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**MEDICAL EXAMINING BOARD**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**July 16, 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 (1-4)**

**B) Welcome New Members**

- 1) Welcome Robert Zondag **(5)**

**C) Approval of Minutes of June 18, 2014 (6-11)**

**D) Department Update and Q&A: Secretary Dave Ross and Assistant Deputy Secretary Tom Engels (12)**

- 1) **8:00 A.M. – APPEARANCE** – Dave Ross, Department Secretary
- 2) **8:00 A.M. – APPEARANCE** – Tom Engels, Assistant Deputy Secretary

**E) Administrative Updates**

- 1) Staff Updates
- 2) Appointments/Reappointments/Confirmations
  - a) Mary Jo Capodice, D.O. – Reappointment **(13)**
  - b) Kenneth B. Simons, M.D. – Reappointment **(14)**

**F) Board Consideration of a Motion in Appreciation of Jude Genereaux's Service**

- 1) **8:10 A.M. – APPEARANCE** (by telephone) – Jude Genereaux

**G) Report on the National Practitioner Data Bank Continuous Query Program (15)**

- 1) **APPEARANCE** – Sharon Henes, Department Rule Coordinator

**H) Legislative/Administrative Rule Matters:**

- 1) Current and Future Rule Making and Legislative Initiatives
- 2) Administrative Rules Report
- 3) Review and Discussion of Requirements for Documenting and Retaining Records of Physician Assistants' Supervising Physician **(16-23)**

- a) **APPEARANCE** – Joost Kap, DLSC Attorney
  
- I) Newsletter Matters
  
- J) Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration
  
- K) Speaking Engagement(s), Travel, or Public Relation Request(s)**
  - 1) Citizen Advocacy Center (CAC) 2014 Annual Meeting, October 23-24, 2014, in Baltimore, Maryland **(24-32)**
  
- L) Informational Items
  
- M) Licensing Committee Report
  
- N) Disciplinary Guidelines Committee Report
  
- O) Screening Panel Report
  
- P) 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) Requests for Disciplinary Proceeding Presentations
  - 19) Motions
  - 20) Petitions
  - 21) Appearances from Requests Received or Renewed
  - 22) Speaking Engagement(s), Travel, or Public Relation Request(s)
  
- Q) 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.).**

**R) Full Board Oral Examination of Candidates for Licensure:**

- 1) **9:30 A.M. – APPEARANCE – Christian Maduoma, M.D. (33-83)**

**S) Monitoring Matters (84-85)**

- 1) James P. Fogarty, M.D. – Requesting Return to Full Licensure **(86-99)**
- 2) Devinder K. Sidhu, M.D. – Requesting to Practice Anesthesiology **(100-126)**

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

- 1) Jeffrey B. Gorelick, M.D. – 11 MED 360, 11 MED 361, and 13 MED 083 **(127-134)**
  - a) Case Advisor: Mary Jo Capodice, D.O.
- 2) David A. Van De Loo, M.D. – 12 MED 316 and 13 MED 151 **(135-140)**
  - a) Mary Jo Capodice, D.O.
- 3) Graig A. Aders, M.D. – 12 MED 381 **(141-148)**
  - a) Case Advisor: Mary Jo Capodice, D.O.
- 4) Robert J. Smith, M.D. – 13 MED 227 **(149-154)**
  - a) Case Advisor: Timothy Westlake, M.D.

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

- 1) Jeffrey J. Entress, M.D. – 13 MED 199 **(155-157)**
- 2) Mary Burgess-Howard, M.D. – 13 MED 501 **(158-164)**

**V) Presentation and Deliberation on Administrative Warnings**

- 1) 13 MED 125 (B.E.R.) **(165-167)**
- 2) 13 MED 226 (K.J.B.) **(168-171)**
  - a) **APPEARANCE – Arthur Thexton, DLSC Attorney**

**W) Case Status Report (172-178)**

**X) Case Closing(s)**

- 1) 13 MED 331 (V.S.) **(179-184)**
- 2) 13 MED 359 (K.P.P.; V.V.K.A.; A.G.; C.A.M.) **(185-193)**
- 3) 13 MED 366 (C.P.; T.A.) **(194-197)**
- 4) 13 MED 374 (M.W.J.) **(198-206)**
- 5) 14 MED 069 (D.B.; R.A.N.) **(207-213)**

**Y) 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) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Complaints
- 12) Case Closings
- 13) Case Status Report
- 14) Petition(s) for Extension of Time
- 15) Proposed Interim Orders
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

Z) Consulting with Legal Counsel

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

- AA) Open Session Items Noticed Above not Completed in the Initial Open Session
- BB) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- CC) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

**ADJOURNMENT**

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE  
ROOM 121A, B, C, AND 199B  
11:00 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING**

**CLOSED SESSION** – Reviewing applications and conducting oral examinations of five (5) candidates for licensure – Drs. Capodice, Erickson, Phillips, and Vasudevan



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

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**GOVERNOR'S APPOINTMENT**

**NAME:** Mr. Robert Zondag

**MAILING ADDRESS:** [REDACTED]

**E-MAIL ADDRESS:** [REDACTED]

**RESIDES IN:** [REDACTED]

**TELEPHONE:** [REDACTED]

**OCCUPATION:** [REDACTED]

**APPOINTED TO:** Medical Examining Board  
public member 1

**TERM:** A term to expire July 1, 2018

**SUCCEEDS:** Ms. Jude Genereaux

**SENATE CONFIRMATION:** Required

**DATE OF APPOINTMENT:** July 1, 2014

**DATE OF NOMINATION:** January 6, 2014

**MEDICAL EXAMINING BOARD  
MEETING MINUTES  
June 18, 2014**

**PRESENT:** Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Jude Genereaux; Suresh Misra, M.D.; Carolyn Ogland, 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:** James Barr

**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 8:14 A.M. A quorum of twelve (12) members was confirmed.

**ADOPTION OF AGENDA**

**Amendments:**

- **REMOVE:** Item Q.1 – Full Board Oral Examination of Christian Maduoma, M.D.

**MOTION:** Greg Collins moved, seconded by Sridhar Vasudevan, to adopt the agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES**

**Corrections:**

- **CORRECT:** In the Motion in the matter of case number 12 MED 445 (pg. 8), change the word “hold” to “flag.”
- **CORRECT:** Remove “M.D.” from James Barr in the Roll Call

**MOTION:** Greg Collins moved, seconded by Jude Genereaux, to approve the minutes of May 21, 2014 as corrected. Motion carried unanimously.

**APPEARANCES REQUESTED IN THE MATTER OF  
DISCIPLINARY PROCEEDINGS AGAINST ZULFIQAR ALI, M.D.,  
DHA CASE NUMBER SPS-12-0064; DLSC CASE NUMBER 11 MED 299**

*Pam Stach, Legal Counsel, recused herself and left the room for the above appearances.*

**LEGISLATIVE/ADMINISTRATIVE RULE MATTERS:**

**REVIEW OF LEGISLATIVE REPORT CR 14-033,  
RELATING TO CONTINUING EDUCATION AUDITS**

**MOTION:** Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to authorize the Chair to approve the Legislative Report and Draft for Clearinghouse Rule 14-033, revising MED 13.06, for submission to the Governor’s Office and Legislature. Motion carried unanimously.

**REVIEW AND DISCUSSION OF REQUIREMENTS FOR DOCUMENTING AND RETAINING RECORDS OF PHYSICIAN ASSISTANTS' SUPERVISING PHYSICIAN**

**MOTION:** Timothy Swan moved, seconded by Sridhar Vasudevan, to table this matter to the July Board meeting. Motion carried unanimously.

**REVIEW AND DISCUSSION OF SCOPE STATEMENT FOR 165-MED 3 AND 5, RELATING TO PHYSICIAN LICENSURE**

**MOTION:** Timothy Westlake moved, seconded by Suresh Misra, to approve as amended the Scope Statement on 165-MED 3 and 5, relating to Physician Licensure, for submission to the Governor's Office and publication in the administrative register, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

**SCREENING PANEL REPORT**

Greg Collins reported that 43 cases were reviewed and 19 cases were opened.

**BOARD CONSIDERATION OF A MOTION TO INVITE FEDERATION OF STATE MEDICAL BOARDS (FSMB) EXECUTIVE STAFF INTO CLOSED SESSION**

**MOTION:** Timothy Swan moved, seconded by Michael Phillips, to invite Federation of State Medical Boards (FSMB) Executive Staff Gregory Snyder and Lisa Robin into Closed Session. Motion carried unanimously.

**CLOSED SESSION**

**MOTION:** Sridhar Vasudevan moved, seconded by Russell Yale, to 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.). 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; Carolyn Oglan – 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 10:50 A.M.

**RECONVENE TO OPEN SESSION**

**MOTION:** Sridhar Vasudevan moved, seconded by Suresh Misra, to reconvene in Open Session at 12:15 P.M. Motion carried unanimously.

**MONITORING MATTERS**

**ROBERT C. TURNER, M.D.**

**REQUESTING REMOVAL OF LIMITATIONS AND RETURN TO FULL LICENSURE**

**MOTION:** Greg Collins moved, seconded by Sridhar Vasudevan, to grant the request of Robert C. Turner, M.D., for removal of limitations and return to full licensure. Motion carried unanimously.

**CAROL T. HAUGHEY, P.A.**

**REQUESTING INITIAL STAY OF SUSPENSION**

**MOTION:** Sridhar Vasudevan moved, seconded by Michael Phillips, to grant the request of Carol T. Haughey, P.A., for a stay of her suspension. Motion carried.

**JESSE VAN BOMMEL, M.D.**

**REQUESTING REINSTATEMENT OF STAY OF SUSPENSION**

**MOTION:** Sridhar Vasudevan moved, seconded by Jude Genereaux, to grant the request of Jesse Van Bommel, M.D., for reinstatement of the stay of his suspension. Motion carried unanimously.

*Kenneth Simons recused himself and left the room for deliberations and voting in the above matter.*

**DELIBERATION ON PROPOSED DECISION AND ORDER OF THE ADMINISTRATIVE LAW JUDGE IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST ZULFIQAR ALI, M.D., DHA CASE NUMBER SPS-12-0064; DLSC CASE NUMBER 11 MED 299**

**MOTION:** Michael Phillips moved, seconded by Rodney Erickson, to request Counsel draft a variance to the proposed Findings of Fact, Conclusions of Law, and Order of the Administrative Law Judge as the Board's Final Decision and Order in the matter of disciplinary proceedings against Zulfiqar Ali, M.D., Respondent – DHA Case # SPS-12-0064 / DLSC Case # 11 MED 299, to designate Kenneth Simons to approve the Final Decision and Order with the Variance on behalf of the Board, and to authorize Department personnel to sign the Final Decision and Order with the Variance on his behalf. Motion carried.

*Pam Stach, Legal Counsel, recused herself and left the room for deliberations and voting in the above matter.*

*Timothy Westlake recused himself and left the room for deliberations and voting in the above matter.*

*Sridhar Vasudevan abstained from voting in the above matter.*

**PRESENTATION AND DELIBERATION ON PROPOSED DECISION AND ORDER OF THE ADMINISTRATIVE LAW JUDGE IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST GUIDITTA ANGELINI, M.D., DHA CASE NUMBER SPS-14-0027; DLSC CASE NUMBER 11 MED 315**

**MOTION:** Greg Collins moved, seconded by Suresh Misra, to adopt the proposed Findings of Fact, Conclusions of Law, and Order of the Administrative Law Judge as the Board's Final Decision and Order in the matter of disciplinary proceedings against Guiditta Angelini, M.D., Respondent – DHA Case # SPS-14-0027 / DLSC Case # 11 MED 315, but to vary the decision to have the Procedural History conform with the Complaint. Motion carried unanimously.

*Jude Genereaux recused herself and left the room for deliberations and voting in the above matter. Timothy Westlake was not present for deliberations and voting in the above matter.*

**PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS**

**MOTION:** Greg Collins moved, seconded by Carolyn Ogland, to adopt the Findings of Fact, Conclusions of Law, Stipulations and Orders, in the matter of case numbers:  
1) 12 MED 327 – Vallie M. Kaprelian, M.D.  
2) 13 MED 006 – Nader I. Salti, M.D.  
3) 13 MED 190 – Barry I. Spiegel, D.O.  
Motion carried unanimously.

**13 MED 059  
PAUL A. KORNAUS, M.D.**

**MOTION:** Suresh Misra moved, seconded by Greg Collins, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 059 – Paul A. Kornaus, M.D. Motion carried unanimously.

*Rodney Erickson abstained from voting in the above matter.*

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

**11 MED 219 AND 12 MED 039  
STEVEN G. MERESS, M.D.**

**MOTION:** Timothy Swan moved, seconded by Greg Collins, to find probable cause to believe that Steven G. Meress, M.D., Case Number 11 MED 219 and 12 MED 039, is guilty of unprofessional conduct and therefore issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3) (b). Motion carried unanimously.

## ADMINISTRATIVE WARNINGS

**MOTION:** Suresh Misra moved, seconded by Timothy Westlake, to issue administrative warnings and to close the cases in the matter of case numbers:  
1) 12 MED 433 (D.L.)  
2) 12 MED 446 (T.M.P.)  
3) 13 MED 012 (R.J.D.)  
Motion carried unanimously.

**MOTION:** Timothy Westlake moved, seconded by Michael Phillips, to issue an administrative warning and to close the case in the matter of case number 13 MED 241 (C.L.K.). Motion carried unanimously.

**MOTION:** Sridhar Vasudevan moved, seconded by Michael Phillips, to table the matter of case number 13 MED 226 (K.J.B.). Motion carried unanimously.

*Russell Yale recused himself and left the room for deliberations and voting in the above matter.*

## CASE CLOSINGS

**MOTION:** Greg Collins moved, seconded by Michael Phillips, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:  
1) 12 MED 434 (D.J.D) for prosecutorial discretion (P1)  
2) 12 MED 443 (M.A.) for prosecutorial discretion (P6)  
3) 13 MED 257 (R.L.) for no violation (NV)  
4) 13 MED 392 (J.K.) for no violation (NV)  
5) 13 MED 442 (R.R.E.) for no violation (NV)  
6) 13 MED 455 (G.C.B.) for no violation (NV)  
7) 13 MED 462 (V.K.M.; Y.S.P.) for no violation (NV)  
8) 13 MED 475 (R.E.) for no violation (NV)  
9) 13 MED 476 (S.A.A.) for no violation (NV)  
10) 14 MED 061 (A.P.B.) for no violation (NV)  
Motion carried unanimously.

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

**MOTION:** Greg Collins moved, seconded by Carolyn Ogland, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

## DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

**MOTION:** Mary Jo Capodice moved, seconded by Timothy Westlake, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

## **ADJOURNMENT**

**MOTION:** Michael Phillips moved, seconded by Rodney Erickson, to adjourn the meeting.  
Motion carried unanimously.

The meeting adjourned at 12:16 P.M.

DRAFT

**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:  6/10/14  Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Remarks from Department Secretary Dave Ross <b>APPEARANCE</b> – Department Secretary Dave Ross	
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 checked="" type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  Sec. Ross would like to give brief remarks and Q&A at the following meeting:  7/16 Medical Examining Board			
11) Authorization			
<b>Daniel Agne</b>			
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.			



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

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**GOVERNOR'S APPOINTMENT**

**NAME:** Dr. Mary Jo Capodice

**MAILING ADDRESS:** [REDACTED]

**E-MAIL ADDRESS:** [REDACTED]

**RESIDES IN:** [REDACTED]

**TELEPHONE:** [REDACTED]

**OCCUPATION:** [REDACTED]

**APPOINTED TO:** Medical Examining Board  
Doctor-Osteopathy

**TERM:** A term to expire July 1, 2018

**SUCCEEDS:** Herself

**SENATE CONFIRMATION:** Required

**DATE OF APPOINTMENT:** July 1, 2014

**DATE OF NOMINATION:** January 6, 2014



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

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**GOVERNOR'S APPOINTMENT**

**NAME:** Dr. Kenneth Simons

**MAILING ADDRESS:** [REDACTED]

**E-MAIL ADDRESS:** [REDACTED]

**RESIDES IN:** [REDACTED]

**TELEPHONE:** [REDACTED]

**OCCUPATION:** [REDACTED]

**APPOINTED TO:** Medical Examining Board  
Doctor-Medicine 6

**TERM:** A term to expire July 1, 2018

**SUCCEEDS:** Himself

**SENATE CONFIRMATION:** Required

**DATE OF APPOINTMENT:** July 1, 2014

**DATE OF NOMINATION:** January 6, 2014

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Sharon Henes</b> <b>Administrative Rules Coordinator</b>		2) Date When Request Submitted:  3 July 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  16 July 2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Discussion and Consideration of Databank Continuous Query</b>	
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>3 July 2014</i>	
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**

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Shawn Leatherwood, Admin. Rule Coordinator</b>		<b>2) Date When Request Submitted:</b>  <b>July 1, 2014</b> <small>Items will be considered late if submitted after 12:00 p.m. and less than:              ■ 8 work days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> <b>Medical Examining Board</b>			
<b>4) Meeting Date:</b>  <b>July 16, 2014</b>	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  <b>Review and Discuss requirements for documenting and retaining records of physician assistants' supervising physician</b>	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled? If yes, who is appearing?</b>  <input type="checkbox"/> Yes by _____ (name)  <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>  N/A	
<b>10) Describe the issue and action that should be addressed:</b>  The Board will review form #2594 and discuss the recommended changes regarding physician assistants identifying his or her supervising physician including adding the following to form #2594.  <b>Med 8.02 (6) "Supervision"</b> means to coordinate, direct, and inspect the accomplishments of another, or oversee with powers of direction and decision the implementation of one's own or another's intention.  <b>Med 8.10 Physician to physician assistant ratio.</b> (1) No physician may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty. (2) A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.  <b>Med 10.02 (1)</b> "Adequate supervision" means a physician should be competent to perform the delegated medical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.			
<b>11)</b> Shawn Leatherwood <hr/> Signature of person making this request		Authorization  July 1, 2014 <hr/> Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 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.			

## Chapter Med 8

### PHYSICIAN ASSISTANTS

Med 8.01	Authority and purpose.	Med 8.056	Board review of examination error claim.
Med 8.02	Definitions.	Med 8.06	Temporary license.
Med 8.03	Council.	Med 8.07	Practice.
Med 8.04	Educational program approval.	Med 8.09	Employee status.
Med 8.05	Panel review of applications; examinations required.	Med 8.10	Physician to physician assistant ratio.
Med 8.053	Examination review by applicant.		

**Note:** Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

**Med 8.01 Authority and purpose. (1)** The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

**(2)** Physician assistants provide health care services as part of physician-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician is often unnecessary. The supervising physician and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14.

**Med 8.02 Definitions. (1)** "Board" means the medical examining board.

**(2)** "Council" means the council on physician assistants.

**(3m)** "DEA" means the United States drug enforcement administration.

**(4)** "Educational program" means a program for educating and preparing physician assistants which is approved by the board.

**(5)** "Individual" means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

**(5m)** "License" means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

**(6)** "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00.

**Med 8.03 Council.** As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure and practice of a physician assistant.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

**Med 8.04 Educational program approval.** The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

**Med 8.05 Panel review of applications; examinations required.** The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a written examination from other professional testing services as approved by the board.

**(1) APPLICATION.** An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

**Note:** An application form may be obtained upon request to the Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

**(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS.** (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was

alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.

8. Has within the past 2 years engaged in the illegal use of controlled substances.

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(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. (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.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(3) **EXAMINATION FAILURE.** An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

**Note:** There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) **LICENSURE; RENEWAL.** At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14.

**Med 8.053 Examination review by applicant.** (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be per-

mitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

**History:** Cr. Register, February, 1997, No. 494, eff. 3-1-97.

#### **Med 8.056 Board review of examination error claim.**

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

**Note:** The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**History:** Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

**Med 8.06 Temporary license.** (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11-1-89; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff. 11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

**Med 8.07 Practice.** (1) **SCOPE AND LIMITATIONS.** In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing

medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) **MEDICAL CARE.** Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter.

review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.

(3) **IDENTIFYING SUPERVISING PHYSICIAN.** The physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (1), (2) (a), (e), (f), cr. (3) Register February 2014 No. 698, eff. 3-1-14.

**Med 8.09 Employee status.** No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96.

**Med 8.10 Physician to physician assistant ratio.**

(1) No physician may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty.

(2) A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.

**History:** Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14.

Old Form (from 6/18/14 Agenda Packet)

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

MEDICAL EXAMINING BOARD

CHANGE IN SUPERVISING PHYSICIAN - PERMANENT OR SUBSTITUTE

Med 8.07(1) Practice. (1) Scope and Limitations. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician.

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Med 8.05(4) Licensure; Renewal. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

Renewal

Med 8.10(2) Employment requirements; supervising physician responsibilities. Another licensed physician may be designated by the supervising physician to supervise a physician assistant for a period not to exceed 8 weeks per year. Except in an emergency, the designation shall be made in writing to the substitute supervising physician and the physician assistant. The supervising physician shall file with the board a copy of the substitution agreement before the beginning date of the period of his or her absence.

Complete the following and return to the Medical Examining Board at the address listed below.

PHYSICIAN ASSISTANT

NAME (Please Print): LICENSE NUMBER:

PREVIOUS SUPERVISING PHYSICIAN OF RECORD

NAME (Please Print): LICENSE NUMBER:
STARTING DATE: ENDING DATE:

Check the type of Supervising Physician change and complete Supervising Physician/s information below:

[ ] SUBSTITUTE SUPERVISING PHYSICIAN/S (Attach copy of Substitution Agreement) - See Med 8.10(2) above

[ ] NEW PRIMARY SUPERVISING PHYSICIAN/S - See Med 8.05(4) above

NAME (Please Print): SIGNATURE: DATE:
LICENSE NUMBER:
STARTING DATE: ENDING DATE (For Substitute Only):

Return completed form to:

Department of Safety and Professional Services
Health Professions
P.O. Box 8935
Madison, WI 53708-8935

**Old Form (from 6/18/14 Agenda Packet)**  
**Wisconsin Department of Safety and Professional Services**

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

State of Wisconsin  
Department of Safety and Professional Services  
PHYSICIAN ASSISTANT RENEWAL

Credential Renewal Fee Schedule:

due before 3/1/2014

Total Owed: \$166.00  
Total Paid: \$0.00  
Balance Owed: \$166.00

It is time to renew your credential from the Department of Safety and Professional Services.

- Processing time is approximately 10 working days. Respond by February 10th if you would like to have the new credential prior to the expiration date, and to avoid delays that may occur in the mailing process.
- The fee is determined by the date your renewal is received, NOT by the date of mailing (as indicated by a postmark).
- Please SEE REVERSE SIDE for additional information and requirements for renewal.

Internet renewal is available at <http://dsps.wi.gov> under "Online Services".

- Avoid delays in your renewal due to incomplete or missing information. Renewing online is fast, easy and secure.
- You will need your credential number and PIN that appear on the coupon below to access online renewal.
- Even if you renew by mail, you are encouraged to log-in and participate in a brief workforce survey.

If you prefer to renew in the traditional method, please follow the instructions below.

- Make name and address changes in the white space below your name/address on the renewal form below.
  - Name and address information provided to the Department is available for public inspection under Wisconsin law.
  - You may substitute a business address as your address of record on file with the Department.
  - You may also check the box on the form below to declare that your street address and/or PO Box # not be disclosed on any list of ten or more individuals that the department furnishes to another person per Wis. Stat. § 440.14.
- Fill in the gray boxes on the form below to show the amount paid.
- Please pay by credit card, check or money order made payable to DSPS (Department of Safety and Professional Services).

023R11/13CH.440

Detach and return coupon with payment

STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Physician Assistant

CREDENTIAL NO: STATUS: TOTAL DUE: DUE DATE: PIN: AMT PD. \$

ACTIVE \$166.00 2/28/2014 HPBJXH



VISA  MASTERCARD  AMEX  DISCOVER

CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Do not disclose my street address/PO Box # on lists

STATE OF WISCONSIN  
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
PO BOX 2974  
MILWAUKEE WI 53201-2974

DO NOT WRITE BELOW THIS POINT

02300032980001410000166006

THIS  
STUB  
MUST  
BE  
DETACHED  
BEFORE  
MAILING

Old Form (from 6/18/14 Agenda Packet)

Additional Requirements for Renewal

- Check, sign and date the Certification of Legal Status below.
- Sign and date the Supervising Physician Statement below.
- The rules of the Medical Examining Board require that a physician assistant list with the board at the time of registration the name of the primary supervising physician. Please list this information on the renewal coupon below. You are further required to notify the board of any change of your supervising physician within twenty (20) days of the change.
- Form 2594 should be used to notify the board of a change in supervising physician

IMPORTANT NOTICE:

- If you do not renew before March 1, 2014, you may not practice until you renew.
- If you fail to renew within five years after license expiration, you may be required to complete additional requirements to restore your credential.

023R11/13CH.440

PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:

Certification of Legal Status (check one, sign and date below) I declare under penalty of law that I am:

- a citizen or national of the United States, or
- a qualified alien or non-immigrant lawfully present in the United States

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Name and License Number of Primary Supervising Physician:

Name (print): \_\_\_\_\_

License #: \_\_\_\_\_

add Date: \_\_\_\_\_ Signature \_\_\_\_\_

**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:  6/20/14  Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  7/16/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Citizen Advocacy Center (CAC) 2014 Annual Meeting, October 23-24, 2014, in Baltimore, Maryland	
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  Board consideration of the Citizen Advocacy Center (CAC) 2014 Annual Meeting, October 23-24, 2014, in Baltimore, Maryland  <p style="text-align: center;">Draft Agenda on following pages</p> <p style="text-align: center;"><a href="http://www.cacenter.org/cac/annual_meetings">http://www.cacenter.org/cac/annual_meetings</a></p>			
11) Authorization			
<b>Daniel Agne</b>			
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.			

# *Citizen Advocacy Center* **2014 Annual Meeting**

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*PRELIMINARY*

*Program Announcement and  
Meeting Registration Form*

## *Effective Regulation Through Collaboration*

*Co-Hosted by the Maryland Department of Health and Mental  
Hygiene*

**Thursday, October 23, 2014**  
**and**  
**Friday, October 24, 2014**

*Royal Sonesta Harbor Court Hotel*  
Baltimore, Maryland

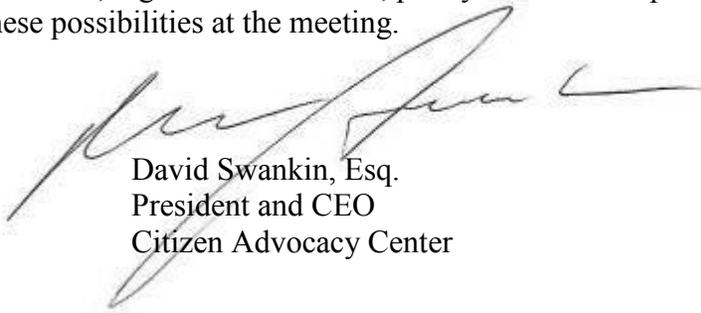
The Citizen Advocacy Center, a not-for-profit 501(c)(3) organization, provides training, research, technical support, and networking opportunities for public members and the health professional boards on which they serve.

## *Call to the Meeting*

The Citizen Advocacy Center (CAC) invites you to our twenty-seventh annual meeting. We are pleased that the Maryland Department of Health and Mental Hygiene, an enthusiastic supporter of public representation on health professional licensing boards, will co-sponsor this year's meeting.

The purpose of health professional licensing is to protect public health and safety. This is what licensing boards strive to achieve when they perform their statutory functions and promulgate rules to implement the laws enacted by state legislatures. Sometimes, a so-called "silo" mentality interferes with licensing boards working collaboratively with sister boards in their own states, with healthcare facility agencies, with voluntary certification and specialty organizations, with law enforcement agencies, citizen organizations, and with other institutional bodies. This year's annual meeting agenda focuses on ways in which health professional regulatory bodies can shed the silo mentality and work collaboratively with others in pursuit of their common mission of public protection.

There are multiple agencies and institutions with which boards might collaborate. Collaboration might be formal or informal, regular or occasional, policy-oriented or operational in nature. We will discuss all of these possibilities at the meeting.



David Swankin, Esq.  
President and CEO  
Citizen Advocacy Center

### ***ABOUT CAC***

Since 1987, CAC has been serving the public interest by enhancing the effectiveness and accountability of health professional oversight bodies. We offer training, research and networking opportunities for public members and for the health care regulatory, credentialing, and governing boards on which they serve.

Created as a support program for the thousands of public members serving on health professional boards as representatives of the consumer interest, CAC soon became a resource for the health professional boards themselves.

# FACULTY

<b>The names of faculty will be added</b>	
<b>in early July.</b>	

## **Day One – Thursday, October 23, 2014**

**8:00 a.m. – 9:00 a.m. – Registration Desk Open**

**9:00 a.m. – 9:30 a.m. – Welcome and Opening Remarks**

**9:30 a.m. – 10:15 a.m. – First Keynote Address**

**10:15 a.m. – 10:30 a.m. – Coffee Break (included in registration fee)**

**10:30 a.m. – 12:00 p.m. – Session 1- Collaboration Between Sister Boards in Disciplinary Matters**

Most boards are accustomed to taking reciprocal action against a licensee who had been disciplined in another jurisdiction. About half of nursing boards have signed on to a “compact,” under which participating states develop protocols for disciplinary action when licensees move from one state to another. There are opportunities for collaboration also in situations where a disciplinary case involves licensees from two or more professions in the same state. At this session, panelists from states that cultivate this kind of collaboration will discuss both the desirability of inter-board cooperation in disciplinary matters, and the barriers preventing it.

**12:00 p.m. – 1:00 p.m. – Lunch (included in registration fee)**

**1:00 p.m. – 2:30 p.m. – Session 2- Collaboration with Voluntary Certification Organizations on Continuing Competence Requirements**

Licensing boards in some professions utilize the tests developed by voluntary certification organizations for initial licensing (e.g., physician assistants and occupational therapists). There is growing interest in licensing boards recognizing compliance with recertification requirements as a demonstration of current competence for licensure renewal. This session will feature speakers from professions exploring this kind of relationship, such as physicians, physician assistants, dieticians and physical therapists.

### **2:30 p.m. – 4:00 p.m. – Session 3- Collaboration with Independent Outside Groups for Program Evaluations**

A few licensing boards have found it beneficial to have their programs evaluated by outside entities. Examples include the Maryland medical board, and the Idaho and North Carolina boards of nursing. At this session, we will hear from boards that commissioned outside reviews, or from the individuals who conducted the reviews.

### **4:00 p.m. – Adjourn for the Day**

### **6:00 p.m. – 7:00 p.m. Cocktail Reception**

### **7:00 p.m. – 7:45 p.m. – Presentation of the Ben Shimberg Public Service Award and Shimberg Memorial Lecture**

Dr. Benjamin Shimberg, widely considered the “father” of accountability in professional and occupational licensing, was the first chair of CAC’s Board of Directors until his death in September 2003. The Board named Ben Chairman Emeritus of CAC and created an annual Ben Shimberg Public Service Award. Each year, the Board asks the award recipient to deliver a lecture.

We will announce the recipient of the 2014 Ben Shimberg Public Service Award in the final annual meeting Program Announcement.

Prior recipients of the award were:

- 2013 Kathy Apple, CEO, National Council of State Boards of Nursing (NCSBN)
- 2012 Paul Grace, President and CEO, National Board for Certification in Occupational Therapy
- 2011 Catherine Dower, Associate Director for Research, Center for the Health Professions, UCSF
- 2010 Art Levin, Director, Center for Medical Consumers
- 2009 Sidney Wolfe, Director, Public Citizen’s Health Research Group.
- 2008 Polly Johnson, former Executive Director of the North Carolina Board of Nursing.
- 2007 Barbara Safriet, former Public Member on the Federation of State Boards of Physical Therapy.
- 2006 John Rother, former Policy and Strategy Director for AARP.
- 2005 Julie D’Angelo Fellmeth, Administrative Director, Center for Public Interest Law, University of San Diego School of Law, and former Enforcement Monitor for the Medical Board of California.
- 2004 Mark Yessian, Former Regional Inspector General for Evaluation and Inspections, Boston Region, Office of the Inspector General, U.S. Department of Health and Human Services.

### **7:45 p.m. – 9:00 p.m. Award Dinner (included in registration fee)**

## **Day Two – Friday, October 24, 2014**

**7:30 a.m. – 8:00 a.m. – Registration Desk Open (continental breakfast included in registration fee)**

**8:00 a.m. – 9:30 a.m. – Session 4- Multi-Board Collaboration for Joint Rulemaking**

It is increasingly common for the State legislature to instruct two or more boards to develop a rule jointly. Some instances have been more successful than others. This session will feature multiple examples involving several professions, such as medicine, morticians, physical therapy, and acupuncture.

**9:30 a.m. – 10:00 a.m. – Second Keynote Address**

**10:00 a.m. – 10:15 a.m. – Coffee Break (included in registration fee)**

**10:15 a.m. – 11:00 a.m. – Session 5- Collaboration with Facility Regulators**

In our fractured oversight system, agencies other than licensing boards (pharmacy excepted!) oversee health care facilities (e.g., hospitals, nursing homes, clinics, etc.). Collaboration and information sharing between these different regulatory bodies is rarely as seamless as it should be. There are, however, some good examples of information sharing and other collaboration, and this session will feature some of them; we will also discuss the barriers to better collaboration.

**11:15 a.m. – 12:00 p.m. – Session 6- Collaboration with Law Enforcement Agencies**

It is not uncommon for licensing boards and the criminal justice system to pursue criminal or civil action against the same licensee simultaneously. Relationships between these two enforcement institutions are sometimes unclear or strained. This session will focus on those states that have developed positive working relationships with law enforcement agencies and will cover a variety of topics, including “pill mills,” medical marijuana, especially egregious problems such as repeated sexual offenses, and chemically dependent practitioners in board treatment programs.

**12:00 p.m. – Meeting Adjourns**

## **HOTEL INFORMATION**

***Royal Sonesta Harbor Court Hotel***  
550 Light Street  
Baltimore, MD 21202

The conference hotel is ***Royal Sonesta Harbor Court Hotel***. To make a hotel reservation at the **discounted rate of \$147.00<sup>1</sup> plus tax**, please call 410-234-0550 or 800-766-3782 **no later than September 23, 2014**, and mention that you are part of the Citizen Advocacy Center (CAC) group.

We will hold all of the sessions for this meeting at ***Royal Sonesta Harbor Court Hotel***, Baltimore's landmark hotel on the magnificent inner harbor. One of the major seaports in the United States since the 1700's, today the Inner Harbor and the picturesque waterfront are Baltimore's cultural center, and close to everywhere you want to be.

Step outside and experience the rich mix of history, culture, and entertainment that puts the charm in "Charm City." The hotel is just steps away from Oriole Park at Camden Yards and the Maryland Science Center, and a short walk to Raven's Stadium and the National Aquarium. The Hippodrome Theater is nearby, as well as the charming shops and boutiques of Fells Point, Federal Hill, the downtown business district, and other popular destinations.

More information about the ***Royal Sonesta Harbor Court Hotel*** is at <http://www.sonesta.com/baltimore>.

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<sup>1</sup> Even if you reserve at room at the discounted rate of \$147.00, the rate is subject to a small change if the State of Maryland changes its per diem rates on October 1, 2014.

# MEETING REGISTRATION FORM

<b><u>Annual Meeting Registration Fee for Both Days</u></b>		
	Early Bird Registration (by September 23, 2014)	Standard Registration (after September 23, 2014)
CAC Members <sup>2</sup> :	\$375.00	\$425.00
Non-CAC Members:	\$475.00	\$525.00
Will you attend the Shimberg dinner?	YES	NO
Will you bring a guest to Shimberg dinner?	\$100.00	\$100.00

**PLEASE COMPLETE THIS FORM AND SEND IT BY MAIL, FAX, OR EMAIL TO:**

**CAC**

1400 16th Street NW, Suite 101, Washington, D.C. 20036  
 Voice (202) 462-1174 • FAX: (202) 354-5372  
 cac@cacenter.org

Name:			
Title:			
Name of organization or board:			
Billing Address:		City:	State: Zip:
Telephone:		Email:	
Purchase order number (optional):			
If paying by credit card – Name on credit card:			
Credit card number:			
Expiration date:		Security code:	
Billing Address:		City:	State: Zip:

Signature

Date

Our FEIN is 52-1856543.

**CANCELLATION POLICY:** If you register but are unable to attend, you will receive a 50% refund by cancelling by September 23, 2014. **NO REFUNDS** are possible after that date, but your full payment may be applied towards a future meeting.

<sup>2</sup> If you are not sure if your organization is a CAC member, here is a list of 2014 member organizations:  
<http://www.cacenter.org/files/MemberOrganizations2014.pdf>.