS Specialty: CARDIOLOGY PA Comments:	From: 11 / 2017	To: 1 / 2019	Supervisor: State: MN Country: UNITED STATES Verified:
Employed: Time Gap City: MAPLE GROVE Specialty: Comments: I OPTED TO QUIT WORKING AND STAY AT HOME TO CARE FOR CHILDREN.	From: 10 / 2016	To: 10 / 2017	Supervisor: State: MN Country: UNITED STATES Verified:
Employed: UMPHYSICIANS City: MINNEAPOLIS Specialty: CARDIOLOGY PA Comments:	From: 4 / 2012	To: 9 / 2016	Supervisor: State: MN Country: UNITED STATES Verified:
Employed: Minute Clinic City: MAPLE GROVE Specialty: PA Comments:	From: 1 / 2010	To: 4 / 2012	Supervisor: State: MN Country: UNITED STATES Verified:
Employed: Time Gap City: CHESAPEAKE Specialty: RELOCATION AND AWAITING NEW JOB CREDENTIALING Comments:	From: 11 / 2009	To: 12 / 2010	Supervisor: State: VA Country: UNITED STATES Verified:
Employed: Chesapeake Emergency Physicians	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5434 BARBARA ANN GRUENHAGEN
 Physician Assistant

City: CHESAPEAKE	State: VA	Country: UNITED STATES	
Specialty: EMERGENCY MEDICINE PA	From: 3 / 2007	To: 10 / 2009	Verified:
Comments:			
<hr/>			
Employed: Yale New Haven Medical Services	Supervisor:		
City: NEW HAVEN	State: CT	Country: UNITED STATES	
Specialty: HOSPITALIST PA	From: 11 / 2004	To: 3 / 2007	Verified:
Comments:			
<hr/>			
Employed: Methodist Hospital	Supervisor:		
City: ST LOUIS PARK	State: MN	Country: UNITED STATES	
Specialty: CNA	From: 12 / 2001	To: 7 / 2002	Verified:
Comments:			
<hr/>			
Employed: Sleepy Eye Care Center	Supervisor:		
City: SLEEPY EYE	State: MN	Country: UNITED STATES	
Specialty: CNA	From: 6 / 2001	To: 12 / 2002	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KY	PA PA3361	A	3/21/24	3/31/25	9/19/24
CT	PA 1572	I	12/8/04	8/31/07	9/19/24
WA	PA 61482682	A	9/29/23	8/6/26	9/19/24
MN	PA 10651	A	11/14/09	8/31/25	9/19/24
VA	PA 0110002441	I	11/16/06	3/31/11	9/19/24

DEFICIENCIES
 Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5435 RYAN THOMAS WALDEN
 Physician Assistant

Practice Address:
 September 20, 2024

Status:
Res:
Received: 08/29/2024
Entered: 08/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5435
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MPAS		From: 6/2022		To: 10/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA CHRISTIAN UNIVERSITY					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN EXERCISE SCIENCE		From: 8/2020		To: 4/ 2022 Verified:	
<hr/>					
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE OF ARTS IN LIBERAL STUDIES		From: 8/2018		To: 5/ 2020 Verified:	
<hr/>					
School Name: EDMOND SANTA FE HIGH SCHOOL					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 5/ 2018 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
PA	5435	RYAN THOMAS WALDEN
Physician Assistant		

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Application Instructions
OATH
Extended Background Check
PHOTO
Form 1
Transcript
NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5436 JILLIAN F JACKSON
 Physician Assistant

Practice Address:
 September 20, 2024
 DIRECT 2 CARE - TELEMEDICINE
 5055 E WASHINGTON ST, UNIT 220

 PHOENIX, AZ 85034
 NOT OKLAHOMA

Status:
Res:
Received: 08/30/2024
Entered: 08/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/20/2024
AMA Rec:
Board Action:
License #: 5436
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: ARIZONA SCHOOL OF HEALTH SCIENCES/AT STILL UNIVERS					
City: MESA	State: AZ	Country: UNITED STATES			
Degree: MPAS	From: 8/2002	To: 8/ 2004	Verified:		
<hr/>					
School Name: UNIVERSITY OF ARIZONA					
City: TUCSON	State: AZ	Country: UNITED STATES			
Degree: BACHELORS IN PHYSIOLOGICAL STUDIES/CHEMISTRY MINOR	From: 8/1998	To: 8/ 2001	Verified:		
<hr/>					
School Name: MESA COMMUNITY COLLEGE					
City: MESA	State: AZ	Country: UNITED STATES			
Degree:	From: 6/1996	To: 7/ 1998	Verified:		
<hr/>					
School Name: HIGHLAND HIGH SCHOOL					
City: GILBERT	State: AZ	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/1993	To: 8/ 1996	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5436 JILLIAN F JACKSON
 Physician Assistant

PRACTICE HISTORY			
Employed: DIRECT 2 CARE City: PHOENIX Specialty: PA Comments: 5055 E WASHINGTON ST, UNIT 220 PHOENIX, AZ 85034 602-601-7430	Supervisor: GLEN MCCRACKEN, MDC 42422 State: AZ Country: From: 9 / 2024 To: / Verified:		
Employed: Direct 2 Care City: PHOENIX Specialty: PA Comments: TELEMEDICINE	Supervisor: State: AZ Country: UNITED STATES From: 2 / 2024 To: 9 / 2024 Verified:		
Employed: NONE City: GILBERT Specialty: UNEMPLOYED Comments: MATERNITY LEAVE	Supervisor: State: AZ Country: UNITED STATES From: 5 / 2020 To: 2 / 2024 Verified:		
Employed: Gilbert Physical Medicine City: GILBERT Specialty: PA Comments: PHYSICAL MEDICINE	Supervisor: State: AZ Country: UNITED STATES From: 1 / 2019 To: 5 / 2020 Verified:		
Employed: Chandler Regional Emergency Department City: CHANDLER Specialty: PA Comments: EMERGENCY DEPARTMENT	Supervisor: State: AZ Country: UNITED STATES From: 7 / 2017 To: 1 / 2019 Verified:		
Employed: Banner Baywood Medical Center Emergency Department City: MESA Specialty: PA Comments: EMERGENCY DEPARTMENT	Supervisor: State: AZ Country: UNITED STATES From: 10 / 2007 To: 7 / 2017 Verified:		
Employed: Clinic of Physicians and Surgeons City: MESA Specialty: PA Comments: FAMILY PRACTICE	Supervisor: State: AZ Country: UNITED STATES From: 4 / 2006 To: 10 / 2007 Verified:		
Employed: Family Physicians of East Valley City: MESA Specialty: PA Comments: FAMILY PRACTICE	Supervisor: State: AZ Country: UNITED STATES From: 11 / 2004 To: 4 / 2006 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5436 JILLIAN F JACKSON
 Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AZ	PA 3102	A	10/26/04	7/11/26	9/20/24
AL	PA PA.2430	A	7/18/24	12/31/24	9/20/24
CA	PA 64944	A	8/15/24	4/30/26	9/20/24
DC	PA PA200001988	A	8/26/24	4/30/26	9/20/24
CT	PA 006531	A	4/2/24	4/30/25	9/20/24
LA	PA 341418	A	4/30/24	4/30/25	9/20/24
MD	PA C0009495	A	7/23/24	6/30/25	9/20/24
MN	PA 15041	A	8/27/24	4/30/25	9/20/24
NV	PA PA3058	A	7/22/24	6/30/25	9/20/24
MO	PA 2024018563	A	5/23/24	1/31/26	9/20/24
NM	PA PA2024-0097	A	9/6/24	3/1/25	9/20/24
NC	PA 0010-14523	A	8/28/24	4/12/25	9/20/24
PA	PA MA065757	A	7/15/24	12/31/25	9/20/24
SC	PA PA5377	A	7/8/24	12/31/25	9/20/24
TN	PA 5975	A	7/11/24	4/30/26	9/20/24
VA	PA 0110010050	A	5/9/24	4/30/27	9/20/24
WA	PA PA61584033	A	8/9/24	4/12/25	9/20/24

DEFICIENCIES

Time Deficiency Form for: 8/2001- 8/2002- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5437 SHANNON SHUMATE SPARKS
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 08/30/2024
Entered: 08/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/23/2024
AMA Rec:
Board Action:
License #: 5437
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: METHODIST UNIVERSITY					
City: FAYETTEVILLE		State: NC	Country: UNITED STATES		
Degree: MMS PHYSICIAN ASSISTANT STUDIES		From: 8/2010	To: 12/ 2012	Verified:	
<hr/>					
School Name: WINSTON SALEM STATE UNIVERSITY					
City: WINSTON SALEM		State: NC	Country: UNITED STATES		
Degree: BS BIOLOGY MINOR IN CHEMISTRY		From: 8/2007	To: 5/ 2010	Verified:	
<hr/>					
School Name: URSULINE ACADEMY					
City: DALLAS		State: TX	Country: UNITED STATES		
Degree: HIGH SCHOOL		From: 8/1977	To: 5/ 1980	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5437 SHANNON SHUMATE SPARKS
 Physician Assistant

PRACTICE HISTORY			
Employed: Sound physicians ambassador City: COUPVILLE Specialty: TRAVELING HOSPITALIST Comments: 9/23/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: WA Country: UNITED STATES From: 5 /2024 To: / Verified:		
Employed: Sound physicians ambassador City: SILVERDALE WA Specialty: TRAVELING HOSPITALIST Comments:	Supervisor: State: WA Country: UNITED STATES From: 7 /2023 To: 5 /2024 Verified:		
Employed: CarolinaEast Palliative Care City: NEW BERN Specialty: PRN PALLIATIVE CARE CLINIC Comments: 9/23/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: NC Country: UNITED STATES From: 3 /2023 To: / Verified:		
Employed: CarolinaEast Clinical Documentation Improvement co City: NEW BERN Specialty: CDI WORK PART TIME Comments: 9/23/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: NC Country: UNITED STATES From: 6 /2019 To: / Verified:		
Employed: Carteret General Hospital City: MOREHEAD CITY Specialty: LOCUMS HOSPITALIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 7 /2018 To: 7 /2020 Verified:		
Employed: Onslow memorial hospital City: JACKSONVILLE Specialty: CDI WORK Comments:	Supervisor: State: NC Country: UNITED STATES From: 3 /2017 To: 10 /2019 Verified:		
Employed: CCHC Urgent care City: NEW BERN Specialty: URGENT CARE PRN Comments: 9/23/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: NC Country: UNITED STATES From: 10 /2016 To: / Verified:		
Employed: Sound physicans Onslow memorial hospital City: JACKSONVILLE Specialty: PRN HOSPITALIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 1 /2014 To: 12 /2022 Verified:		
Employed: Rural Access Medical Provider Washington County Ho City: PLYMOUTH Specialty: HOSPITALIST Comments: THIS COMPANY IS OUT OF BUSINESS. ONLY PICKED UP A FEW SHIFTS OVER 2.5 YEARS.	Supervisor: State: NC Country: UNITED STATES From: 7 /2013 To: 1 /2016 Verified:		
Employed: Rural access medical providers Craven County Healt City: NEW BERN Specialty: HOSPITALIST Comments: THIS COMPANY IS OUT OF BUSINESS ONLY WORKED A FEW SHIFTS	Supervisor: State: NC Country: UNITED STATES From: 6 /2013 To: 7 /2014 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5437 SHANNON SHUMATE SPARKS
 Physician Assistant

Employed: Sound physicians CarolinaEast Medical Center City: NEW BERN Specialty: HOSPITALIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 1 / 2013 To: 6 / 2023 Verified:
Employed: Basin Creek Country Store City: ELKIN Specialty: RESTAURANT MANAGER Comments:	Supervisor: State: NC Country: UNITED STATES From: 1 / 1982 To: 8 / 2010 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
WY	Physician Assistant PA1267	A	8/2/24	12/31/24	9/23/24
NC	Physician Assistant 0010-03963	A	12/17/12	1/31/25	9/23/24
WA	Physician Assistant PA61408230	A	3/13/23	1/31/26	9/23/24
AK	Physician Assistant 216872	I	1/18/24	7/18/24	9/23/24
CA	Physician Assistant 63578	A	10/25/23	1/31/25	9/23/24
AZ	Physician Assistant 9667	A	8/24/23	5/1/26	9/23/24

DEFICIENCIES
 Evidence of Status
 Application Instructions
 Extended Background Check
 Time Deficiency Form for: 5/1980-1/1982, -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: FCVS / CONTACTED BY TRAK-1 DOB ENTERED FOR BACKGROUND CHECK
 WAS 9/24/2014, MUST REQUEST NEW BACKGROUND CHECK
 Form 1
 Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5438 JENNY KRISTINE SINGH
 Physician Assistant

Practice Address:
 September 20, 2024

Status:
Res:
Received: 08/30/2024
Entered: 08/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/20/2024
AMA Rec:
Board Action:
License #: 5438
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: LOMA LINDA UNIVERITY					
City: LOMA LINDA	State: CA	Country: UNITED STATES			
Degree: MPAS	From: 9/2016	To: 9/2018	Verified:		
School Name: CALIFORNIA POLYTECHNIC, SAN LUIS OBISPO					
City: SAN LUIS OBISPO	State: CA	Country: UNITED STATES			
Degree: BACHELORS OF SCIENCE	From: 1/1996	To: 9/1998	Verified:		
School Name: SADDLEBACK COLLEGE					
City: MISSION VIEJO	State: CA	Country: UNITED STATES			
Degree:	From: 9/1994	To: 12/1995	Verified:		
School Name: WASHINGTON STATE UNIVERSITY					
City: PULLMAN	State: WA	Country: UNITED STATES			
Degree:	From: 8/1993	To: 8/1994	Verified:		
School Name: SANTA MARGARITA CATHOLIC HIGH SCHOOL					
City: RANCHO SANTA MARGARITA	State: CA	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 9/1989	To: 9/1993	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5439 NICKOLAS BRYANT CAMPBELL
 Physician Assistant

Practice Address:
 September 20, 2024

Status:
Res:
Received: 09/01/2024
Entered: 09/01/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5439
Sex: M
Ethnic Origin: 3

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

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

PRE-MED EDUCATION					
School Name: OU-TU SCHOOL OF COMMUNITY MEDICINE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTERS IN PHYSICIAN ASSISTANT		From: 6/2022	To: /	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE, HEALTH AND EXERCISE SCIENCE		From: 8/2018	To: 5/ 2022	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree: NON-DEGREE SEEKING		From: 8/2017	To: 8/ 2018	Verified:	
<hr/>					
School Name: COLLINSVILLE HIGH SCHOOL					
City: COLLINSVILLE		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2014	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5439 NICKOLAS BRYANT CAMPBELL
 Physician Assistant

PRACTICE HISTORY

Employed: Norman Physical Therapy City: NORMAN Specialty: PHYSICAL THERAPY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2021 To: 8 / 2021 Verified:
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Employed: Redbud Physical Therapy City: SKIATOOK Specialty: PHYSICAL THERAPY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 / 2018 To: 7 / 2020 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM OU-TU?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5440 KAMRYN ELIZABETH FISHER
 Physician Assistant

Practice Address:
 September 20, 2024

Status:
Res:
Received: 09/03/2024
Entered: 09/03/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5440
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION			
School Name: OKLAHOMA STATE UNIVERSITY CHS		State: OK	Country: UNITED STATES
City: TULSA		From: 7/2022	To: 10/ 2024 Verified:
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES			
School Name: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: STILLWATER		From: 8/2017	To: 5/ 2021 Verified:
Degree: BACHELORS OF SCIENCE OF EXERCISE SCIENCE			
School Name: UNION HIGH SCHOOL		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2013	To: 5/ 2017 Verified:
Degree: GED			

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5440 KAMRYN ELIZABETH FISHER
 Physician Assistant

PRACTICE HISTORY

Employed: NONE City: BROKEN ARROW Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2021 To: 7 / 2022 Verified:
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Employed: NONE City: BROKEN ARROW Specialty: SUMMER BREAK Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2017 To: 8 / 2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5441 TYLER B WILCOX
 Physician Assistant

Practice Address:
 September 20, 2024

Status:
Res:
Received: 09/03/2024
Entered: 09/03/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5441
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY CHS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT STUDIES		From: 7/2022		To: / Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018		To: 12/ 2021 Verified:	
<hr/>					
School Name: JENKS HIGH SCHOOL					
City: JENKS		State: OK		Country: UNITED STATES	
Degree:		From: 8/2010		To: 5/ 2014 Verified:	

PRACTICE HISTORY					
Employed: MyDoctor Urgent Care					
City: TULSA		Supervisor:		State: OK Country: UNITED STATES	
Specialty: MEDICAL ASSISTANT		From: 12 /2021		To: 7 / 2022 Verified:	
Comments:					
<hr/>					
Employed: United States Army					
City: FORT RILEY		Supervisor:		State: KS Country: UNITED STATES	
Specialty: COMBAT MEDIC US ARMY		From: 6 /2014		To: 6 / 2018 Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5441	TYLER B WILCOX

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM OSU?
Form 1
Transcript
NCCPA
Application Instructions
OATH
Extended Background Check
PHOTO
Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5442 ALYSSA HEITKAMP
 Physician Assistant

Practice Address:
 September 06, 2024

Status:
Res:
Received: 09/04/2024
Entered: 09/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/09/2024
AMA Rec:
Board Action:
License #: 5442
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: LAKE ERIE COLLEGE					
City: PAINESVILLE		State: OH		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES		From: 5/2021	To: 8/ 2023	Verified:	
School Name: KALAMAZOO COLLEGE					
City: KALAMAZOO		State: MI		Country: UNITED STATES	
Degree: BACHELOR OF ARTS		From: 9/2016	To: 6/ 2020	Verified:	
School Name: AVON HIGH SCHOOL					
City: AVON		State: OH		Country: UNITED STATES	
Degree:		From: 8/2012	To: 5/ 2016	Verified:	
PRACTICE HISTORY					
Employed: University Hospitals Clinical Associates			Supervisor:		
City: PARMA		State: OH		Country: UNITED STATES	
Specialty: EMERGENCY MEDICINE PHYSICIAN ASSISTANT		From: 11 /2023	To: /	Verified:	
Comments: 9/9/24 - CURRENTLY PRACTICING (VB)					

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

Type **Number** **Name**
PA 5442 ALYSSA HEITKAMP
Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OH	Physician Assistant 50.008383RX	A	9/6/23	9/6/25	9/9/24

DEFICIENCIES

Time Deficiency Form for: 6/2020-5/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR UNIVERSITY HOSPITALS CLINICAL ASSOCIATES?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5443 GABRIELLE ELIZABETH MAUTERER
 Physician Assistant

Practice Address:
 September 04, 2024
 OU HEALTH INPATIENT HEMATOLOGY AND ONCOLC
 800 NE 10TH ST

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 09/04/2024
Entered: 09/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5443
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF SOUTH ALABAMA		State: AL	Country: UNITED STATES		
City: MOBILE					
Degree: MASTERS OF HEALTH SCIENCE IN PHYSICIAN ASSISTANT..		From: 5/2022	To: 7/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF SOUTH ALABAMA		State: AL	Country: UNITED STATES		
City: MOBILE					
Degree: BACHELORS OF SCIENCE IN BIOMEDICAL SCIENCE		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: HELENA HIGH SCHOOL		State: AL	Country: UNITED STATES		
City: HELENA					
Degree: HIGH SCHOOL DIPLOMA		From: 8/2014	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5443 GABRIELLE ELIZABETH MAUTERER
 Physician Assistant

PRACTICE HISTORY

Employed: OU HEALTH MED CNTR INPATIENT HEMATOLOGY ONCOLOGY City: OKLAHOMA CITY Specialty: PA Comments: 800 NE 10TH STREET OKLAHOMA CITY, OK 73104 405-549-3869 EXT 6026	Supervisor: TAHA AL-JUHAISHI, MD 37923 State: OK Country: From: 9 / 2024 To: / Verified:
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Employed: Compass Urgent Care City: MOBILE Specialty: STUDENT TECHNICIAN, IN LAB, TRIAGE, SCRIBE Comments: STUDENT TECHNICIAN - IN LAB, TRIAGE, AND AS A SCRIBE	Supervisor: State: AL Country: UNITED STATES From: 5 / 2021 To: 4 / 2022 Verified:
---	--

Employed: St. Ignatius Catholic School City: MOBILE Specialty: AFTER SCHOOL CARE TEACHER FOR GRADES 4-8TH Comments:	Supervisor: State: AL Country: UNITED STATES From: 8 / 2018 To: 5 / 2020 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

OTHER DEFICIENCIES: FCVS / FORM 1 RECEIVED BUT "DISCIPLINARY ACTION" QUESTION WAS LEFT BLANK - MUST BE CHECKMARKED. PLEASE HAVE SCHOOL COMPLETE AND RESEND Form 1

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5444 VASANTH JAYARAMAN
 Physician Assistant

Practice Address:
 September 05, 2024
 HUNTSMAN CANCER INSTITUTE
 1950 CIRCLE OF HOPE DRIVE

 SALT LAKE CITY, UT 84112
 NOT OKLAHOMA

Status:
Res:
Received: 09/05/2024
Entered: 09/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/23/2024
AMA Rec:
Board Action:
License #: 5444
Sex: M
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: PA-PHYSICIAN ASSISTANT		From: 5/2017		To: 10/2019 Verified:	
<hr/>					
School Name: SYRACUSE UNIVERSITY					
City: SYRACUSE		State: NY		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/1999		To: 5/2003 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5445 LAUREN SCHAFFITZEL
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 09/06/2024
Entered: 09/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5445
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE CENTER FOR HEALTH SCIENCES					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 7/2022		To: 10/2024 Verified:	
<hr/>					
School Name: SAINT LOUIS UNIVERSITY					
City: SAINT LOUIS		State: MO		Country: UNITED STATES	
Degree:		From: 8/2017		To: 5/2021 Verified:	
<hr/>					
School Name: BISHOP KELLEY HIGH SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/2017 Verified:	

PRACTICE HISTORY					
Employed: Union Pines Surgery Center			Supervisor:		
City: TULSA		State: OK		Country: UNITED STATES	
Specialty: NURSE AID II		From: 7/2021		To: 5/2022 Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5445	LAUREN SCHAFFITZEL

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHERE ARE YOU OBTAINING YOUR PA DEGREE?

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5446 LAUREN KATE NEELY
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 09/06/2024
Entered: 09/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5446
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
<hr/>					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: MUSKOGEE		From: 10/2022	To: 12/ 2024	Verified:	
Degree: MASTERS OF PHYSICIANS ASSISTANT STUDIES					
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA		State: OK	Country: UNITED STATES		
City: EDMOND		From: 8/2020	To: 5/ 2022	Verified:	
Degree: BACHELORS OF BIOMEDICAL SCIENCES					
<hr/>					
School Name: NORTHERN OKLAHOMA COLLEGE		State: OK	Country: UNITED STATES		
City: ENID		From: 8/2018	To: 5/ 2020	Verified:	
Degree: ASSOCIATES IN BIOMEDICAL SCIENCES					
<hr/>					
School Name: CHISHOLM HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: ENID		From: 8/2014	To: 5/ 2018	Verified:	
Degree:					
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5446 LAUREN KATE NEELY
 Physician Assistant

PRACTICE HISTORY					
Employed: Community Hospital North City: EDMOND Specialty: CUSTOMER SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 6 /2022 Verified:				
Employed: YMCA City: EDMOND Specialty: LIFEGUARD Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 5 /2021 Verified:				
Employed: Enid Public Pool City: ENID Specialty: LIFEGUARD Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 8 /2020 Verified:				
Employed: Farmhouse Fresh City: ENID Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2019 To: 8 /2019 Verified:				
Employed: Evans Pharmacy City: ENID Specialty: CUSTOMER SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2016 To: 8 /2018 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Time Deficiency Form for: 6/2022-10/2022, -- MUST USE TIME DEFICIENCY FORM Form 1 Transcript NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5447 GWENDOLYN ROSE LYLES
 Physician Assistant

Practice Address:
 September 20, 2024

Status:
Res:
Received: 09/06/2024
Entered: 09/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5447
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK	Country: UNITED STATES		
Degree: MPAS		From: 10/2022	To: 12/ 2024	Verified:	
<hr/>					
School Name: LOGAN UNIVERSITY					
City: CHESTERFIELD		State: MO	Country: UNITED STATES		
Degree: BS		From: 5/2019	To: 8/ 2021	Verified:	
<hr/>					
School Name: SOUTHERN NAZARENE UNIVERSITY					
City: BETHANY		State: OK	Country: UNITED STATES		
Degree: NO DEGREE		From: 8/2009	To: 5/ 2011	Verified:	
<hr/>					
School Name: SHAWNEE HIGH SCHOOL					
City: SHAWNEE		State: OK	Country: UNITED STATES		
Degree: DIPLOMA		From: 8/2004	To: 5/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5447 GWENDOLYN ROSE LYLES
 Physician Assistant

PRACTICE HISTORY					
Employed: SSM Health City: MCLLOUD Specialty: MEDICAL ASSISTANT/SUPPORT STAFF Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2014 To: 7 /2022 Verified:				
Employed: Emergency Medical Scribe Systems City: SHAWNEE Specialty: MEDICAL SCRIBE Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2011 To: 6 /2014 Verified:				
Employed: NONE City: SHAWNEE Specialty: SUMMER BREAK Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2011 To: 12 /2011 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Form 1 Transcript NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5448 ANNE KATHRYN REMONDINO
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 09/07/2024
Entered: 09/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5448
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION			
School Name: OU-TU PA PROGRAM		State: OK	Country: UNITED STATES
City: TULSA		From: 6/2022	To: 11/ 2024 Verified:
Degree: PA			
School Name: UNIVERSITY OF OKLAHOMA		State: OK	Country: UNITED STATES
City: NORMAN		From: 8/2018	To: 5/ 2022 Verified:
Degree:			
School Name: HERITAGE HALL		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2014	To: 5/ 2018 Verified:
Degree:			

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5448	ANNE KATHRYN REMONDINO

Physician Assistant

DEFICIENCIES

Extended Background Check

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5449 NICOLE ELIZABETH AL-BOTROS
 Physician Assistant

Practice Address:
 September 13, 2024

Status:
Res:
Received: 09/07/2024
Entered: 09/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5449
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NOVA SOUTHEASTERN UNIVERSITY					
City: DAVIE		State: FL		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT		From: 5/2022		To: 8/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BIOLOGY		From: 8/2017		To: 5/ 2021 Verified:	
<hr/>					
School Name: BISHOP MCGUINNESS HIGH SCHOOL					
City: OKLAHOMA SCHOOL		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL		From: 8/2013		To: 8/ 2017 Verified:	

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5449	NICOLE ELIZABETH AL-BOTROS

Physician Assistant

DEFICIENCIES

Extended Background Check

Evidence of Status

PHOTO

Form 1

Transcript

Application Instructions

OATH

Time Deficiency Form for: 5/2021-5/2022, -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5450 FAITH BRIANA HUDSON
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 09/09/2024
Entered: 09/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5450
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA-TULSA					
City: TULSA	State: OK	Country: UNITED STATES			
Degree: MPAS	From: 6/2022	To: /	Verified:		
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN	State: OK	Country: UNITED STATES			
Degree:	From: 8/2018	To: 5/2022	Verified:		
PRACTICE HISTORY					
Employed: University of Oklahoma			Supervisor:		
City: NORMAN	State: OK	Country: UNITED STATES			
Specialty: HUMAN PHYSIOLOGY LAB TEACHING ASSISTANT	From: 6/2021	To: 5/2022	Verified:		
Comments: HUMAN PHYSIOLOGY LAB TEACHING ASSISTANT DURING SUMMER 2021, FALL 2021, AND SPRING 2022 SEMESTERS.					
Employed: Gateway Church			Supervisor:		
City: SOUTHLAKE	State: TX	Country: UNITED STATES			
Specialty: CHILDREN'S MINISTRY EMPLOYEE	From: 10/2017	To: 5/2022	Verified:		
Comments: CHILDREN'S MINISTRY EMPLOYEE ON WEEKENDS IN HIGH SCHOOL AND DURING SUMMER BREAKS IN COLLEGE.					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
PA 5450 FAITH BRIANA HUDSON
Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Form 1 Transcript NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5451 JACIE DAWN WALKER
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 09/09/2024
Entered: 09/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5451
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK	Country: UNITED STATES		
Degree: MS - PHYSICIAN ASSISTANT STUDIES		From: 10/2022	To: /	Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree:		From: 1/2019	To: 5/ 2019	Verified:	
<hr/>					
School Name: UNIVERSITY OF PHOENIX					
City: PHOENIX		State: AZ	Country: UNITED STATES		
Degree:		From: 8/2018	To: 12/ 2020	Verified:	
<hr/>					
School Name: UNIVERISTY OF OKLAHOMA					
City: NORMAN		State: OK	Country: UNITED STATES		
Degree: BS		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: WESTERN OKLAHOMA STATE COLLEGE					
City: ALTUS		State: OK	Country: UNITED STATES		
Degree: CONCURRENT CLASS		From: 8/2015	To: 5/ 2017	Verified:	
<hr/>					
School Name: HOBART HIGH SCHOOL					
City: HOBART		State: OK	Country: UNITED STATES		
Degree: HS DIPLOMA		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5451 JACIE DAWN WALKER
 Physician Assistant

PRACTICE HISTORY

Employed: SSM hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: WORKED AS SCRIBE AND MA FOR **From:** 5 /2021 **To:** 9 /2022 **Verified:**
 CARDIOLOGIST
Comments:

Employed: Stella Raes **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE MANAGER **From:** 3 /2017 **To:** 3 /2021 **Verified:**
Comments: WORKED AS CUSTOMER SERVICE MANAGER AND GENERAL EMPLOYEE THAT
 STOCKED PRODUCTS AND SHIPPED ORDERS.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Transcript
 Form 1
 NCCPA
 Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM NORTHEASTERN STATE UNIVERSITY?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5452 LOGAN KAY COLEMAN
 Physician Assistant

Practice Address:
 September 23, 2024

Status:
Res:
Received: 09/09/2024
Entered: 09/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5452
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA SCM TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MHS PHYSICIAN ASSISTANT STUDIES		From: 6/2022	To: /	Verified:	
<hr/>					
School Name: OKLAHOMA BAPTIST UNIVERSITY					
City: SHAWNEE		State: OK		Country: UNITED STATES	
Degree: BS IN HEALTH AND HUMAN PERFORMANCE		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: FREDERICK HIGH SCHOOL					
City: FREDERICK		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5452 LOGAN KAY COLEMAN
 Physician Assistant

PRACTICE HISTORY

Employed: Proscribe City: TULSA Specialty: MEDICAL SCRIBE Comments: MEDICAL SCRIBE AT ST. JOHN EMERGENCY DEPARTMENT IN TULSA OKLAHOMA.	Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 4 /2022 Verified:
---	--

Employed: Proscribe City: SHAWNEE Specialty: MEDICAL SCRIBE Comments: MEDICAL SCRIBE AT SSM ST. ANTHONY FAMILY MEDICINE CLINIC IN SHAWNEE OKLAHOMA	Supervisor: State: OK Country: UNITED STATES From: 10 /2020 To: 5 /2021 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Application Instructions
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM UNIVERSITY OF OKLAHOMA
 SCM TULSA?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5453 DANIEL RICHARD PHAM
 Physician Assistant

Practice Address:
 September 11, 2024
 GREEN COUNTRY EMERGENCY PHYSICIANS GROU
 1145 S UTICA AVE #365

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 09/11/2024
Entered: 09/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5453
Sex: M
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: OU-TU SCHOOL OF COMMUNITY MEDICINE					
City: TULSA		State: OK	Country: UNITED STATES		
Degree: MASTER OF HEALTH SCIENCE		From: 6/2022	To: /	Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKC		State: OK	Country: UNITED STATES		
Degree: POST-BACCALAUREATE		From: 1/2020	To: 3/ 2021	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK	Country: UNITED STATES		
Degree: POST-BACCALAUREATE		From: 8/2018	To: 5/ 2019	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2011	To: 5/ 2015	Verified:	
<hr/>					
School Name: BOOKER T. WASHINGTON HIGH SCHOOL					
City: TULSA		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2007	To: 5/ 2011	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5453 DANIEL RICHARD PHAM
 Physician Assistant

PRACTICE HISTORY					
Employed:	State of Oklahoma - Dept of Environmental Quality	Supervisor:			
	City: OKC	State: OK	Country: UNITED STATES		
	Specialty: FULL-TIME EMPLOYMENT	From: 4 /2017	To: 5 /2022	Verified:	
Comments:					
Employed:	Oklahoma Blood Institute	Supervisor:			
	City: OKC	State: OK	Country: UNITED STATES		
	Specialty: FULL-TIME EMPLOYMENT	From: 1 /2016	To: 4 /2017	Verified:	
Comments:					
Employed:	Raising Cane's	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: INTERIM FULL-TIME EMPLOYMENT FOLLOWING GRADUATION	From: 11 /2015	To: 1 /2016	Verified:	
Comments:					
Employed:	OPM MEDICAL INSTITUTE	Supervisor:			
	City: SALZBURG	State:	Country: AUSTRIA		
	Specialty: INTERNSHIP	From: 8 /2015	To: 11 /2015	Verified:	
Comments:					
Employed:	Pho Winner Vietnamese Restaurant	Supervisor:			
	City: NORMAN	State: OK	Country: UNITED STATES		
	Specialty:	From: 3 /2013	To: 7 /2015	Verified:	
Comments: PART-TIME EMPLOYMENT DURING MY UNDERGRADUATE STUDIES					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 Extended Background Check
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION FROM OU-TU SCHOOL OF COMMUNITY MEDICINE./ WHERE DID/ARE YOU OBTAINING YOUR PA DEGREE?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5454 MOLLY KATE MERTZ
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/12/2024
Entered: 09/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5454
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT STUDIES		From: 10/2022	To: 12/ 2024	Verified:	
<hr/>					
School Name: ROGERS STATE UNIVERSITY					
City: CLAREMORE		State: OK		Country: UNITED STATES	
Degree: B.S. IN MEDICAL MOLECULAR BIOLOGY		From: 8/2018	To: 5/ 2022	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: CONCURRENT ENROLLMENT/SUMMER CREDITS		From: 8/2017	To: 5/ 2022	Verified:	
<hr/>					
School Name: OWASSO HIGH SCHOOL					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2014	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5454 MOLLY KATE MERTZ
 Physician Assistant

PRACTICE HISTORY

Employed: Bru Coffee House City: OWASSO Specialty: BARISTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2020 To: 1 /2023 Verified:
---	--

Employed: Rogers State University City: CLAREMORE Specialty: RESIDENTIAL OFFICE WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2019 To: 5 /2022 Verified:
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Employed: Ichiban Japanese Steakhouse City: OWASSO Specialty: WAITRESS- SUMMER JOB Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2018 To: 11 /2018 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status

OTHER DEFICIENCIES: RECEIVED EVIDENCE OF STATUS FORM WITH NO BIRTH CERTIFICATE ATTACHED. MUST HAVE TO PROCESS DOCUMENT.

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5455 KLOEY LEE SMITH
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/12/2024
Entered: 09/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5455
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: MUSKOGEE		From: 10/2022	To: /	Verified:	
Degree: MASTER'S OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: TAHLEQUAH		From: 8/2019	To: 12/ 2021	Verified:	
Degree: BACHELORS DEGREE IN NUTRITIONAL SCIENCES					
School Name: BROKEN BOW HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: BROKEN BOW		From: 8/2015	To: 5/ 2019	Verified:	
Degree: HIGH SCHOOL DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5455 KLOEY LEE SMITH
 Physician Assistant

PRACTICE HISTORY

Employed: Sherrills Pharmacy City: BROKEN BOW Specialty: CLERK Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2022 To: 9 /2022 Verified:
---	--

Employed: McCurtain Family Medical Clinic City: BROKEN BOW Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2022 To: 7 /2022 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Extended Background Check
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM NORTHEASTERN STATE UNIVERSITY?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5456 LANIE JEAN SANDERS
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/12/2024
Entered: 09/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5456
Sex: F
Ethnic Origin: 3

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: MUSKOGEE		From: 10/2022	To: 12/ 2024	Verified:	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: TAHLEQUAH		From: 8/2019	To: 5/ 2022	Verified:	
Degree: BACHELOR OF SCIENCE					
School Name: TAHLEQUAH HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: TAHLEQUAH		From: 8/2015	To: 5/ 2019	Verified:	
Degree:					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5456 LANIE JEAN SANDERS
 Physician Assistant

PRACTICE HISTORY

Employed: Northeastern Health Systems	Supervisor:
City: TAHLEQUAH	State: OK Country: UNITED STATES
Specialty: EKG/EEG TECHNICIAN	From: 6 /2020 To: 12 /2022 Verified:
Comments:	

Employed: NONE	Supervisor:
City: TAHLEQUAH	State: OK Country: UNITED STATES
Specialty: SUMMER BREAK	From: 5 /2019 To: 8 /2019 Verified:
Comments: SUMMER BREAK AFTER HIGH SCHOOL GRADUATION BEFORE STARTING UNDERGRADUATE STUDIES.	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5457 JACOB T WARD
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/13/2024
Entered: 09/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/24/2024
AMA Rec:
Board Action:
License #: 5457
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: MUSKOGEE		From: 10/2020	To: 8/ 2023	Verified:	
Degree: M.S. PA STUDIES					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: TAHLEQUAH		From: 8/2011	To: 5/ 2015	Verified:	
Degree: B.S. WILDLIFE & FISHERIES MANAGEMENT					
School Name: CASCIA HALL		State: OK	Country: UNITED STATES		
City: TULSA		From: 8/2008	To: 5/ 2011	Verified:	
Degree: HIGH SCHOOL DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5457 JACOB T WARD
 Physician Assistant

PRACTICE HISTORY

Employed: Post-Acute Specialty Hospital of Tulsa	Supervisor:	
City: TULSA	State: OK	Country: UNITED STATES
Specialty: ICU CNA & UNIT CLERK	From: 5 / 2019	To: 10 / 2020 Verified:
Comments:		

Employed: Parks Edge Nursing & Rehabilitation Center	Supervisor:	
City: TULSA	State: OK	Country: UNITED STATES
Specialty: CNA	From: 6 / 2018	To: 5 / 2019 Verified:
Comments:		

Employed: Sequoia State Park	Supervisor:	
City: HULBERT	State: OK	Country: UNITED STATES
Specialty: NATURALIST FOR THE THREE FORKS NATURE CENTER.	From: 5 / 2013	To: 5 / 2018 Verified:
Comments:		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Application Instructions
 Extended Background Check
 Time Deficiency Form for: 8/2023-PRESENT, -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: FCVS / ARE YOU CURRENTLY PRACTICING AS A PA? / RECEIVED NOTARIZED STATEMENT OF NCCPA FAILURE, MUST SUBMIT ONE FOR SECOND YES ANSWER.
 Affidavit DEFICIENCIES: MUST HAVE NOTARIZED STATEMENT OF "YES" ANSWER ON APPLICATION
 Form 1
 Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5458 EMILY DIANE PRATHER
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/13/2024
Entered: 09/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5458
Sex: F
Ethnic Origin: 3

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MHS PHYSICIAN ASSISTANT STUDIES		From: 6/2022	To: /	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BS PHYSIOLOGY: PRE-MEDICAL SCIENCES		From: 8/2018	To: 12/ 2021	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: N/A		From: 8/2016	To: 8/ 2020	Verified:	
<hr/>					
School Name: COLLINSVILLE HIGH SCHOOL					
City: COLLINSVILLE		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2014	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5458 EMILY DIANE PRATHER
 Physician Assistant

PRACTICE HISTORY			
Employed: Unemployed City: BARTLESVILLE Specialty: BREAK BEFORE PA SCHOOL Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: 6 /2022 Verified:		
Employed: Stillwater Medical Center City: STILLWATER Specialty: HOME HEALTH AIDE Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 12 /2021 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: BIOLOGY TEACHING ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 5 /2021 Verified:		
Employed: Oklahoma State University City: STILLWATER Specialty: DEPARTMENT OF WELLNESS OPERATIONS ATTENDANT Comments: DEPARTMENT OF WELLNESS OPERATIONS ATTENDANT AND SUPERVISOR	Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 8 /2020 Verified:		
Employed: Unemployed City: COLLINSVILLE Specialty: SUMMER BREAK Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 8 /2018 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Form 1
Transcript
NCCPA
Extended Background Check
OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OU HSC?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5459 JORDAN LAYNE HAMMER
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/15/2024
Entered: 09/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5459
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY CHS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF PHYSICIAN ASSISTANT STUDIESD		From: 7/2022		To: / Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: HEALTH AND EXERCISE SCIENCES		From: 8/2018		To: 5/ 2022 Verified:	

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5459	JORDAN LAYNE HAMMER

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OKLAHOMA STATE
UNIVERSITY TULSA?

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5460 NATALIE JAMES
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/15/2024
Entered: 09/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5460
Sex: F
Ethnic Origin: 3

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

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

PRE-MED EDUCATION			
School Name: UNIVERSITY OF OKLAHOMA-TULSA		State: OK	Country: UNITED STATES
City: TULSA		From: 6/2022	To: 11/ 2024 Verified:
Degree:			
School Name: SOUTHERN NAZARENE UNIVERSITY		State: OK	Country: UNITED STATES
City: BETHANY		From: 8/2018	To: 5/ 2022 Verified:
Degree:			
School Name: BARTLESVILLE HIGH SCHOOL		State: OK	Country: UNITED STATES
City: BARTLESVILLE		From: 8/2014	To: 5/ 2018 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5460 NATALIE JAMES
 Physician Assistant

PRACTICE HISTORY

Employed: Southern Nazarene University **Supervisor:**
City: BETHANY **State:** OK **Country:** UNITED STATES
Specialty: STOCKROOM EMPLOYEE **From:** 8 /2021 **To:** 5 /2022 **Verified:**
Comments: STOCKROOM EMPLOYEE FOR THE UNDERGRADUATE AND GRADUATE CHEMISTRY DEPARTMENT.

Employed: Southern Nazarene University **Supervisor:**
City: BETHANY **State:** OK **Country:** UNITED STATES
Specialty: TEACHING ASSISTANT **From:** 8 /2021 **To:** 8 /2022 **Verified:**
Comments: TEACHING ASSISTANT IN THE ORGANIC CHEMISTRY LAB AT SOUTHERN NAZARENE UNIVERSITY.

Employed: University of Oklahoma-Tulsa School of Community M
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: SUMMER INTERNSHIP **From:** 6 /2021 **To:** 7 /2021 **Verified:**
Comments: SUMMER INTERNSHIP CONDUCTING RESEARCH AND COMPLETING COMMUNITY SERVICE PROJECTS.

Employed: DJs Southern Snow **Supervisor:**
City: BARTLESVILLE **State:** OK **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE **From:** 5 /2016 **To:** 9 /2019 **Verified:**
Comments: CUSTOMER SERVICE JOB AT A SHAVED ICE TRUCK MAKING SNOW CONES FOR PATRONS.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check
 OTHER DEFICIENCIES: WHERE DID/ARE YOU OBTAINING YOUR PA DEGREE?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5461 EMMA ELIZABETH GORDON
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/15/2024
Entered: 09/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5461
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK	Country: UNITED STATES		
Degree: PHYSICIAN ASSISTANT STUDIES		From: 10/2022	To: /	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK	Country: UNITED STATES		
Degree:		From: 5/2020	To: 8/ 2020	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK	Country: UNITED STATES		
Degree:		From: 5/2019	To: 8/ 2019	Verified:	
<hr/>					
School Name: ORAL ROBERTS UNIVERSITY					
City: TULSA		State: OK	Country: UNITED STATES		
Degree: BIOLOGY		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: SUMMIT CHRISTIAN ACADEMY					
City: BROKEN ARROW		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
PA	5461	EMMA ELIZABETH GORDON
Physician Assistant		

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status Application Instructions OATH Extended Background Check Time Deficiency Form for: 5/2021-10/2022, -- MUST USE TIME DEFICIENCY FORM PHOTO OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM NORTHEASTERN STATE UNIVERSITY? Form 1 Transcript NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5462 LAUREN ELIZABETH GRIFFIN
 Physician Assistant

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY- CHS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES		From: 7/2022	To: /	Verified:	
<hr/>					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree:		From: 8/2021	To: 12/ 2021	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY- CHS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF SCIENCE		From: 8/2014	To: 5/ 2017	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: SILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2009	To: 5/ 2013	Verified:	
<hr/>					
School Name: NEO A&M COLLEGE					
City: MIAMI		State: OK		Country: UNITED STATES	
Degree:		From: 8/2008	To: 5/ 2009	Verified:	
<hr/>					
School Name: BROKEN ARROW SENIOR HIGH SCHOOL					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2006	To: 5/ 2008	Verified:	

PRACTICE HISTORY					
Employed: Tulsa Retina Consultants					
City: TULSA		State: OK		Country: UNITED STATES	
Specialty: CLINICAL RESEARCH COORDINATOR		From: 9 /2021	To: 6 /2022	Verified:	
Comments:					
<hr/>					
Employed: Eyecare Associates of South Tulsa					
City: TULSA		State: OK		Country: UNITED STATES	
Specialty: OPHTHALMOLOGY TECHNICIAN		From: 6 /2018	To: 7 /2021	Verified:	
Comments:					
<hr/>					
Employed: Proscribe LLC					
City: TULSA		State: OK		Country: UNITED STATES	
Specialty: MEDICAL SCRIBE		From: 5 /2017	To: 4 /2018	Verified:	
Comments:					
<hr/>					
Employed: Gap Year					
City: STILLWATER		State: OK		Country: UNITED STATES	
Specialty: GAP YEAR BEFORE STARTING GRADUATE SCHOOL		From: 5 /2013	To: 7 /2014	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

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

Type	Number	Name
PA	5462	LAUREN ELIZABETH GRIFFIN

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OKLAHOMA STATE
UNIVERSITY TULSA?

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5463 VICTORIA HAGUE
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/16/2024
Entered: 09/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5463
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA SCHOOL COMMUNITY MEDICINE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT		From: 6/2022		To: / Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELORS IN BIOCHEMISTRY AND MOLECULAR BIOLOGY		From: 8/2020		To: 5/ 2022 Verified:	
<hr/>					
School Name: NORTHWEST FLORIDA STATE COLLEGE					
City: NICEVILLE		State: FL		Country: UNITED STATES	
Degree: ASSOCIATES DEGREE		From: 5/2018		To: 5/ 2020 Verified:	
<hr/>					
School Name: NICEVILLE HIGH SCHOOL					
City: NICEVILLE		State: FL		Country: UNITED STATES	
Degree: HIGH SCHOOL		From: 8/2016		To: 5/ 2020 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: Williams Clinic			Supervisor:		
City: STILLWATER		State: OK		Country: UNITED STATES	
Specialty: MEDICAL ASSISTANT		From: 1 /2021		To: 5 / 2022 Verified:	
Comments:					

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

Type	Number	Name
PA	5463	VICTORIA HAGUE

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OU SCHOOL OF COMMUNITY MEDICINE?
Form 1
Transcript
NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5464 KIM ANNETTE MAKI
 Physician Assistant

PRE-MED EDUCATION			
School Name: UNIVERSITY OF OKLAHOMA -TULSA	State: OK	Country: UNITED STATES	
City: TULSA	From: 6/2022	To: 11/ 2024	Verified:
Degree: MASTER OF HEALTH SCIENCE IN PHYSICIAN ASSISTANT			
School Name: DOANE COLLEGE	State: NE	Country: UNITED STATES	
City: CRETE	From: 8/2020	To: 10/ 2020	Verified:
Degree: NO DEGREE			
School Name: TULSA COMMUNITY COLLEGE	State: OK	Country: UNITED STATES	
City: TULSA	From: 8/2019	To: 12/ 2020	Verified:
Degree: NO DEGREE			
School Name: WEBER STATE UNIVERSITY	State: UT	Country: UNITED STATES	
City: OGDEN	From: 6/2002	To: 5/ 2005	Verified:
Degree: BACHELOR OF SCIENCE RADIATION THERAPY			
School Name: UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	State: TX	Country: UNITED STATES	
City: FORT WORTH	From: 8/2000	To: 7/ 2001	Verified:
Degree: CERTIFICATE RADIATION THERAPY			
School Name: TULSA COMMUNITY COLLEGE	State: OK	Country: UNITED STATES	
City: TULSA	From: 8/1996	To: 5/ 1999	Verified:
Degree: ASSOCIATE OF APPLIED SCIENCE			
School Name: BARTLESVILLE HIGH SCHOOL	State: OK	Country: UNITED STATES	
City: BARTLESVILLE	From: 8/1991	To: 5/ 1995	Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5464 KIM ANNETTE MAKI
 Physician Assistant

PRACTICE HISTORY			
Employed: Oklahoma Cancer Specialist and Research Institute City: TULSA Specialty: RADIATION THERAPIST, RADIATION MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2008 To: 5 /2022 Verified:		
Employed: Saint Francis Health System City: TULSA Specialty: RADIATION THERAPIST FULL TIME, PRN RADIOGRAPHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2004 To: 7 /2008 Verified:		
Employed: Cook Children's Medical Center City: FORT WORTH Specialty: RADIOGRAPHER Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2003 To: 1 /2004 Verified:		
Employed: Klabzuba Cancer Center City: FORT WORTH Specialty: RADIATION THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 3 /2003 To: 1 /2004 Verified:		
Employed: Walker Cancer Treatment Center City: WATERTOWN Specialty: RADIATION THERAPIST Comments:	Supervisor: State: NY Country: UNITED STATES From: 10 /2001 To: 2 /2003 Verified:		
Employed: UT Southwestern Moncrief Cancer Center City: FORT WORTH Specialty: TEMPORARY CONTRACT RADIATION THERAPIST Comments: TEMPORARY CONTRACT RADIATION THERAPIST PRIOR TO PLANNED RELOCATION TO NEW YORK	Supervisor: State: TX Country: UNITED STATES From: 7 /2001 To: 9 /2001 Verified:		
Employed: Cook Children's Medical Center City: FORT WORTH Specialty: RADIOGRAPHER Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /1999 To: 9 /2001 Verified:		
Employed: St. John Medical Center City: TULSA Specialty: RADIOGRAPHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /1998 To: 8 /1999 Verified:		
Employed: Zio's Italian Kitchen City: TULSA Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /1998 To: 12 /1998 Verified:		
Employed: Rosie's Rib Joint City: TULSA Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /1997 To: 3 /1998 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5464 KIM ANNETTE MAKI
 Physician Assistant

Employed: Bennigans City: TULSA Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 1996 To: 2 / 1997 Verified:
Employed: All American Fitness City: TULSA Specialty: FRONT DESK Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 1995 To: 1 / 1996 Verified:
Employed: Pizza Hut City: BARTLESVILLE Specialty: WAITED TABLES, COOK Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 / 1993 To: 8 / 1995 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Extended Background Check
Form 1
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NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5465 ABBIE AURORA POSS
 Physician Assistant

PRACTICE HISTORY

Employed: Mercy Hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: CRITICAL CARE TECHNICIAN **From:** 7 /2021 **To:** 4 /2022 **Verified:**
Comments: CRITICAL CARE TECHNICIAN - HELPED ASSIST NURSING STAFF IN CARING FOR CRITICALLY ILL PATIENTS

Employed: Hillcrest Hospital **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: PATIENT CARE TECHNICIAN **From:** 12 /2020 **To:** 7 /2021 **Verified:**
Comments: PATIENT CARE TECHNICIAN - HELPED ASSIST NURSING STAFF IN CARING FOR HOSPITALIZED PATIENTS

Employed: Mabee Legal Information Center **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: CIRCULATION DESK ASSISTANT **From:** 8 /2018 **To:** 5 /2021 **Verified:**
Comments:

Employed: Interurban **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SERVER & AMP; HOSTESS **From:** 8 /2014 **To:** 5 /2017 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OU SCHOOL OF COMMUNITY MEDICINE? / WHERE ARE YOU OBTAINING YOUR PA DEGREE?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5466 RACHAEL BOND
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/18/2024
Entered: 09/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5466
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION			
School Name: NORTH EASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: TAHLEQUAH		From: 10/2022	To: / Verified:
Degree:			
School Name: MID AMERICA CHRISTIAN UNIVERSITY		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2018	To: 5/2021 Verified:
Degree: BACHELOR OF SCIENCE			
School Name: CARL ALBERT HIGH SCHOOL		State: OK	Country: UNITED STATES
City: MIDWEST CITY		From: 8/2014	To: 5/2018 Verified:
Degree:			

PRACTICE HISTORY			
Employed: Norman Vision clinic		Supervisor:	
City: NORMAN		State: OK	Country: UNITED STATES
Specialty: MEDICAL ASSISTANT	From: 5/2021	To: 10/2022	Verified:
Comments:			
Employed: Tasty Snow		Supervisor:	
City: MIDWEST CITY		State: OK	Country: UNITED STATES
Specialty: SOLD SNOWCONES	From: 5/2018	To: 8/2018	Verified:
Comments:			

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

Type	Number	Name
PA	5466	RACHAEL BOND

Physician Assistant

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATON DATE FROM NORTH EASTERN STATE UNIVERSITY? / WHAT DEGREE ARE YOU OBTAINING AT NORTH EASTERN STATE UNIVERSITY?
Form 1
Transcript
NCCPA
Extended Background Check

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5467 TAYLER LEANN LEEF
 Physician Assistant

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/18/2024
Entered: 09/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5467
Sex: F
Ethnic Origin: 3

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: MUSKOGEE		From: 10/2022	To: 12/ 2024	Verified:	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES					
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES		
City: TULSA		From: 6/2018	To: 10/ 2021	Verified:	
Degree:					
School Name: ROGERS STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: CLAREMORE		From: 8/2017	To: 5/ 2021	Verified:	
Degree:					
School Name: OKEMAH HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: OKEMAH		From: 8/2013	To: 5/ 2017	Verified:	
Degree:					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5467 TAYLER LEANN LEEF
 Physician Assistant

PRACTICE HISTORY

Employed: Muscogee Creek Nation Department of Health	Supervisor:		
City: OKMULGEE	State: OK	Country: UNITED STATES	
Specialty: LAB ASSISTANT	From: 6 /2021	To: 1 /2023	Verified:
Comments:			

Employed: Muscogee Creek Nation Summer Youth Program	Supervisor:		
City: OKEMAH	State: OK	Country: UNITED STATES	
Specialty: RECEPTIONIST	From: 6 /2019	To: 7 /2019	Verified:
Comments:			

Employed: Muscogee Creek Nation Summer Youth Program	Supervisor:		
City: OKEMAH	State: OK	Country: UNITED STATES	
Specialty: RECEPTIONIST	From: 6 /2018	To: 7 /2018	Verified:
Comments:			

Employed: Muscogee Creek Nation Summer Youth Program	Supervisor:		
City: OKEMAH	State: OK	Country: UNITED STATES	
Specialty: MEDICAL RECORDS CLERK/RECEPTIONIST	From: 6 /2017	To: 7 /2017	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5468 MARYKATHERINE HEAVEN DOWNS
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/18/2024
Entered: 09/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5468
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA- TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER'S DEGREE IN PHYSICIAN ASSISTANT		From: 6/2022		To: 11/ 2024 Verified:	
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN NUTRITIONAL SCIENCES		From: 8/2018		To: 12/ 2021 Verified:	
School Name: BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 5/ 2018 Verified:	
PRACTICE HISTORY					
Employed: Stillwater Medical Center			Supervisor:		
City: STILLWATER		State: OK		Country: UNITED STATES	
Specialty: NEED JOB TITLE		From: 9 /2021		To: 5 /2022 Verified:	
Comments: WORKED PART TIME AFTER COLLEGE GRADUATION AND BEFORE THE START OF PA SCHOOL.					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5468	MARYKATHERINE HEAVEN DOWNS

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status
Application Instructions
Extended Background Check
OTHER DEFICIENCIES: NEED JOB TITLE FOR STILLWATER MEDICAL CENTER / RECEIVED EVIDENCE OF STATUS FORM WITH NO PASSPORT/BIRTHCERTIFICATE. MUST HAVE TO PROCESS DOCUMENT.
Form 1
Transcript
NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5469 DAXTON THANE GRIGSBY
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/19/2024
Entered: 09/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5469
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OU-TU SCHOOL OF COMMUNITY MEDICINE					
City: TULSA		State: OK	Country: UNITED STATES		
Degree: MASTER IN PHYSICIAN ASSISTANT STUDIES		From: 6/2022	To: 11/ 2024	Verified:	
<hr/>					
School Name: JOHN BROWN UNIVERSITY					
City: SILOAM SPRINGS		State: AR	Country: UNITED STATES		
Degree: BIOLOGY		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: JENKS HIGH SCHOOL					
City: JENKS		State: OK	Country: UNITED STATES		
Degree:		From: 9/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5469 DAXTON THANE GRIGSBY
 Physician Assistant

PRACTICE HISTORY

Employed: Northwest Health Hospital City: SILOAM SPRINGS Specialty: EMERGENCY ROOM TECHNICIAN Comments:	Supervisor: State: AR Country: UNITED STATES From: 7 /2021 To: 6 /2022 Verified:
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Employed: MedOptim City: FAYETTEVILLE Specialty: MEDICAL SCRIBE Comments:	Supervisor: State: AR Country: UNITED STATES From: 7 /2021 To: 6 /2022 Verified:
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Employed: Society Burger City: TULSA Specialty: WAITER AND BUSER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2019 To: 8 /2019 Verified:
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Employed: Kanakuk Kamps City: LAMPE Specialty: CAMP COUNSELOR AND BOAT DRIVER Comments:	Supervisor: State: MO Country: UNITED STATES From: 5 /2018 To: 8 /2018 Verified:
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Employed: Christian Brother's Automotive City: TULSA Specialty: SHOP ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2017 To: 8 /2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5470 MELODY RAE ADAMS
 Physician Assistant

PRE-MED EDUCATION			
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	City: TULSA	State: OK	Country: UNITED STATES
Degree: MASTER OF HEALTH SCIENCES- PHYSICIAN ASSISTANT	From: 6/2022	To: /	Verified:
School Name: OKLAHOMA STATE UNIVERSITY	City: STILLWATER	State: OK	Country: UNITED STATES
Degree: NO DEGREE- TOOK PREREQ CLASSES	From: 1/2021	To: 5/ 2021	Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree: DID NOT GRADUATE- COMPLETING PREREQS FOR PA SCHOOL	From: 5/2019	To: 12/ 2021	Verified:
School Name: UNIVERSITY OF NORTH DAKOTA	City: GRAND FORKS	State: ND	Country: UNITED STATES
Degree: BACHELOR'S OF ARTS- PSYCHOLOGY	From: 8/2017	To: 5/ 2019	Verified:
School Name: NORTH DAKOTA STATE COLLEGE OF SCIENCE	City: WAHPETON	State: ND	Country: UNITED STATES
Degree: ASSOCIATES OF APPLIED SCIENCE	From: 8/2010	To: 5/ 2013	Verified:
School Name: MINNESOTA STATE UNIVERSITY OF MOORHEAD	City: MOORHEAD	State: MN	Country: UNITED STATES
Degree: DID NOT GRADUATE	From: 8/2009	To: 5/ 2010	Verified:
School Name: WAHPETON SENIOR HIGH SCHOOL	City: WAHPETON	State: ND	Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA	From: 8/2005	To: 5/ 2009	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5470 MELODY RAE ADAMS
 Physician Assistant

PRACTICE HISTORY					
Employed: Emergency Medical Services Authority		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: -PARAMEDIC FOR CITY 911 SERVICE		From: 10 /2021	To: 6 /2022	Verified:	
Comments:					
Employed: Creek County Ambulance		Supervisor:			
City: SAPULPA		State: OK	Country: UNITED STATES		
Specialty: -PARAMEDIC WITH COUNTY 911 SERVICE		From: 1 /2018	To: 10 /2021	Verified:	
Comments:					
Employed: Oklahoma MD		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: OFFICE MANAGER AND CLINIC ASSISTANT		From: 4 /2016	To: 1 /2018	Verified:	
Comments: OFFICE MANAGER AND CLINIC ASSISTANT FOR MEDICAL SPA					
Employed: Central States Orthopedics		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: -CLINIC ASSISTANT FOR ORTHOPEDIC SURGEON		From: 4 /2015	To: 4 /2016	Verified:	
Comments:					
Employed: Top Provider		Supervisor:			
City: SAPULPA		State: OK	Country: UNITED STATES		
Specialty:		From: 8 /2014	To: 4 /2015	Verified:	
Comments: -FAMILY-OWNED FINANCIAL ADVISEMENT COMPANY. OPERATED IN ADMINISTRATION.					
Employed: Camp Horseshoe		Supervisor:			
City: RHINELANDER		State: WI	Country: UNITED STATES		
Specialty: -MANAGED THE INFIRMARY OF A SUMMER CAMP		From: 6 /2014	To: 8 /2014	Verified:	
Comments:					
Employed: Enterprise Rent a Car		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: -CALL CENTER REPRESENTATIVE		From: 5 /2014	To: 6 /2014	Verified:	
Comments:					
Employed: Emergency Medical Services Authority		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: -WORKED AS A PARAMEDIC FOR THE 911 SYSTEM IN TULSA		From: 7 /2011	To: 4 /2014	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5470	MELODY RAE ADAMS

Physician Assistant

DEFICIENCIES

Extended Background Check

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OU HSC? / NEED JOB TITLE FOR TOP PROVIDER.

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5471 ADDISON LENA ROARK
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/19/2024
Entered: 09/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5471
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK	Country: UNITED STATES		
Degree:	From: 10/2022	To: /	Verified:		
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK	Country: UNITED STATES		
Degree:	From: 1/2020	To: 5/ 2021	Verified:		
School Name: ORAL ROBERTS UNIVERSITY					
City: TULSA		State: OK	Country: UNITED STATES		
Degree:	From: 8/2017	To: 12/ 2019	Verified:		
School Name: OWASSO HIGH SCHOOL					
City: OWASSO		State: OK	Country: UNITED STATES		
Degree:	From: 8/2013	To: 5/ 2017	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5471 ADDISON LENA ROARK
 Physician Assistant

PRACTICE HISTORY

Employed: Tulsa Womens Health Care City: TULSA Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 9 /2022 Verified:
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Employed: Saint Francis Hospital City: TULSA Specialty: NURSE TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2019 To: 7 /2021 Verified:
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Employed: Oral Roberts University City: TULSA Specialty: RESIDENT ADVISOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 5 /2019 Verified:
--	--

Employed: Tulsa Country Club City: TULSA Specialty: LIFEGUARD Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 8 /2018 Verified:
--	--

Employed: Oral Roberts University City: TULSA Specialty: OFFICE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 5 /2018 Verified:
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Employed: Hideaway Pizza City: OWASSO Specialty: SUPPORT STAFF Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 8 /2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Extended Background Check
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM NORTHEASTERN STATE UNIVERSITY? WHERE ARE YOU OBTAINING YOUR PA DEGREE?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5472 CLARA PIANALTO
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/19/2024
Entered: 09/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5472
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OU-TU SCHOOL OF COMMUNITY MEDICINE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTERS		From: 6/2022		To: 11/ 2024 Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE		From: 6/2021		To: 8/ 2021 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE		From: 8/2017		To: 7/ 2021 Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE		From: 1/2016		To: 5/ 2017 Verified:	
<hr/>					
School Name: UNION HIGH SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL		From: 8/2013		To: 5/ 2017 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5472 CLARA PIANALTO
 Physician Assistant

PRACTICE HISTORY

Employed: Brookdale Senior Living City: TULSA Specialty: CERTIFIED NURSE AIDE AND MEDICATION TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 5 /2022 Verified:
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Employed: Cracker Barrel City: TULSA Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2016 To: 5 /2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: WHERE ARE YOU OBTAINING YOUR PA DEGREE?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5473 HELEN BENITEZ ARANGO
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/19/2024
Entered: 09/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5473
Sex: F
Ethnic Origin: 4

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF HEALTH SCIENCE		From: 6/2022		To: 11/ 2024 Verified:	
<hr/>					
School Name: SOUTHERN NAZARENE UNIVERSITY					
City: BETHANY		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2016		To: 5/ 2020 Verified:	
<hr/>					
School Name: WRIGHT CHRISTIAN ACADEMY					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2012		To: 5/ 2016 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5473 HELEN BENITEZ ARANGO
 Physician Assistant

PRACTICE HISTORY

Employed: ASCENSION HEALTH MINISTRY SERV		Supervisor:	
AGENT FOR ST. JOHN			
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: NURSE AIDE	From: 11 /2020	To: 4 /2022	Verified:
Comments:			

Employed: Soccer Shots		Supervisor:	
City: OKLAHOMA CITY			
Specialty: SOCCER COACH	From: 5 /2020	To: 9 /2020	Verified:
Comments: SOCCER COACH TO CHILDREN AGES 2 YEARS OLD TO 8 YEARS OLD			

Employed: Goodwill Industries International, Inc.		Supervisor:	
City: TULSA			
Specialty: RETAIL SALES ASSOCIATE	From: 6 /2016	To: 8 /2016	Verified:
Comments: RETAIL SALES ASSOCIATE: CASHIER AND JANITORIAL RESPONSIBILITIES			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Extended Background Check
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5474 ALYX KALYN PARROTT
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5474
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY - CHS					
City: TULSA		State: OK	Country: UNITED STATES		
Degree:	From: 7/2022	To: 10/ 2024	Verified:		
School Name: CENTRAL CHRISTIAN COLLEGE OF KANSAS					
City: MCPHERSON		State: KS	Country: UNITED STATES		
Degree:	From: 8/2019	To: 5/ 2022	Verified:		
School Name: CASHION HIGH SCHOOL					
City: CASHION		State: OK	Country: UNITED STATES		
Degree:	From: 8/2015	To: 5/ 2019	Verified:		
PRACTICE HISTORY					
Employed: Central Christian College					
City: MCPHERSON		State: KS	Country: UNITED STATES		
Specialty: TUTOR	From: 8 /2019	To: 5 / 2022	Verified:		
Comments:					
Employed: Edmond Dermatology Clinic					
City: EDMOND		State: OK	Country: UNITED STATES		
Specialty: CNA, RECEPTIONIST, INTERNSHIP	From: 6 /2019	To: 6 / 2021	Verified:		
Comments:					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5474	ALYX KALYN PARROTT

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
PHOTO
OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FROM OSU?
Form 1
Transcript
NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5475 DYLAN LEIGH JOHNSTON
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5475
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENC					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT		From: 7/2022		To: / Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: PA PROGRAM PRE-REQUISITES		From: 8/2021		To: 6/ 2022 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 5/2014		To: 5/ 2016 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 8/2010		To: 5/ 2014 Verified:	
<hr/>					
School Name: BIXBY HIGH SCHOOL					
City: BIXBY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2006		To: 5/ 2010 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5475 DYLAN LEIGH JOHNSTON
 Physician Assistant

PRACTICE HISTORY

Employed: Cashion Community Clinic City: CASHION Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2021 To: 2 / 2022 Verified:
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Employed: Rabo AgriFinance City: EDMOND Specialty: FINANCIAL ANALYST Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2019 To: 8 / 2021 Verified:
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Employed: Farm Credit Administration City: MCLEAN Specialty: NATIONAL BANK EXAMINER Comments:	Supervisor: State: VA Country: UNITED STATES From: 6 / 2016 To: 5 / 2019 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OSU HSC?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5476 LAUREN HOLLY LESSIG
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5476
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY - CHS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTER OF SCIENCE - PHYSICIAN ASSISTANT STUDIES		From: 7/2021	To: /	Verified:	
<hr/>					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE - HEALTH SCIENCES		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: CHICKASHA HIGH SCHOOL					
City: CHICKASHA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5476 LAUREN HOLLY LESSIG
 Physician Assistant

PRACTICE HISTORY

Employed: NONE City: CEMENT Specialty: SUMMER BREAK Comments: SUMMER BREAK BETWEEN UNDERGRADUATE AND GRADUATE SCHOOL DURING SUMMER 2021.	Supervisor: State: OK Country: UNITED STATES From: 5/2021 To: 7/2021 Verified:
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Employed: NONE City: CEMENT Specialty: SUMMER BREAK Comments: SCHOOL BREAK BETWEEN HIGH SCHOOL AND COLLEGE DURING SUMMER 2017.	Supervisor: State: OK Country: UNITED STATES From: 5/2017 To: 8/2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Transcript
 Evidence of Status
 Affidavit DEFICIENCIES: MUST HAVE NOTARIZED STATEMENT OF "YES" ANSWER ON APPLICATION
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRAUATION DATE FROM OSU CHS
 NCCPA
 Form 1

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5477 EMMA GRACE EASTEP
 Physician Assistant

Practice Address:
 September 20, 2024
 TEAMHEALTH AT INTEGRIS BAPTIST MEDICAL CEN
 3300 NW EXPRESSWAY ST

 OKLAHOMA CITY, OK 73112
 OKLAHOMA

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5477
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES					
City: LITTLE ROCK		State: OK		Country: UNITED STATES	
Degree: MASTER OF PHYSICIAN ASSISTANT STUDIES		From: 5/2022	To: 8/ 2024	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN NUTRITIONAL SCIENCES		From: 8/2018	To: 5/ 2022	Verified:	
<hr/>					
School Name: HAR-BER HIGH SCHOOL					
City: SPRINGDALE		State: AR		Country: UNITED STATES	
Degree:		From: 8/2015	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5477 EMMA GRACE EASTEP
 Physician Assistant

PRACTICE HISTORY

Employed: University of Arkansas for Medical Sciences **Supervisor:**
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Specialty: PHYSICIAN ASSISTANT PROGRAM **From:** 8 /2023 **To:** 4 /2024 **Verified:**
 PEER TUTOR
Comments:

Employed: Stillwater Medical Center **Supervisor:**
City: STILLWATER **State:** OK **Country:** UNITED STATES
Specialty: NURSING ASSISTANT **From:** 11 /2020 **To:** 4 /2022 **Verified:**
Comments: NURSING ASSISTANT, TELEMETRY MONITOR TECHNICIAN, AND MED/SURG UNIT ASSISTANT

Employed: Starbucks Coffee Company **Supervisor:**
City: SPRINGDALE **State:** AR **Country:** UNITED STATES
Specialty: STARBUCKS BARISTA **From:** 6 /2019 **To:** 4 /2020 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

OATH
 Extended Background Check
 PHOTO
 Form 1

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5478 BROCK MICHAEL RENKEN
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5478
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA UNIVERSITY HEALTH SCIENCE CENTER TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT		From: 6/2022		To: / Verified:	
<hr/>					
School Name: CROWDER COLLEGE					
City: NEOSHO		State: MO		Country: UNITED STATES	
Degree: PARAMEDIC CERTIFICATION		From: 8/2019		To: 7/ 2020 Verified:	
<hr/>					
School Name: MISSOURI SOUTHERN STATE UNIVERSITY					
City: JOPLIN		State: MO		Country: UNITED STATES	
Degree:		From: 6/2014		To: 7/ 2018 Verified:	
<hr/>					
School Name: JOPLIN HIGH SCHOOL					
City: JOPLIN		State: MO		Country: UNITED STATES	
Degree:		From: 8/2010		To: 5/ 2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5478 BROCK MICHAEL RENKEN
 Physician Assistant

PRACTICE HISTORY

Employed: Integris Miami Emergency Medical Service City: MIAMI Specialty: NREMT-P Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2021 To: 5 /2022 Verified:
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Employed: Metro Emergency Transport System City: JOPLIN Specialty: NREMT-B NREMT-P Comments:	Supervisor: State: MO Country: UNITED STATES From: 7 /2018 To: 4 /2022 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Evidence of Status

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FROM OUHSC? WEHN IS THE ANTICIPATED GRADUATION?/ RECEIVED EVIDENCE OF STATUS FORM, NEED COPY OF YOUR US PASSPORT OR BIRTH CERTIFICATE

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5479 MEREDITH ANNE FIRTH
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5479
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICIN					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 6/2022		To: 11/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018		To: 12/ 2021 Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 5/2018		To: 8/ 2018 Verified:	
<hr/>					
School Name: BISHOP KELLEY HIGH SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2015		To: 5/ 2018 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5479 MEREDITH ANNE FIRTH
 Physician Assistant

PRACTICE HISTORY

Employed: Williams Clinic City: STILLWATER Specialty: WORKED AS A MEDICAL ASSISTANT AND SCRIBE. Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2021 To: 5 /2022 Verified:
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Employed: Saint Francis Health System City: TULSA Specialty: NURSE TECHNICIAN ON CARDIAC FLOOR. Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2020 To: 4 /2021 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Extended Background Check
 OTHER DEFICIENCIES: WHERE ARE YOU OBTAINING YOUR PA DEGREE?
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5480 MEGAN DAWN TUCKER
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5480
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA-TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES		From: 6/2022	To: 11/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF TULSA					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE, PSYCHOLOGY		From: 8/2018	To: 5/ 2022	Verified:	
<hr/>					
School Name: PAPILLION LA VISTA HIGH SCHOOL					
City: PAPILLION		State: NE		Country: UNITED STATES	
Degree: HIGH SCHOOL DEGREE		From: 8/2014	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5480 MEGAN DAWN TUCKER
 Physician Assistant

PRACTICE HISTORY

Employed: One Hope Tulsa City: TULSA Specialty: INTERN Comments: DEVELOPED COMMUNITY PROGRAMS AND BEAUTIFICATION PROJECTS IN NORTHEAST TULSA.	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 8 /2021 Verified:
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Employed: One Hope Tulsa City: TULSA Specialty: INTERN Comments: DEVELOPED COMMUNITY PROGRAMS AND BEAUTIFICATION PROJECTS IN NORTHEAST TULSA.	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 8 /2020 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5481 SIMRAN BHARAT HARI
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5481
Sex: F
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: OU-TU SCHOOL OF COMMUNITY MEDICINE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: MASTERS IN PHYSICIAN ASSISTANT STUDIES		From: 6/2022	To: /	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017	To: 5/ 2021	Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 6/2016	To: 5/ 2020	Verified:	
<hr/>					
School Name: WESTMOORE HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5482 LEHI TOUNHIA VANG
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5482
Sex: M
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: MUSKOGEE		From: 10/2022	To: 12/ 2024	Verified:	
Degree: MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES					
School Name: BRIGHAM YOUNG UNIVERSITY IDAHO		State: ID	Country: UNITED STATES		
City: REXBURG		From: 9/2012	To: 12/ 2020	Verified:	
Degree: BACHELOR OF SCIENCE IN EXERCISE PHYSIOLOGY					
School Name: OWASSO HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: OWASSO		From: 8/2009	To: 5/ 2012	Verified:	
Degree: HIGH SCHOOL DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5482 LEHI TOUNHIA VANG
 Physician Assistant

PRACTICE HISTORY

Employed: St. Francis Heart Hospital City: TULSA Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2021 To: 9 /2022 Verified:
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Employed: Insight Pest Solutions City: REXBURG Specialty: DOOR TO DOOR SALES REPRESENTATIVE Comments:	Supervisor: State: ID Country: UNITED STATES From: 4 /2018 To: 9 /2020 Verified:
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Employed: Panda Express City: CATOOSA Specialty: COOK Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2016 To: 9 /2016 Verified:
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Employed: Homestead Assisted Living City: REXBURG Specialty: MEDICATION AID CAREGIVER Comments:	Supervisor: State: ID Country: UNITED STATES From: 12 /2015 To: 3 /2020 Verified:
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Employed: Sonic City: OWASSO Specialty: CAR HOPPER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2012 To: 6 /2012 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5483 LAUREN LILLY
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/20/2024
Entered: 09/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5483
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA STATE UNIVERSITY-CHS					
City: TULSA	State: OK	Country: UNITED STATES			
Degree:	From: 7/2022	To: 10/ 2024	Verified:		
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree:	From: 8/2017	To: 12/ 2020	Verified:		
School Name: MARCUS HIGHSCHOOL					
City: FLOWER MOUND	State: TX	Country: UNITED STATES			
Degree:	From: 8/2013	To: 6/ 2017	Verified:		

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

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5483	LAUREN LILLY

Physician Assistant

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PA DEGREE FROM OSU?

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 12/2020-7/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Form 1

Transcript

NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5484 WILLIAM RAY WALKER
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/21/2024
Entered: 09/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5484
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TAHLEQUAH	State: OK	Country: UNITED STATES			
Degree: MASTER'S OF PHYSICIAN ASSISTANT STUDIES	From: 10/2022	To: /	Verified:		
<hr/>					
School Name: UNIVERSITY OF ARKANSAS MEDICAL SCIENCES					
City: LITTLE ROCK	State: AR	Country: UNITED STATES			
Degree: BACHELOR'S OF IMAGING SCIENCES	From: 8/2020	To: 12/ 2021	Verified:		
<hr/>					
School Name: UNIVERSITY OF ARKANSAS FORT SMITH					
City: FORT SMITH	State: AR	Country: UNITED STATES			
Degree: ASSOCIATE'S OF RADIOGRAPHY	From: 8/2007	To: 7/ 2010	Verified:		
<hr/>					
School Name: BOONEVILLE HIGHSCHOOL					
City: BOONEVILLE	State: AR	Country: UNITED STATES			
Degree: HIGHSCHOOL DIPLOMA	From: 8/2004	To: 5/ 2007	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5484 WILLIAM RAY WALKER
 Physician Assistant

PRACTICE HISTORY

Employed: Mena Regional Health System **Supervisor:**
City: MENA **State:** AR **Country:** UNITED STATES
Specialty: MEDICAL IMAGING TECHNOLOGIST **From:** 5 / 2010 **To:** / **Verified:**
Comments: 09/20/2024:CURRENTLY WORKING HERE(SJ)

WORKED AS A MEDICAL IMAGING TECHNOLOGIST. PRODUCED QUALITY X-RAYS, CT, MRI, AND US IMAGES.

Employed: Subway **Supervisor:**
City: BOONEVILLE **State:** AR **Country:** UNITED STATES
Specialty: PREPARED FOOD AND TENDING THE REGISTER. **From:** 8 / 2007 **To:** 2 / 2008 **Verified:**
Comments:

Employed: Raggio Excavating **Supervisor:**
City: BOONEVILLE **State:** AR **Country:** UNITED STATES
Specialty: FARMHAND **From:** 5 / 2007 **To:** 8 / 2007 **Verified:**
Comments: WORKED AS A FARMHAND CLEANING STALLS, MOWING, FEEDING FARM ANIMALS, AND MAINTAINING FLOWER BEDS.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check
 Form 1
 Transcript
 NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5485 DAVID MINH NGUYEN
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/21/2024
Entered: 09/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/25/2024
AMA Rec:
Board Action:
License #: 5485
Sex: M
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN RADIATION THERAPY		From: 8/2018		To: 5/ 2020 Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 7/2013		To: 8/ 2020 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN CHEMISTRY AND BIOCHEMISTRY		From: 8/2011		To: 5/ 2015 Verified:	
<hr/>					
School Name: REDLANDS COMMUNITY COLLEGE					
City: EL RENO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2010		To: 5/ 2011 Verified:	
<hr/>					
School Name: MUSTANG HIGH SCHOOL					
City: MUSTANG		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2008		To: 5/ 2011 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5485 DAVID MINH NGUYEN
 Physician Assistant

PRACTICE HISTORY					
Employed:	Mercy City: ADA	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: RADIATION THERAPIST		From: 12 /2021	To: 7 /2022	Verified:
	Comments: PROVIDED RADIATION THERAPY TO KILL CANCER CELLS OF DIFFERENT ORGAN SYSTEMS				
Employed:	Derma Therapies City: EDMOND	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: RADIATION THERAPIST		From: 10 /2020	To: 4 /2021	Verified:
	Comments: PROVIDED SUPERFICIAL RADIATION THERAPY TO SKIN CANCERS				
Employed:	CareSource Medical Transportation of Oklahoma City: OKLAHOMA CITY	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: MEDICAL TRANSPORTER		From: 8 /2017	To: 8 /2018	Verified:
	Comments: TRANSPORTED PATIENT IN HANDICAP FRIENDLY VEHICLE WITH OUR OWN GURNEY.				
Employed:	Envia Energy City: OKLAHOMA CITY	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: LAB TECH		From: 8 /2017	To: 9 /2018	Verified:
	Comments: TESTED GAS SAMPLES USING GAS CHROMATOGRAPHY, FLAME PHOTOMETRY, PH, WATER TESTING				
Employed:	Jimmy John's City: OKLAHOMA CITY	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: CUSTOMER SERVICE		From: 7 /2013	To: 8 /2013	Verified:
	Comments: SANDWICH MAKER, CASHIER, CUSTOMER SERVICE, DRIVE THRU, MOPPED, CLEANED				
Employed:	O'Henry's Sandwiches Cate Center OU City: NORMAN	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: CUSTOMER SERVICE		From: 8 /2011	To: 5 /2014	Verified:
	Comments: MADE SANDWICHES, CASHIER, SWEPT/MOPPED, FILLED ICE, CUSTOMER SERVICE				
Employed:	Golden Palace City: OKLAHOMA CITY	Supervisor:	State: OK	Country: UNITED STATES	
	Specialty: BUSBOY		From: 5 /2011	To: 8 /2011	Verified:
	Comments: WORKED AS A BUSBOY CLEANING TABLES, MOPPING, FILLING ICE MACHINE				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5485	DAVID MINH NGUYEN

Physician Assistant

DEFICIENCIES

Extended Background Check

Time Deficiency Form for: 4/2021- 12/2021; 7/2022- PRESENT; WHERE DID YOU OBTAIN YOUR PA DEGREE?- MUST USE TIME DEFICIENCY FORM

Form 1

Transcript

NCCPA

OTHER DEFICIENCIES: FCVS/ DOCUMENTATION OF LEGAL NAME CHANGE REQUIRED

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5486 JENTRY TAYLOR MCBROOM
 Physician Assistant

Practice Address:
 September 25, 2024

Status:
Res:
Received: 09/22/2024
Entered: 09/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5486
Sex: F
Ethnic Origin: 3

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

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

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE			State: OK	Country: UNITED STATES	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES			From: 10/2022	To: /	Verified:
<hr/>					
School Name: UNIVERSITY OF ARKANSAS FORT SMITH					
City: FORT SMITH			State: AR	Country: UNITED STATES	
Degree:			From: 6/2019	To: 7/ 2019	Verified:
<hr/>					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TAHLEQUAH			State: OK	Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE			From: 8/2017	To: 5/ 2020	Verified:
<hr/>					
School Name: CARL ALBERT STATE COLLEGE					
City: POTEAU			State: OK	Country: UNITED STATES	
Degree: ASSOCIATES OF GENERAL STUDIES			From: 8/2014	To: 5/ 2021	Verified:
<hr/>					
School Name: HOWE PUBLIC SCHOOLS					
City: HOWE			State: OK	Country: UNITED STATES	
Degree:			From: 8/2012	To: 5/ 2016	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5486 JENTRY TAYLOR MCBROOM
 Physician Assistant

PRACTICE HISTORY			
Employed: The Lift Coffee Bar City: TAHLEQUAH Specialty: BARISTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: 8 /2022 Verified:		
Employed: Ahmad Pediatrics City: TAHLEQUAH Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2021 To: 5 /2022 Verified:		
Employed: Kiamichi Family Medical Center City: BATTIEST Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 8 /2021 Verified:		
Employed: Kiamichi Technology Center City: POTEAU Specialty: TEACHERS ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2019 To: 7 /2020 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status Application Instructions OATH Extended Background Check PHOTO OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM NORTHEASTERN? Form 1 Transcript NCCPA

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 1046 VICKI LYNN DISHON
 Physician Assistant

Practice Address:
 September 23, 2024

Status: I
Res: RI
Received: 08/28/2024
Entered: 08/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/20/2024
AMA Rec:
Board Action:
License #: 1046
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: 06/05/2000 **Orig. Lic. Exp:** 03/31/2003

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTER OF HEALTH SCIENCES/PHYSICIAN ASSOCIATE		From: 8/1997		To: 12/ 1999 Verified:	
<hr/>					
School Name: OLIVET NAZARENE UNIVERSITY					
City: BOURBONNAIS		State: IL		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN BIOLOGY		From: 8/1991		To: 5/ 1995 Verified:	
<hr/>					
School Name: KLEIN HIGH SCHOOL					
City: KLEIN		State: TX		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/1987		To: 6/ 1991 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 1046 VICKI LYNN DISHON
 Physician Assistant

PRACTICE HISTORY			
Employed: NONE City: DELAWARE Specialty: RELOCATION TO OKLAHOMA Comments: PREPARATION FOR RELOCATION BACK TO OKLAHOMA TO START NEW EMPLOYMENT WITH OKC VA HEALTH CARE SYSTEM.	Supervisor: State: OH Country: UNITED STATES From: 8 /2024 To: 9 /2024 Verified:		
Employed: MRG EXAMS City: COLUMBUS Specialty: PA Comments: PHYSICIAN ASSISTANT, INDEPENDENT CONTRACTOR/MEDICAL EXAMINER FOR VETERAN DISABILITY EXAMS.	Supervisor: State: OH Country: UNITED STATES From: 12 /2023 To: 8 /2024 Verified:		
Employed: NONE City: FORT WAYNE, IN AND DELAWARE Specialty: UNEMPLOYED Comments: PERSONAL SABBATICAL, REASSESSMENT OF CAREER GOALS, CME, RELOCATION BACK TO OH, FULL-TIME CAREGIVER.	Supervisor: State: OH Country: UNITED STATES From: 3 /2021 To: 11 /2023 Verified:		
Employed: PARKVIEW PHYSICIANS GROUP - INTEGRATIVE MEDICINE City: FORT WAYNE Specialty: PA Comments: PHYSICIAN ASSISTANT, INTEGRATIVE/FUNCTIONAL MEDICINE.	Supervisor: State: IN Country: UNITED STATES From: 8 /2019 To: 3 /2021 Verified:		
Employed: NONE City: FORT WAYNE Specialty: UNEMPLOYED Comments: VACATION TIME, CREDENTIALING/ONBOARDING TRANSITION TO NEW EMPLOYMENT AT PARKVIEW PHYSICIANS GROUP.	Supervisor: State: IN Country: UNITED STATES From: 6 /2019 To: 8 /2019 Verified:		
Employed: LUTHERAN HEALTH PHYSICIANS - REDIMED City: FORT WAYNE Specialty: PA Comments: PHYSICIAN ASSISTANT, URGENT CARE.	Supervisor: State: IN Country: UNITED STATES From: 4 /2018 To: 6 /2019 Verified:		
Employed: NONE City: DUBLIN Specialty: UNEMPLOYED Comments: VACATION TIME, PURSUIT OF NEW CAREER GOALS, JOB SEARCH, RELOCATION TO INDIANA FOR NEW EMPLOYMENT.	Supervisor: State: OH Country: UNITED STATES From: 9 /2017 To: 4 /2018 Verified:		
Employed: SPINE CARE SPECIALISTS, LLC City: DUBLIN Specialty: PA Comments: PHYSICIAN ASSISTANT, INTERVENTIONAL PAIN MANAGEMENT.	Supervisor: State: OH Country: UNITED STATES From: 8 /2015 To: 9 /2017 Verified:		
Employed: NONE City: DELAWARE Specialty: UNEMPLOYED Comments: JOB SEARCH, NEW EMPLOYMENT CONTRACT NEGOTIATIONS.	Supervisor: State: OH Country: UNITED STATES From: 3 /2015 To: 7 /2015 Verified:		
Employed: OHIO STATE UNIVERSITY PHYSICIANS City: COLUMBUS Specialty: PA	Supervisor: State: OH Country: UNITED STATES From: 11 /2014 To: 2 /2015 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 1046 VICKI LYNN DISHON
 Physician Assistant

Comments: PHYSICIAN ASSISTANT. LEFT AT END OF TRIAL PERIOD TO PURSUE MORE SUITABLE LONG-TERM EMPLOYMENT.		
Employed: NONE City: MANSFIELD Specialty: UNEMPLOYED Comments: SALE OF HOUSE, RELOCATION WITH HUSBAND'S NEW EMPLOYMENT, DIVORCE, JOB SEARCH, OSU CREDENTIALING.	Supervisor: State: OH Country: UNITED STATES From: 4 /2012 To: 10 /2014 Verified:	
Employed: MEDICAL ASSOCIATES OF MID-OHIO, INC City: ASHLAND Specialty: PHYSICIAN ASSISTANT Comments: , FAMILY MEDICINE.	Supervisor: State: OH Country: UNITED STATES From: 4 /2006 To: 4 /2012 Verified:	
Employed: NONE City: LEWIS CENTER Specialty: RELOCATION TO NY Comments: MARRIAGE, RELOCATION TO NEW CITY, HOUSE RENOVATIONS, CME, RECERTIFICATION EXAM, JOB SEARCH.	Supervisor: State: OH Country: UNITED STATES From: 7 /2004 To: 3 /2006 Verified:	
Employed: MERCK & CO., INC. City: COLUMBUS, SPRINGFIELD, DAYTON Specialty: PROFESSIONAL REPRESENTATIVE Comments: PROFESSIONAL REPRESENTATIVE FOR COLUMBUS/SPRINGFIELD, FOLLOWED BY SPRINGFIELD/DAYTON TERRITORIES.	Supervisor: State: OH Country: UNITED STATES From: 3 /2003 To: 6 /2004 Verified:	
Employed: NONE City: LEWIS CENTER Specialty: RELOCATION TO OHIO Comments: VACATION TIME, RELOCATION TO OHIO TO LIVE NEAR FAMILY, APPLICATION FOR OHIO LICENSE, JOB SEARCH.	Supervisor: State: OH Country: UNITED STATES From: 12 /2002 To: 3 /2003 Verified:	
Employed: OKLAHOMA ARTHRITIS CENTER, PC City: EDMOND Specialty: PHYSICIAN ASSISTANT Comments: , RHEUMATOLOGY.	Supervisor: State: OK Country: UNITED STATES From: 4 /2000 To: 12 /2002 Verified:	
Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments: VACATION TIME, JOB SEARCH, NEW EMPLOYMENT CONTRACT NEGOTIATIONS, APPLICATION FOR OK PA LICENSE.	Supervisor: State: OK Country: UNITED STATES From: 12 /1999 To: 4 /2000 Verified:	
Employed: LENS CRAFTERS City: HOUSTON Specialty: APPRENTICE OPTICIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /1996 To: 6 /1997 Verified:	
Employed: LENS CRAFTERS City: BOURBONNAIS Specialty: FRAME STYLIST, APPRENTICE OPTICIAN. Comments:	Supervisor: State: IL Country: UNITED STATES From: 1 /1995 To: 5 /1996 Verified:	
Employed: OLIVET NAZARENE UNIVERSITY City: BOURBONNAIS Specialty: CHEMISTRY LAB ASSISTANT	Supervisor: State: IL Country: UNITED STATES From: 8 /1992 To: 12 /1994 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 1046 VICKI LYNN DISHON
 Physician Assistant

Comments:

Employed: EXXON	Supervisor:
City: HOUSTON	State: TX Country: UNITED STATES
Specialty: CLERICAL	From: 9 / 1990 To: 7 / 1991 Verified:
Comments: DUTIES IN SEISMIC/GEOLOGY OFFICE.	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PA 1046	I	6/5/00	3/31/03	9/20/24
OH	PA 50.001964RX	A	2/13/03	1/31/26	9/20/24
IN	PA 10002438A	A	4/24/18	6/30/22	9/20/24

DEFICIENCIES

Time Deficiency Form for: NEED START DATE AND JOB TITLE FOR OKC VA HEALTHCARE SYSTEM?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 1303 BENTON CLAY LOGGAINS
 Physician Assistant

Practice Address:
 September 25, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 09/10/2024
Entered: 09/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/25/2024
AMA Rec:
Board Action:
License #: 1303
Sex: M
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: 11/20/2003 **Orig. Lic. Exp:** 03/31/2015

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

PRE-MED EDUCATION					
School Name: RED ROCKS COMM COLLEGE					
City: LAKEWOOD	State: CO	Country: UNITED STATES			
Degree: PA CERT	From: 8/2001	To: 8/2003	Verified:		
School Name: JOHNSON COUNTY COMM COLLEGE					
City: OLATHE	State: KS	Country: UNITED STATES			
Degree: N/A	From: 8/2000	To: 12/2001	Verified:		
School Name: FORT HAYS STATE UNIVERSITY					
City: HAYS	State: KS	Country: UNITED STATES			
Degree: BS AND MS	From: 8/1992	To: 5/1996	Verified:		
School Name: WESTARK COMM COLLEGE					
City: FT SMITH	State: AR	Country: UNITED STATES			
Degree: AA	From: 1/1992	To: 5/1992	Verified:		
School Name: NORTHEASTERN OK A&M					
City: MIAMI	State: OK	Country: UNITED STATES			
Degree: N/A	From: 8/1989	To: 12/1991	Verified:		
School Name: TULSA EAST CENTRAL					
City: TULSA	State: OK	Country: UNITED STATES			
Degree:	From: 8/1987	To: 5/1989	Verified:		

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

Type	Number	Name
PA	1303	BENTON CLAY LOGGAINS

Physician Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

TIME

PHOTO

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING STATEMENT TO WHY YOU ANSWERED "NO" TO EVER 1) BEING DISCIPLINED BY A STATE BOARD, 2) BEING REPORTED TO NPDB

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 3076 ADETUNJI HAKEEM OSHUN
 Physician Assistant

Practice Address:
 August 23, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 08/23/2024
Entered: 08/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 09/18/2024
AMA Rec:
Board Action:
License #: 3076
Sex: M
Ethnic Origin: 2

Endorsed By: NCCPA
Orig Issued: 08/20/2019 **Orig. Lic. Exp:** 03/31/2024

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

PRE-MED EDUCATION					
School Name: SUNY DOWNSTATE MEDICAL CENTER					
City: BROOKLYN		State: NY		Country: UNITED STATES	
Degree: BACHELOR- PHYSICIAN ASSISTANT		From: 6/2010		To: 8/ 2012 Verified:	
<hr/>					
School Name: BOROUGH OF MANHATTAN COMMUNITY COLLEGE					
City: MANHATTAN		State: NY		Country: UNITED STATES	
Degree: ASSOCIATES		From: 1/2003		To: 7/ 2005 Verified:	
<hr/>					
School Name: SUMMIT HIGH SCHOOL					
City: IKEJA		State:		Country: NIGERIA	
Degree: HIGH SCHOOL DIPLOMA		From: 6/1992		To: 12/ 1998 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 3076 ADETUNJI HAKEEM OSHUN
 Physician Assistant

PRACTICE HISTORY			
Employed: Callondoc Inc City: IRVING Specialty: PHYSICIAN ASSISTANT Comments: TELEMEDICINE	Supervisor: State: TX Country: UNITED STATES From: 7 /2015 To: / Verified:		
Employed: UT Southwestern Medical Center City: DALLAS Specialty: PHYSICIAN ASSISTANT Comments: HOSPITALIST	Supervisor: State: TX Country: UNITED STATES From: 10 /2014 To: 1 /2017 Verified:		
Employed: Medical Center of Lewisville City: LEWISVILLE Specialty: PHYSICIAN ASSISTANT Comments: HOSPITALIST	Supervisor: State: TX Country: UNITED STATES From: 5 /2013 To: 9 /2014 Verified:		
Employed: PA Medical Group of Dallas City: DALLAS Specialty: PHYSICIAN ASSISTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2013 To: 11 /2013 Verified:		
Employed: Children's Medical Center Dallas City: DALLAS Specialty: RESPIRATORY THERAPY Comments: POSITION	Supervisor: State: TX Country: UNITED STATES From: 11 /2006 To: 5 /2010 Verified:		
Employed: None City: LAGOS Specialty: UNEMPLOYED Comments: INDEPENDENT STUDY APPLYING FOR US VISA AND PREPARING TO MOVE TO US	Supervisor: State: Country: NIGERIA From: 1 /1999 To: 1 /2003 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 3076 ADETUNJI HAKEEM OSHUN
 Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
WA	PA PA60896824	A	5/18/22	10/5/24	9/18/24
MO	PA 2023036251	A	9/1/23	1/31/25	9/18/24
MI	PA 5601009219	A	11/13/19	11/13/24	9/18/24
TN	PA 3874	A	8/14/19	10/31/24	9/18/24
VA	PA 110007628	A	1/6/21	10/31/25	9/18/24
KS	PA- TLHT T-W0025-8	A	11/23/22	7/31/25	9/18/24
MT	PA 78812	A	9/9/19	10/31/25	9/18/24
ME	PA PAN1849	I	12/12/19	10/31/20	9/18/24
AR	PA PA-1181	A	6/9/23	10/31/24	9/18/24
AZ	PA 7573	A	4/13/20	1/3/25	9/18/24
AL	PA PA.2205	A	6/15/23	12/31/24	9/18/24
NY	RESP 007539		7/1/10		
NV	PA PA3001	A	2/20/24	6/30/25	9/18/24
NM	PA PA2023-0299	A	11/17/23	3/1/25	9/18/24
IA	PA 093166	A	7/26/18	9/30/24	9/18/24
NH	PA 2107	A	10/13/23	10/31/25	9/18/24
IN	PA 10004108A	A	9/1/23	6/30/26	9/18/24
SD	PA 1477		9/26/23		
HI	PA AMD-860	A	8/13/18	1/31/18	9/18/24
KY	PA PA3313	A	12/14/23	3/31/25	9/18/24
VT	PA 055-0031750	A	3/28/24	1/31/26	9/18/24
AK	PA 212972	A	11/6/23	12/21/24	9/18/24
OR	PA PA217611	A	9/13/23	12/31/25	9/18/24
ME	PA PA1849	A	12/12/19	10/31/24	9/18/24
WI	PA 5016-23	A	3/10/20	3/1/26	9/18/24
MD	PA C07107	A	1/11/19	6/30/25	9/18/24
TX	PA PA08317	A	3/8/13	2/28/25	9/18/24
UT	PA 10979427-1206	A	9/12/18	5/31/26	9/18/24
NE	PA 2352	A	4/8/19	10/1/25	9/18/24
RI	PA PA01089	A	10/15/18	6/30/25	9/18/24
GA	PA 9382	A	8/8/19	10/31/24	9/18/24
CA	PA 56258	A	11/2/18	10/31/24	9/18/24
OK	PA 3076	I	8/20/19	3/31/24	9/18/24
CT	PA 004358	A	12/18/18	10/31/24	9/18/24
CO	PA PA.0006006	A	10/10/19	1/31/26	9/18/24
FL	PA PA9111819	A	11/26/18	1/31/26	9/18/24
DC	PA PA031590	I	7/22/19	12/31/22	9/18/24
MA	PA PA7123	A	7/29/19	3/1/25	9/18/24
TX	RESP 69341		7/19/06		
NJ	PA 25MP00508500	A	1/17/19	8/31/25	9/18/24
OH	PA 50.006028RX	A	6/21/19	1/31/26	9/18/24

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 3076 ADETUNJI HAKEEM OSHUN
 Physician Assistant

NY	PA 023144		A	1/9/19	9/30/24	9/18/24
PA	PA MA063534		A	4/28/22	12/31/24	9/18/24
LA	PA 322255		A	3/31/20	10/31/24	9/18/24
DE	PA C5-0001381		A	2/4/20	3/31/25	9/18/24
IL	PA 085006702		A	8/14/18	3/1/26	9/18/24
MN	PA 14893		A	3/20/24	10/31/24	9/18/24
SC	PA PA4971		A	8/14/23	12/31/25	9/18/24
ID	PA PA-2580		A	8/29/23	6/30/25	9/18/24
NC	PA 0010-14462		A	8/13/24	10/5/24	9/18/24

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 7/2005- 11/2006; 8/2012- 2/2013; ARE YOU CURRENTLY PRACTICING AT CALLONDOC?- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PA?/ NEED CLARIFICATION ON HIGH SCHOOL DATES- APP SHOWS YOU 6/92- 12/98- IS THIS CORRECT?/ DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR OKLAHOMA?

Verify License from NY 007539

Verify License from SD 1477

Verify License from TX 69341

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 3138 JORDAN BEASLEY
 Physician Assistant

Practice Address:
 July 09, 2024
 USACS
 9901 MEDICAL CENTER DR

 ROCKVILLE, MD 20850
 NOT OKLAHOMA

Status: I
Res: RI
Received: 07/09/2024
Entered: 07/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/08/2024
AMA Rec:
Board Action:
License #: 3138
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA
Orig Issued: 02/11/2020 **Orig. Lic. Exp:** 03/31/2024

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA AT TULSA					
City: TULSA	State: OK	Country: UNITED STATES			
Degree: PA	From: 6/2017	To: 11/2019	Verified:		
School Name: MCNEESE STATE UNIVERSITY					
City: LAKE CHARLES	State: LA	Country: UNITED STATES			
Degree:	From: 1/2013	To: 12/2014	Verified:		
School Name: ROGERS STATE UNIVERSITY					
City: CLAREMORE	State: OK	Country: UNITED STATES			
Degree:	From: 8/2011	To: 12/2012	Verified:		
School Name: LAFAYETTE HIGH SCHOOL					
City: LAFAYETTE	State: LA	Country: UNITED STATES			
Degree:	From: 8/2007	To: 5/2011	Verified:		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	3138	JORDAN BEASLEY

Physician Assistant

DEFICIENCIES

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH USACS? / WHEN IS THE LAST TIME YOU PRACTICED AS A PA? / DID NOT COMPLY WITH CE SUBMISSION 2023, MUST PROVIDE 20 HRS OBTAINED IN 2023

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 2772 KRISTINA LEAH DAVIS
 Physician Assistant

Practice Address:
 September 16, 2024
 OU CHILDRENS HOSPITAL
 1200 CHILDRENS AVE

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status: I
Res: RI
Received: 07/16/2024
Entered: 07/16/2024
Temp Issued: 09/16/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/14/2024
AMA Rec:
Board Action:
License #: 2772
Sex: F
Ethnic Origin: 1

Endorsed By: NCCPA Certification
Orig Issued: 01/26/2017 **Orig. Lic. Exp:** 03/31/2018

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree: MASTER OF HEALTH SCIENCES-PA	From: 6/2014	To: 11/ 2016	Verified:		
School Name: OKLAHOMA STATE UNIVERSITY-OKC					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree:	From: 5/2013	To: 6/ 2013	Verified:		
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree:	From: 1/2013	To: 5/ 2013	Verified:		
School Name: UNIVERSITY OF TULSA					
City: TULSA	State: OK	Country: UNITED STATES			
Degree: BACHELORS OF SCIENCE	From: 8/2008	To: 5/ 2011	Verified:		
School Name: OKLAHOMA CHRISTIAN UNIVERSITY					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree:	From: 8/2007	To: 7/ 2008	Verified:		
School Name: HAR-BER HIGH SCHOOL					
City: SPRINGDALE	State: AR	Country: UNITED STATES			
Degree:	From: 8/2005	To: 5/ 2007	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 2772 KRISTINA LEAH DAVIS
 Physician Assistant

PRACTICE HISTORY			
Employed: OU CHILDRENS HOSPITAL City: OKLAHOMA CITY Specialty: PA Comments: 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104 405-271-4876	Supervisor: JAMIE LAUGHY, MD27521 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:		
Employed: ENT Center of the Ozarks City: SPRINGDALE Specialty: CLINICAL PA-C Comments:	Supervisor: State: AR Country: UNITED STATES From: 3 /2022 To: 1 /2024 Verified:		
Employed: Roller Weight Loss and Advanced Surgery City: FAYETTEVILLE Specialty: SURGERY PA-C Comments:	Supervisor: State: AR Country: UNITED STATES From: 8 /2020 To: 6 /2024 Verified:		
Employed: ENT Center of the Ozarks City: SPRINGDALE Specialty: CLINICAL PA-C Comments:	Supervisor: State: AR Country: UNITED STATES From: 3 /2017 To: 8 /2020 Verified:		
Employed: Physician Wellness and Weight Loss City: COLCORD Specialty: CLINICAL PA-C Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2017 To: 4 /2017 Verified:		
Employed: FAYETTEVILLE ATHLETIC CLUB City: FAYETTEVILLE Specialty: PERSONAL TRAINER Comments:	Supervisor: State: AR Country: From: 1 /2014 To: 4 /2014 Verified:		
Employed: NEXT STEP CROSSFIT City: BAKERSFIELD Specialty: PERSONAL TRAINER Comments:	Supervisor: State: CA Country: From: 8 /2013 To: 11 /2013 Verified:		
Employed: NEXT STEP CROSSFIT City: CROSSFIT TRAINER Specialty: CROSSFIT TRAINER Comments:	Supervisor: State: CA Country: From: 7 /2013 To: 10 /2013 Verified:		
Employed: Next Step Crossfit City: BAKERSFIELD Specialty: CROSSFIT TRAINER Comments:	Supervisor: State: CA Country: UNITED STATES From: 7 /2013 To: 10 /2013 Verified:		
Employed: broadway Clinic City: OKLAHOMA CITY Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2012 To: 6 /2013 Verified:		
Employed: INFINITI ATHLETICS City: BENTONVILLE Specialty: YOUTH TUMBLING INSTRUCTOR	Supervisor: State: AR Country: From: 6 /2011 To: 4 /2012 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	2772	KRISTINA LEAH DAVIS
Physician Assistant		

Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Physician Assitant PA-736	A	10/6/17	1/31/25	8/14/24
OK	PA 2772	I	1/26/17	3/31/18	8/14/24
AR	PA TEMP PT2017-039	I	7/21/17	8/4/17	7/16/24
AR	PA TEMP PT2017-039	I	8/4/17	10/6/17	7/16/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5384 ABIGAIL MARIE SPRAGINS
 Physician Assistant

Practice Address:
 September 04, 2024
 OU HEALTH HOSPITAL
 700 NE 13TH ST

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 06/18/2024
Entered: 06/18/2024
Temp Issued: 09/05/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 07/16/2024
AMA Rec:
Board Action:
License #: 5384
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF LYNCHBURG					
City: LYNCHBURG		State: VA		Country: UNITED STATES	
Degree: DOCTORATE OF MEDICAL SCIENCES		From: 8/2022		To: 5/ 2023 Verified:	
<hr/>					
School Name: UNIVERSITY OF LYNCHBURG					
City: LYNCHBURG		State: VA		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT MEDICINE		From: 5/2020		To: 8/ 2022 Verified:	
<hr/>					
School Name: ROSE STATE COMMUNITY COLLEGE					
City: MIDWEST CITY		State: OK		Country: UNITED STATES	
Degree:		From: 1/2018		To: 5/ 2018 Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: BACHELORS IN SCIENCE, BIOLOGY		From: 1/2016		To: 7/ 2018 Verified:	
<hr/>					
School Name: UNIVERSITY OF ARIZONA					
City: TUSCON		State: AZ		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/ 2015 Verified:	
<hr/>					
School Name: NOTRE DAME PREPARATORY					
City: SCOTTSDALE		State: AZ		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2009		To: 5/ 2013 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5384 ABIGAIL MARIE SPRAGINS
 Physician Assistant

PRACTICE HISTORY					
Employed:	OU HEALTH	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
	Specialty: CRITICAL CARE ADVANCED PRACTICE PROVIDER	From: 10 /2024	To: /	Verified:	
Comments:	8/2/24MT- PENDING EMPLOYMENT				
Employed:	OU HEALTH	Supervisor:	ALISA CROSS, MD 31186		
	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
	Specialty: PA	From: 9 /2024	To: /	Verified:	
Comments:	700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-9440				
Employed:	MAINE MEDICAL CENTER	Supervisor:			
	City: PORTLAND	State: ME	Country: UNITED STATES		
	Specialty: PA	From: 12 /2023	To: /	Verified:	
Comments:	8/2/24MT- CURRENTLY PRACTICING				
Employed:	Maine Medical Center	Supervisor:			
	City: PORTLAND	State: ME	Country: UNITED STATES		
	Specialty: PA	From: 9 /2022	To: 9 /2023	Verified:	
Comments:	CRITICAL CARE PHYSICIAN ASSISTANT				
Employed:	Integris Hospital Southwest	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
	Specialty: STAFFING COORDINATOR	From: 1 /2019	To: 4 /2020	Verified:	
Comments:	CERTIFIED NURSING ASSISTANT AND STAFFING COORDINATOR				
Employed:	St. Anthonys	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
	Specialty: CNA	From: 7 /2018	To: 2 /2019	Verified:	
Comments:					
Employed:	Community Hospital	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
	Specialty: HEALTH INFORMATION MANAGEMENT	From: 3 /2016	To: 6 /2018	Verified:	
Comments:	PATIENT ACCESS AND MEDICAL RECORDS				
Employed:	Grimaldis	Supervisor:			
	City: TUCSON	State: AZ	Country: UNITED STATES		
	Specialty: HOSTESS AND WAITRESS	From: 9 /2015	To: 5 /2016	Verified:	
Comments:					
Employed:	Hefner Grill	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
	Specialty: HOSTESS AND WAITRESS	From: 6 /2015	To: 2 /2016	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
ME	PA PA2435	A	9/15/22	12/31/24	7/16/24

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

Type	Number	Name
PA	5384	ABIGAIL MARIE SPRAGINS
Physician Assistant		

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5385 SARAH SALOUS
 Physician Assistant

Practice Address:
 July 09, 2024
 CLASSEN URGENT CARE CLINIC
 2818 CLASSEN BLVD

 NORMAN, OK 73071
 CLEVELAND

 UNITED STATES

Status:
Res:
Received: 06/18/2024
Entered: 06/18/2024
Temp Issued: 07/18/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5385
Sex: F
Ethnic Origin: 5

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY			State: OK	Country: UNITED STATES	
Degree: MPAS			From: 1/2022	To: 5/ 2024	Verified:
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN			State: OK	Country: UNITED STATES	
Degree: BIOLOGY			From: 8/2018	To: 5/ 2021	Verified:
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY			State: OK	Country: UNITED STATES	
Degree:			From: 8/2017	To: 5/ 2018	Verified:
<hr/>					
School Name: MERCY SCHOOL INSTITUTE					
City: EDMOND			State: OK	Country: UNITED STATES	
Degree:			From: 8/2013	To: 5/ 2017	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5385 SARAH SALOUS
 Physician Assistant

PRACTICE HISTORY

Employed: CLASSEN URGENT CARE CLINIC City: NORMAN Specialty: PA Comments: 2818 CLASSEN BLVD NORMAN, OK 73071 405-701-7111	Supervisor: KATHRYN HALL, DO 2952 State: OK Country: UNITED STATES From: 7 /2024 To: / Verified:
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Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2021 To: 1 /2022 Verified:
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Employed: EMSA City: OKLAHOMA CITY Specialty: I SERVED AS AN EMT-B AT EMSA Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2021 To: 10 /2021 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5386 NATHAN T SCHMITZ
 Physician Assistant

Practice Address:
 July 17, 2024
 SSM ST ANTHONY'S HOSPITAL
 CARDIOTHORACIC SURGERY

 1000 N LEE AVE, OK 73102
 NOT OKLAHOMA

Status:
Res:
Received: 06/19/2024
Entered: 06/19/2024
Temp Issued: 07/24/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 07/17/2024
AMA Rec:
Board Action:
License #: 5386
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree: MPAS	From: 1/2022	To: 5/ 2024	Verified:		
School Name: NORTHERN MICHIGAN UNIVERSITY					
City: MARQUETTE		State: MI	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE - NEUROSCIENCE	From: 8/2018	To: 5/ 2021	Verified:		
School Name: UNIVERSITY OF WISCONSIN MARATHON COUNTY					
City: WAUSAU		State: WI	Country: UNITED STATES		
Degree:	From: 8/2016	To: 5/ 2018	Verified:		
School Name: NORTHCENTRAL TECHNICAL COLLEGE					
City: WAUSAU		State: WI	Country: UNITED STATES		
Degree: ASSOCIATE OF SCIENCE - RADIOGRAPHY	From: 8/2012	To: 6/ 2014	Verified:		
School Name: RHINELANDER HIGH SCHOOL					
City: RHINELANDER		State: WI	Country: UNITED STATES		
Degree:	From: 8/2008	To: 6/ 2012	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5386 NATHAN T SCHMITZ
 Physician Assistant

PRACTICE HISTORY			
Employed: SSM ST ANTHONY'S HOSPITAL - CARDIOTHORACIC SURGERY City: OKLAHOMA CITY Specialty: PA Comments: 1000 N LEE AVE OKLAHOMA CITY, OK 73102 405-272-7000	Supervisor: CLIFFORD HOWELL, MD 16125 State: OK Country: From: 7 /2024 To: / Verified:		
Employed: Helen Newberry Joy Hospital City: NEWBERRY Specialty: TRAVEL CT TECHNOLOGIST Comments:	Supervisor: State: MI Country: UNITED STATES From: 10 /2021 To: 1 /2022 Verified:		
Employed: UW Health East Madison Hospital City: MADISON Specialty: TRAVEL CT TECHNOLOGIST Comments:	Supervisor: State: WI Country: UNITED STATES From: 6 /2021 To: 9 /2021 Verified:		
Employed: Aurora Bay Area Medical Center City: MARINETTE Specialty: TRAVEL CT TECHNOLOGIST Comments:	Supervisor: State: WI Country: UNITED STATES From: 12 /2020 To: 6 /2021 Verified:		
Employed: UP Health Marquette Hospital City: MARQUETTE Specialty: CT TECHNOLOGIST Comments:	Supervisor: State: MI Country: UNITED STATES From: 6 /2019 To: 11 /2020 Verified:		
Employed: SSM St. Mary's Hospital City: MADISON Specialty: TRAVEL CT TECHNOLOGIST Comments:	Supervisor: State: WI Country: UNITED STATES From: 5 /2018 To: 8 /2018 Verified:		
Employed: Aspirus Wausau Hospital City: WAUSAU Specialty: RADIOLOGIC TECHNOLOGIST Comments:	Supervisor: State: WI Country: UNITED STATES From: 2 /2015 To: 5 /2018 Verified:		
Employed: Ministry Health Care Good Samaritan Hospital City: MERRILL Specialty: RADIOLOGIC TECHNOLOGIST Comments:	Supervisor: State: WI Country: UNITED STATES From: 8 /2014 To: 7 /2024 Verified:		
Employed: Ministry Health Care Good Samaritan Hospital City: MERRILL Specialty: RADIOLOGIC TECHNOLOGIST ASSISTANT Comments:	Supervisor: State: WI Country: UNITED STATES From: 5 /2013 To: 8 /2014 Verified:		
Employed: Hanson's Garden Village City: RHINELANDER Specialty: SALES REP Comments: GARDEN CENTER EMPLOYEE	Supervisor: State: WI Country: UNITED STATES From: 5 /2010 To: 4 /2013 Verified:		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5386	NATHAN T SCHMITZ

Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5387 JENNI MARIE HAAN
 Physician Assistant

Practice Address:
 August 21, 2024
 ASPIRE HEALTH - TELEMEDICINE
 9413 S 69TH ST

 PAPILLION, NE 68133
 NOT OKLAHOMA

Status:
Res:
Received: 06/19/2024
Entered: 06/19/2024
Temp Issued: 09/27/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 07/17/2024
AMA Rec:
Board Action:
License #: 5387
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: DES MOINES UNIVERSITY					
City: WEST DES MOINES	State: IA	Country: UNITED STATES			
Degree: MPAS	From: 8/2003	To: 8/ 2005	Verified:		
<hr/>					
School Name: UNIVERSITY OF NEBRASKA AT OMAHA					
City: OMAHA	State: NE	Country: UNITED STATES			
Degree: BACHELOR OF SCIENCE IN BIOLOGY	From: 1/1997	To: 5/ 2001	Verified:		
<hr/>					
School Name: UNIVRSITY OF NORTHERN IOWA					
City: CEDAR FALLS	State: IA	Country: UNITED STATES			
Degree: NONE	From: 8/1996	To: 12/ 1996	Verified:		
<hr/>					
School Name: WEST HIGH SCHOOL					
City: WATERLOO	State: IA	Country: UNITED STATES			
Degree: DIPLOMA	From: 8/1992	To: 5/ 1996	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5387 JENNI MARIE HAAN
 Physician Assistant

PRACTICE HISTORY

Employed: ASPIRE HEALTH - TELEMEDICINE **Supervisor:** APRIL FOSTER, DO 7159
City: PAPIILLION **State:** NE **Country:**
Specialty: PA **From:** 9 /2024 **To:** / **Verified:**
Comments: 9413 S 69TH ST
 PAPIILLION, NE 68133
 402-850-0635

Employed: Aspire Health **Supervisor:**
City: PAPIILLION **State:** NE **Country:** UNITED STATES
Specialty: PA **From:** 8 /2022 **To:** / **Verified:**
Comments: 9/3/24 - CURRENTLY WORKING HERE (KS)

Employed: Urgent Care of Papillion **Supervisor:**
City: PAPIILLION **State:** NE **Country:** UNITED STATES
Specialty: PA **From:** 8 /2018 **To:** 12 /2021 **Verified:**
Comments: PA-C PROVIDING URGENT CARE SERVICES FOR ALL AGES.

Employed: Methodist Jennie Edmundson Hospital **Supervisor:**
City: COUNCIL BLUFFS **State:** IA **Country:** UNITED STATES
Specialty: PA **From:** 4 /2014 **To:** / **Verified:**
Comments: 9/3/24 - CURRENTLY WORKING HERE (KS)

Employed: Nebraska Medicine **Supervisor:**
City: OMAHA **State:** NE **Country:** UNITED STATES
Specialty: PA **From:** 4 /2013 **To:** 4 /2014 **Verified:**
Comments: PA-C AIDING IN DIAGNOSES AND MANAGEMENT OF CRITICALLY ILL PATIENTS.

Employed: Bellevue Family Practice **Supervisor:**
City: BELLEVUE **State:** NE **Country:** UNITED STATES
Specialty: PA **From:** 9 /2005 **To:** 4 /2013 **Verified:**
Comments: PA-C WORKING WITH ALL ASPECTS OF FAMILY HEALTH CARE FOR ALL AGES.

Employed: ALLEGIANT HEALTH **Supervisor:**
City: OMAHA **State:** NE **Country:** UNITED STATES
Specialty: OB TECH **From:** 9 /2001 **To:** 7 /2005 **Verified:**
Comments:

Employed: PLANNED PARENTHOOD **Supervisor:**
City: OMAHA **State:** NE **Country:** UNITED STATES
Specialty: CLERICAL **From:** 6 /2001 **To:** 9 /2001 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AZ	PA THPA00043	A	1/24/24	1/24/25	7/15/24
IA	PA 072100	A	2/3/14	9/30/24	7/17/24
NE	PA 1220	A	9/29/05	10/1/25	7/17/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5389 BISHAL BISTA
 Physician Assistant

Practice Address:
 August 07, 2024
 HILLCREST MEDICAL CENTER
 1120 S UTICA AVE

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 06/22/2024
Entered: 06/22/2024
Temp Issued: 08/07/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 07/22/2024
AMA Rec:
Board Action:
License #: 5389
Sex: M
Ethnic Origin: 5

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

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

PRE-MED EDUCATION					
School Name: WICHITA STATE UNIVERSITY					
City: WICHITA		State: KS	Country: UNITED STATES		
Degree: MPAS		From: 6/2014	To: 7/ 2016	Verified:	
School Name: WICHITA STATE UNIVERSITY					
City: WICHITA		State: KS	Country: UNITED STATES		
Degree: BACHELOR OF ARTS IN BIOLOGY		From: 6/2009	To: 12/ 2011	Verified:	
School Name: BUTLER COMMUNITY COLLEGE					
City: ELDORADO		State: KS	Country: UNITED STATES		
Degree:		From: 8/2007	To: 5/ 2009	Verified:	
School Name: NEWMAN UNIVERSITY					
City: WICHITA		State: KS	Country: UNITED STATES		
Degree:		From: 8/2006	To: 12/ 2006	Verified:	
School Name: ST. JOSEPH HIGHER SECONDARY SCHOOL					
City: BIRATNAGAR		State:	Country: NEPAL		
Degree:		From: 4/2003	To: 3/ 2005	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5389 BISHAL BISTA
 Physician Assistant

PRACTICE HISTORY			
Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: PA Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-1100	Supervisor: DARREN THOMAS, MD 22449 State: OK Country: From: 8 /2024 To: / Verified:		
Employed: Baylor Scott & White Health Medical Center City: DALLAS Specialty: PA Comments: 7/22/24MT- CURRENTLY PRACTICING HOSPITALIST PHYSICIAN ASSISTANT	Supervisor: State: TX Country: UNITED STATES From: 1 /2022 To: / Verified:		
Employed: FreeState HealthCare @ Susan B. Allen Memorial Hos City: EL DORADO Specialty: PA Comments: HOSPITALIST (PRN)	Supervisor: State: KS Country: UNITED STATES From: 4 /2020 To: 1 /2021 Verified:		
Employed: FreeState HealthCare @ Rock Regional Hospital City: DERBY Specialty: PA Comments: HOSPITALIST (PRN)	Supervisor: State: KS Country: UNITED STATES From: 4 /2020 To: 1 /2021 Verified:		
Employed: NONE City: WICHITA Specialty: VOLUNTEER Comments: PRIMARY CARE PROVIDER	Supervisor: State: KS Country: UNITED STATES From: 12 /2018 To: 4 /2021 Verified:		
Employed: VEP Healthcare @ Hutchinson Regional Medical Cente City: HUTCHINSON Specialty: PA Comments: EMERGENCY MEDICINE (PRN)	Supervisor: State: KS Country: UNITED STATES From: 10 /2017 To: 2 /2020 Verified:		
Employed: AFC Urgent Care City: WICHITA Specialty: PA Comments: URGENT CARE PHYSICIAN ASSISTANT (PRN)	Supervisor: State: KS Country: UNITED STATES From: 2 /2017 To: 4 /2021 Verified:		
Employed: Southwest Medical Center City: LIBERAL Specialty: PA Comments: HOSPITALIST PHYSICIAN ASSISTANT	Supervisor: State: KS Country: UNITED STATES From: 10 /2016 To: 12 /2023 Verified:		
Employed: NONE City: WICHITA Specialty: UNEMPLOYED Comments: PREPARED FOR LICENSE EXAM (PANCE), TRAVELLED FOR LEISURE, AWAITING CREDENTIAL AT SW MEDICAL CENTER	Supervisor: State: KY Country: UNITED STATES From: 8 /2016 To: 10 /2016 Verified:		
Employed: National Plastic Color Lab City: VALLEY CENTER Specialty: QUALITY CONTROL ANALYST	Supervisor: State: KS Country: UNITED STATES From: 5 /2013 To: 6 /2014 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5389 BISHAL BISTA

Physician Assistant

Comments: WORKED AT NATIONAL PLASTIC COLOR LAB IN VALLEY CENTER, KS AS A QUALITY CONTROL ANALYST	
Employed: Ascension Via Christi St. Francis City: WICHITA Specialty: PATIENT CARE TECH Comments: WORKED AT ASCENSION VIA CHRISTI ST. FRANCIS, WICHITA, KS AS A PATIENT CARE TECH	Supervisor: State: KS Country: UNITED STATES From: 11 /2009 To: 5 /2013 Verified:
Employed: NONE City: WICHITA Specialty: UNEMPLOYED Comments: TOOK TIME OFF FROM COLLEGE, TRAVELLED AROUND THE US	Supervisor: State: KS Country: UNITED STATES From: 1 /2007 To: 8 /2007 Verified:
Employed: NONE City: BIRATNAGAR Specialty: UNEMPLOYED Comments: TOOK ENGLISH (TOEFL AND SAT TEST) AWAITING PAPERWORK/ UNIVERSITY PAPERWORK/VISA TO COME TO US	Supervisor: State: Country: NEPAL From: 4 /2005 To: 8 /2006 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
VA	PA 0110005992	A	11/8/17	12/31/25	7/22/24
KS	PA 15-01918	A	9/12/16	1/31/25	7/22/24
NY	PA 028303	A	4/28/22	3/31/25	7/22/24
TX	PA PA14146	A	12/22/20	2/28/26	7/22/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5390 SIDNEY RENEE TIPPIN
 Physician Assistant

Practice Address:
 August 23, 2024
 ACCESS MEDICAL NEXTCARE URGENT CARE
 3617 NW EXPRESSWAY STREET

 OKLAHOMA CITY, OK 73112
 OKLAHOMA

Status:
Res:
Received: 06/22/2024
Entered: 06/22/2024
Temp Issued: 08/28/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5390
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree: MPAS	From: 1/2022	To: 5/ 2024	Verified:		
<hr/>					
School Name: UNIVERSITY OF MISSOURI- COLUMBIA					
City: COLUMBIA	State: MO	Country: UNITED STATES			
Degree: BACHELOR'S OF SCIENCE IN BIOCHEMISTRY	From: 8/2016	To: 5/ 2020	Verified:		
<hr/>					
School Name: CALIFORNIA HIGH SCHOOL					
City: CALIFORNIA	State: MO	Country: UNITED STATES			
Degree:	From: 8/2012	To: 5/ 2016	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5390 SIDNEY RENEE TIPPIN
 Physician Assistant

PRACTICE HISTORY

Employed: ACCESS MEDICAL NEXTCARE URGENT CARE **Supervisor:** WILLIAM WELDEN, MD 18917
City: OKLAHOMA CITY **State:** OK **Country:**
Specialty: PA **From:** 8 /2024 **To:** / **Verified:**
Comments: 3617 NW EXPRESSWAY
 OKLAHOMA CITY, OK 73112
 405-835-2771

Employed: Great Salt Plains Health Center **Supervisor:**
City: ENID **State:** OK **Country:** UNITED STATES
Specialty: MEDICAL ASSTANT **From:** 4 /2021 **To:** 12 /2021 **Verified:**
Comments: I WORKED AS A MEDICAL ASSISTANT FOR SEVERAL PROVIDERS

Employed: NONE **Supervisor:**
City: ENID **State:** OK **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 10 /2020 **To:** 4 /2021 **Verified:**
Comments:

Employed: University of Missouri Hospital **Supervisor:**
City: COLUMBIA **State:** MO **Country:** UNITED STATES
Specialty: CNA **From:** 6 /2019 **To:** 10 /2020 **Verified:**
Comments: I WORKED AS A CNA ON THE OBSERVATION AND ONCOLOGY FLOORS

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5391 LAUREN RENEE ELLIOTT
 Physician Assistant

Practice Address:
 August 14, 2024
 TEXOMACARE-DURANT
 1807 WEST UNIVERSITY BLVD

 DURANT, OK 74701
 BRYAN

 UNITED STATES

Status:
Res:
Received: 06/26/2024
Entered: 06/26/2024
Temp Issued: 09/23/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 07/24/2024
AMA Rec:
Board Action:
License #: 5391
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UT SOUTHWESTERN MEDICAL SCHOOL		State: TX	Country: UNITED STATES		
City: DALLAS		From: 5/2015	To: 12/ 2017	Verified:	
Degree: MPAS					
<hr/>					
School Name: BROOKHAVEN COLLEGE		State: TX	Country: UNITED STATES		
City: DALLAS		From: 8/2009	To: 5/ 2014	Verified:	
Degree:					
<hr/>					
School Name: TEXAS A&M UNIVERSITY		State: TX	Country: UNITED STATES		
City: COLLEGE STATION		From: 8/2005	To: 12/ 2008	Verified:	
Degree: BBA					
<hr/>					
School Name: CREEKVIEW HIGH SCHOOL		State: TX	Country: UNITED STATES		
City: CARROLLTON		From: 8/2001	To: 5/ 2005	Verified:	
Degree:					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5391 LAUREN RENEE ELLIOTT
 Physician Assistant

PRACTICE HISTORY					
Employed: TEXAOMACARE- DURANT		Supervisor: CHRISTOPHER JONES, MD 27468			
City: DURANT	State: OK	Country:			
Specialty: PA	From: 9 /2024	To: /	Verified:		
Comments: 1807 WEST UNIVERSITY BLVD DURANT, OK 74701 580-920-2273					
Employed: TEXOMA CARE - URGENT CARE		Supervisor: CHRISTOPHER JONES			
City: DENISON	State: TX	Country: UNITED STATES			
Specialty: PA	From: 6 /2024	To: /	Verified:		
Comments: 3126 FM 120 DENISON, TX 75020 903-416-7544					
Employed: Texomacare		Supervisor:			
City: DENISON	State: TX	Country: UNITED STATES			
Specialty: PA	From: 5 /2024	To: /	Verified:		
Comments: 7/29/24MT- CURRENTLY PRACTICING TEXOMACARE URGENT CARES: DENISON AND DURANT					
Employed: Western Healthcare		Supervisor:			
City: DALLAS	State: TX	Country: UNITED STATES			
Specialty: PA	From: 6 /2023	To: /	Verified:		
Comments: 7/29/24MT- CURRENTLY PRACTICING NORTH TEXAS MEDICAL CENTER- EMERGENCY ROOM					
Employed: IES		Supervisor:			
City: DALLAS	State: TX	Country: UNITED STATES			
Specialty: PA	From: 5 /2022	To: /	Verified:		
Comments: 7/29/24MT- CURRENTLY PRACTICING PART TIME HOURS AT BAYLOR MCKINNEY EMERGENCY ROOM					
Employed: ENVISION PHYSICIAN SERVICES		Supervisor:			
City: DALLAS	State: TX	Country: UNITED STATES			
Specialty: PA	From: 1 /2018	To: 6 /2022	Verified:		
Comments:					
Employed: RESEARCH ACROSS AMERICA		Supervisor:			
City: DALLAS	State: TX	Country: UNITED STATES			
Specialty: CLINICAL RESEARCH COORDINATOR	From: 12 /2010	To: 5 /2015	Verified:		
Comments:					
Employed: TAYLORMADE FARMS		Supervisor:			
City: LEXINGTON	State: KY	Country: UNITED STATES			
Specialty: INTERN	From: 1 /2007	To: 6 /2009	Verified:		
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PA PA11770	A	1/30/18	2/28/26	7/24/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5391	LAUREN RENEE ELLIOTT

Physician Assistant

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5392 JOSETTE HOPKINS
 Physician Assistant

PRACTICE HISTORY

Employed: OU HEALTH UNIVERSITY OF OKLAHOMA **Supervisor:** JASON LEES, MD 21247
 MEDICAL CENTER
City: OKLAHOMA CITY **State:** OK **Country:**
Specialty: PA **From:** 8 /2024 **To:** / **Verified:**
Comments: 700 NE 13TH ST
 OKLAHOMA CITY, OK 73104
 405-271-4700

Employed: UCHealth **Supervisor:**
City: COLORADO SPRINGS **State:** CO **Country:** UNITED STATES
Specialty: PA **From:** 6 /2021 **To:** 7 /2024 **Verified:**
Comments: TRAUMA AND ACUTE CARE SURGERY PHYSICIAN ASSISTANT

Employed: NONE **Supervisor:**
City: COLORADO SPRINGS **State:** CO **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 12 /2020 **To:** 6 /2021 **Verified:**
Comments: HIRING PROCESS FOR 1ST JOB, 3 MO. CREDENTIALING AFTER HIRED, THEN WAITING
 FOR OFFICIAL START DATE.

Employed: EMT and ER technician **Supervisor:**
City: SAN DEIGO **State:** CA **Country:** UNITED STATES
Specialty: EMT/ ER TECH **From:** 5 /2014 **To:** 8 /2018 **Verified:**
Comments: WORKED AS AN EMT AND ER TECHNICIAN TO GAIN MEDICAL EXPERIENCE PRIOR TO
 APPLYING FOR PA SCHOOL.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CO	PA PA.0006616	A	1/25/21	1/31/26	7/24/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5394 SHARON ANNA SHAJI
 Physician Assistant

Practice Address:
 July 26, 2024

Status:
Res:
Received: 06/28/2024
Entered: 06/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 07/26/2024
AMA Rec:
Board Action:
License #: 5394
Sex: F
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: MERCY COLLEGE					
City: DOBBS FERRY		State: NY	Country: UNITED STATES		
Degree: M.S. IN PHYSICIAN ASSISTANT STUDIES		From: 6/2020	To: 5/ 2023	Verified:	
<hr/>					
School Name: UNIVERSITY OF THE SCIENCES OF PHILADELPHIA					
City: PHILADELPHIA		State: PA	Country: UNITED STATES		
Degree: B.S IN BIOMEDICAL SCIENCES		From: 8/2015	To: 5/ 2019	Verified:	
<hr/>					
School Name: NORTHEAST HIGHSCHOOL					
City: PHILADELPHIA		State: PA	Country: UNITED STATES		
Degree:		From: 7/2011	To: 5/ 2015	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5394 SHARON ANNA SHAJI
 Physician Assistant

PRACTICE HISTORY

Employed: NONE City: DALLAS Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2023 To: 6 /2024 Verified:
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Employed: NONE City: DALLAS Specialty: PART TIME CAREGIVER Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2019 To: 8 /2020 Verified:
---	---

Employed: NONE City: DALLAS Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2019 To: 12 /2019 Verified:
--	---

Employed: Deer Meadows Retirement Community City: PHILADELPHIA Specialty: NURSE ASSISTANT Comments: WORKED AS A NURSING ASSISTANT AND ASSISTED PATIENTS WITH ACTIVITIES OF DAILY LIVING	Supervisor: State: PA Country: UNITED STATES From: 12 /2018 To: 6 /2019 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PA PA18152	A	7/19/24	8/31/26	9/3/24
NY	PA 032328	A	8/8/24	7/31/27	9/4/24

DEFICIENCIES

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Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5396	MADISON JUNE NUTTER

Physician Assistant

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5397 DEBRA DENISE DAVIS
 Physician Assistant

Practice Address:
 July 17, 2024
 AMC URGENT CARE
 2101 N 14TH ST, STE 114

 PONCA CITY, OK 74601
 KAY

Status:
Res:
Received: 07/01/2024
Entered: 07/01/2024
Temp Issued: 09/06/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 07/31/2024
AMA Rec:
Board Action:
License #: 5397
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: WICHITA STATE UNIVERSITY					
City: WICHITA		State: KS		Country: UNITED STATES	
Degree: BACHELOR OF HEALTH SCIENCE- PA		From: 8/1984		To: 8/ 1986 Verified:	
<hr/>					
School Name: FRIENDS UNIVERSITY					
City: WICHITA		State: KS		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE CHEMISTRY/BIOLOGY		From: 8/1979		To: 5/ 1983 Verified:	
<hr/>					
School Name: WICHITA HIGH SCHOOL EAST					
City: WICHITA		State: KS		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/1976		To: 5/ 1979 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5397 DEBRA DENISE DAVIS
 Physician Assistant

PRACTICE HISTORY			
Employed: AMC URGENT CARE City: PONCA CITY Specialty: PA Comments: 2101 N 14TH ST, STE 114 PONCA CITY, OK 74601 580-762-1552	Supervisor: SAMUEL HAGUE, MD 22530 State: OK Country: From: 9 /2024 To: / Verified:		
Employed: University of Kansas School of Medicine - MPA City: WICHITA Specialty: PHYSICIAN ASSISTANT Comments: 8/3/24 - STILL WORKING HERE (KS)	Supervisor: State: KS Country: UNITED STATES From: 10 /2023 To: / Verified:		
Employed: NONE City: WICHITA Specialty: UNEMPLOYED Comments: TRANSITION BETWEEN WORKING IN LAREDO TEXAS AND STARTING WORK BACK IN WICHITA.	Supervisor: State: KS Country: UNITED STATES From: 9 /2023 To: 10 /2023 Verified:		
Employed: Loyal Source Government Services City: LAREDO Specialty: PA Comments: WORKING FOR LS OUT OF ORLANDO FOR DEPT OF HOMELAND SECURITY. PA SEEING ILLEGAL IMMIGRANTS.	Supervisor: State: TX Country: UNITED STATES From: 9 /2022 To: 9 /2023 Verified:		
Employed: NONE City: WICHITA Specialty: UNEMPLOYED Comments: TRANSITIONING TO GO BACK TO THE BORDER WITH LOYAL SOURCE GOVERNMENT SERVICES.	Supervisor: State: KS Country: UNITED STATES From: 8 /2022 To: 9 /2022 Verified:		
Employed: Ascension Health Care City: WICHITA Specialty: PHYSICIAN ASSISTANT Comments: PHYSICIAN ASSISTANT IN GERIATRICS - SEEING NURSING HOME RESIDENTS.	Supervisor: State: KS Country: UNITED STATES From: 6 /2021 To: 8 /2022 Verified:		
Employed: Varsity Tutors City: WICHITA Specialty: ONLINE TUTOR Comments: ONLINE TUTORING FOR PHYSICIAN ASSISTANT STUDENTS - WORK FROM HOME	Supervisor: State: KS Country: UNITED STATES From: 4 /2021 To: 5 /2021 Verified:		
Employed: Primary Care Associates City: WICHITA Specialty: PHYSICIAN ASSISTANT - FAMILY PRACTICE Comments:	Supervisor: State: KS Country: UNITED STATES From: 6 /2020 To: 3 /2021 Verified:		
Employed: NONE City: WICHITA Specialty: UNEMPLOYED Comments: WAITING FOR CREDENTIALING/LICENSING TO START NEW EMPLOYMENT.	Supervisor: State: KS Country: UNITED STATES From: 4 /2020 To: 5 /2020 Verified:		
Employed: Loyal Source Government Services City: YUMA Specialty: PA	Supervisor: State: AZ Country: UNITED STATES From: 9 /2019 To: 4 /2020 Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5397 DEBRA DENISE DAVIS

Physician Assistant

Comments: WORKING FOR LS OUT OF ORLANDO FOR DEPT OF HOMELAND SECURITY. PA SEEING ILLEGAL IMMIGRANTS.		
Employed: True Health City: FRANKLIN	Supervisor: State: TN Country: UNITED STATES	
Specialty: PHYSICIAN ASSISTANT IN NURSING HOMES IN KANSAS	From: 3 /2018	To: 6 /2019 Verified:
Comments:		
Employed: Axiom Consulting City: ANDALE	Supervisor: State: KS Country: UNITED STATES	
Specialty: ADMINISTRATIVE ASSISTANT	From: 1 /2017	To: 8 /2019 Verified:
Comments: ADMINISTRATIVE ASSISTANT TO PRESIDENT OF AXIOM HEALTH CARE SERVICES, AXIOM CONSULTING.		
Employed: Amity Health Care (Nursing home Care) City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: PHYSICIAN ASSISTANT	From: 8 /2013	To: 12 /2016 Verified:
Comments: PHYSICIAN ASSISTANT IN LTC AND SKILLED NURSING IN NURSING HOMES.		
Employed: Wesley Hospital City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: EMERGENCY ROOM PHYSICIAN ASSISTANT	From: 6 /2008	To: 8 /2013 Verified:
Comments:		
Employed: New Medical Health Care City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: PHYSICIAN ASSISTANT - FAMILY PRACTICE	From: 6 /2006	To: 12 /2009 Verified:
Comments:		
Employed: Northwest Family Physicians City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: PHYSICIAN ASSISTANT - FAMILY PRACTICE	From: 2 /2003	To: 5 /2006 Verified:
Comments:		
Employed: Wichita Clinic(Family Medicine Clinic) City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: PHYSICIAN ASSISTANT - FAMILY PRACTICE	From: 1 /1995	To: 1 /2003 Verified:
Comments:		
Employed: Wichita State University - PA program City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: CLINICAL EDUCATOR TO PHYSICIAN ASSISTANT STUDENTS.	From: 2 /1991	To: 12 /1994 Verified:
Comments:		
Employed: Grace Med City: WICHITA	Supervisor: State: KS Country: UNITED STATES	
Specialty: PHYSICIAN ASSISTANT	From: 1 /1989	To: 1 /1991 Verified:
Comments: PHYSICIAN ASSISTANT - FAMILY PRACTICE, INDIGENT CARE CLINIC		
Employed: Hershberger Clinic	Supervisor:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5397 DEBRA DENISE DAVIS
 Physician Assistant

City: WICHITA Specialty: PHYSICIAN ASSISTANT - FAMILY PRACTICE Comments:	State: KS Country: UNITED STATES From: 1 / 1987 To: 1 / 1989 Verified:
Employed: Dr. Mark VinZant - Family Health Center City: DERBY Specialty: PHYSICIAN ASSISTANT - FAMILY PRACTICE Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 / 1986 To: 1 / 1998 Verified:
Employed: Physician Assistant School - Wichita State Unvers City: WICHITA Specialty: PHYSICIAN ASSISTANT TRAINING Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 / 1984 To: 8 / 1986 Verified:
Employed: Friends University City: WICHITA Specialty: EARNING BACHELOR'S DEGREE - PRE-MED Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 / 1979 To: 5 / 1983 Verified:
Employed: 4th National Bank City: WICHITA Specialty: CREDIT CARD CENTER Comments: CREDIT CARD CENTER WHILE ATTENDING HIGH SCHOOL AND COLLEGE.	Supervisor: State: KS Country: UNITED STATES From: 6 / 1977 To: 8 / 1984 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AZ	Physician Assistant 9610	A	5/11/23	4/11/25	7/31/24
KS	Physician Assistant 15-00252	A	4/1/87	1/31/25	7/31/24

<p><u>DEFICIENCIES</u></p>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5398 AMANDA KATHERINE MCDONALD
 Physician Assistant

Practice Address:
 August 01, 2024

Status:
Res:
Received: 07/07/2024
Entered: 07/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/05/2024
AMA Rec:
Board Action:
License #: 5398
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE					
City: TALLAHASSEE		State: FL		Country: UNITED STATES	
Degree: MASTER OF MEDICAL SCIENCE IN PA PRACTICE		From: 8/2018		To: 12/ 2020 Verified:	
<hr/>					
School Name: FLORIDA STATE UNIVERSITY					
City: TALLAHASSEE		State: FL		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 6/2012		To: 4/ 2016 Verified:	
<hr/>					
School Name: THE COMMUNITY SCHOOL OF NAPLES					
City: NAPLES		State: FL		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2009		To: 5/ 2012 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
PA	5399	SHANE MASS
Physician Assistant		

Practice Address:
 July 29, 2024
 W W HASTINGS HOSPITAL
 100 BLISS AVE

 TAHLEQUAH, OK 74464
 CHEROKEE

Status:
Res:
Received: 07/10/2024
Entered: 07/10/2024
Temp Issued: 09/10/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/08/2024
AMA Rec:
Board Action:
License #: 5399
Sex: M
Ethnic Origin: 1

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

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

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5399 SHANE MASS
 Physician Assistant

PRE-MED EDUCATION			
School Name: ATSU City: MESA	State: AZ Country: UNITED STATES	From: 1/2024	To: 5/ 2026 Verified:
Degree: DOCTORAL DEGREE IN MEDICAL SCIENCE			
School Name: SAMUEL MERRITT UNIVERSITY City: OAKLAND	State: CA Country: UNITED STATES	From: 9/2017	To: 4/ 2020 Verified:
Degree: M.S. PHYSICIAN ASSISTANT STUDIES			
School Name: UNIVERSITY COLORADO DENVER City: DENVER	State: CO Country: UNITED STATES	From: 1/2015	To: 5/ 2016 Verified:
Degree:			
School Name: UNIVERSITY OF MISSOURI City: KANSAS CITY	State: MO Country: UNITED STATES	From: 3/2014	To: 12/ 2014 Verified:
Degree:			
School Name: BELLEVUE UNIVERSITY City: BELLEVUE	State: NE Country: UNITED STATES	From: 10/2006	To: 3/ 2014 Verified:
Degree: B.S. BUSINESS ADMINISTRATION AND TECHNICAL STUDY			
School Name: CREIGHTON UNIVERSITY City: OMAHA	State: NE Country: UNITED STATES	From: 8/2001	To: 9/ 2002 Verified:
Degree: PARAMEDIC SPECIALIST IN EMERGENCY MEDICAL SERVICES			
School Name: ABRAHAM LINCOLN HIGH SCHOOL City: COUNCIL BLUFFS	State: IA Country: UNITED STATES	From: 9/1993	To: 5/ 1997 Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5399 SHANE MASS

Physician Assistant

PRACTICE HISTORY			
Employed: W W HASTINGS HOSPITAL City: TAHLEQUAH Specialty: PA Comments: 100 BLISS AVE TAHLEQUAH, OK 74464 918-458-3100	Supervisor: KATHRYN HUGHES, DO 5156 State: OK Country: From: 9 /2024 To: / Verified:		
Employed: SMPA Medical One, PLLC City: DES MOINES Specialty: PA-C Comments: 8/12/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: IA Country: UNITED STATES From: 6 /2020 To: / Verified:		
Employed: UBER City: OAKLAND Specialty: UBER DRIVER Comments:	Supervisor: State: CA Country: UNITED STATES From: 3 /2017 To: 9 /2017 Verified:		
Employed: KEYSTONE SKI RESORT City: KEYSTONE Specialty: SKI INSTRUCTOR Comments:	Supervisor: State: CO Country: UNITED STATES From: 10 /2016 To: 3 /2017 Verified:		
Employed: UBER City: DENVER Specialty: UBER DRIVER Comments:	Supervisor: State: CO Country: UNITED STATES From: 5 /2016 To: 8 /2016 Verified:		
Employed: Educational Sabbatical City: BELLEVUE Specialty: TIME OFF Comments:	Supervisor: State: NE Country: UNITED STATES From: 7 /2013 To: 1 /2014 Verified:		
Employed: Universal Hospital Services City: IOWA CITY Specialty: DISTRICT OPERATIONS MANAGER Comments:	Supervisor: State: IA Country: UNITED STATES From: 1 /2012 To: 7 /2013 Verified:		
Employed: First Data Resources City: COUNCIL BLUFFS Specialty: SUPERVISOR OF OPPERATIONS Comments:	Supervisor: State: IA Country: UNITED STATES From: 10 /2008 To: 11 /2011 Verified:		
Employed: RecoverCare LLC City: IOWA CITY Specialty: OPERATIONS SUPERVISOR Comments:	Supervisor: State: IA Country: UNITED STATES From: 8 /2004 To: 10 /2008 Verified:		
Employed: US Navy City: JACKSONVILLE Specialty: CORPSMAN AND PARAMEDIC Comments: CORPSMAN AND PARAMEDIC IN THE URGENT CARE AND NAVAL EMERGENCY DEPARTMENT UNIT AT CAMP LEJUNE	Supervisor: State: NC Country: UNITED STATES From: 12 /2002 To: 8 /2004 Verified:		
Employed: Glenwood Fire and Rescue	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5399 SHANE MASS

Physician Assistant

City: GLENWOOD Specialty: PARAMEDIC Comments:	State: IA Country: UNITED STATES From: 5 / 2002 To: 11 / 2002 Verified:
Employed: Family Farm Supervisor: City: COUNCIL BLUFFS State: IA Country: UNITED STATES Specialty: WORKING ON MY FAMILY FARM From: 7 / 1997 To: 5 / 2002 Verified: Comments:	

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MT	Physician Assistant 118214	A	12/28/22	10/31/24	8/8/24
IA	Physician Assistant 111738	A	11/30/21	9/30/25	8/8/24
NE	Physician Assistant 2697	A	1/4/22	10/1/25	8/8/24
AK	Physician Assistant 206609	I	3/13/23	9/13/23	8/8/24
CA	Physician Assistant PA63388	A	9/26/23	10/31/26	8/8/24
TX	Physician Assistant PA13690	A	6/23/20	8/31/26	8/8/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5400 JOANNA GEORGE
 Physician Assistant

PRACTICE HISTORY

Employed: XPRESS WELLNESS URGENT CARE **Supervisor:** DANIEL BANCROFT, DO 7410
City: ENID **State:** OK **Country:**
Specialty: PA **From:** 9 /2024 **To:** / **Verified:**
Comments: 220 SOUTH VAN BUREN STREET
 ENID, OK 73703
 580-234-9355

Employed: Allegheny Health Network **Supervisor:**
City: MONROEVILLE **State:** PA **Country:** UNITED STATES
Specialty: PHYSICIAN ASSISTANT **From:** 5 /2024 **To:** / **Verified:**
Comments: 8/29/24MT- CURRENTLY PRACTICING
 IN INTERNAL MEDICINE

Employed: University of Pittsburgh Physician Assistant
 Studi **Supervisor:**
City: PITTSBURGH **State:** PA **Country:** UNITED STATES
Specialty: ASSISTANT TO ADMISSIONS **From:** 5 /2023 **To:** / **Verified:**
 COMMITTEE
Comments: 8/29/24MT- CURRENTLY WORKING
 STUDENT GRADER ON THE ADMISSIONS COMMITTEE FOR PROSPECTIVE STUDENTS.

Employed: Sisters of Charities Hospital **Supervisor:**
City: BUFFALO **State:** NY **Country:** UNITED STATES
Specialty: NURSING ASSISTANT **From:** 3 /2021 **To:** 12 /2021 **Verified:**
Comments:

Employed: James Twist Optical **Supervisor:**
City: BUFFALO **State:** NY **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT. **From:** 1 /2020 **To:** 12 /2020 **Verified:**
Comments:

Employed: University at Buffalo School of Nursing **Supervisor:**
City: BUFFALO **State:** NY **Country:** UNITED STATES
Specialty: HR ASSISTANT **From:** 7 /2019 **To:** 12 /2021 **Verified:**
Comments: WORKED AS AN ASSISTANT FOR HR FOR THE SCHOOL OF NURSING

Employed: Costco Wholesale **Supervisor:**
City: OCEANSIDE **State:** NY **Country:** UNITED STATES
Specialty: CASHIER **From:** 7 /2018 **To:** 1 /2019 **Verified:**
Comments: WORKED AS A

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
PA	PA MA065416	A	3/1/24	12/31/24	8/12/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5401 LAUREN M HESSER
 Physician Assistant

Practice Address:
 August 22, 2024
 OU MEDICAL CENTER
 700 NE 13TH ST

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 07/11/2024
Entered: 07/11/2024
Temp Issued: 08/28/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/12/2024
AMA Rec:
Board Action:
License #: 5401
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: COLLEGE OF SAINT SCHOLASTICA					
City: DULUTH	State: MN	Country: UNITED STATES			
Degree: PA	From: 9/2019	To: 12/ 2021	Verified:		
<hr/>					
School Name: MINNESOTA STATE UNIVERSITY					
City: MANKATO	State: MN	Country: UNITED STATES			
Degree:	From: 8/2015	To: 5/ 2019	Verified:		
<hr/>					
School Name: LAKE CRYSTAL WELLCOME MEMORIAL					
City: LAKE CRYSTAL	State: MN	Country: UNITED STATES			
Degree:	From: 8/2013	To: 5/ 2015	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5401 LAUREN M HESSER
 Physician Assistant

PRACTICE HISTORY

Employed: OU MEDICAL CENTER City: OKLAHOMA CITY Specialty: PA Comments: 700 NE 13TH STREET OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: THOMAS LEHMAN, MD 20240 State: OK Country: From: 8 /2024 To: / Verified:
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Employed: Mayo Clinic City: LA CROSSE Specialty: PHYSICIAN ASSISTANT Comments: IN ORTHOPEDIC SURGERY	Supervisor: State: WI Country: UNITED STATES From: 4 /2022 To: 8 /2024 Verified:
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Employed: NONE City: LAKE CRYSTAL Specialty: UNEMPLOYED Comments:	Supervisor: State: MN Country: UNITED STATES From: 1 /2022 To: 4 /2022 Verified:
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Employed: ACCRA HOME HEALTH CARE City: MANKATO Specialty: DSP Comments:	Supervisor: State: MN Country: UNITED STATES From: 3 /2016 To: 8 /2019 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
WI	PA 5766-23	A	3/21/22	3/1/26	8/12/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5403 LAURA SUSAN RAMSEY
 Physician Assistant

Practice Address:
 July 12, 2024
 ONE MEDICAL
 1 EMBARCADERO CTR
 STE 1900
 SAN FRANCISCO, CA 94111
 NOT OKLAHOMA

Status:
Res:
Received: 07/12/2024
Entered: 07/12/2024
Temp Issued: 09/16/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/13/2024
AMA Rec:
Board Action:
License #: 5403
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: PACIFIC UNIVERSITY					
City: HILLSBORO		State: OR		Country: UNITED STATES	
Degree: MPAS		From: 5/2015		To: 8/2017 Verified:	
<hr/>					
School Name: UNIVERSITY OF WISCONSIN-MADISON					
City: MADISON		State: WI		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 9/2008		To: 5/2012 Verified:	
<hr/>					
School Name: HENRY SIBLEY HIGH SCHOOL					
City: MENDOTA HEIGHTS		State: MN		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 9/2004		To: 5/2008 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5403 LAURA SUSAN RAMSEY
 Physician Assistant

Employed: PETSMA RT City: EAGAN Specialty: SALES ASSOCIATE Comments:	Supervisor: State: MN Country: UNITED STATES From: 5 / 2008 To: 9 / 2008 Verified:
--	--

Other Licenses						
State	Lic Type and Number	Status	Issued	Exp	Verif	
CA	PA 58128	A	5/22/20	9/30/25	8/13/24	
UT	PA 14060353-1206	A	6/28/24	5/31/26	8/13/24	
CO	PA PA.0005263	A	1/31/18	1/31/26	8/13/24	
NY	PA 031832	A	5/15/24	4/30/27	8/13/24	
MO	PA 2024029220	A	7/19/24	1/31/26	8/13/24	

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5404 SE HUN PARK
 Physician Assistant

Practice Address:
 September 19, 2024
 COMANCHE COUNTY MEMORIAL HOSPITAL
 EMERGENCY DEPARTMENT

 3401 W GORE BLVD, OK 73505

UNITED STATES

Status:
Res:
Received: 07/12/2024
Entered: 07/12/2024
Temp Issued: 09/19/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/12/2024
AMA Rec:
Board Action:
License #: 5404
Sex: M
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
School Name: MISSOURI STATE UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree: PHYSICIAN ASSISTANT STUDIES		From: 1/2022		To: 12/ 2023 Verified:	
<hr/>					
School Name: BOISE STATE UNIVERSITY					
City: BOISE		State: ID		Country: UNITED STATES	
Degree: ATHLETIC TRAINING		From: 8/2011		To: 5/ 2015 Verified:	
<hr/>					
School Name: UNIVERSITY OF TENNESSEE					
City: KNOXVILLE		State: TN		Country: UNITED STATES	
Degree:		From: 7/2007		To: 12/ 2008 Verified:	
<hr/>					
School Name: THE KING'S ACADEMY					
City: SEYMOUR		State: TN		Country: UNITED STATES	
Degree:		From: 8/2003		To: 5/ 2007 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5404 SE HUN PARK
 Physician Assistant

PRACTICE HISTORY

Employed: COMANCHE COUNTY MEMORIAL HOSPITAL **Supervisor:** DAVID DARRIGAN, DO 6289
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: PA **From:** 9 / 2024 **To:** / **Verified:**
Comments: 3401 W GORE BLVD
 LAWTON, OK 73505
 580-355-8620

Employed: Mercy Hospital Springfield **Supervisor:**
City: SPRINGFIELD **State:** MO **Country:** UNITED STATES
Specialty: PA **From:** 3 / 2024 **To:** / **Verified:**
Comments: 8/14/24MT- CURRENTLY PRACTICING
 EMERGENCY DEPARTMENT

Employed: PyeongChang 2018 Paralympics **Supervisor:**
City: PYEONGCHANG **State:** **Country:** KOREA, SOUTH
Specialty: MEDICAL STAFF/ AT **From:** 3 / 2018 **To:** 4 / 2018 **Verified:**
Comments:

Employed: Mercy Springfield Sports Medicine **Supervisor:**
City: SPRINGFIELD **State:** MO **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER **From:** 7 / 2015 **To:** 1 / 2022 **Verified:**
Comments:

Employed: 2015 Universiade Gwangju World University Games **Supervisor:**
City: GWANGJU **State:** **Country:** KOREA, SOUTH
Specialty: SPORTS PRESENTATION STAFF **From:** 5 / 2015 **To:** 7 / 2015 **Verified:**
Comments:

Employed: Republic of Korea Army **Supervisor:**
City: NAMYANGJU **State:** **Country:** KOREA, SOUTH
Specialty: ENLISTED **From:** 2 / 2009 **To:** 12 / 2010 **Verified:**
Comments: MANDATORY MILITARY SERVICE

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	PA 2024006351	A	2/16/24	1/31/26	7/15/24
MO	AT 2015022932	A	7/8/15	1/31/25	7/15/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5407 VIDYA BALAKRISHNAN
 Physician Assistant

Practice Address:
 July 17, 2024
 ONE MEDICAL
 1 EMBARCADERO CTR
 STE 1900
 SAN FRANCISCO, CA 94111
 NOT OKLAHOMA

Status:
Res:
Received: 07/17/2024
Entered: 07/17/2024
Temp Issued: 09/11/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/14/2024
AMA Rec:
Board Action:
License #: 5407
Sex: F
Ethnic Origin: 6

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

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

PRE-MED EDUCATION					
<hr/>					
School Name: SAMUEL MERRITT UNIVERSITY		State: CA	Country: UNITED STATES		
City: OAKLAND					
Degree: MASTER PHYSICIAN ASSISTANT	From: 9/2016	To: 12/ 2018	Verified:		
<hr/>					
School Name: SIERRA COLLEGE		State: CA	Country: UNITED STATES		
City: ROCKLIN					
Degree:	From: 1/2013	To: 12/ 2013	Verified:		
<hr/>					
School Name: UC BERKELEY		State: CA	Country: UNITED STATES		
City: BERKELEY					
Degree: BA PUBLIC HEALTH, BA PSYCHOLOGY	From: 8/2008	To: 12/ 2012	Verified:		
<hr/>					
School Name: ROSEVILLE HIGH SCHOOL		State: CA	Country: UNITED STATES		
City: ROSEVILLE					
Degree: HS DIPLOMA	From: 8/2004	To: 6/ 2008	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5407 VIDYA BALAKRISHNAN
 Physician Assistant

PRACTICE HISTORY			
Employed: ONE MEDICAL City: SAN FRANCISCO Specialty: PA Comments: 1 EMBARCADERO CTR STE 1900 SAN FRANCISCO, CA 94111 888-663-6331	Supervisor: NEHA CHOUBEY, DO 8727 State: CA Country: UNITED STATES From: 9 /2024 To: / Verified:		
Employed: ONE MEDICAL City: SAN FRANCISCO Specialty: TELEMED PA Comments: 8/16/24MT- CURRENTLY PRACTICING	Supervisor: State: CA Country: UNITED STATES From: 10 /2023 To: / Verified:		
Employed: CIRCLE MEDICAL City: SAN FRANCISCO Specialty: TELEMED PA Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 /2022 To: 9 /2023 Verified:		
Employed: VITAL URGENT CARE City: NEWPORT BEACH Specialty: TELEMED PA Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 /2021 To: 3 /2022 Verified:		
Employed: DILIGENT URGENT CARE City: UNION CITY Specialty: TELEMED PA Comments:	Supervisor: State: NJ Country: UNITED STATES From: 5 /2021 To: 8 /2021 Verified:		
Employed: SANTA ROSA COMMUNITY HEALTH City: SANTA ROSA Specialty: PA Comments:	Supervisor: State: CA Country: UNITED STATES From: 12 /2020 To: 5 /2021 Verified:		
Employed: NONE City: ROSEVILLE Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: UNITED STATES From: 4 /2020 To: 12 /2020 Verified:		
Employed: CORE MEDICAL City: SACRAMENTO Specialty: PA Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 /2019 To: 4 /2020 Verified:		
Employed: NONE City: ROSEVILLE Specialty: UNEMPLOYED Comments: VACATION	Supervisor: State: CA Country: UNITED STATES From: 3 /2019 To: 10 /2019 Verified:		
Employed: SUTTER ROSEVILLE MEDICAL CENTER City: ROSEVILLE Specialty: ER TECH Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 /2014 To: 9 /2016 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PA	5407	VIDYA BALAKRISHNAN
Physician Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CA	PA PA56856	A	6/7/19	6/30/25	8/14/24
NJ	PA- COVID NJDCATEMP- 040052	I	4/29/21	9/29/21	9/3/24
FL	PA TPPA378	A	7/6/22		7/16/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5410 LAUREN ASHLEY CRAMER
 Physician Assistant

Practice Address:

July 26, 2024
 UNIVERSITY OF ROCHESTER MEDICAL CENTER
 601 ELMWOOD AVE
 601 ELMWOOD AVE
 ROCHESTER, NY 14642
 NOT OKLAHOMA

Status:
Res:
Received: 07/26/2024
Entered: 07/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/23/2024
AMA Rec:
Board Action:
License #: 5410
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: DAEMEN COLLEGE					
City: BUFFALO		State: NY	Country: UNITED STATES		
Degree: MSPA		From: 9/2012	To: 5/ 2015	Verified:	
<hr/>					
School Name: SUNY AT CORTLAND					
City: CORTLAND		State: NY	Country: UNITED STATES		
Degree: BS		From: 9/2006	To: 5/ 2009	Verified:	
<hr/>					
School Name: BATAVIA HIGH SCHOOL					
City: BATAVIA		State: NY	Country: UNITED STATES		
Degree: HIGH SCHOOL		From: 8/2002	To: 6/ 2006	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5410 LAUREN ASHLEY CRAMER
 Physician Assistant

PRACTICE HISTORY

Employed: OPTIMAL HUMAN HEALTH **Supervisor:**
City: ASHVILLE **State:** NC **Country:** UNITED STATES
Specialty: PA **From:** 5 /2024 **To:** / **Verified:**
Comments: 8/26/2024:CURRENTLY WORKING HERE(SJ)

Employed: University of Rochester Medical Center **Supervisor:**
City: ROCHESTER **State:** NY **Country:** UNITED STATES
Specialty: HOSPITAL BASED PHYSICIAN ASSISTANT **From:** 6 /2016 **To:** 7 /2024 **Verified:**
Comments:

Employed: Allergy, Asthma, Immunology Clinic **Supervisor:**
City: OLEAN **State:** NY **Country:** UNITED STATES
Specialty: CLINIC BASED PHYSICIAN ASSISTANT **From:** 4 /2015 **To:** 5 /2016 **Verified:**
Comments:

Employed: Main Street Pizza Company **Supervisor:**
City: BATAVIA **State:** NY **Country:** UNITED STATES
Specialty: SERVER **From:** 5 /2011 **To:** 9 /2012 **Verified:**
Comments:

Employed: Gilligan's Seafood Restaurant **Supervisor:**
City: JOHNS ISLAND **State:** SC **Country:** UNITED STATES
Specialty: SERVER **From:** 5 /2010 **To:** 5 /2011 **Verified:**
Comments:

Employed: Gilligan's Seafood Restaurant **Supervisor:**
City: JOHNS ISLAND **State:** SC **Country:** UNITED STATES
Specialty: SERVER **From:** 5 /2010 **To:** 5 /2011 **Verified:**
Comments:

Employed: Ruby Tuesday **Supervisor:**
City: CHARLESTON **State:** SC **Country:** UNITED STATES
Specialty: SERVER **From:** 5 /2009 **To:** 5 /2010 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	PA 018786	A	7/7/15	2/28/27	8/23/24
UT	PA 14096225-1206	A	7/23/24	5/31/26	7/24/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5411 KEVIN WILLIAM BURTON
 Physician Assistant

PRACTICE HISTORY					
Employed:	OU HEALTH UNIVERSITY OF OKLAHOMA MEDICAL CENTER	Supervisor:	JASON LEES, MD 21247		
	City: OKLAHOMA CITY	State: OK	Country:		
	Specialty: PA	From: 9 / 2024	To: /	Verified:	
Comments:	700 NE 13TH STREET OKLAHOMA CITY, OK 73104 405-271-4700				
Employed:	HCA Destin Fort Walton	Supervisor:			
	City: FORT WALTON BEACH	State: FL	Country:	UNITED STATES	
	Specialty: PHYSICIAN ASSISTANT	From: 11 / 2021	To: /	Verified:	
Comments:	8/28/24 - STILL WORKING HERE (KS)				
Employed:	Dallas VA Medical	Supervisor:			
	City: DALLAS	State: TX	Country:	UNITED STATES	
	Specialty: PHYSICIAN ASSISTANT	From: 4 / 2020	To: 11 / 2021	Verified:	
Comments:					
Employed:	Martinsburg VA Medical Centers	Supervisor:			
	City: MARTINSBURG	State: WV	Country:	UNITED STATES	
	Specialty: PHYSICIAN ASSISTANT	From: 8 / 2019	To: 4 / 2020	Verified:	
Comments:					
Employed:	OKALOOSA COUNT EMS	Supervisor:			
	City: NICEVILLE	State: FL	Country:	UNITED STATES	
	Specialty: EMT/PARAMEDIC	From: 12 / 2008	To: 5 / 2017	Verified:	
Comments:					
Employed:	NONE	Supervisor:			
	City: NICEVILLE	State: FL	Country:	UNITED STATES	
	Specialty: UNEMPLOYED	From: 8 / 2008	To: 12 / 2008	Verified:	
Comments:					
Employed:	SUNDOWN ILLUMINATIONS	Supervisor:			
	City: PERRYSBURG	State: OH	Country:	UNITED STATES	
	Specialty: PROJECT MANAGER	From: 7 / 2006	To: 8 / 2008	Verified:	
Comments:					
Employed:	US NAVY	Supervisor:			
	City:	State:	Country:	UNITED STATES	
	Specialty: ET	From: 7 / 1998	To: 7 / 2006	Verified:	
Comments:					
Employed:	NONE	Supervisor:			
	City: HOLLAND	State: OH	Country:	UNITED STATES	
	Specialty: UNEMPLOYED	From: 6 / 1998	To: 7 / 1998	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
VA	Physician Assistant 0110006848	A	8/21/19	2/28/25	8/23/24
TX	Physician Assistant PA13801	A	8/25/20	8/31/25	8/23/24
FL	Physician Assistant PA9114930	A	9/10/21	1/31/26	8/23/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PA	5411	KEVIN WILLIAM BURTON
Physician Assistant		

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5413 AUSTIN CARROLL BROWN
 Physician Assistant

Practice Address:
 August 27, 2024

NOT OKLAHOMA

Status:
Res:
Received: 07/30/2024
Entered: 07/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 08/27/2024
AMA Rec:
Board Action:
License #: 5413
Sex: M
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF NEBRASKA MEDICAL CENTER/INTERSERVICE					
City: OMAHA		State: NE		Country: UNITED STATES	
Degree: MPAS		From: 1/2020		To: 6/ 2022 Verified:	
<hr/>					
School Name: UNIVERSITY OF NEBRASKA MEDICAL CENTER					
City: FT SAM HOUSTON		State: TX		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE		From: 1/2020		To: 4/ 2021 Verified:	
<hr/>					
School Name: ARKANSAS TECH UNIVERSITY					
City: RUSSELLVILLE		State: AR		Country: UNITED STATES	
Degree: BACHELORS		From: 8/2013		To: 8/ 2017 Verified:	
<hr/>					
School Name: ARKANSAS STATE UNIVERSITY-HEBER SPRINGS					
City: HEBER SPRINGS		State: AR		Country: UNITED STATES	
Degree: ASSOCIATES		From: 8/2012		To: 7/ 2013 Verified:	
<hr/>					
School Name: HEBER SPRINGS HIGH SCHOOL					
City: HEBER SPRINGS		State: AR		Country: UNITED STATES	
Degree:		From: 8/2008		To: 5/ 2012 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5413 AUSTIN CARROLL BROWN
 Physician Assistant

PRACTICE HISTORY			
Employed: REYNOLDS ARMY HEALTH CLINIC City: FT SILL Specialty: PA Comments: 8/29/24MT- CURRENTLY PRACTICING PHYSICIAN ASSISTANT IN CHARGE OF THE PRIMARY MEDICAL CARE OF 250 SOLDIERS OF AN ARTILLERY BATTALION.	Supervisor: State: OK Country: UNITED STATES From: 7 /2022 To: / Verified:		
Employed: US ARMY City: ANCHORAGE Specialty: MEDICAL SERVICE OFFICER Comments:	Supervisor: State: AK Country: UNITED STATES From: 8 /2017 To: 12 /2019 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5414 KRISTIN ERICA DUNN
 Physician Assistant

Practice Address:

August 13, 2024
 EVOLENT-REMOTE UTILIZATION MANAGEMENT
 1812 N MORRE ST

 ARLINGTON, VA 22209
 NOT OKLAHOMA

Status:
Res:
Received: 07/30/2024
Entered: 07/30/2024
Temp Issued: 09/25/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec: 08/27/2024
AMA Rec:
Board Action:
License #: 5414
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: DES MOINES UNIVERSITY					
City: WEST DES MOINES		State: IA		Country: UNITED STATES	
Degree: MPAS		From: 8/2005		To: 8/ 2007 Verified:	
<hr/>					
School Name: UNIVERSITY OF WYOMING					
City: LARAMIE		State: WY		Country: UNITED STATES	
Degree: BS IN EXERCISE & SPORTS SCIENCES		From: 8/1996		To: 12/ 2000 Verified:	
<hr/>					
School Name: FLANDREAU PUBLIC HIGH SCHOOL					
City: FLANDREAU		State: SD		Country: UNITED STATES	
Degree: HS		From: 8/1992		To: 5/ 1996 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5414 KRISTIN ERICA DUNN
 Physician Assistant

PRACTICE HISTORY			
Employed: EVOLENT - REMOTE UTILIZATION MANAGEMENT City: ARLINGTON Specialty: PA Comments: 1812 N MOORE ST ARLINGTON, VA 22209 571-389-6000	Supervisor: ANTONY KIM, MD 41691 State: VA Country: From: 9 / 2024 To: / Verified:		
Employed: Evolent City: ARLINGTON Specialty: CLINICAL REVIEWER Comments: 8/28/24MT- CURRENTLY WORKING SECOND LEVEL	Supervisor: State: VA Country: UNITED STATES From: 8 / 2023 To: / Verified:		
Employed: Avera St. Lukes Hospital City: ABERDEEN Specialty: PA Comments: 8/28/24MT- CURRENTLY PRACTICING - CARDIOLOGY	Supervisor: State: SD Country: UNITED STATES From: 4 / 2010 To: / Verified:		
Employed: Duke University Hospital City: DURHAM Specialty: PA Comments: CARDIOLOGY	Supervisor: State: NC Country: UNITED STATES From: 8 / 2007 To: 4 / 2010 Verified:		
Employed: MERCY HEALTH- THE JEWISH HOSPITAL City: CINCINNATI Specialty: EXERCISE PHYSIOLOGIST Comments: CARDIAC TECH	Supervisor: State: OH Country: UNITED STATES From: 8 / 2003 To: 8 / 2005 Verified:		
Employed: CINCINNATI GYMNASTICS ACADEMY City: FAIRFILED Specialty: COACH Comments:	Supervisor: State: OH Country: UNITED STATES From: 5 / 2002 To: 8 / 2003 Verified:		
Employed: BRONSTON CHIROPRACTIC CLINIC City: ONALASKA Specialty: CHIROPRACTIC ASSISTANT Comments:	Supervisor: State: WI Country: UNITED STATES From: 5 / 2001 To: 5 / 2002 Verified:		
Employed: CATHEDRAL HOME- YOUTH RESIDENTIAL TREATMENT City: LARAMIE Specialty: SUPPORT STAFF Comments: DIRECT SUPPORT PROFESSIONAL	Supervisor: State: WY Country: UNITED STATES From: 12 / 2000 To: 5 / 2001 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PA 5414 KRISTIN ERICA DUNN
 Physician Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NC	PA 0010-01139	A	6/20/24	5/31/25	8/27/24
KY	PA PA3273	A	12/14/23	3/31/26	8/27/24
WA	PA PA61489192	A	10/13/23	5/31/26	8/27/24
SD	PA 0740	A	3/9/10	5/1/25	7/31/24
AZ	PA 10036	A	10/11/23	8/29/26	8/27/24
NC	PA 0010-01139	I	11/14/07	4/26/10	7/29/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5432 KAITLIN MARIE BEHANNA
 Physician Assistant

Practice Address:
 September 19, 2024

Status:
Res:
Received: 08/27/2024
Entered: 08/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5432
Sex: F
Ethnic Origin: 1

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTER OF HEALTH SCIENCES/ PA		From: 5/2021		To: 10/ 2023 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN HEALTH PROMOTION		From: 8/2019		To: 5/ 2021 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN HEALTH AND EXERCISE SCIENCE		From: 8/2015		To: 8/ 2019 Verified:	
<hr/>					
School Name: PINE-RICHLAND					
City: GIBSONIA		State: PA		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2011		To: 6/ 2015 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5433 LANDEN WAYNE SALING
 Physician Assistant

Practice Address:
 September 23, 2024
 UROLOGIC SPECIALISTS OF OKLAHOMA
 10901 E 48TH ST

 TULSA, OK 74146
 TULSA

Status:
Res:
Received: 08/28/2024
Entered: 08/28/2024
Temp Issued: 09/25/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5433
Sex: M
Ethnic Origin: 5

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

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

PRE-MED EDUCATION					
School Name: UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES					
City: LITTLE ROCK		State: AR		Country: UNITED STATES	
Degree: MASTERS OF PHYSICIAN ASSISTANT STUDIES		From: 5/2022		To: 8/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF ARKANSAS - FAYETTEVILLE					
City: FAYETTEVILLE		State: AR		Country: UNITED STATES	
Degree: MASTERS OF SCIENCE IN EXERCISE SCIENCE		From: 8/2020		To: 5/ 2022 Verified:	
<hr/>					
School Name: UNIVERSITY OF ARKANSAS - FAYETTEVILLE					
City: FAYETTEVILLE		State: AR		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2016		To: 5/ 2020 Verified:	
<hr/>					
School Name: OWASSO HIGH SCHOOL					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2012		To: 5/ 2016 Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PA 5433 LANDEN WAYNE SALING
 Physician Assistant

PRACTICE HISTORY

Employed: UROLOGIC SPECIALISTS **Supervisor:** RUSTIN WALTERS, MD 38512
City: TULSA **State:** OK **Country:**
Specialty: PA **From:** 9 /2024 **To:** / **Verified:**
Comments: 10901 E 48TH STREET
 TULSA, OK 74146
 918-749-8765

Employed: University of Arkansas Graduate Program **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: RESEARCH ASSISTANT **From:** 7 /2021 **To:** 5 /2022 **Verified:**
Comments: CLINICAL RESEARCH ASSISTANT CONDUCTING DIABETES STUDY.

Employed: University of Arkansas Graduate Program **Supervisor:**
City: FAYETTEVILLE **State:** AR **Country:** UNITED STATES
Specialty: GRAD ASSISTANT **From:** 8 /2020 **To:** 6 /2021 **Verified:**
Comments: GRADUATE ASSISTANT INSTRUCTING UNDERGRADUATE COURSES AND CONDUCTING
 MUSCLE CELL BIOLOGY RESEARCH.

Employed: Oklahoma Surgical Hospital **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: NURSE TECH **From:** 6 /2019 **To:** 1 /2020 **Verified:**
Comments: ASSIGNED THE ROLE OF NURSE TECHNICIAN IN PRE-OPERATIVE CARE FOR
 HOSPITAL.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

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CHAPTER 15. PHYSICIAN ASSISTANTS

SUBCHAPTER 1. GENERAL PROVISIONS

435:15-1-1.1. Definitions

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

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

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

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

~~(A) practiced as a physician assistant; or~~

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

~~"Committee" means the Physician Assistant Committee.~~

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

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

~~(A) Hospital in-patients inpatients;~~

~~(B) Emergency room or an emergency department of a hospital licensed by the State Health Department as defined in 63 O.S. § 1-7019(a)(5);~~

~~(C) Surgicenters Ambulatory Surgery Center licensed by the State Health Department; or as defined in 63 O.S. § 2657;~~

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

~~(E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy as defined in 72 O.S. § 202 et. seq.;~~

~~(F) Nursing facility as defined in 63 O.S. § 1-1902;~~

~~(G) Correctional facility; or~~

~~(H) Hospice program as defined in 63 O.S. § 1-860.2.~~

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

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

SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

435:15-3-1. Qualification; application

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

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

(2) Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs. The ~~Board board~~ may also issue a license to an applicant who does not meet the educational requirement specified in this section, but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;

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

(4) Jurisprudence examination.

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

(i) The Physician Assistant Act; and

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

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

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

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

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

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

(b) Application.

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

(2) Pursuant to 59 O.S. § 519.62(9), the application practice agreement shall include-involve the joint formulation, discussion, and agreement on methods of delegation and collaboration for diagnosis, consultation and treatment of medical conditions.

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

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

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

(3) No health care services may be performed by a physician assistant unless a current license is on file with and approved by the State Board of Medical Licensure and Supervision.

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

(B) Practice agreements may be filed electronically.

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

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

~~(3)~~(5) Renewal.

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

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

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

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

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

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

(4)(6) Return to practice.

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

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

(a)(4) shall:

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

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

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

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

(a) Qualifications.

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

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

(B) State Board of Osteopathic Examiners.

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

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

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

~~(c) Physician assistants supervised.~~

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

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

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

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

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

(1) Meets the requirements of this section 435:15-3-13; and

(2) Has a practice that is reasonably similar to the primary supervising physician.

Rules Adopted by the Oklahoma Medical Board
September 19, 2024

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

- (a) Applicants ~~must initially licensed as a physician assistant will be exempt from reporting Continuing Medical Education (CME) credits until one year after licensure, thereafter each applicant for renewal must provide evidence certify that he or /she has successfully earned completed~~ at least twenty (20) hours of Category I Continuing Medical Education (CME) hours during the preceding calendar year.
- (b) At least one (1) hour of Category I CME shall be earned each calendar year concerning the topic of substance abuse.
- (c) The Committee shall automatically accept all Category I CME hours sponsored or approved by the state and national associations. The CME hours shall be logged and reported to the Board on an annual basis by the Oklahoma Academy of Physician Assistants, Inc. The applicant shall bear the cost of this requirement.
- (d) Any applicant for renewal who does not meet the requirements for continuing education by December 31 of the previous calendar year ~~may shall not renew until deficient hours are obtained and verified. Additionally, within the next calendar year the licensee will be required to obtain forty (40) hours of Category I CME. Failure to meet these additional requirements will may~~ result in further disciplinary action.
- (e) Applicants initially licensed as a physician assistant will be exempt from reporting CME hours until one year after licensure.
- (f) Audit
- (1) The Board staff will, each year, randomly, or for cause, select licensees to be audited for verification that CME requirements have been met.
 - (2) Licensees who are selected for audit will receive notification and have thirty (30) calendar days from the date of correspondence to submit proof of required CMEs.
 - (3) The Board staff shall review the documentation of each individual for compliance.
 - (4) Licensees found to be in compliance shall be notified electronically.
 - (5) Licensees found not to be in compliance shall be notified, by certified mail, within five (5) business days following the determination of non-compliance. The notification of non-compliance shall contain specific information concerning areas of deficiency, and the documentation needed to bring them into compliance.
 - (6) Penalties for failure to comply with CME requirements may be assessed after notice as required by law.

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

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

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

SUBCHAPTER 5. REGULATION OF PRACTICE

435:15-5-10. Prescriptions

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

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

435:15-5-11. Discipline

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

435:15-11-2. Drug formulary

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

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

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

(d) Inclusionary formulary

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

Amended: August 26, 2020

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

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

Section 519. Repealed

Section 519.1. Short title

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

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

Section 519.2. Definitions

As used in the Physician Assistant Act:

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

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

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

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

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

Section 519.3. Physician Assistant Committee--Powers and duties

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

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

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

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

a license.

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

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

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

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

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

Section 519.4. Licensure requirements

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

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

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

Section 519.5. Repealed

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

notice

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

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

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

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

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

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

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

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

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

of the physician assistant.

E. 1. A physician assistant under the direction of a delegating physician may prescribe written and oral prescriptions and orders. The physician assistant may prescribe drugs, including controlled medications in Schedules II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and services as delegated by the delegating physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary.

2. A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the delegating physician. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples and may distribute professional samples to patients.

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

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

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

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

Section 519.7. Temporary approval of application to practice

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

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

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

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

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

Section 519.8. License renewal--Fees

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

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

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

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

Section 519.9. Preexisting certificates

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

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

Section 519.10. Violations--Penalties

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

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

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

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

Section 519.11. Construction of act

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

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

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

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

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

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

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

Section 520. Repealed

Section 521. Exceptions

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

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

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

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

Section 521.1

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

Section 521.2

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

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

patients.

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

Section 521.3

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

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

Section 521.4

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

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

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

Section 522. Repealed

Section 523. Repealed

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

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

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



GENTNER DRUMMOND
ATTORNEY GENERAL

ATTORNEY GENERAL OPINION
2024-3

Lyle R. Kelsey, Executive Director
Oklahoma Board of Medical Licensure & Supervision
101 N.E. 51st Street
Oklahoma City, OK 73105

February 22, 2024

Dear Executive Director Kelsey,

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Does Oklahoma law, specifically title 63, section 2-312(E) (Supp.2022) and title 59, section 519.6(E) (2021), authorize physician assistants to prescribe and administer Schedule II controlled dangerous substances under the direction of a delegating physician at off-site locations?

I.
SUMMARY

No. Both the plain and unambiguous language of Oklahoma law, as well as the application of long-standing rules of statutory interpretation, confirm that physician assistants' prescriptive authority over Schedule II substances is limited to on-site administration.¹ Specifically, this conclusion is derived from the Uniform Controlled Dangerous Substances Act ("UCDSA"), title 63, sections 2-309A–2-315, and the Physician Assistant Act ("PAA"), title 59, sections 519.1–524.

The relevant provision of the UCDSA, title 63, section 2-312(E), confirms that physician assistants prescribing controlled substances must otherwise comply with the PAA, specifically section 519.6 of title 59. That section grants physician assistants a general authority to "prescribe drugs, including controlled medications in Schedules II through V[,]," but expressly qualifies in the next subsection that "[a] physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site." 63 O.S.Supp.2022, 519.6(E)(1–2). This plain language can only be read one way: to limit physician assistant prescriptive authority over Schedule II drugs to on-site administration only. Thus, Oklahoma law *does not allow* physician assistants to prescribe or administer Schedule II drugs at off-site locations. Any other interpretation would create an absurdity that renders the limiting language meaningless.

¹Your request did not ask the Attorney General to opine on the meaning of "off-site locations[,] on-site locations, or "immediate or ongoing administration on site[,]," as used in title 59, section 519.6(E)(2) (2021). Thus, such questions are beyond the scope of this Opinion.

II. BACKGROUND

A. Oklahoma law governing prescriptive authority of physician assistants

In 1993, the PAA was signed into law after receiving overwhelming support from the Legislature. *See* OKLA. STATE LEG., *Bill information for S.B. 334*.² The PAA established a regulatory and licensing system covering physician assistants, authorizing them to provide health care services in certain circumstances under the supervision and direction of physicians. *See* S.B. 334, 44th Leg., 1993 Reg. Sess., 1993 Okla. Sess. Laws ch. 289. The PAA further authorized physician assistants to transmit prescriptions and orders for prescriptions, but not to dispense them. *See id.* § 6(D) (codified at 59 O.S.Supp.1993, § 519.6(D)).

Five years later, in 1998, the Oklahoma Legislature expanded a physician assistant’s prescriptive authority through enrolled S.B. 1069, 46th Leg., 1998 2d Reg. Sess., 1998 Okla. Sess. Laws ch. 128 (“1998 Bill”). This 1998 Bill amended the PAA to allow physician assistants to “prescribe” prescriptions and orders rather than transmit them. *Id.* § 4 (amending 59 O.S.Supp.1993, § 519.6(D)). Importantly, the 1998 Bill also granted physician assistants the authority to “prescribe drugs, including controlled medications in Schedules III through V pursuant to” the UCDSA. Consistent with the same, the 1998 Bill amended the UCDSA to expressly allow a licensed physician assistant to “prescribe and administer Schedule III, IV and V controlled dangerous substances” “pursuant to subsection D of Section 519.6 of Title 59” under certain conditions and under the direction of a supervising physician. *Id.* § 6(C–D) (amending 63 O.S.Supp.1997, § 2-312(E)). Through the omission of any reference to Schedule II, the statutory language made clear physician assistants had no authority to prescribe Schedule II controlled substances in 1998. *See* 2000 OK AG 34 ¶ 8 (“No authority exists which gives physician assistants authority to prescribe, order, dispense or administer Schedule II controlled dangerous substances in a hospital setting.”).

That changed in 2001, when S.B. 32, 48th Leg., 2001 Reg. Sess., 2001 Okla. Sess. Laws ch. 385 (“2001 Bill”) was signed into law. The 2001 Bill amended the relevant provision of the PAA to include prescriptive authority for Schedule II controlled substances. Specifically, the 2001 Bill divided the relevant subsection of title 59, section 519.6 (Supp.1998) into two parts: retaining the original prescriptive authority in subsection 1 (while expanding that authority to Schedule II controlled substances), and adding subsection 2, which placed heightened restrictions on prescriptive authority for Schedule II drugs. *See id.* § 3(D). The only subsequent amendments to the relevant provisions of the PAA and UCDSA between 2001 and the present were the result of a re-numbering in title 59, section 519.6, which moved subsection D to subsection E.³

²Available at <http://www.oklegislature.gov/BillInfo.aspx?Bill=SB334&Session=9300> (last visited Feb. 21, 2024).

³*See* S.B. 1915, 57th Leg., 2020 2d Reg. Sess., 2020 Okla. Sess. Laws ch.154 § 2. Consistent with this 2020 amendment to the PAA, the complementary provision of the UCDSA was amended in 2022 to strike the reference to “subsection D” previously appearing in title 63, section 2-312(E) (2001). *See* S.B. 1322, 58th Leg., 2022 2d Reg. Sess., 2022 Okla. Sess. Laws ch. 184 § 2.

Thus, by 2001, the PAA and UCDSA established the prescriptive authority of physician assistants over controlled substances that continues to this day under title 63, section 2-312(E) (Supp.2022) and title 59, section 519.6(E) (2021). Your request is decided by interpreting these two statutory provisions.

B. Relevant statutory text

The UCDSA, title 63, sections 2-309A–2-315, grants a general authority to physician assistants to prescribe and administer Schedule II–V controlled substances under the direction of a supervising physician when (a) the physician assistant is authorized to prescribe under the PAA and (b) has otherwise complied with registration requirements. In full, section 2-312(E) states:

A physician assistant who is recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, pursuant to Section 519.6 of Title 59 of the Oklahoma Statutes, and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule II through V controlled dangerous substances.

63 O.S.Supp.2022 § 2-312(E).

The PAA, title 59, sections 519.1–524, contains a similar general grant of prescriptive authority to physician assistants for Schedule II–V controlled substances. Subsection 1 of section E, which provides that general grant of authority, states in relevant part:

The physician assistant may prescribe drugs, including controlled medications in Schedules II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and services as delegated by the delegating physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary.

59 O.S.2021, § 519.6(E)(1). Subsection 2 of section E addresses the more specific prescriptive authority of physician assistants over Schedule II controlled substances, stating in relevant part:

A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the delegating physician.

Id. § 519.6(E)(2).

III. DISCUSSION

To interpret the two statutory provisions governing physician assistants' prescriptive authority over Schedule II controlled substances, we begin with the text. When the text of a statute is plain

and unambiguous, courts will “give effect to the legislative intent and purpose as expressed by the statutory language.” *Am. Airlines, Inc. v. State ex rel. Okla. Tax Comm’n*, 2014 OK 95, ¶ 33, 341 P.3d 56, 64. Put differently, when statutory language is clear, “the courts may not search for its meaning beyond the statute itself, but will give it the meaning intended by the Legislature.” *Armstrong v. Sewer Improvement Dist. No. 1*, 1948 OK 198, ¶ 13, 199 P.2d 1012, 1017.

When statutory language is ambiguous, or “susceptible to more than one reasonable interpretation[,]” courts will “apply rules of statutory construction” to ascertain legislative intent. *Am. Airlines, Inc.*, 2014 OK 95, ¶ 33, 341 P.3d at 64. One of those well-established rules requires an ambiguous statute “to be given a reasonable construction, one that will avoid absurd consequences if this can be done without violating legislative intent.” *Id.* Another requires legislative intent “be ascertained from the whole act in light of its general purpose and objective considering relevant provisions together to give full force and effect to each.” *Id.*, 341 P.3d at 64–65. Similarly, “a statute should be given a construction which renders every word and sentence operative rather than one that renders some words or sentences idle and nugatory.” *Case v. Pinnick*, 1939 OK 467, ¶ 6, 97 P.2d 58, 60. Finally, the “general words in a statute are limited by subsequent more specific terms.” *City of Okla. City v. Int’l Ass’n of Fire Fighters, Local 157*, 2011 OK 29, ¶ 17, 254 P.3d 678, 683.

Here, the relevant statutory provisions governing physician assistant prescriptive authority over Schedule II drugs are clear and unambiguous. Even if ambiguity exists, however, only one reasonable interpretation is supported by the text and well-established rules of statutory interpretation.

A. The UCDSA requires compliance with the PAA, specifically title 59, section 519.6 (2021).

The plain language of the UCDSA, at title 63, section 2-312, can only be read one way: to require physician assistants prescribing controlled substances to comply with the separate requirements set out in the PAA, at title 59, section 519.6. Section 2-312(E) of the UCDSA limits prescriptive authority to a physician assistant who is “recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, *pursuant to Section 519.6 of Title 59 of the Oklahoma Statutes*,” among other things. *Id.* (emphasis added.) Thus, a clear condition of prescriptive authority is the physician assistant’s compliance with title 59, section 519.6.⁴

Even if the language of section 2-312(E) was susceptible to more than one interpretation, only one interpretation here is reasonable: that the UCDSA requires physician assistants prescribing scheduled substances to otherwise comply with the relevant requirements of the PAA found in title 59, section 519.6. By referencing title 59, section 519.6, the UCDSA adopts that statute “and makes it wholly or partially applicable to the subject of the reference statute.” *CompSource Mut. Ins. Co. v. State ex rel. Okla. Tax Comm’n*, 2018 OK 54, ¶ 20, 435 P.3d 90, 98–99. Moreover, because both the UCDSA and the PAA govern the same subject—a physician assistant’s

⁴The general reference to “Section 519.6 of Title 59” here makes clear that compliance with *the entirety of* that statute is required. The fact that the prior, superseded version of this statute included a specific subsection reference does not alter this plain language.

prescriptive authority over controlled substances—they “must be construed as a harmonious whole.” *Taylor v. State Farm Fire & Cas. Co.*, 1999 OK 44, ¶ 19, 981 P.2d 1253, 1261. After all, “[a]ll legislative enactments *in pari materia* are to be interpreted together as forming a single body of law that will fit into a coherent symmetry of legislation.” *Id.*

Moreover, the legislative history behind section 2-312(E) confirms the intent to harmonize the requirements of the UCDSA with the requirements of the PAA in section 519.6.⁵ As an example, the 2020 re-organization of section 519.6 that moved the relevant text of subsection D to subsection E rendered the UCDSA’s prior reference to subsection D of section 519.6 obsolete. *See supra* note 2. Thus, the Legislature *had* to update this reference to cure an ambiguity over whether physician assistants prescribing controlled substances under the UCDSA were still subject to the relevant portion of the PAA. Without updating this reference, the plain language of the UCDSA *would not* have required physician assistants to comply with the relevant portion of the PAA, which only reinforces the conclusion that the intent of the 2022 amendment was to bring the requirements of UCDSA into harmony with the PAA—not to create a set of conflicting requirements between the two. It is unremarkable, to say the least, that the Legislature opted to leave a broad statutory reference rather than change “D” to “E.” The decision was no doubt aimed to reduce the number of amendments required to keep the UCDSA and PAA in harmony on an ongoing basis.

In conclusion, both the plain and unambiguous text of section 2-312(E), as well as rules of statutory interpretation, confirm that physician assistants prescribing controlled substances pursuant to the UCDSA must otherwise comply with the PAA, specifically title 59, section 519.6.

B. The PAA restricts physician assistant prescriptive authority over Schedule II drugs to on-site administration only.

The plain language of the PAA, at title 59, section 519.6, can only be read one way: to restrict physician assistants’ prescriptive authority over Schedule II controlled substances to on-site administration. The text of section 519.6(E)(2) is clear and unambiguous when it comes to prescriptive authority over Schedule II drugs. It states, among other requirements, that “[a] physician assistant may write an order for a Schedule II drug for immediate or ongoing administration *on site*.” 59 O.S.2021, § 519.6(E)(2) (emphasis added). Thus, if a physician assistant wishes to write an order for a Schedule II drug, that order must be for immediate or ongoing administration on site.

The use and placement of the word “may” in the sentence structure denotes the discretion of the physician assistant to prescribe Schedule II drugs, not discretion to disregard the subsequent limitation “for immediate or ongoing administration on site.” *Id.* Put differently, the word “may” merely conveys that a physician assistant *may* but *need not* prescribe Schedule II drugs pursuant to this statutory authority. A contrary reading, one that interprets “may” as rendering the subsequent limitations to the Schedule II prescriptive authority optional, would create an absurdity that renders the entire sentence superfluous. If the Legislature intended physician assistant prescriptive authority over Schedule II drugs to extend to both on-site *and off-site* administration, it could have so said. But “[w]e may not add words that are not there” and we “will not presume

⁵It is, of course, “proper to consider the history and consistent purpose of the legislation on the subject and to discover the policy of the Legislature as disclosed by the course of the legislation.” *McNeill v. City of Tulsa*, 1998 OK 2, ¶ 9, 953 P.2d 329, 332.

the legislature has done a vain and useless act.” *Frank Bartel Transp., Inc. v. State ex rel. Murray State Coll.*, 2023 OK 121, ¶ 5, 540 P.3d 480, 483; *State ex rel. Thompson v. Ekberg*, 1980 OK 91, ¶ 7, 613 P.2d 466, 467; *see also Patterson v. Beall*, 2000 OK 92, ¶ 24, 19 P.3d 839, 845 (explaining that “the mention of one thing in a statute impliedly excludes another thing”).

The words and phrases used in subsection 2 of title 59, section 519.6(E) are unambiguous and susceptible to only one reasonable interpretation. For example, the plain meaning of the phrase “Schedule II drug” encompasses any and every Schedule II drug, including those encompassed by the first subsection. The fact that the first subsection grants physician assistants general authority to “prescribe drugs, including controlled medications in Schedules II through V” does not alter this plain language. Nor does it create ambiguity or conflict. The broad grant of prescriptive authority over Schedule II–V drugs (in subsection 1) does not inherently conflict with the more specific limitation of Schedule II drug prescriptive authority (in subsection 2). *See McIntosh v. Watkins*, 2019 OK 6, ¶ 4, 441 P.3d 1094, 1096 (“The legislative intent will be ascertained from the whole act in light of its general purpose and objective considering relevant provisions together to give full force and effect to each.”). More importantly, even if conflict could be imagined, it must be resolved to give effect to the more specific terms of subsection 2. *See Ekberg*, 1980 OK 91, ¶ 7, 613 P.2d at 467 (“[A]s a rule, general words in a statute are limited by subsequent more specific terms.”). As the Oklahoma Supreme Court has made clear: “[w]here a matter is addressed by two statutes—one specific and the other general—the specific statute, which clearly includes the matter in controversy and prescribes a different rule, governs over the general statute.” *State ex rel. Trimble v. City of Moore*, 1991 OK 97, ¶ 30, 818 P.2d 889, 899. Any contrary interpretation would render the express limitations found in subsection 2 meaningless and fail to give harmonious effect to the entirety of section 519.6(E).⁶

Similarly, the term “order” used in subsection 2 is synonymous and interchangeable with the term “prescription,” which is defined in the UCDSA and the Oklahoma Pharmacy Act as an “order” for a drug or controlled dangerous substance. 63 O.S.Supp.2023, § 2-309(D)(1); 59 O.S.Supp.2022, § 353.1(41); *see also* MERRIAM-WEBSTER’S MED. DESK DICTIONARY 667 (Revised ed. 2005) (defining “prescription” as “a written direction for the preparation, compounding, and administration of a medicine”); *id.* at 580 (defining “order” as “to give a prescription for: PRESCRIBE”). A prior Attorney General Opinion took up a remarkably similar issue in 2001, albeit in the context of veterinary prescription drugs. *See* 2001 OK AG 21 ¶¶ 12–19. As that opinion explained:

These statutory definitions [in the Pharmacy Act] indicate the terms “drug order” and “prescription” are virtually interchangeable. A prescription is an order for dangerous drugs and an order for dangerous drugs is a prescription. Most simply put, both a ‘drug order’ and a ‘prescription’ are instructions to a person authorized to dispense a dangerous drug.

⁶The legislative decision to subdivide section 519.6(E) into two parts does not undermine this conclusion. No statutory canon of construction places the *organizational form* above the statutory language. *Fourco Glass Co. v. Transmirra Prods. Corp.*, 353 U.S. 222, 227 (1957) (“The change of arrangement, which placed portions of what was originally a single section in two separated sections cannot be regarded as altering the scope and purpose of the enactment.”). Thus, we will not ignore well-established rules of statutory construction in favor of an unreasonable assumption that the division of the two parts demands separate and equal treatment.

Id. ¶ 14 (emphasis omitted). Thus, to “write an order” is to write a prescription, which matches the very definition of the verb prescribe: “to write or give medical prescriptions.” MERRIAM-WEBSTER’S MED. DESK DICTIONARY 666–67 (Revised ed. 2005). Accordingly, the plain meaning supports the conclusion that the Legislature did not intend the phrase “write an order” used in subsection 2 to convey a different or more limited prescriptive authority than the phrase “prescribe” used in subsection 1.

The history of amendments to section 519.6 confirms the Legislature’s intent to place heightened restrictions on a physician assistant’s authority to prescribe Schedule II controlled substances. When physician assistants were first granted general prescriptive authority over controlled substances in 1998, that authority *did not* include Schedule II drugs. *See* S.B. 1069, 46th Leg., 1998 2d Reg. Sess., 1998 Okla. Sess. Laws ch. 128 §§ 4, 6. Likewise, when the Legislature added that authority in 2001, and expanded what is now subsection 1 to include Schedule II, it simultaneously added the specific requirements now found in subsection 2. *See* S.B. 32, 48th Leg., 2001 Reg. Sess., 2001 Okla. Sess. Laws ch. 385 § 3(D). Thus, it is evident that the new prescriptive authority over Schedule II drugs was subject to the restrictions added in subsection 2.

The title of the 2001 Bill confirms that this is the correct construction of section 519.6. *See Kratz v. Kratz*, 1995 OK 63, ¶ 15, 905 P.2d 753, 756 (“The title to an Act is a valuable aid in its construction and may be considered in determining legislative intent.”) Here, the title of the 2001 Bill states that the purpose of this amendment was to “*specify*” when physician assistants may write orders or prescriptions for Schedule II drugs” *Id.* To accomplish this, the Legislature specified that which was previously otherwise absent from section 519.6: that physician assistants are expressly limited to prescribing a Schedule II drug *on site*. *Patterson*, 2000 OK 92, ¶ 24, 19 P.3d at 845.

In sum, the plain language of title 59, section 519.6(E) can only be read one way: to limit physician assistant prescriptive authority over Schedule II drugs to on-site administration only.

It is, therefore, the official Opinion of the Attorney General that:

Oklahoma law, specifically title 63, section 2-312(E) (Supp.2022) and title 59, section 519.6(E) (2021), does not allow physician assistants to prescribe and administer Schedule II controlled dangerous substances under the direction of a delegating physician at off-site locations. Physician assistants’ prescriptive authority over Schedule II substances is limited to on-site administration only.



GENTNER DRUMMOND
ATTORNEY GENERAL OF OKLAHOMA



AUDREY A. WEAVER
ASSISTANT SOLICITOR GENERAL

Updated September 11, 2020

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

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

SUBCHAPTER 1. GENERAL PROVISIONS

Section

435:15-1-1. Purpose

435:15-1-1.1. Definitions

435:15-1-2. License required

435:15-1-1. Purpose

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

435:15-1-1.1. Definitions

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

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

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

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

(A) practiced as a physician assistant; or

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

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

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

(A) Hospital in-patients;

(B) Emergency room;

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

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

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

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

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

435:15-1-2. License required

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

SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

Section

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

435:15-3-1. Qualification; application

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

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

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

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

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

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

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

(b) Application.

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

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

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

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

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

(3) Renewal.

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

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

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

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

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

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

(4) Return to practice.

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

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

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

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

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

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

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

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

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

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

(a) Qualifications.

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

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

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

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

(c) Physician assistants supervised.

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

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

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

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

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

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

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

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

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

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

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

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

435:15-3-19. Locum tenens

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

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

SUBCHAPTER 5. REGULATION OF PRACTICE

Section

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

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

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

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

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

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

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

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

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

435:15-5-7. Display of identification

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

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

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

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

435:15-5-10. Prescriptions

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

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

435:15-5-11. Discipline

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

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

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

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

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

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

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

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

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

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

SUBCHAPTER 7. ADVISORY COMMITTEE (REVOKED)

Section

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

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

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

Section

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

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

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

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

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

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

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

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

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

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

SUBCHAPTER 11. PRESCRIPTIVE AND DISPENSING AUTHORITY

Section

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

435:15-11-2. Drug formulary

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

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

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

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

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

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

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

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

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

435:15-11-2. Drug formulary

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

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

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

(d) Inclusionary formulary

- (1) Antihistamine agents
- (2) Anti-infectives
- (3) Autonomic agents
- (4) Blood formation and coagulation agents
- (5) Cardiovascular agents
- (6) Central nervous system agents
- (7) Diagnostic agents
- (8) Electrolyte, caloric and water balance agents
- (9) Enzymes
- (10) Expectorants, antitussives and mucolytic agents
- (11) Eye, ear, nose and throat preparations
- (12) Gastrointestinal agents

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

APPENDIX A. PHYSICIAN ASSISTANT PROTOCOL (REVOKED)

SUBCHAPTER 13. PRESCRIPTION TRANSMITTAL GUIDELINES (REVOKED)

Section

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

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

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

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

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

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