



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
March 19, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda**
- B) Welcome New Members**
- C) Approval of Minutes of February 19, 2014 (6-13)**
- D) Appointments/Reappointments/Confirmations**
- E) Administrative Updates**
 - 1) Staff Updates
 - 2) Delegated Signature Authority Motion **(14)**
 - 3) Chair to Designate 2 Members of the Council on Physicians Assistants to Determine Need for Oral Examination or Personal Appearance or Both **(15)**
- F) Legislative/Administrative Rule Matters:**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) 165-POD 3.01, 3.04 Continuing Education Audits for Podiatrists – Preliminary Draft Rule **(16-20)**
 - 4) Physician Re-Entry Into Practice Discussion **(21-27)**
 - 5) Adoption of Rulemaking Order CR 13-090 Relating to Copy of Diploma Requirements **(28-32)**
- G) National Practitioner Data Bank Continuous Query – Discussion and Consideration (33-34)**

- H) 2013 Medical Examining Board Annual Report (35)**
- I) Newsletter Matters – Content Review**
 - 1) Prescription Drug Monitoring Program (PDMP) Update **(36-37)**
 - 2) Article Regarding Non-Response to DLSC **(38-39)**
 - 3) Changes to Wis. Admin. Code Chapter MED 8 **(40-41)**
 - 4) Chair’s Corner
- J) Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
 - 1) Tri-Regulator Collaborative Position Statement on Interprofessional, Team-based Patient Care **(42)**
- K) Speaking Engagement(s), Travel, or Public Relation Request(s)**
 - 1) Report from Dr. Swan on his February 27, 2014 Speaking Engagement at the Fond du Lac County Medical Society
 - 2) Presentation by Dr. Sandra Osborn at the UW Medical School - March 26 **(43)**
- L) Licensing Committee Report**
- M) Disciplinary Guidelines Committee Report**
- N) Screening Panel Report**
- O) Items Added After Preparation of Agenda:**
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Education and Examination Matters
 - 4) Credentialing Matters
 - 5) Practice Matters
 - 6) Legislation/Administrative Rule Matters
 - 7) Liaison Report(s)
 - 8) Informational Item(s)
 - 9) Disciplinary Matters
 - 10) Presentations of Petition(s) for Summary Suspension
 - 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 12) Presentation of Proposed Decisions
 - 13) Presentation of Interim Order(s)
 - 14) Petitions for Re-Hearing
 - 15) Petitions for Assessments
 - 16) Petitions to Vacate Order(s)
 - 17) Petitions for Designation of Hearing Examiner
 - 18) Motions
 - 19) Petitions
 - 20) Appearances from Requests Received or Renewed
 - 21) Speaking Engagement(s), Travel, or Public Relation Request(s)
- P) Public Comments**

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

Q) Full Board Oral Examination of Candidates for Licensure:

- 1) **10:00 A.M. – APPEARANCE – Bharat Pal, M.D. (44-102)**
- 2) **10:10 A.M. – APPEARANCE – Jitesh J Chawla, M.D. (103-342)**

R) Review of Administrative Warning in the Matter of 12 MED 450 – M.J.K. (343-346)

- 1) **10:20 A.M. – APPEARANCE – M.J.K. (Respondent) and Lori Gendelman**
- 2) **10:20 A.M. – APPEARANCE – Arthur Thexton, DLSC Attorney**

S) Monitoring Matters

- 1) John Hale, M.D. – Requesting Reinstatement of Stay, Reduction of Drug Screens, and Other Modifications **(347-376)**
 - a) **10:40 A.M. – APPEARANCE – John Hale, M.D.**
- 2) Lawrence J. Williamson, M.D. – Requesting Reconsideration of the Denial of the Earlier Request for Permission to Re-apply for Licensure **(377-405)**

T) Physician Oral Examination Review – Board Discussion (406)

U) Presentation and Deliberation on Complaints for Determination of Probable Cause

- 1) 12 MED 288 – Angelina Montemurro, M.D. **(407-412)**
- 2) 11 MED 315 – Guiditta Angelini, M.D. **(413-415)**
- 3) 12 MED 381 - David Drake, M.D.; Graig Aders, M.D.; Anna Nusbaum, M.D.; Cynthia Love, M.D.; and Carol Ann Dick, M.D. **(416-433)**

V) Presentation and Deliberation on Proposed Stipulations, Final Decisions, and Orders by the Division of Legal Services and Compliance (DLSC):

- 1) Anne Krutchen-Bartel, M.D. – 12 MED 439 **(434-439)**
- 2) Sean M. Yetman, M.D. – 13 MED 061 **(440-446)**
- 3) William V. Roberts, M.D. – 13 MED 160 **(447-451)**

W) Presentation and Deliberation on Administrative Warnings

- 1) 12 MED 325 (E.G.E.) **(452-453)**
- 2) 12 MED 357 (T.P.C.) **(454-456)**
- 3) 13 MED 152 (J.W.I.) **(457-458)**
- 4) 13 MED 155 (N.H.R.) **(459-460)**
- 5) 13 MED 184 (S.L.P.) **(461-463)**
- 6) 13 MED 523 (G.J.B.) **(464-466)**
- 7) 13 MED 528 (P.K.S.) **(467-469)**
- 8) 13 MED 540 (J.W.L.) **(470-472)**
- 9) 13 MED 542 (P.S.F.) **(473-475)**
- 10) 13 MED 543 (D.R.C.) **(476-478)**
- 11) 14 MED 011 (V.R.N.) **(479-481)**

X) Case Status Report (482-490)

Y) Case Closings

- 1) 12 MED 204 (C.S.) **(491-494)**
- 2) 13 MED 138 (M.D.G. and A.B.K.) **(495-502)**
- 3) 13 MED 202 (A.V.) **(503-511)**
- 4) 13 MED 214 (J.D., J.F.I., K.L., D.M., and K.S.) **(512-526)**
- 5) 13 MED 283 (R.D., K.K., and C.B.) **(527-532)**
- 6) 13 MED 343 (S.L.S.) **(533-541)**
- 7) 13 MED 404 (H.S.A.) **(542-547)**
- 8) 13 MED 483 (G.D.S.) **(548-550)**

Z) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Petition(s) for Extension of Time
- 8) Proposed Interim Orders
- 9) Petitions for Assessments and Evaluations
 - a) **Petition for Physical Examination in Case 14 MED 020, Mark Petrovani, M.D.**
- 10) Petitions to Vacate Orders
- 11) Remedial Education Cases
- 12) Proposed Stipulations, Final Decisions and Orders
- 13) Administrative Warnings
- 14) Proposed Decisions
- 15) Matters Relating to Costs
- 16) Complaints
- 17) Case Closings
- 18) Case Status Report
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

AA) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

BB) Open Session Items Noticed Above not Completed in the Initial Open Session

CC) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 121A, B, C, AND 199B

12:30 P.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing applications and conducting oral examinations of four (4) candidates for licensure – Drs. Capodice, Swan, Simons, and Westlake

**MEDICAL EXAMINING BOARD
MEETING MINUTES
February 19, 2014**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Jude Genereaux; Suresh Misra, M.D.; Michael Phillips, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D.; and Russell Yale, M.D.

EXCUSED: Carolyn Ogland, M.D.; James Barr, M.D.

STAFF: Tom Ryan, Executive Director; Pam Stach, Legal Counsel; Daniel Agne, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:02 A.M. A quorum of ten (10) members was confirmed.

ADOPTION OF AGENDA

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Greg Collins moved, seconded by Michael Phillips, to approve the minutes of January 15, 2014 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

RULES LIAISON

MOTION: Michael Phillips moved, seconded by Sridhar Vasudevan, to appoint Timothy Swan as the Rules Liaison. Motion carried unanimously.

DELEGATED AUTHORITY MOTION

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters and to act when knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

**DELEGATION OF SCHEDULING OF SCREENING PANEL MEMBERS AND EXAMINERS
TO DEPARTMENT STAFF**

MOTION: Timothy Swan moved, seconded by Greg Collins, to authorize Department Staff to schedule Screening Panel members and examiners. Motion carried unanimously.

PRESENTATION OF PETITIONS FOR SUMMARY SUSPENSION

**RONALD G. RUBIN, M.D.
13 MED 039**

Arthur Thexton, DLSC Attorney, appeared before the Board to present the Petition for Summary Suspension.

Ronald G. Rubin, M.D., appeared with legal counsel to respond to the Petition for Summary Suspension.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

Andrea Magermans, Department PDMP Program Analyst, appeared before the Board to provide a status update on the PDMP program.

PDMP LIAISON APPOINTMENT

MOTION: Michael Phillips moved, seconded by Russell Yale, to appoint Timothy Westlake as the Prescription Drug Monitoring Program (PDMP) Liaison, and Sridhar Vasudevan as the Alternate. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

165-MED 13.03, CE AUDIT PROPOSED RULE

MOTION: Timothy Swan moved, seconded by Suresh Misra, to approve, as amended, the draft of 165-Med 13.03, related to continuing education audits, for posting of the EIA comments and submission to the Clearinghouse. Motion carried unanimously.

SCOPE STATEMENT FOR MED 18.03, RELATING TO INFORMED CONSENT

MOTION: Sridhar Vasudevan moved, seconded by Timothy Swan, to approve the Scope Statement on MED 18.03, as amended, relating to Informed Consent, for submission to the Governor's Office and publication and to authorize the Chair to approve the scope statement for implementation no less than 10 days after publication. Motion carried unanimously.

**FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS
– DISCUSSION AND CONSIDERATION**

MINIMUM DATA SET (MDS) IMPLEMENTATION PROJECT

Aaron Young, with the FSMB, appeared before the Board via telephone to provide an update on the Minimum Data Set Implementation Project.

**FSMB REPORT OF THE SPECIAL COMMITTEE
ON PHYSICIAN RE-ENTRY INTO PRACTICE**

Timothy Westlake joined the meeting by phone at 9:25 A.M.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to direct the Department to determine whether there is statutory authority to create a re-entry to licensure pathway, and, if statutory authority exists, direct the Chair to refer this issue to the Licensing Committee for review. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATION REQUEST(S)

**REQUEST FOR DR. SWAN TO APPEAR BEFORE THE FOND DU LAC COUNTY
MEDICAL SOCIETY ON FEBRUARY 27, 2014 TO DISCUSS MED 10.**

MOTION: Sridhar Vasudevan moved, seconded by Greg Collins, to designate Timothy Swan to speak at the Fond du Lac County Medical Society meeting on February 27, 2014 in Fond du Lac, Wisconsin regarding MED 10, and to authorize travel. Motion carried unanimously.

SCREENING PANEL REPORT

Greg Collins reported that 73 cases were reviewed, 20 cases were opened, and 2 ten-day letters were sent.

CLOSED SESSION

MOTION: Timothy Swan moved, seconded by Suresh Misra, to convene to Closed Session to deliberate on cases following hearing § 19.85 (1) (a), Stats.; consider closing disciplinary investigations with administrative warning § 19.85 (1)(b), Stats., and 448.02(8), Stats., to consider individual histories or disciplinary data § 19.85(1) (f), Stats., and, to confer with legal counsel § 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Greg Collins – yes; Rodney Erickson – yes; Jude Genereaux – yes; Suresh Misra – yes; Michael Phillips – yes; Kenneth Simons – yes; Timothy Swan – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; and Russell Yale – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:29 A.M.

RECONVENE TO OPEN SESSION

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to reconvene in Open Session at 12:58 P.M. Motion carried unanimously.

FULL BOARD ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ZAKI A. QURESHI, M.D.

Zaki A. Qureshi, M.D., appeared before the Board to take his Full Board Oral Exam.

Timothy Westlake arrived at the meeting in-person at 10:18 A.M.

MOTION: Timothy Westlake moved, seconded by Timothy Swan, to find that Zaki A. Qureshi, M.D., failed the Full Board Oral Examination. Motion carried.

Sridhar Vasudevan and Michael Phillips abstained from voting in the above matter.

MOTION: Greg Collins moved, seconded by Timothy Westlake, to deny the application of Zaki A. Qureshi, M.D. **Reason for Denial:** Applicant has not demonstrated to the satisfaction of the Board that he is currently competent to practice with reasonable skill and safety. Motion carried.

Sridhar Vasudevan and Michael Phillips abstained from voting in the above matter.

PROPOSED STIPULATIONS, FINAL DECISIONS, AND ORDERS

11 MED 232 CHA LEE, M.D.

Kim Kluck, DLSC attorney, appeared before the Board to present the proposed Stipulation and Order.

Robert Dvorak, attorney for Cha Lee, M.D., appeared before the Board to speak in favor of the proposed Stipulation and Order.

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Stipulation, and Order in the matter of 11 MED 232 – Cha Lee, M.D. Motion carried unanimously.

12 MED 282 H.S. ASHRAF, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Michael Phillips, to adopt the Findings of Fact, Conclusions of Law, Stipulation, and Order in the matter of 12 MED 282 – H.S. Ashraf, M.D. Motion carried unanimously.

13 MED 034
HAROLD H. RANDECKER, JR., M.D.

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law, Stipulation, and Order in the matter of 13 MED 034 – Harold H. Randecker, Jr., M.D. Motion carried unanimously.

**PROPOSED DECISION AND ORDER IN THE MATTER OF
THE APPLICATION FOR NIPA H. SINH, M.D.,
DHA CASE NO. SPS-13-0049; DLSC CASE NO. 12 MED 398**

Arthur Thexton, DLSC Attorney, appeared before the Board to present the proposed Decision and Order.

Patricia Epstein, attorney for Nipa H. Sinh, M.D., appeared before the Board to respond to the proposed Decision and Order.

MOTION: Sridhar Vasudevan moved, seconded by Jude Genereaux, to adopt the Findings of Fact, Conclusions of Law, Proposed Decision, and Order in the matter of the Application for Nipa H. Sinh, M.D., DHA case number SPS-13-0049; DLSC case number 12 MED 398. Motion carried unanimously.

MOTION: Jude Genereaux moved, seconded by Suresh Misra, that, based upon additional information which was submitted at the Denial Hearing and which was not available to the Board at the time of the Oral Examination and the denial of the application, the Board rescinds its previous denial and grants Applicant Nipa H. Sinh, M.D., a license to practice medicine and surgery in the State of Wisconsin. Motion failed to achieve the required vote of three-quarters (75%) of the membership of the Board, 7-yes to 4-no.

MOTION: Rodney Erickson moved, seconded by Timothy Swan, that, based upon additional information which was submitted at the Denial Hearing and which was not available to the Board at the time of the Oral Examination and the denial of the application, the Board rescinds its previous denial and grants Applicant Nipa H. Sinh, M.D., a limited license to practice medicine and surgery in the State of Wisconsin, requiring that the Applicant complete 50 hours of Category 1 education in primary care, pre-approved by Dr. Rodney Erickson or his alternate, within 6 months of the date of the Order. Motion carried, 10-yes to 1-no.

MONITORING MATTERS

TERRANCE MOE, M.D. – REQUESTING FULL LICENSE

Terrance Moe, M.D., appeared before the Board to present his request for full licensure.

MOTION: Timothy Swan moved, seconded by Suresh Misra, to deny the request of Terrance Moe, M.D., for full licensure. Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Suresh Misra, to deny the request of Terrance Moe, M.D., for assigning the proposed new mentor due to the mentor's potential conflict of interest. Motion carried unanimously.

AMY COULTHARD-ATWATER, D.O. – REQUESTING FULL LICENSE

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra to grant the request of Amy Coulthard-Atwater, D.O., for full licensure. Motion carried unanimously.

GOPE HOTCHANDANI, M.D. – REQUESTING FULL LICENSE

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to grant the request of Gope Hotchandani, M.D., for full licensure. Motion carried unanimously.

Board Legal Counsel Pam Stach was not present for the deliberations or vote in the above matter.

WILLIAM B. LYLES, M.D. – REQUESTING AN EXTENSION OF TIME TO PAY COSTS AND COMPLETE CONTINUING EDUCATION REQUIREMENTS

MOTION: Timothy Westlake moved, seconded by Greg Collins, to deny the request of William B. Lyles, M.D., for a one year extension of time to pay costs and complete Continuing Education requirements, and to suspend his license pursuant to Paragraph 6 of the original Disciplinary Order dated May 15, 2013. Motion carried unanimously.

JAVIER A. RINCON, M.D. – REQUESTING LIMITATION BE REMOVED

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to grant the request of Javier A. Rincon, M.D., for removal of limitations on his licensure, and to grant a full and unencumbered license. Motion carried unanimously.

CHARLES E. NELSON, M.D. – REQUESTING FULL LICENSE

MOTION: Timothy Westlake moved, seconded by Suresh Misra, to grant the request of Charles E. Nelson, M.D., for full licensure. Motion carried unanimously.

LAWRENCE J. WILLIAMSON, M.D. – REQUESTING PERMISSION TO REAPPLY FOR LICENSE

MOTION: Timothy Westlake moved, seconded by Sridhar Vasudevan, to deny the request of Lawrence J. Williamson, M.D., for permission to reapply for full licensure.
Reason for Denial: Failure to provide sufficient evidence of ability to practice with reasonable skill and safety. Motion carried unanimously.

DELIBERATION OF PETITION FOR SUMMARY SUSPENSION

**RONALD G. RUBIN, M.D.
(13 MED 039)**

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, that notice was given to Ronald G. Rubin, M.D., of the Summary Suspension proceedings pursuant to Wisconsin Administrative Code Section SPS 6.05. Motion carried unanimously.

MOTION: Michael Phillips moved, seconded by Russell Yale, that, pursuant to Wisconsin Statutes Section 448.02(4), there is probable cause to believe that Ronald G. Rubin, M.D., engaged in unprofessional conduct in violation of Wisconsin Statutes Section 448.02(3). Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, that, pursuant to Wisconsin Statutes Section 448.02(4), there is probable cause to believe that it is necessary to suspend the license of Ronald G. Rubin, M.D., to practice medicine and surgery in the State of Wisconsin immediately to protect the public's health, safety, and welfare. Motion carried unanimously.

MOTION: Jude Genereaux moved, seconded by Timothy Westlake, to designate a Hearing Official for any Order to Show Cause Hearing in the matter of the Summary Suspension of the license of Ronald G. Rubin, M.D. Motion carried unanimously.

MOTION: Russell Yale moved, seconded by Greg Collins, to find probable cause to believe that Ronald G. Rubin, M.D., Case Number 13 MED 039, is guilty of unprofessional conduct, and therefore to issue the Complaint and hold a Hearing on such conduct pursuant to Wisconsin Statutes Section 448.02(3) (b). Motion carried unanimously.

ADMINISTRATIVE WARNINGS

MOTION: Suresh Misra moved, seconded by Russell Yale, to issue Administrative Warnings and to close the cases in the matters of case numbers: 12 MED 353 (D.I.S.), 13 MED 263 (A.J.S.), 13 MED 302 (T.S.O.), 13 MED 342 (J.K.T.), and 13 MED 345 (M.C.C.). Motion carried unanimously.

MOTION: Suresh Misra moved, seconded by Russell Yale, not to issue an Administrative Warning in the matter of case number 13 MED 165 (M.R.A.), and to close the case. Motion carried, 9-yes to 2-no.

**PRESENTATION AND DELIBERATION OF COMPLAINTS
FOR DETERMINATION OF PROBABLE CAUSE**

**JOHN P. CHRISTENSEN, M.D.
12 MED 239**

MOTION: Sridhar Vasudevan moved, seconded by Timothy Swan, to find probable cause to believe that John P. Christensen, M.D., Case Number 12 MED 239, is guilty of unprofessional conduct, and therefore to issue the Complaint and hold a Hearing on such conduct pursuant to Wisconsin Statutes Section 448.02(3) (b). Motion carried unanimously.

CASE CLOSINGS

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to close the following cases according to the recommendations of the DLSC:

- a. 12 MED 219, against A.M.C. and G.P., for no violation (NV)
- b. 13 MED 287, against K.H.M., for prosecutorial discretion (P2)
- c. 13 MED 377, against I.A., for prosecutorial discretion (P5), and to place a flag on the credential
- d. 13 MED 378, against R.J. and R.N., for no violation (NV)

Motion carried unanimously.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION,
IF VOTING IS APPROPRIATE**

MOTION: Timothy Westlake moved, seconded by Timothy Swan, to affirm all Motions made and all Votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:59 P.M.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/26/14	
		Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 3/19/2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegated Authority Motion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Modification to the language of the Delegated Signature Authority motion from 1/15/2014: moved, seconded by , that the Board delegates authority to the Chair (or order of succession) to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair delegates the authority to a Department representative to sign the name of the Chair (or order of succession), or any and all Board members, on documents as necessary.			
11) Authorization Daniel Agne <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/20/14 Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 3/19/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Chair to Designate 2 Members of the Council on Physicians Assistants to Determine Need for Oral Examination or Personal Appearance or Both	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Med 8.05 (2) (c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination or a personal appearance or both under par. (a) (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.			
11) Authorization Daniel Agne <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: February 25, 2014													
Items will be considered late if submitted after 4:30 p.m. and less than:															
<ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 08 work days before the meeting for all others 															
3) Name of Board, Committee, Council, Sections: Medical Examining Board															
4) Meeting Date: March 19, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 165-Pod 3.01, 3.04 Continuing education audits for podiatrists Preliminary Draft rule													
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A													
10) Describe the issue and action that should be addressed: <p>Pursuant to s. 15.085 (5) (b) (1), the Board will review the preliminary draft of the rule, and decide whether to comment on the rule.</p>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">11) Shawn Leatherwood</td> <td style="width: 30%; text-align: center; border-bottom: 1px solid black;">Authorization</td> <td style="width: 40%; text-align: right; border-bottom: 1px solid black;">February 25, 2014</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td></td> <td style="text-align: right; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td></td> <td style="text-align: right; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Bureau Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="text-align: right; border-bottom: 1px solid black;">Date</td> </tr> </table>				11) Shawn Leatherwood	Authorization	February 25, 2014	Signature of person making this request		Date	Supervisor (if required)		Date	Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date
11) Shawn Leatherwood	Authorization	February 25, 2014													
Signature of person making this request		Date													
Supervisor (if required)		Date													
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date													
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.															

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PODIATRY AFFILIATED
PODIATRY AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to amend Pod 3.01 and 3.04, relating to continuing education audits of podiatrists.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

s. 448.665, Stats.

Statutory authority:

s. 227.11 (2) (a) and 448.665, Stats.

Explanation of agency authority:

Pursuant to s. 227.11 (2) (a), Stats. the Podiatrist Affiliated Credentialing Board (Board) is generally empowered by the legislature to promulgate rules that will provide guidance within the profession and rules that interpret the statutes it enforces or administers. Section 448.665, Stats., empowers the Board to, "promulgate rules establishing requirements and procedures for licensees to complete continuing education programs or courses of study in order to qualify for renewal of a license granted under this subchapter." The proposed rule seeks to carry out this mandate by promulgating rules setting forth the time period for continuing education audits and by specifying the time period for maintaining documentary evidence of continuing education compliance.

Related statute or rule:

None.

Plain language analysis:

This proposed rule is focused on specifying the time period for conducting audits of licensee's compliance with the continuing education requirement in Wis. Admin. Code ch. Pod 3 and specifying the time period licensees must keep track of evidence of compliance. Currently, the rules require, "any podiatrist to submit evidence to the board of his or her compliance with continuing education requirements during the preceding biennium." Wis. Admin. Code s. Pod 3.04. The rule does not state when audits are to take place or how long a licensee must maintain evidence of compliance with the continuing education requirement. This proposed rule identifies when continuing education must be reported, when audits of continuing education will take place, and how long evidence of compliance with the required continuing education must be maintained.

SECTION 1. identifies when compliance with the continuing education requirement must be reported.

SECTION 2. identifies when audits are to take place and the amount of time in which certificates of completion of continuing education must be kept.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois does not set a specific time frame for conducting audits or maintaining certificates of compliance with continuing education. It is the responsibility of each licensee to maintain evidence of compliance with continuing education requirements and provide evidence of such upon request pursuant to a random audit. ILL. ADMIN. CODE tit. 68 §. 1360.70 d) 2).

Iowa: Even though Iowa defines the term "audit" in 645 IAC 225., the code is silent with regards to a specific time period for auditing continuing education compliance and maintaining evidence of compliance.

Michigan: The Department of Licensing and Regulatory Affairs, Bureau of Health Care Services conducts an audit at the conclusion of each renewal period to verify compliance with continuing education requirements. In accordance with Mich. Admin. Code r. 338.3711 (2) licensees are responsible for maintaining evidence of compliance.

Minnesota: Licensees must provide the board with proof of attendance in a continuing education program within the renewal period. The evidence must be in the form of a certificate, descriptive receipt, or affidavit. MINN. Rules 6900.0300 Subp. 4. The rules are silent with regards to conducting audits.

Summary of factual data and analytical methodologies:

The Board reviewed its rules and determined that a set time was required for auditing licensees' compliance with continuing education requirements. No other factual data or analytical methodologies were used. The Board ensures the accuracy, integrity, objectivity and consistency of data were used in preparing the proposed rule and related analysis.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

These proposed rules do not have an economic impact on small businesses as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.L Leatherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708, or by email to Shancethea.L Leatherwood@wisconsin.gov. Comments must be received on or before October 7, 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Pod 3.01 is amended to read:

Pod 3.01 Continuing podiatric medical education required; waiver. (1) Each podiatrist required to complete the biennial training requirement under s. 448.665, Stats., shall, in the each second year at the time of making application for a certificate of

registration as required under s. 448.665, Stats., sign a statement on the application for registration certifying that the podiatrist has completed at least 50 hours of acceptable continuing educational programs relevant to the practice of podiatric medicine within ~~the 2 calendar years immediately preceding the calendar year for which application for registration is made~~ each 2-year period immediately preceding the renewal date specified under s. 440.08 (2) (a), Stats.

SECTION 2. Pod 3.04 is amended to read:

Pod 3.04 The board may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements. The board may require any podiatrist to submit evidence to the board of his or her compliance with continuing education requirements during the preceding biennium for the purpose of conducting an audit. Licensees shall retain certificates of continuing education attendance for a minimum period of 4 years.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Podiatry Affiliated Credentialing Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: March 7, 2014	
Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting			
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: March 19, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Physician Re-Entry Into Practice Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will discuss whether there is a statutory authority to create a re-entry to licensure pathway.			
11) Shawn Leatherwood Signature of person making this request		Authorization	March 7, 2014 Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Survey of Physician Reentry

State	Time out of practice	Eligibility	Terms and Conditions	Duration/Notes notes
<u>Illinois</u> issues temporary licensure 68 Ill. Adm. Code 1285.95 (2013)	2 years immediately preceding the application	Physicians medical, osteopathic and chiropractic students	May be required to complete testing, training, or remedial education as the board deems necessary to establish the applicant's capacity to practice medicine with reasonable skill and safety	N/A
<u>Iowa</u> 653 IAC 9.8 (2014)	3 years	Physicians	Applicants must successfully pass a competency evaluation, pass SPEX, COMVEX-USA or another examination approved by the board, and complete a retraining program arranged by the physician approved by the board and successfully complete a reentry to practice program or monitoring program approved by the board.	N/A
<u>Minnesota</u> issues a registration Minn. R. 5606.0500 (2013)	After 3 years from the date of emeritus status	Physicians	Must comply with the continuing medical education requirements for the time in which the licensee was on inactive status and passing the SPEX within the year preceding the reapplication for active status.	N/A
<u>Colorado</u> issues a reentry license C.R.S. 12-36-114.5 (2013)	2 year period immediately preceding the filing of An application For a reentry license	Physicians PAs and AAs	Applicant must submit to evaluations, assessments, and an educational program as required by the board. (The rule does not specify which organization shall conduct the evaluation or assessment.) If the assessment indicates that the applicant requires a period of supervised practice, the board will issue a reentry license which allows the applicant to practice medicine under supervision as specified by the board. After satisfactory completion of the period of supervised practice the reentry licensee may apply to the board for conversion of the reentry license to a full license.	Valid for one year and not renewable
State	Time out of	Eligibility	Terms and Conditions	Duration

	practice			
<p><u>Indiana</u> issues a provisional license (similar to WI reinstatement process)</p> <p>Ind. Code Ann. § 25-22.5-5-2.7 (2013)</p>	<p>2 years immediately preceding the filing of an initial application for an initial license</p> <p>Has not practiced medicine or maintained competence</p>	physicians	<p>The board may require a full-scale assessment, engagement in formal training programs, supervised practice arrangements, formal testing, or other proof of competence. The applicant must develop and individualized practice reentry program. When an applicant demonstrates to the board that he or she has satisfactorily met the terms of the individualized practice reentry program, the applicant shall be released from the terms of the provisional license and is entitled to hold an unlimited license.</p>	Determined by the board and reviewed annually
<p><u>Montana</u> reactivates a license</p> <p>Mont. Admin R. 24-156-618 (2014)</p>	<p>2 years or more preceding the request for reactivation</p>	Physicians	<p>One of the license categories in MT is the inactive license. One form of reactivation of an inactive license is by not having engaged in the clinical practice of medicine in all jurisdictions for the entire time during which the license has been inactive. The applicant also must either have been board certified/recertified during the two years preceding the request for reactivation or pass the SPEX or COMVEX and possibly complete a reentry plan as determined by the board. The applicant may also be required to do one or more of the following: (1) practice for a period of time under a mentor/supervising physician who will provide periodic reports to the board (2) obtain certification or recertification by a specialty board recognized by ABMS or AOA-BOS (3) complete one year of accredited postgraduate or clinical fellowship training preapproved by the board (4) complete any other requirement as determined by the board.</p>	
State	Time out of practice	Eligibility	Terms and Conditions	Duration

<p><u>Nebraska</u> issues a reentry license</p> <p>Neb. §38 2026.01</p>	<p>2 year period immediately preceding the filling of an application for reentry license</p>	<p>Physicians</p>	<p>Must meet all the requirements of licensure as a regular licensee and undergo all evaluations, assessments, and educational programs required by the board. If the Board conducts an assessment and determines that the applicant requires a period of supervised practice, the department may issue a reentry license allowing the applicant to practice medicine under supervision. After satisfactory completion of the period of supervised practice as determined by the board, the reentry licensee may convert the reentry license to a regular license</p>	<p>Valid for 1 year and may be renewed up to two additional years.</p> <p>Shall not constitute a disciplinary action</p>
<p><u>Oregon</u> Issues a license or reactivates a license.</p> <p>OR. Admin. R. 847-020-0183 (2014)</p>	<p>24 months</p> <p>Also has a one year category of physician reentry.</p>	<p>Physicians</p>	<p>May be required to complete a board approved re- entry plan, and depending on the amount of time out of practice the applicant may be required to pass the SPEX or COMVEX, practice for a specified period under a mentor/supervising physician who will provide reports to the board, obtain certification or re-certification by a specialty board, complete a re-entry program as determined by the board, or complete a 1 year accredited postgraduate or clinical fellowship training, which must be pre-approved by the board's Medical Director, complete at least 50 hours of board-approved continuing medical education.</p>	
<p><u>Ohio</u></p> <p>Issues a certificate</p> <p>ORC Ann. 4731.222 (2013)</p>	<p>2 years or more</p>	<p>Physicians</p>	<p>The board may require an applicant to pass an oral or written examination or both to determine and applicant's fitness to resume practice, or require an applicant to obtain additional training and to pass an examination upon completion of such training, or restrict or limit the extent, scope or type of practice of the applicant.</p>	

21 N.C.A.C. 32B.1370

NORTH CAROLINA ADMINISTRATIVE CODE
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*** CURRENT WITH RULES RECEIVED THROUGH JANUARY 2, 2014 ***

TITLE 21. OCCUPATIONAL LICENSING BOARDS
CHAPTER 32. NORTH CAROLINA MEDICAL BOARD
SUBCHAPTER 32B. LICENSE TO PRACTICE MEDICINE
SECTION .1300. GENERAL

21 N.C.A.C. 32B.1370 (2014)

.1370 **REENTRY TO ACTIVE PRACTICE**

(a) A physician or physician assistant applicant ("applicant" or "licensee") who has not actively practiced or who has not maintained continued competency, as determined by the Board, for the two-year period immediately preceding the filing of an application for a license from the Board shall complete a reentry agreement as a condition of licensure.

(b) The applicant shall identify a mentoring physician.

(c) The applicant shall propose a reentry plan containing the components outlined in Paragraphs (g) and (h) of this Rule to the Board. The Board shall review the proposed reenter plan and interview the applicant.

(d) Factors that may affect the length and scope of the **reentry** plan include:

(1) The applicant's amount of time out of **practice**;

(2) The applicant's prior intensity of **practice**;

(3) The reason for the interruption in **practice**;

(4) The applicant's activities during the interruption in practice, including the amount of practice-relevant continuing medical education;

(5) The applicant's previous and intended area(s) of practice;

(6) The skills required of the intended area(s) of practice;

(7) The amount of change in the intended area(s) of practice over the time the applicant has been out of continuous practice;

(8) The applicant's number of years of graduate medical education;

(9) The number of years since completion of graduate medical education; and

(10) As applicable, the date of the most recent ABMS, AOA or equivalent specialty board, or National Commission on Certification of Physician Assistant certification or recertification.

(e) If the Board approves an applicant's reentry plan, it shall be incorporated by reference into a reentry agreement and executed by the applicant, the Board and the mentoring physician.

(f) After the **reentry** agreement has been executed, and the applicant has completed all other requirements for licensure, the applicant shall receive a restricted License. The licensee may not **practice** outside of the scope of the **reentry** agreement and its referenced **reentry** plan during the **reentry** period.

(g) The first component of a **reentry** plan is an assessment of the applicant's current strengths and weaknesses in his or her intended area of **practice**. The process used to perform the assessment shall be described by the applicant and confirmed by the mentoring physician. The process may include self-reflection, self-assessment, and testing and evaluation by colleagues, educators or others. The applicant and mentoring physician shall evaluate and describe applicant's strengths and areas of needed improvement in regard to the core competencies. The assessment shall continue throughout the **reentry** period as the licensee and the mentoring physician **practice** together.

(h) The second component of the **reentry** plan is education. Education shall address the licensee's areas of needed improvement. Education shall consist of:

(1) a **reentry** period of retraining and education under the guidance of a mentoring physician, upon terms as the Board may decide, or

(2) a reentry period of retraining and education under the guidance of a mentoring physician consisting of the following:

(A) Phase I-The observation phase. During the observation phase, the licensee will not practice, but will observe the mentoring physician in practice.

(B) Phase II-Direct supervision phase. During the direct supervision phase, the licensee shall practice under the direct supervision of the mentoring physician. Guided by the core competencies, the mentoring physician shall reassess the licensee's progress in addressing identified areas of needed improvement.

(C) Phase III-Indirect supervision phase. During the indirect supervision phase, the licensee shall continue to practice with supervision of the mentoring physician. Guided by the core competencies, and using review of patient charts and regular meetings, the mentoring physician shall reassess the licensee's progress in addressing the areas of needed improvement.

(D) No later than 30 days after the end of phase I and II, the mentoring physician shall send a report to the Board regarding the licensee's level of achievement in each of the core competencies. At the completion of phase III the mentoring physician shall submit a summary report to the Board regarding the licensee's level of achievement in each of the core competencies and affirm the licensee's suitability to resume **practice** as a physician or to resume **practice** as a physician assistant.

(E) If the mentoring physician reassesses the licensee and concludes that the licensee requires an extended **reentry** period or if additional areas of needed improvement are identified during Phases II or III, the Board, the licensee and the mentoring physician shall amend the reentry agreement.

(i) Under the terms of either reentry periods Subparagraph (h)(1) or (h)(2) of this Rule, the mentoring physician may terminate his role as the mentoring physician upon written notice to the Board. Such written notice shall state the reasons for termination. The licensee's approval is not required for the mentoring physician to terminate his role as mentoring physician. Upon receipt of the notice of termination, the Board shall place the licensee's license on inactive status. Within six months from the effective date of the mentoring physician's termination, the licensee shall provide a substitute mentoring physician, who must be approved by the Board in writing, and resume the reentry plan upon such terms as are acceptable to the Board. In such

event, an amended reentry agreement must be executed prior to resumption of the reentry plan. If licensee does not resume the reentry plan as required herein within six months from the effective date of the mentoring physician's termination, then the Board shall not return the licensee to active status unless and until licensee applies and is approved for reactivation of the license with a new **reentry** agreement and **reentry** plan, which must be in place before licensee may resume **practice** as a physician or physician assistant.

(j) Under the terms of either **reentry** periods Subparagraph (h)(1) or (h)(2) of this Rule, the licensee may terminate the relationship with the mentoring physician upon written notice to the Board. Such written notice shall state the reasons for termination. The mentoring physician's approval is not required for the licensee to terminate this relationship. Upon receipt of the notice of termination, the Board shall place the licensee's license on inactive status. Within six months from the effective date of the mentoring physician's termination, the licensee shall provide a substitute mentoring physician, who must be approved by the Board in writing, and resume the reentry plan upon such terms as are acceptable to the Board. In such event, an amended reentry agreement must be executed prior to resumption of the reentry plan. If licensee does not resume the reentry plan as required herein within six months from the effective date of the mentoring physician's termination, then the Board shall not return the licensee to active status unless and until licensee applies and is approved for reactivation of the license with a new **reentry** agreement and **reentry** plan, which must be in place before licensee may resume **practice** as a physician or physician assistant.

(k) The licensee shall meet with members of the Board at such dates, times and places as directed by the Board to discuss the licensee's transition back into **practice** and any other **practice**-related matters.

(l) Unsatisfactory completion of the **reentry** plan or practicing outside the scope of the **reentry** agreement, as determined by the Board, shall result in the automatic inactivation of the licensee's license, unless the licensee requests a hearing within 30 days of receiving notice from the Board.

(m) If the Board determines the licensee has successfully completed the reentry plan, the Board shall terminate the reentry agreement and notify the licensee that the license is no longer restricted.

Authority G.S. 90-8.1; 90-14(a)(11a);

NOTES:

History Note:
Eff. March 1, 2011.

Source: **Combined Source Set 144** - NC - North Carolina Administrative Code

Terms: **reentry w/20 practice** (Suggest Terms for My Search)

View: Full

Date/Time: Thursday, February 20, 2014 - 3:39 PM EST



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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: March 7, 2014	
		Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: March 19, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Adoption of Rulemaking Order CR 13-090 relating to copy of diploma requirements	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will adopt rulemaking order CR 13-090.			
11) Shawn Leatherwood	Authorization	March 7, 2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULE-MAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 13-090)

ORDER

An order of the Medical Examining Board to amend Med 1.02 (2), relating to copy of diploma requirement.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

s. 448.05 (2), Stats.

Statutory authority:

ss. 15.08 (5) (b), 227.11 (2) (a), 448.05 (2), and 448.40 (1), Stats.

Explanation of agency authority:

The Medical Examining Board, (Board), pursuant to ss. 15.08 (5) (b) and 227.11, Stats., has the general power to promulgate rules for guidance within the profession and to interpret the statutes it enforces. Section 448.40 (1), Stats., grants the Board authority to promulgate rules that carry out the purposes of the Medical Practices Act. The Board seeks to interpret a statute that it administers specifically, s. 448.05 (2), Stats., which deals with applicants being required to possess a diploma. Therefore, the Board is both generally and specifically empowered to promulgate the proposed rule.

Related statute or rule:

None.

Plain language analysis:

The proposed rule seeks to amend s. Med 1.02 (2) by eliminating the requirement that applicants provide a verified photographic copy of their diploma when applying for licensure. The requirement is duplicative and unnecessary since the board receives information regarding graduation directly from medical and osteopathic schools of medicine.

Section 1. amends Med 1.02 (2) by deleting the language pertaining to a copy of the applicant's diploma.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

Illinois requires an official transcript and diploma or an official transcript and certification of graduation from the medical school. 68 Ill. Adm. Code 1285.70.

Iowa:

Iowa requires a copy of the applicant's medical degree and a certification from the medical school. 653 IAC 9.4 (147,148).

Michigan:

Michigan requires that an applicant establish that he or she is a graduate of medical school. Mich. Admin. Code R 338.2317.

Minnesota:

Minnesota requires an original or certified copy of the diploma from the medical or osteopathic school. Minn. R. 5600.0200 Subp. 2.

Summary of factual data and analytical methodologies:

The Medical Examining Board ensures that the accuracy, integrity, objectivity and consistency of data were used in preparing the proposed rule and related analysis.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Greg.Gasper@wisconsin.gov, or by calling (608) 266-8608.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.leatherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to Shancethea.Leatherwood@wisconsin.gov. Comments must be received on or before November 20, 2013 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 1.02 (2) is amended to read:

Med 1.02 (2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board ~~and a verified photographic copy of the diploma conferring the degree of doctor of medicine or doctor of osteopathy granted to the applicant by such school.~~ The board recognizes as approved those medical or osteopathic schools recognized and approved at the time of the applicant's graduation therefrom by ~~the council on medical education and hospitals of the American medical association, or the American osteopathic association, or the liaison committee on medical education, or successors.~~ If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the world health organization of the united nations, such applicant shall submit verified documentary evidence of graduation from such school ~~and a verified photographic copy of the diploma conferring the degree of doctor of medicine or equivalent degree as determined by the board granted to the applicant by such school~~ and also verified documentary evidence of having passed the examinations conducted by the educational council for foreign medical graduates or successors, and shall also present for the board's inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a 12 month supervised clinical training program under the direction of a medical school approved by the board.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Member of the Board
Medical Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes		2) Date When Request Submitted: <i>7 March 2014</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 19 March 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? National Practitioner Data Bank Continuous Query – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p>Two questions were raised by Greg Collins...</p> <p>1. Florida spends about \$200K to have the National Practitioner Data Bank continuously monitor the licenses of all of its physicians, so the board is automatically alerted when issues arise. Do we do this and should we? We are not currently using Continuous Query. Please see the attached memo for more information regarding Continuous Query</p> <p>2. In Texas, doctors must submit a Data Bank Report on themselves when they first apply for a license..can we have the physicians include this when they first apply and at each renewal? We currently require physicians to submit a Data Bank report on themselves when they first apply. No report is required at renewal.</p>			
11) Authorization			
<i>Sharon Henes</i>		<i>7 March 2014</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



DATE: 7 March 2014
TO: Medical Examining Board
FROM: Sharon Henes
RE: NPDB Continuous Query

Continuous Query is a renewable ongoing monitoring service that alerts a subscribing entity, within 1 business day, when a report is received on an enrolled practitioner at the Data Bank. Enrollment of physicians and other health care practitioners in Continuous Query satisfies legal and accreditation requirements for querying the NPDB. Practitioners (including locum tenens practitioners) with privileges and appointments may be enrolled in Continuous Query.

For \$3.25 per enrollee per year, the subscribing entity receives the same report information as a One-Time Query response, and then receives ongoing monitoring of each enrolled practitioner. Entities are given the option to easily renew enrollments, manually or automatically.

An email notifies the entity when a new report is submitted to the DataBank, allowing the entity to take immediate action to obtain and appropriate review the new report. Continuous Query is more effective and efficient alternative to One-Time Query and is the query method used by more than 4,000 registered DataBank health care organizations. Continuous Query is monitoring more than 1.5 million individual enrollments every day.

DataBank identifies 5 reasons for organizations to use Continuous Query

1. Know within 1 business day when a report is received on an enrolled practitioner at the DataBank.
2. On-demand access to all information for enrolled practitioners. Request and receive enrollment confirmation whenever you need to and provide surveyors with a listing of enrolled practitioners; when each report was disclosed; when it was viewed; and who within your organization viewed the report.
3. Meets legal and accreditation requirements for querying the NPDB.
4. Improves credentialing process by saving time and staff resources with effortless 24/7 coverage so appropriate action and review can occur.
5. Email alerts are sent to you about new, revised, corrected, or voided report information as soon as it is submitted – no need to wait 2-3 years to find out.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Joshua Archiquette, Executive Staff Assistant		2) Date When Request Submitted: 7 March 2014 <small>Items will be considered late if submitted after 4:30 p.m. and less than 8 work days before the meeting.</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 19 March 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2013 Medical Examining Board Annual Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board should review the annual report and vote whether or not to publish the report to the DSPS Website.			
11) Authorization			
Joshua Archiquette		7 March 2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 3/4/2014 Items will be considered late if submitted after 4:30 p.m. on the deadline date: § 8 business days before the meeting for paperless boards § 14 business days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 3/19/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters - PDMP Update	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: A newsletter article provided by Andrea Magermans, Prescription Drug Monitoring Program Analyst, providing an update on the Prescription Drug Monitoring Program. (See next page)			
11) Authorization			
Daniel Agne Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Wisconsin Prescription Drug Monitoring Program: Registration and Usage

In June of 2013, the Wisconsin Department of Safety and Professional Services successfully implemented the Prescription Drug Monitoring Program (PDMP), a tool designed to help combat prescription drug abuse by giving registered prescribers access to their patients' controlled substance prescription histories. In the first six months of WI PDMP operations, nearly 6,200 prescribers, pharmacists, and their delegates registered to access the PDMP database and performed over 315,000 queries about their patients. Prescribers account for approximately 46% of registered users and performed about 25% of the patient queries.

Enhanced access to the PDMP database is on the horizon. The Department is piloting projects to integrate PDMP data into electronic health records in order to make the PDMP data more readily accessible to providers at the point of care. Other future system enhancements include proactive reports informing prescribers about high-risk patients who meet designated criteria for prescription activity.

To register for access to the WI PDMP database, visit the database access site: <http://dsps.wi.gov/pdmp/access/prescriber>. Select Registration Site. When prompted, enter "newacct" as your username and "welcome" as your password. Complete and submit the online registration form. If you experience any problems or have any questions while registering, please contact the Department at PDMP@wisconsin.gov.

State of Wisconsin
Department of Safety & Professional Services
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Pamela Stach Legal Counsel		2) Date When Request Submitted: 3/7/2014	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 work days before the meeting for Paperless Boards ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 3/19/2014	5) Attachments: <input checked="" type="checkbox"/> Yes	6) How should the item be titled on the agenda page? Article Regarding Non-Response to DLSC	
7) Place Item in: <input checked="" type="checkbox"/> Open Session	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board should consider the draft language for the newsletter article and finalize. Paragraph for the MEB Newsletter, explaining that MED 10.03(3)(g) requires licensees to cooperate in a timely manner when contacted for information related to a Board disciplinary investigation. (See next page)			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

FAILURE TO COOPERATE WITH REQUEST FROM THE BOARD

The Medical Examining Board is charged with ensuring competent practice by the individuals it licenses to practice in the state of Wisconsin. In order to accomplish this goal, the Board investigates complaints of unprofessional conduct filed against its licensees. As part of the investigative process, the Board frequently requires information from licensed practitioners.

Wis. Admin Code § MED 10.03(3) (g) requires that any licensee contacted for information during an investigation of a complaint against a license holder must cooperate with the board's request for information in a timely manner. Timely is defined as within thirty days of the Board's request. The only exception is the existence of a legal requirement that prohibits the licensee from releasing the information.

Non compliance with this code section may result in disciplinary action against the licensee for failure to cooperate with the Board.

Please keep this requirement in mind if you receive a request for information as part of an investigation by the Board. . If you have questions regarding a specific request or the general process, please contact the requester for further information.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 3/7/14 Items will be considered late if submitted after 4:30 p.m. on the deadline date: § 8 business days before the meeting for paperless boards § 14 business days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 3/19/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter - MED 8 Article	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Newsletter article about MED 8			
11) Authorization			
Daniel Agne Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

On March 1, changes to Wisconsin Administrative Code Chapter MED 8, the administrative rule governing physician supervision of physician assistants, took effect after a lengthy and productive revision process that considered recommendations from the Federation of State Medical Boards, the American Academy of Physician Assistants, laws in other states, , and state-based stakeholders.

Changes include an increase in the number of physician assistants that may be supervised by a physician from two to four on-duty physician assistants, clarification that a physician assistant's practice may be supervised by one or more readily identifiable physicians, and modification of the minimum requirements for oversight of prescriptive practice. The Board will no longer require prescription guidelines, documentation of prescribing authority by drug category, or periodic review of prescriptions. A physician must still be kept and made available to the Board for inspection upon request. In addition, the Board eliminated the monthly, on-site facilities review and the agreement and notification requirements for substituting supervising physicians.

The altered regulatory environment for physician assistants reflects changes in health care practice, with an increasing emphasis on team-based care. The new rule keeps pace with changes in federal law that emphasize the importance of physician assistants in meeting the increasing demand for care. There is no change to the Physician Assistant scope of practice. PAs practice with delegated autonomy within their skill level and training. The rule requires that the physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice. A supervising physician must still be available for consultation when needed. Under the definition of adequate supervision in Wisconsin Administrative Code Chapter MED 10, a physician should be competent to perform the delegated medical act, and must have reasonable evidence that the supervised PA is minimally competent to perform the act under the circumstances.



The Tri-Regulator Collaborative Position Statement on
Interprofessional, Team-based Patient Care

As the leading organizations representing the licensing boards of the United States that regulate the practice of medicine, pharmacy, and nursing, the Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP), and National Council of State Boards of Nursing (NCSBN) express our support for interprofessional collaboration and a team-based approach to patient care.

Although we represent different areas within health care, our common duty to protect patients and improve the quality of health care in the United States is reflected in our foundational principles and continued support of state-based regulation. Fulfilling this basic and fundamental mission requires a thoughtful approach to protecting the public while maintaining the legally defined roles and responsibilities of the health care professions we regulate. We also acknowledge the Interprofessional Education Collaborative in its development of core competencies for interprofessional collaborative practice for the next generation of health care providers (May 2011).

The Tri-Regulator Collaborative supports a team-based approach to patient care that utilizes the education, training, expertise and abilities of individual team members in order to deliver health care that is efficient, interprofessional, cost-effective, and evidence-based (where feasible and appropriate). Critical to this approach is a commitment from all members of the health care team to always put the best interests of the patient first. We believe this patient-centered approach is best achieved by supporting health care teams that recognize and respect the legally defined roles of the respective members of the team and which fosters a willingness to share responsibility in the best interests of the patient. Any conflicts within the team and scope of responsibilities should be resolved through open communications with careful cognizance of the value, roles and responsibilities of individual team members.

Humayun J. Chaudhry, DO, MACP President and Chief Executive Officer FSMB	Carmen Catizone, M.S., RPh, DPh Executive Director NABP	Kathy Apple, MS, RN, FAAN Chief Executive Officer NCSBN
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/26/14 Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 3/19/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation by Dr. Sandra Osborn at the UW Medical School - March 26	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: For Board Review: Presentation by Dr. Sandra Osborn at the UW Medical School - March 26			
11) Authorization Daniel Agne <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			