Medical Board Bulletin Fall 2005

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Texas Medical Board Bulletin

The newsletter of the Texas Medical Board

Fall 2005

Volume 3, No. 1

Governor Names Medical Board Members

Governor Rick Perry appointed three new members, and reappointed three others, to the Texas Medical Board, formerly the Texas State Board of Medical Examiners, for terms to expire April 13, 2011. The new appointees are Lawrence Anderson, M.D., of Tyler; Julie K. Attebury, of Amarillo; and Manuel G. Guajardo, M.D., of Brownsville.

Dr. Anderson is a dermatologist and a managing partner with Dermatology Associates of Tyler. He is a member of the American Medical Association, the Texas Medical Association, the American Academy of Dermatology and the American Society for Dermatologic Surgeons. Dr. Anderson also is a member of the American College of Mohs Micrographic Surgery and Cutaneous Oncology, and the American College of Physicians. He serves on the board of Discovery Science Place, the Tyler Museum of Art and Tyler Vision 2010. Dr. Anderson is a development board member of the University of Texas at Tyler and the University of Texas Health Science Center at Tyler. A graduate of Washington State University, he received a degree in medicine from the Uniformed Services University of the Health Sciences in Maryland and training in dermatology at Brooke Army Medical Center in Texas. He replaces Joyce A. Roberts, M.D., on the board.

Ms. Attebury is a financial manager with Happy Horizons Properties, L.P. She is a member of the Amarillo Symphony Guild and the Panhandle Plains Historic Society. Ms. Attebury also is Chairman of the Amarillo Area Foundation. She previously served as co-chair on the Governor's Commission for Women, appointed by Governor Perry. She also served as a board member and president of the Amarillo Independent School District. A graduate of Rice University, she received a master's degree from West Texas A&M University. She replaces Nancy Seliger as a public member of the board.

Dr. Guajardo is a board certified obstetrician-gynecologist and has practiced in Brownsville since 1987. He attended Texas Southmost College (now the University of Texas at Brownsville), and received a B.S. in biology from the University of Texas at San Antonio. He received his medical degree from the University of Texas Health Science Center in Houston in 1983 and completed a residency in obstetrics and gynecology at Methodist and Parkland Hospitals in Dallas. Dr. Guajardo has served as chairman of the Department of Obstetrics and Gynecology and chairman of the board at Valley Regional Medical Center in Brownsville. He is a founder and currently serves as president and chairman of the board of Brownsville Surgical Hospital. Dr. Guajardo has served on the Medical Board's District Review Committee since 1987. He replaces Lee S. Anderson, M.D., on the board.

José Manuel Benavides, M.D., of San Antonio was reappointed to the board. He is a clinical professor of medicine in the Department of Internal Medicine at the University of Texas Health Science Center at San Antonio. Dr. Benavides is a member of the American Medical Association, the San Antonio Club of Internal Medicine and a fellow of the American College of Physicians. He is a life member of the Southern Medical Association, and serves as an honorary member of the Bexar County Medical Society and the Texas Medical Association. A graduate of the Colegio Civil at the Universidad de Nuevo Leon in Mexico, Dr. Benavides received his medical degree from the Facultad de Medicina at the Universidad de Nuevo Leon.

David E. Garza, D.O., of Laredo is a solo family physician and was reappointed to the board. He is board certified in family practice and has served as chief of family practice at Mercy Regional Medical Center, president of the Healthcare Alliance of Laredo and chief of staff at Doctors Hospital of Laredo, where he now serves as board chairman. Dr. Garza served four years on the editorial committee for the Federation of State Medical Boards and has been nominated for a position on the National Board of Medical Examiners. He is a clinical assistant professor and alumni association board vice president for the University of North Texas Health Science Center's Texas College of Osteopathic Medicine. A graduate of the University of Texas at Austin, he received an osteopathic medical degree from the University of North Texas Health Science Center's Texas College of Osteopathic Medicine.

Paulette Southard of Alice was reappointed to the board. She serves as campaign chair of the United Way of Alice, president of the Alice Chamber of Commerce and past president of the Alice Rotary Club. Ms. Southard also serves on the advisory board of Christus Spohn Hospital in Alice. She received a bachelor's degree from Baylor University.

Board Implements New Process for Rules Development

New processes to encourage early input on rules from interested persons and groups, as required by the agency's Sunset legislation (SB 419), are proving to be helpful to agency staff and board as well as useful for stakeholders.

Several methods are being used to seek comment:

- Standing Stakeholder Workgroups: Representatives of major stakeholder groups are participating in ongoing small workgroups that meet periodically to review issues being considered for rulemaking, draft rules, and proposed rules. Standing workgroups are used for Licensure, Enforcement, Compliance, Physician Assistant, and Acupuncture issues.
- Ad Hoc Stakeholder Workgroups: Short-term workgroups have been formed as needed to provide input on specific issues. Membership varies according to the issues. Staff attempts to identify stakeholders involved in each issue by reviewing records of legislative hearings and agency correspondence.
- Individual Input: Input from interested individuals is solicited through various means as appropriate, including the agency website, newsletter, press releases and individual contact to known constituents involved in the issue. Input may be provided by letter or through the e-mail account established for this purpose.

Information provided by stakeholders is considered by staff in drafting rules and is summarized in a report to the board before the proposed rules are adopted.

Stakeholder workgroups began meeting in June to address rules required under SB 419. Although a small number of stakeholder representatives are invited to be workgroup members, meetings are posted and open to the public. The workgroup process has been to hold an initial discussion of issues with the workgroups prior to staff drafting rules. After rules are drafted, the workgroups meet to review drafts and provide further input before rules are sent to the board. A report of workgroup suggestions is provided to the Board.

A new section on the agency web site provides information regarding issues for which rules are currently being developed and a link to submit electronic comment on the issues. The web address is http://www.tmb.state.tx.us/rules/develop.

Once the board formally proposes rules, the proposed rules are published in the *Texas Register* and there is additional opportunity for public comment. Information regarding proposed rules and rules in development is provided on page 17 of this issue.

From the Executive Director

One of the most far-reaching provisions of the TMB Sunset legislation (SB 419) passed by the Texas Legislature this year was assigning to the Texas Medical Board the authority to use administrative orders in its disciplinary process. Administrative orders are presently being used in a limited fashion in cases involving CME and medical records violations to allow physicians to pay a fine in lieu of participating in a settlement conference with a disciplinary panel of the board. The recent statute revision allows board staff to widen its administrative order capability to all non-standard of care violations.

There are significant advantages inherent in administrative actions. The board wants to encourage the use of this measure so that disciplinary actions can be handled more quickly, less expensively, and less publicly than disciplinary actions that require a Show Cause/Informal Settlement Conference (ISC). Non-standard of care cases are easier to investigate, requiring no expert panelists. They can be completed in a relatively short time, a plus to both the physician waiting for the next shoe to fall and to an agency that needs to devote its assets to those serious cases about which the public has shown greater concern. Administrative orders also decrease costs for the agency as well as physicians, who will be offered the opportunity to pay a minimal fine if they cooperate with the staff in agreeing to an administrative order. In addition, administrative actions such as CME and medical records violations are presently reported in the same format as serious standard of care cases, giving the impression that both types are of the same severity. An agreed administrative order will be displayed less conspicuously in the agency newsletter. Statutes require that these orders still be included in the individual's physician profile published on the agency web site.

Approval of the chairman of the Disciplinary Process Review Committee is required before an administrative order can be offered. At any time in the process, the respondent physician can request an ISC. All orders have to be approved by the Board in a regularly scheduled meeting before becoming final.

The Texas Medical Board plans to include substance abuse, public and private; medical record retention and release violations; CME violations; delinquent death certificate signings; and similar non-standard of care violations in its administrative sanctions.

Following is a summary of the advantages and disadvantages of an administrative order versus one recommended to the full board by an ISC. This is not an inclusive list, but it shows some plus and minus factors for both parties.

Advantage to the Board:

1. Fewer ISCs
2. Fewer hours of staff attorney time
3. More efficiency and less hassle

Advantage to the Respondent Physician:

1. Less expense to defend the case
2. Less fine to pay
3. Less time spent preparing for and attending an ISC
4. Avoids the discomfort of a hearing
5. Less public display of the resultant order
6. Less clock time start to finish, putting the experience behind more quickly
7. Can request an ISC at any time before signing an administrative order

Disadvantage to the Board:

1. Less fine payable to the general revenue of the state
2. Less direct involvement of the board members in the adjudicatory process

Disadvantage to the Respondent Physician:

1. Eliminates a personal appearance and presentation of a defense for one's actions

The final rules regarding these proposed administrative sanctions have not yet been completed, but are in development. Standard orders for standard violations will be approved by the Board. Any changes in standard administrative orders will have to be approved by the Board.

Physicians need to be aware that some of these advantages will not apply if the respondent physician elects not to accept the administrative order offered by the staff. At that time, the case reverts to the standard ISC process.

Notice to Physicians Treating Elderly Persons

Under the requirements of SB 1330, which was effective September 1, physicians responsible for the management of an office that provides ongoing medical care to elderly persons are required by TMB to offer, to the extent possible as determined by the physician, the opportunity to receive the pneumococcal and influenza vaccines to each elderly person who receives ongoing care at the office. If the physician decides it is not feasible to offer the vaccine, the physician must provide the person with information on other options. The Texas Department of State Health Services provides full information regarding immunizations on its web site at **www.immunizetexas.com**

Formal Complaints

Luis F. Arango, M.D......... G2632.......... 7/18/05..... Overbilling Medicare and Medicaid.

Beauford Basped Jr., D.O.. E3813.......... 10/5/05..... Nontherapeutic prescribing; prescribing below the standard of care; failure to maintain adequate medical records.

Tony Truong Bui, M.D..... K2314.......... 8/10/05..... Failure to comply with board order that he abstain from alcohol.

Odette L. Campbell, M.D. H9609.......... 8/11/05..... Unprofessional conduct in falsifying application for hospital staff privileges.

Robert R. Cassella, M.D.... F4784.......... 8/29/05..... Nontherapeutic prescribing; prescribing below the standard of care; failure to maintain adequate medical records; falsifying medical records.

Bruce A. Cheatham, M.D.. E8389.......... 8/19/05..... Failure to meet the standard of care in reading radiographic films by

confusing films of two patients.

Josie Ann Cigarroa, M.D... F0317.......... 8/26/05..... Intemperate use of drugs or alcohol; nontherapeutic prescribing; writing false or fictitious prescriptions.

James F. Gardner III, M.D. G3382.......... 8/11/05..... Failure to provide requested documentation of required CME.

Carl S. Heller, M.D............ F8154.......... 8/31/05..... Writing prescriptions to a known abuser; nontherapeutic prescribing; inappropriate prescribing to someone with whom he had a close personal relationship.

Shayam A. Jha, M.D......... K3764.......... 9/20/05..... Failure to meet the standard of care in extubating a patient before the patient was fully awake from anesthesia, resulting in the patient's death.

Tone Johnson Jr., M.D..... G6946.......... 7/15/05..... Failing to examine patient within 24 hours of admission to the hospital; failure to maintain adequate medical records.

Sidney A. Kelt Jr., M.D.... H1601.......... 6/17/05..... Improperly terminating a physician-patient relationship.

John Q. T. King Jr., M.D.. E2656.......... 8/19/05..... Failure to comply with previous board order; providing false information to the Board.

Shiva K. Lam, M.D........... K4933.......... 8/23/05..... Failure to meet the standard of care in the treatment of a psychiatric patient; nontherapeutic prescribing.

Miltiadis N. Leon, M.D.... K0890.......... 8/29/05..... Inappropriate behavior with female patients; boundary violations; peer review action.

Harold D. Lewis, D.O........ E6126.......... 8/19/05..... Failure to adequately supervise and properly delegate medical duties to a student that resulted in injury to a patient.

Leonard G. Nepper, D.O... J9240........... 8/29/05..... Unprofessional conduct; inappropriate behavior toward nurses; disciplinary action by peers.

Aurelio A. Ortiz, M.D....... F7870.......... 7/18/05..... Unprofessional conduct; falsifying medical records; failure to maintain adequate medical records.

Marlon D. Padilla, M.D.... K2254.......... 8/23/05..... Aiding and abetting the corporate practice of medicine; violation of state or federal law; providing medically unnecessary services; submitting improper bills; fee-splitting.

Ramesh K. Srungaram, M.D. H1845........ 8/15/05..... Failure to meet the standard of care in surgery and treatment of bariatric patients.

Steven D. Western, D.O.... K6952.......... 8/22/05..... Patient abandonment; failure to provide medical records upon request.

Michael D. Williams, D.O. H2907.......... 8/18/05..... Improper administration of office-based anesthesia in breast augmentation surgery.

Robert Womack, M.D....... G6773.......... 8/18/05..... Self-prescribing; impairment due to substance abuse; nontherapeutic prescribing.

Ronald A. Woods Jr., M.D. H4808......... 8/26/05..... Videotaping minor females in the nude and using the bathroom; possessing pornographic material with images of young girls; pleading guilty to a state jail felony obscenity charge.

Thomas A. J. Vaughan, M.D. E0299....... 10/5/05..... Impairment due to use of drugs or alcohol; action by another state; peer review action.

Pablo L. Xiques, M.D.......... E3823....... 8/31/05..... Writing prescriptions to a known abuser; nontherapeutic prescribing.

Governor Appoints Two to Acupuncture Board

Governor Rick Perry appointed acupuncturist Chung-Hwei Chernly and Donald R. Counts, M.D., to the Texas State Board of Acupuncture Examiners. Mr. Chernly replaces outgoing board member Dee Ann Newbold, and Dr. Counts replaces Everett G. Heinze, M.D.

Mr. Chernly graduated from the National Defense Medical School and the Taipei Acupuncture School in Taiwan. He retired from the Chinese Air Force General Hospital as a captain and flight surgeon in 1977. He taught physiology and conducted research at the National Yang-Ming Medical School in Taipei from 1977 to 1979. He did postgraduate training in San Antonio, then worked in the pathology department at Pioneer Park Hospital in Irving. Since 1985, he has had his own acupuncture practice in the Dallas-Fort Worth area. He is a nationally board certified acupuncturist and herbologist and holds the first acupuncture license issued in Texas.

Dr. Counts received his medical degree from UTMB Galveston in 1972. He is a Fellow of the American Academy of Family Practice; a Fellow of the American Academy of Medical Acupuncture; and Vice President of the Texas Chapter of the AAMA. Dr. Counts also serves as a Clinical Assistant Professor of Family Practice for UTMB Galveston in Austin. He received his formal training in acupuncture from UCLA in 1991. Dr. Counts has been a family practitioner in Austin since 1975, with medical interests in primary preventive care and pain modulation.

Registration Updates

Please check the Graduate Medical Education section of your online Physician Profile. A contractor's computer error may have affected the program name and/or location fields of this section. Profile information is available through the online

verification database at
http://reg.tmb.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp

For corrections to this section of your profile, please call, mail or fax our customer information center. Any additional corrections must be sent in writing with signature by mail or fax:

Texas Medical Board

MC 240

P.O. Box 2018

Austin TX 78768-2018

Phone: (512) 305-7030

Fax: (512) 463-9416

Rule Changes

The following rules were approved as Proposed Rules by the Texas Medical Board on October , 2005, and published for consideration at the December 9 meeting. The rules were developed with input from interested individuals and organizations and most were required to implement statutory provisions of SB 419. The current status of board rules is available on the agency web site at www.tmb.state.tx.us

- **Chapter 161, General Provisions**, to reflect statutory name changes and the composition of the board.
- **Chapter 163, Licensure**, prescribing limit for applicants taking different exam types and conforming to new statutory provisions that applicants must pass exam within three attempts. Existing exceptions criteria are eliminated.
- **Chapter 172, Temporary Licenses**, to conform to new statutory requirements for a temporary license for eligible applicants holding a faculty appointment at one of the 10 listed medical schools.
- **Chapter 175, Fees, Penalties, and Forms**
    - Increased penalty fees for physician assistants and increased renewal and/or penalty fees for acupuncturists, surgical assistants, acudetox specialists, non-certified radiologic technicians, and non-profit health organizations.

    - Mandated Texas Online fee increase for physician and physician in training renewals.
    - Fee requirements for Office Based Anesthesia site registration.
- **Chapter 178, Complaints**, clarifying definition of "complainant"; changes conforming to statutory changes establishing 30-day initial review prior to filing complaint for investigation; clarifying confidentiality of identity of a complainant; clarifying appeals of dismissal of complaints; and other changes conforming terms to statutory changes.
- **Chapter 179, Investigations**, to include amendments to 179.2 Definitions, 179.3 Confidentiality, 179.4 Request for Information and Records from Physicians, and 179.6 Time Limits, regarding clarification on response time for requests for medical records and time limits for completion of an investigation of a complaint.
- **Chapter 180, Rehabilitations Orders**, regarding eligibility for and disclosure of non-disciplinary private rehabilitation orders.
- **Chapter 182, Use of Experts**, adding specific membership terms, grounds for removal, and other limitations/requirements.

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The following issues are currently under consideration for development of draft rules by the staff of the Texas Medical Board. Links to the draft rules will be available on the TMB web site as drafts are completed.

- Rules to implement the following provisions of SB 419:
    - Delegated authority for staff to issue licenses to applicants who clearly qualify.
    - Rules for eligibility and issuance of Institutional license for foreign medical graduates who have conceded eminence.
    - Rules conforming to new statutory provisions on regulation of outpatient anesthesia and the elimination of current regulatory exemptions regarding use of anxiolytics and analgesics.
    - Adoption of a parental consent form for abortion on an unemancipated minor.
    - Rules setting guidelines regarding circumstances where a physician or applicant may be required to submit to an examination for mental or physical health conditions, alcohol and substance abuse, or professional behavior problems.
- Rules to implement provisions of HB 2680 regarding reduced fees and CME for retired physicians providing voluntary care to charitable organizations.
- Rules to implement SB 39 relating to CME in forensic evidence collection.
- Rules to implement SB 872 regarding physician disclosure of ownership in niche hospital.

- Rules to implement SB 1330 regarding requirements for physicians to provide influenza and pneumococcal vaccine to elderly patients (see page 5 for more information).
- Rules to implement SB 1340 regarding supervisory requirements for physician delegation to health professionals providing telemedicine medical services to Medicaid recipients.

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The following issues are currently the subject of rules development by the Physician Assistant Board to implement provisions of SB 419:

- Rules setting requirements for jurisprudence examination.
- Rules setting requirements for licensees in inactive status to return to active status, including time limit for inactive status.
- Rules regarding voluntary surrender of license and return to practice.

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The following issues are currently the subject of rules development by the Texas State Board of Acupuncture Examiners:

- Rules regarding power of Acupuncture Board to review/approve/reject licensure applications; issue licenses, deny, suspend, revoke and discipline.
- Rules setting requirements for jurisprudence examination.
- Rules regarding disciplinary powers of Acupuncture Board, including provisions for probation and reinstatement.
- Rules regarding voluntary surrender of license and return to practice.

Easy Ways to Avoid Disciplinary Actions

The following common violations can lead to administrative penalties or other disciplinary actions. Be aware and avoid trouble.

- **Requests for Medical Records**: Board Rule 165 requires physicians to provide properly requested patient records within 15 business days. Proper charges may be billed, but send the records along with the bill; don't wait for payment. Go to http://www.tmb.state.tx.us/rules/rules/165.php to see the full rule.
- **Death Certificates:** The Texas Health and Safety Code requires that a physician sign a death certificate within five days. The law is in section

193.005; it is at http://www.capitol.state.tx.us/statutes/docs/HS/content/htm/hs.003.00.000193.00.htm#193.003.00

- **Advertising:** Section 164.4 of Chapter 164 of the Board Rules states that "[a] physician is authorized to use the term 'board certified,' or any similar words or phrase calculated to convey the same meaning in any advertising for his or her practice if the specialty board which conferred the certification and the certifying organization meets [certain] requirements." See the full rule at http://www.tmb.state.tx.us/rules/rules/164.php#1644 for the criteria and requirements to be met for physician advertising.

Disciplinary Actions

The board has taken the following disciplinary actions involving 117 physicians, one acupuncturist and two physician assistants since publication of the Spring 2005 *Medical Board Bulletin*:

AHRENDT, DEBORAH KAY, M.D., PALESTINE, TX, Lic. #F3697

On October 7, 2005, the Board and Dr. Ahrendt entered into an Agreed Order whereby Dr. Ahrendt voluntarily surrendered her license because of her desire to retire due to poor health.

AMJADI, ROJAN, M.D., HOUSTON, TX, Lic. #J8439

On October 7, 2005, the Board and Dr. Amjadi entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Amjadi overcharged for providing copies of medical records for one patient and failed to timely respond to a request from the Board for copies of medical records.

ARAUZ, JULIO CESAR, M.D., HOUSTON, TX, Lic. #J5247

On August 26, 2005, the Board and Dr. Arauz entered into a three-year mediated Agreed Order requiring Dr. Arauz to complete a course of at least two days in prescribing or controlled substance management; prohibiting him from prescribing controlled substances or dangerous drugs with addictive potential or potential for abuse by telephone to a pharmacy; and requiring him to maintain a logbook for prescriptions for such medications. The action was based on allegations Dr. Arauz violated Board rules relating to requirements for standing delegation orders.

ASHLEY, IAN MARCUS, M.D., WACO, TX, Lic. #K6528

On August 26, 2005, the Board and Dr. Ashley entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Ashley violated the Board's rules relating to advertising and to rewarding persons for soliciting patients during the course of his efforts to implement a telemedicine program for the Big Bend region of West Texas pursuant to a grant from the United States Food and Drug Administration.

AVILA, FERNANDO T., M.D., SAN ANTONIO, TX, Lic. #G2899

On August 26, 2005, the Board and Dr. Avila entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Avila violated state law by employing a physician whose medical license had been suspended, canceled or revoked as a non-practicing physician administrative assistant.

BARNETT, STEPHEN EMBREE, M.D., AUSTIN, TX, Lic. #D3147

On August 26, 2005, the Board and Dr. Barnett entered into an Agreed Order making public Dr. Barnett's March 30, 2001, nonpublic Agreed Order and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Barnett failed to call the assigned toll-free number to check whether he was to provide a urine sample for testing, as required by the nonpublic Agreed Order.

BARRY, GENE N., M.D., BEAUMONT, TX, Lic. #H9780

On August 26, 2005, the Board and Dr. Barry entered into a three-year Agreed Order publicly reprimanding Dr. Barry, restricting him from performing laparoscopic surgery and requiring him to attend at least 30 hours of continuing medical education in the areas of managing difficult pregnancies and in medical record keeping. The action was based on allegations that Dr. Barry failed to meet the standard of care in treating several obstetrical patients and in failing to see, follow up or perform physical exams on multiple patients.

BERG, MICHAEL W., M.D., HARLINGEN, TX, Lic. #F3683

On October 7, 2005, the Board and Dr. Berg entered into a Mediated Agreed Order requiring Dr. Berg to attend 10 hours of continuing medical education in the area of geriatric health care issues; to complete the Physician-Patient Communication Course offered by the University of California at San Diego Physician Assessment and Clinical Education (PACE) Program or an equivalent course; and to teach a two-hour course on the issue of informed consent by patients and family members to the UT Health Science Center-San Antonio Internal Medicine and/or Gastroenterology section. The action was based on allegations that Dr. Berg violated a Board rule by failing to adequately

communicate with patients about endoscopies and colonoscopies and their potential risks.

BLESSING, WILLIAM SCOTT, M.D., DALLAS, TX, Lic. #E0820

On June 10, 2005, the Board and Dr. Blessing entered into an Agreed Order suspending Dr. Blessing's license until such time as certain evaluation and monitoring requirements are established and reported to the Executive Director and then placing him on probation under terms and conditions for 10 years thereafter. The terms and conditions included abstinence from consumption of drugs and alcohol, psychiatric care and treatment, and monitoring by the chief of staff and the chief of anesthesia services of each facility at which Dr. Blessing has privileges.

BOOTHE, WILLIAM ALBERT., M.D., DALLAS, TX, Lic. #F9221

On August 26, 2005, the Board and Dr. Boothe entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Boothe failed to timely release the properly requested medical records of one patient within 15 business days of receipt of the written request.

BROWN, DENNIS GRAEME, M.D., HOUSTON, TX, Lic. #E2148

On October 7, 2005, the Board and Dr. Brown entered into an Agreed Order assessing an administrative penalty of $500. The action was based on an action of the Florida Board of Medicine, which assessed an administrative penalty of $1,000. That action was taken because Dr. Brown, in his application for a Florida license in 2004, incorrectly answered a question, thereby failing to disclose that he repeated some courses at the Baylor College of Medicine in 1965.

BRYANT, SULLIVAN ROSS, D.O., DALLAS, TX, Lic. #E2992

On October 7, 2005, the Board and Dr. Bryant entered into a three-year Agreed Order requiring his practice to be monitored by another physician and that he obtain 10 hours of continuing medical education in medical record-keeping. The action was based on allegations that Dr. Bryant failed to maintain an adequate medical record for one patient.

CAPELLO, JUAN J., M.D., BEDFORD, TX, Lic. #D4061

On October 7, 2005, the Board and Dr. Capello entered into a three-year Agreed Order requiring that Dr. Capello limit his practice to a non-surgical practice. The action was based on allegations that Dr. Capello failed to adequately document up to four surgical procedures. Dr. Capello had voluntarily stopped his surgical practice prior to the investigation by the Board.

CANTU, ROBERT EDWARD, M.D., AUSTIN, TX, Lic. #H4211

On August 26, 2005, the Board and Dr. Cantu entered into an Agreed Order requiring Dr. Cantu to enroll in and successfully complete the course offered by the Vanderbilt Medical Center for Professional Health entitled A Continuing Education Course for Physicians Who Cross Sexual Boundaries; to complete at least 10 hours of continuing medical education in the area of record keeping; and assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Cantu prescribed Adderall to a patient with whom he had previously had a social relationship and did not maintain any medical records for this patient.

CECIL, ROSEMARY, M.D., BEDFORD, TX, Lic. #F6520

On August 26, 2005, the Board and Dr. Cecil entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Cecil failed to timely provide properly requested medical records within 15 business days of receipt of the written request.

CHILDERS, CECIL ADISON JR., M.D., CORPUS CHRISTI, TX, Lic. #C8922

On August 26, 2005, the Board and Dr. Childers entered into an Agreed Order requiring Dr. Childers to successfully complete within one year a continuing medical education course of at least 25 hours in psychopharmacology and dual diagnosis and a course in medical record keeping of at least 10 hours. The action was based on allegations that Dr. Childers failed to appropriately manage a difficult psychiatric patient, including nontherapeutic prescribing, without attention to potential drug interaction and inadequate documentation to support the rationale for the prescribing and substituting of various medications.

CRAIN, BURTON JR., M.D., RUSK, TX, Lic. #D0095

On October 7, 2005, the Board and Dr. Crain entered into an Agreed Order whereby Dr. Crain voluntarily surrendered his license due to his age and his desire to retire after a long and distinguished medical career.

DAMLE, JAYANT SHRIPAD, M.D., GRAND FORKS, ND, Lic. #H9316

On October 7, 2005, the Board and Dr. Damle entered into an Agreed Order requiring him to comply with the terms and conditions imposed by the North Dakota Board of Medical Examiners. The action was based on the action of the North Dakota Board in placing Dr. Damle on probation for one year for nontherapeutic prescribing during his care of three patients.

DARBY, CASTILLA ADOLPHUS JR., M.D., DALLAS, TX, Lic. #F8840

On August 26, 2005, the Board and Dr. Darby entered into an Agreed Order restricting Dr. Darby's license under terms and conditions, including that Dr. Darby may practice only in a group or institutional setting approved by the Executive Director and that one of the physicians in the group must supervise his practice. Dr. Darby shall follow all recommendations of his supervising physician. Other terms and conditions include the following: for the first three years of the order another physician is to additionally monitor Dr. Darby's practice by reviewing selected medical records; and that Dr. Darby complete a course in medical record keeping of a least 10 hours. Additionally, Dr. Darby is not permitted to supervise a physician assistant or advanced nurse practitioner. The action was based on allegations that Dr. Darby failed to practice medicine in an acceptable professional manner and failed to meet the required standard of care in his treatment of multiple patients.

DEAN, THURSTON E. III, M.D., TEXARKANA, TX, Lic. #G3281

On August 28, 2005, the Board and Dr. Dean entered into an Agreed Order publicly reprimanding Dr. Dean and restricting his license for five years under terms and conditions, including that he complete at least 35 hours per year of continuing medical education; that he limit his practice to a group or institutional setting approved by the Executive Director; and assessing an administrative penalty of $5,000. The action was based on allegations Dr. Dean fell below the standard of care in his treatment of five patients by failing to obtain expert consultations.

DIAZ, THOMAS EDWARD, M.D., IRVING, TX, Lic. #H4284

On October 7, 2005, the Board and Dr. Diaz entered into an Agreed Order assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Diaz failed to practice medicine in an acceptable professional manner by selling vitamins and supplements to five patients for prevention and longevity health treatments at a profit and prescribing human growth hormone to one female patient for anti-aging effects.

DRAZNER, BRYAN SCOTT, M.D., DALLAS, TX, Lic. #J0945

On August 26, 2005, the Board and Dr. Drazner entered into an Agreed Order requiring Dr. Drazner to complete at least 50 hours of continuing medical education in the areas of medical records, risk management, ethics and physician-patient confidentiality; and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Drazner breached patient-physician confidentiality by dictating a note for the medical record of a patient while on an airplane flight, which was overheard by another passenger.

DUKE, DAVID LEVITICUS III, M.D., NACOGDOCHES, TX, Lic. #G3311

On August 26, 2005, the Board and Dr. Duke entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Duke failed to timely release properly requested medical records within 15 business days of receipt of the written request.

DUNCAN, CHRISTOPHER W., M.D., SAN ANTONIO, TX, Lic. #G3314

On October 7, 2005, the Board and Dr. Duncan entered into an Agreed Order suspending Dr. Duncan's license for six months, after which time he may request to have the suspension lifted. If Dr. Duncan presents clear and convincing evidence to the Board that he is able to safely practice medicine, the suspension may be stayed and he may be placed under probation for 15 years under such terms and conditions the Board determines are necessary to adequately protect the public. The Agreed Order further requires Dr. Duncan to abstain from the consumption of alcohol and other prohibited substances as specified in the order and to be screened for such substances as requested by the Board. The action was based on allegations that Dr. Duncan has used alcohol or drugs in an intemperate manner that could endanger a patient's life.

ECHOLS, BEN HARRIS, M.D., HOUSTON, TX, Lic. #F6227

On August 26, 2005, the Board and Dr. Echols entered into a two-year Agreed Order requiring that Dr. Echols obtain 35 hours of continuing medical education in record keeping, chronic pain management and use of controlled substances; that his practice be monitored by another physician; and assessing an administrative penalty of $2,000. The action was based on allegations that Dr. Echols failed to meet the standard of care in treating 11 patients with pain issues.

ELDER, JAMES EVERETT JR., M.D., RICHARDSON, TX, Lic. #K5289

On August 26, 2005, the Board and Dr. Elder entered into an Agreed Order accepting the voluntary surrender of Dr. Elder's medical license. The action was based on allegations that Dr. Elder wrote false or fictitious prescriptions, was disciplined by his peers, improperly terminated a physician-patient relationship and failed to timely release medical records. The action followed the temporary suspension of Dr. Elder's license by the Board on December 3, 2004.

FERNANDEZ, CARLOS H., M.D., HOUSTON, TX, Lic. #D9438

On August 11, 2005, the Board, acting through a three-member disciplinary panel, ordered the temporary suspension of Dr. Fernandez's license after determining that his continuation in the practice of medicine presented a continuing threat to the public welfare. The Temporary Suspension Order is to remain in effect until such time as it is superseded by a subsequent order of the Board. The action was based on Dr. Fernandez's failure to comply with previous orders requiring him to complete an education plan recommended by the Center

for Personalized Education for Physicians program as well as practicing as an emergency room physician in violation of a previous order restricting him to family practice. In addition, the panel found that Dr. Fernandez failed to meet the standard of care in the treatment of five patients in the Dickerson Memorial Hospital Emergency Department in November of 2004.

FINO, SAMEER ANDONI, M.D., LUFKIN, TX, Lic. #J2004

On August 26, 2005, the Board and Dr. Fino entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Fino paid a $500 administrative penalty to the Kansas State Board of Healing Arts for failing to acknowledge on his application for licensure that he had been placed on temporary probation during his residency after a complaint of alleged sexual harassment.

FOX, JAMES WILSON, M.D., AUSTIN, TX, Lic. #D5001

On August 26, 2005, the Board and Dr. Fox entered into an Agreed Order requiring Dr. Fox to take and pass the Medical Jurisprudence Examination within one year and assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Fox failed to supervise delegates, delegated to unqualified personnel, and failed to maintain adequate records during the time he acted as medical director for Allure Laser Spa.

FULP, RAY R. TREY III, D.O., McALLEN, TX, Lic. #J7963

On October 7, 2005, the Board and Dr. Fulp entered into an Agreed Order requiring Dr. Fulp to complete a medical record-keeping course of at least 25 hours and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Fulp failed to adequately document office visits for four patients.

GARZA, JIM SANTIAGO, M.D., HOUSTON, TX, Lic. #E4347

On October 7, 2005, the Board and Dr. Garza entered into an Agreed Order requiring that Dr. Garza's practice be monitored by another physician for one year; that he complete 10 hours of courses in each of the areas of record-keeping, risk management and patient safety; and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Garza breached the standard of care when he failed to ensure that he was not narrowing the esophagus during surgery to repair a Zenkers' diverticulum.

GIESSEL, BARTON ELGIN, M.D., ENNIS, TX, Lic. #K7541

On October 7, 2005, the Board and Dr. Giessel entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations

that Dr. Giessel failed to timely provide properly requested medical records within 15 business days of receipt of the request.

GOLD, JUDITH, M.D., LAKE JACKSON, TX, Lic. #J9058

On August 26, 2005, the Board and Dr. Gold entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations of false, misleading or deceptive advertising. The advertising of the dialysis center where Dr. Gold practices listed Dr. Gold as a board certified nephrologist. Dr. Gold acknowledged that she is not board certified in that specialty.

GUERRA, ANTONIO FRED, M.D., SAN ANTONIO, TX, Lic. #F9511

On August 26, 2005, the Board and Dr. Guerra entered into an Agreed Order requiring him to submit confirmation of completion of 15 hours of continuing medical education and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Guerra had failed to timely obtain continuing medical education as required by a previous Board order.

GUPTA, SUNIL KUMAR, M.D., ALICE, TX, Lic. #L9719

On August 26, 2005, the Board and Dr. Gupta entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Gupta failed to timely sign a medical certification on a patient's death certificate.

GUTTUSO, PAUL A., M.D., MISSOURI CITY, TX, Lic. #K5546

On August 26, 2005, the Board and Dr. Guttuso entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Guttuso was subject to disciplinary action by another state that imposed an administrative fine of $1,255.47 for a self-reported incident in which he failed to adequately check the level of insulin being injected by his medical assistant.

HAQ, ANWARUL, M.D., RICHARDSON, TX, Lic. #K4452

On August 26, 2005, the Board and Dr. Haq entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Haq did not properly report his practice address to the Board as required by Board rule.

HASHMI, SHAKEB, M.D., LITTLE ROCK, AR, Lic. #K9562

On October 7, 2005, the Board and Dr. Hashmi entered into an Agreed Order publicly reprimanding Dr. Hashmi; requiring him to attend 20 hours of continuing medical education in ethics and proper patient boundaries; and assessing an administrative penalty of $5,000. The action was based on Dr. Hashmi's misdemeanor conviction for simple assault upon a female.

HENRY, CRAIG B., M.D., ARLINGTON, TX, Lic. #H2942

On October 7, 2005, the Board and Dr. Henry entered into an Agreed Order publicly reprimanding Dr. Henry; requiring that his practice be monitored by another physician for one year; that he complete 10 hours of continuing medical education in each of the areas of medical record-keeping and pain management; and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Henry prescribed a course of Lortab to a patient without sufficient clinical indication and without obtaining records from prior treating physicians, and that he additionally prescribed Ambien to this patient, via telephone, without charting any clinical indication for the prescription.

HORAN, JOHN W. P., M.D., NEW BRAUNFELS, TX, Lic. #J1097

On October 7, 2005, the Board and Dr. Horan entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Horan failed to timely respond to the Board's request for information concerning an active Board investigation.

HOWARD, ANNETTE M., M.D., HOUSTON, TX, Lic. #J5161

On August 26, 2005, the Board and Dr. Howard entered into a Negotiated Agreed Order requiring Dr. Howard to perform 200 hours of community service; to attend an additional 10 hours of courses in ethics; and to submit to and obtain a complete forensic evaluation from a board-approved psychiatrist and follow all recommendations of the psychiatrist regarding continued care and treatment. The action was based on a history of noncompliance with Board requests.

HURLEY, DOUGLAS LEE, M.D., TEMPLE, TX, Lic. #E4861

On August 26, 2005, the Board and Dr. Hurley entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Hurley failed to timely arrange for a forensic psychiatric evaluation as required by a December 10, 2004, board order.

JATOI, ALIMADAD M, M.D., COLLEYVILLE, TX, Lic. #D9831

On August 26, 2005, the Board suspended Dr. Jatoi's license for a period of three years. Dr. Jatoi shall have the right to petition the Board in writing for termination of the suspension only after the full and complete three-year time period of

suspension has elapsed. The action was based upon Dr. Jatoi's noncompliance with a previous order requiring 50 hours of continuing medical education during each year of his probation, and a $5,000 administrative penalty. A Motion for Rehearing was denied by the Board and the August 26 order was final effective October 7.

JENNINGS, LYNN KARIN, M.D., WICHITA FALLS, TX, Lic. #J7528

On August 26, 2005, the Board and Dr. Jennings entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Jennings failed to timely release properly requested medical records for two patients within 15 business days of receipt of the written request.

JONES, JAMES STEPHEN, M.D., LUBBOCK, TX, Lic. #M1806

On October 21, 2005, a Temporary Suspension Order Without Notice was entered temporarily suspending Dr. Jones' license due to evidence that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The action was based on Dr. Jones' impairment and substance abuse. On November 28, a Temporary Suspension Order With Notice was entered reaffirming the earlier panel's decision to suspend Dr. Jones' medical license.

KALCHOFF, WILLIAM P., M.D., HOUSTON, TX, Lic. #F2742

On August 26, 2005, the Board and Dr. Kalchoff entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations of false, misleading or deceptive advertising. The advertising for Dr. Kalchoff's clinic indicated that he was board certified in cardiovascular surgery. Dr. Kalchoff has indicated that he was not board certified at that time.

KELLEY, JARED LEE, M.D., IRVING, TX, Lic. #F1701

On 8-26-05 the Board revoked Dr. Kelley's license. The action was based upon allegations that Dr. Kelley was abusing prescription drugs and prescribing drugs with a suspended license. Dr. Kelley did not file a Motion for Rehearing; therefore, the August 26 order was final effective September 26.

KING, CLARENCE GORDON JR., M.D., SAN ANTONIO, TX, Lic. #E1883

On August 26, 2005, the Board and Dr. King entered into an Agreed Order extending by two years the length of his probation under a June 6, 2003, Agreed Order. The action was based on one positive screen for ethylglucuronide, a metabolite of alcohol.

KNOERR, ALBERT COPELAND, M.D., TATUM, TX, Lic. #D3301

On October 7, 2005,the Board and Dr. Knoerr entered into an Agreed Order whereby the Board accepted the voluntary surrender of Dr. Knoerr's medical license. The action followed allegations that Dr. Knoerr failed to maintain appropriate medical records for four patients.

KNOPP, KATHLEEN M., M.D., LONGVIEW, TX, Lic. #K6566

On August 26, 2005, the Board and Dr. Knopp entered into an Agreed Order publicly reprimanding Dr. Knopp and requiring her to attend 25 hours of continuing medical education in the areas of fetal heart rate monitoring and risk management. The action was based on allegations that Dr. Knopp failed to recognize fetal distress and timely perform a cesarean section.

KODALI, VIJAY SAGAR, M.D., SAN ANTONIO, TX, Lic. #J5102

On August 26, 2005, the Board and Dr. Kodali entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Kodali failed to provide proper notice to his patients following the termination of his office practice.

KOPECKY, CRAIG TINDALL, M.D., SAN ANTONIO, TX, Lic. #K7177

On October 5, 2005, the Board, acting through a disciplinary panel, entered an Order of Temporary Suspension in which Dr. Kopecky's license was temporarily suspended. The action was based on the panel's finding that Dr. Kopecky has abused alcohol and controlled substances, has had his privileges revoked at multiple hospitals, has provided false information to the Board, and that his continuation in the practice of medicine would constitute a continuing threat to the public welfare.

LOGAN, DANIEL PHILIP, M.D., OVERLAND PARK, KS, Lic. #F1757

On August 26, 2005, the Board and Dr. Logan entered into an Agreed Order requiring Dr. Logan to comply with the requirements of an August 16, 2004, consent order with the State of Kansas Board of Healing Arts and with his February 10, 2004, contract with the Kansas Medical Advocacy Program, and to appear before the Board to demonstrate that he is competent to safely practice medicine before returning to practice in Texas. The action was based on action taken by the Kansas Board that was based on Dr. Logan's self-reported use of self-prescribed Stadol.

LONG, JAMES MICHAEL, M.D., WACO, TX, Lic. #K1753

On August 26, 2005, the Board revoked Dr. Long's license. The action was based on allegations that Dr. Long nontherapeutically prescribed to patients without adequate medical records or documentation of medical need. Dr. Long filed a

Motion for Rehearing, which was granted by the Board effective November 3. The rehearing was scheduled before the full Board on December 9.

LORENZO, PABLO, M.D., HOUSTON, TX, Lic. #E3725

On August 26, 2005, the Board and Dr. Lorenzo entered into an Agreed Order requiring Dr. Lorenzo to complete within six months 14 hours of continuing medical education in the areas of emergency room medicine and medical record keeping. The action was based on allegations that Dr. Lorenzo failed to meet the standard of care in the treatment of a patient who came to the emergency room after a fall.

MACHO, JUAN J, M.D., MESQUITE, TX, Lic. #D7164

On August 26, 2005, the Board and Dr. Macho entered into a three-year Agreed Order requiring that Dr. Macho's practice be monitored by another physician; that he complete a 10-hour course in the area of record keeping; and assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Macho prescribed two potentially addictive medications, Fioricet and Esgic, to two patients without appropriate documentation and without documented justification for prescribing refills of the medications.

MADISETTI, NARAYAN S., M.D., HOUSTON, TX, Lic. #F2335

On August 26, 2005, the Board and Dr. Madisetti entered into an Agreed Order accepting Dr. Madisetti's voluntary surrender of his medical license and his retirement from the practice of medicine. The action was based on Dr. Madisetti's being physically unable to continue to practice medicine and his desire to voluntarily surrender his license and retire.

MAESE, FEDERICO, M.D., DALLAS, TX, Lic. #J4319

On October 7, 2005, the Board and Dr. Maese entered into a one-year Agreed Order requiring Dr. Maese's practice to be monitored by another physician, requiring him to complete 20 hours of continuing medical education in nuclear cardiology and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Maese failed to practice medicine in an acceptable professional manner when he used a non-standard protocol for a nuclear perfusion stress test for one patient and interpreted the result as abnormal, when in fact the test as performed was of no diagnostic value.

MAILMAN, DOUGLAS RAYMOND, M.D., KERRVILLE, TX, Lic. #J7350

On August 26, 2005, the Board and Dr. Mailman entered into an Agreed Order in which the Board accepted Dr. Mailman's voluntary and permanent surrender of his medical license. The action was based on Dr. Mailman's admission of a

relapse of substance abuse and his failure to provide specimens for drug screening as required by a prior board order. Dr. Mailman's license had been temporarily suspended on October 6, 2004, for his failure to provide specimens for drug screening.

MARTINEZ, AZALIA VERONICA, M.D., EL PASO, TX, Lic. #F1781

On August 26, 2005, the Board and Dr. Martinez entered into an Agreed Order requiring Dr. Martinez to complete within one year 10 course hours in ethics and 10 course hours in the area of alternative medicine. The action was based on allegations that Dr. Martinez failed to adequately supervise the activities of medical personnel providing colonic irrigation treatment to patients.

MAYS, JEFFRY PATRICK, M.D., BRADY, TX, Lic. #J7815

On August 26, 2005, the Board and Dr. Mays entered into an Agreed Order requiring Dr. Mays to complete within one year 20 hours of continuing medical education in pain management and to take and pass the Medical Jurisprudence Examination. The action was based on allegations that Dr. Mays failed to meet the standard of care in the documentation and treatment of one patient for back and leg pain and failed to recognize the signs of drug-seeking behavior by the patient.

McCORKLE, ALLAN JAMES, M.D., AMARILLO, TX, Lic. #J0110

On August 26, 2005, the Board and Dr. McCorkle entered into a 10-year Agreed Order requiring Dr. McCorkle to undergo continuing screening for drugs and alcohol, to continue receiving psychiatric care and treatment, and to continue to participate in the activities of Alcoholics Anonymous and his county or state medical society committee on physician health and rehabilitation. The action was based on allegations of Dr. McCorkle's intemperate use of alcohol.

McKOWEN, ROBERT LEE, M.D., HOUSTON, TX, Lic. #H1515

On August 26, 2005, the Board and Dr. McKowen entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. McKowen failed to timely provide properly requested medical records within 15 business days of receipt of the written request.

McNEILL, SCOTT SHAW, M.D., SAN ANTONIO, TX, Lic. #K7058

On August 26, 2005, the Board and Dr. McNeill entered into an Agreed Order publicly reprimanding Dr. McNeill. The action was based on allegations that Dr. McNeill did not properly report a prescribed medication as required by his existing Agreed Order.

MERRITT, DOROTHY FRANCOEUR, M.D., TEXAS CITY, TX, Lic. #G9878

On August 26, 2005, the Board and Dr. Merritt entered into an Agreed Order requiring Dr. Merritt to print a retraction of advertisements that were false, misleading or deceptive that she previously disseminated on chelation therapy and the BioMeridian device; to complete a 10-hour course in ethics or advertising and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Merritt disseminated an advertisement that was misleading as to the advantages of chelation therapy, her credentials and the BioMeridian testing device.

MITCHELL, ROBY DEAN, M.D., AMARILLO, TX, Lic. #H4560

On August 26, 2005, the Board revoked Dr. Mitchell's license. The action was based on allegations that Dr. Mitchell failed to comply with a previous order requiring him to obtain a practice monitor. Dr. Mitchell admitted his noncompliance and specifically refused to comply in the future. Dr. Mitchell did not file a Motion for Rehearing; therefore, the order was final effective September 26.

NAKISSA, NASSER, M.D., SAN ANTONIO, TX, Lic. #G6355

On September 12, 2005, the Board and Dr. Nakissa entered into an Agreed Order publicly reprimanding Dr. Nakissa and requiring that his practice be monitored by another physician; that he pass the Medical Jurisprudence Examination within one year; that he complete courses in record-keeping, pain management, treatment of attention deficit disorder in children and dealing with the difficult patient; and that he maintain a logbook of all prescriptions written for controlled substances or dangerous drugs with addictive potential and refrain from the prescription of any drug unless it is medically indicated. The action was based on allegations that Dr. Nakissa failed to timely terminate the physician-patient relationship with five patients, all of whom belonged to the same family, over whom he lacked control in patient compliance; that he prescribed in a nontherapeutic manner to one or more of these patients, including one suspected of drug-seeking behavior; and that he violated Board rules relating to medical records and pain management with respect to the treatment of these patients.

NGUYEN, CO HAI, M.D., CONROE, TX, Lic. #J0157

On October 7, 2005, the Board and Dr. Nguyen entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Nguyen failed to provide properly requested medical records of one patient within 15 business days of receipt of the request.

NICOLOSI, JOSEPH VINCENT, M.D., ALEDO, TX, Lic. #K3810

On October 7, 2005, the Board and Dr. Nicolosi entered into a one-year Agreed Order requiring Dr. Nicolosi to complete 10 hours of continuing medical education in medical ethics and risk management; to continue receiving care and treatment from his treating psychiatrist no less than once every other month; and assessing an administrative penalty of $5,000. The action was based on Dr. Nicolosi's report of an isolated intemperate use of alcohol the evening of October 6, 2004, that resulted in his appearing impaired the following day.

NORVILLE, SCOTT VANCE, M.D., FORT WORTH, TX, Lic. #J6635

On August 26, 2005, the Board and Dr. Norville entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Norville failed to strictly comply with the supervisory requirements for a nurse practitioner in that he failed to visit the clinic at least once every 10 business days as required for sites serving medically underserved populations.

OKTAY, KUTLUKHAN, M.D., RYE, NY, Lic. #J3865

On August 26, 2005, the Board and Dr. Oktay entered into an Agreed Order to run concurrently with and requiring him to comply with all terms and conditions of his 36-month order from the State of New York Department of Health and State Board for Professional Medical Conduct. The action was based on the action taken by the New York board to discipline Dr. Oktay for engaging in an inappropriate social relationship with a patient.

O'NEAL, KENNETH W., M.D., ABILENE, TX, Lic. #D6119

On October 28, 2005, a Temporary Suspension Order Without Notice was entered temporarily suspending Dr. O'Neal's license due to evidence that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The Temporary Suspension Order shall remain in effect until such time as it is superseded by a subsequent order of the Board. The action was based upon allegations that Dr. O'Neal's actions in the treatment of three patients fell below the standard of care and that he posed a real danger to the public.

PACKARD, STANTON CLARK, M.D., VIDOR, TX, Lic. #J6641

On August 26, 2005, the Board and Dr. Packard entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Packard failed to obtain the required hours of continuing medical education. The action was a result of an investigation opened after Dr. Packard was selected for random audit of his continuing medical education compliance.

PALACIOS, MARIANO, M.D., EL PASO, TX, Lic. #H9132

On August 26, 2005, the Board and Dr. Palacios entered into an Agreed Order suspending Dr. Palacios' license, staying the suspension and placing him on probation for one year under terms and conditions, including that his practice be monitored by another physician; that he complete a course of at least 10 hours each in the areas of treatment and care of critical care patients and medical records/documentation; and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Palacios failed to practice medicine in an acceptable professional manner in treating an elderly patient after admission to the hospital.

PARKHURST, GARY MARK, M.D., PALESTINE, TX, Lic. #H6498

On August 26, 2005, the Board and Dr. Parkhurst entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Parkhurst failed to timely provide to one patient properly requested medical records while under the misunderstanding that records can be withheld because of an outstanding bill.

PASKOW, JAMES ANDREW, M.D., MOORESTOWN, NJ, Lic. #H8790

On August 26, 2005, the Board and Dr. Paskow entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that on three occasions Dr. Paskow failed to have chaperones initial the records of his examinations of three female patients as required by a previous board order.

PATEL, PIYUSH V., M.D., MIDLAND, TX, Lic. #G2452

On August 26, 2005, the Board and Dr. Patel entered into an Agreed Order revoking Dr. Patel's license. The action was based on Dr. Patel's plea of guilty to two federal felonies: Misprision of a Felony (an offense that does not have a specific name) relating to misrepresentations to the United States Department of Agriculture and the Immigration and Naturalization Service regarding a J-1 Visa physician employed by Dr. Patel; and one count of defrauding Medicare that included attempts by Dr. Patel to circumvent his exclusion from Medicare by billing under another physician's provider number.

PAYNE, JOHN BRUCE, D.O., COLLEYVILLE, TX, Lic. #H5943

On October 7, 2005, the Board entered a Final Order revoking Dr. Payne's medical license. The action followed a hearing by an administrative law judge of the Texas State Office of Administrative Hearings of the Board's allegations regarding Dr. Payne's treatment of a patient. In its order the Board accepted the findings of the administrative law judge, including that Dr. Payne performed surgery on a patient based on insufficient diagnostic results, that Dr. Payne prescribed drugs to the patient in a nontherapeutic manner, and that Dr. Payne

failed to provide reliable post-surgical coverage for the patient, who subsequently died. A Motion for Rehearing was denied by the Board and the October 7 order of revocation was effective November 14.

PEDRO, STEVEN DOUGLAS, M.D., FORT WORTH, TX, Lic. #D7240

On October 7, 2005, the Board and Dr. Pedro entered into an Agreed Order requiring Dr. Pedro to complete 12 hours of ethics courses and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Pedro failed to report on his medical license renewal that he had been convicted for violation of the United States banking laws in the United States District Court, Western District of Louisiana on May 19, 1998.

PENDLETON, MICHAEL JEROME, M.D., CORPUS CHRISTI, TX, Lic. #L4091

On August 26, 2005, the Board and Dr. Pendleton entered into an Agreed Order assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Pendleton violated his existing orders by failing to timely submit information required by those orders.

POWELL, WILLIAM EUGENE II, M.D., HOUSTON, TX, Lic. #D2821

On August 26, 2005, the Board and Dr. Powell entered into an Agreed Order publicly reprimanding Dr. Powell, prohibiting him from supervising a physician assistant or nurse practitioner; requiring him to obtain within one year 25 hours of continuing medical education; and assessing an administrative penalty of $2,000. The action was based on allegations that Dr. Powell did not meet the standard of care when he did not perform a conization to obtain a tissue specimen to rule out invasive cancer and when he did not confirm removal of a penrose drain after performing a ventral hernia repair.

PRYZANT, CHARLES ZANWILL, M.D., DALLAS, TX, Lic. #L3075

On August 26, 2005, the Board and Dr. Pryzant entered into an Agreed Order requiring Dr. Pryzant to obtain within one year 25 course hours of ethics, and assessing an administrative penalty of $1,000. The action was based on allegations of disciplinary action taken by Dr. Pryzant's peers for inappropriate internet content on his computer while interviewing an underage clinic client.

REYNOLDS, IAN JOHN, M.D., WEBSTER, TX, Lic. #F8994

On October 7, 2005, the Board and Dr. Reynolds entered into an Agreed Order publicly reprimanding Dr. Reynolds and assessing an administrative penalty of $500. The action was based on allegations that Dr. Reynolds behaved in an

abusive manner toward a patient's family member that could be reasonably expected to adversely impact the quality of care rendered to the patient.

RODRIGUEZ, F. ANGEL, M.D., GARLAND, TX, Lic. #E3758

On August 26, 2005, the Board and Dr. Rodriguez entered into an Agreed Order requiring Dr. Rodriguez to complete within one year a course of at least 20 hours in the area of family practice, a course of at least 10 hours in the area of medical records, and further requiring his practice to be monitored by another physician for a period of 12 months. The action was based on allegations that Dr. Rodriguez violated the standard of care by following a high-risk OB/GYN patient throughout her pregnancy even though Dr. Rodriguez's specialty is surgery.

ROGERS, BRIAN BLAKE, D.O., ARLINGTON, TX, Lic. #J6034

On August 26, 2005, the Board and Dr. Rogers entered into an Agreed Order subjecting Dr. Rogers to terms and conditions for 15 years, including that Dr. Rogers obtain a complete forensic evaluation from a board-approved psychiatrist; that he abstain from the consumption of drugs and alcohol; submit to screening for drugs and alcohol; participate in the activities of Alcoholics Anonymous and the Texas Osteopathic Medical Association; not treat his immediate family; not fill prescriptions by telephone to a pharmacy; maintain a file of a copy of every prescription written for controlled substances or dangerous drugs with addictive potential or potential for abuse; limit his medical practice to a group or institutional setting approved by the Executive Director of the Board; and obtain each year 50 hours of continuing medical education in addiction medicine and ethics. Additionally, Dr. Rogers is not permitted to supervise a physician assistant or advanced practice nurse. The action was based on Dr. Rogers' admission that he suffers from drug abuse.

ROSE, FRAN JEAN, M.D., IRVING, TX, Lic. #H9704

On October 7, 2005, the Board, acting through a disciplinary panel, entered a Temporary Restriction Order temporarily restricting Dr. Rose's license. Under the terms of the order, Dr. Rose must immediately cease seeing patients for the diagnosis and treatment of any and all thyroid, adrenal and testosterone conditions/disorders and immediately transfer the care and treatment of all such patients to another physician who is trained in endocrinology. The order also requires Dr. Rose to obtain a complete cardiovascular evaluation and workup to determine her fitness to continue the practice of medicine. The action was based on allegations that Dr. Rose, in violation of a prior Board order, continued to fail to meet the standard of care in her treatment of endocrine patients, creating a continuing threat to the public welfare. Dr. Rose is also suffering from certain medical conditions that impact her ability to practice medicine.

RUSSELL, MELVIN DAVID, D.O., EL PASO, TX, Lic. #F4460

On August 26, 2005, the Board and Dr. Russell entered into an Agreed Order requiring Dr. Russell to successfully complete within one year a course in risk management of at least 10 hours and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Russell authorized colonic hydrotherapy on two patients without documenting an adequate history and physical examination of the patients.

SAJADI, CYRUS, M.D., HOUSTON, TX, Lic. #G1766

On August 26, 2005, the Board and Dr. Sajadi entered into an Agreed Order requiring Dr. Sajadi to complete within one year nine hours of ethics courses; assessing an administrative penalty of $1,000; and requiring the return of a $250 fee. The action was based on allegations that Dr. Sajadi violated a state law that requires a physician who denies release of medical records to explain why the information was not provided. The action occurred in relation to a competency determination request initiated by the patient's father. After he determined he did not have enough information to make the determination, Dr. Sajadi did not communicate to the patient's father his purpose for keeping the fee or, alternatively, refunding the fee.

SEBRING, LANE, M.D., WIMBERLEY, TX, Lic. #J7661

On August 26, 2005, the Board and Dr. Sebring entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Sebring allowed a false, misleading or deceptive advertisement that used the phrase Board Certified in Anti-Aging Medicine. The claim of board certification was in violation of Board rules.

SHANNON, THOMAS O., M.D., CONROE, TX, Lic. #J5014

On October 7, 2005, the Board and Dr. Shannon entered into an Agreed Order requiring Dr. Shannon to complete 20 hours of continuing medical education in medical record-keeping and risk management and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Shannon's record-keeping and documentation relating to two surgical procedures were deficient.

SHILLER, ALAN DALE, M.D., PALESTINE, TX, Lic. #H8398

On August 26, 2005, the Board and Dr. Shiller entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Shiller published radio and newspaper advertisements that were false, misleading or deceptive. The advertising references superior results that were not substantiated.

SKRIPKA, CHARLES FRANK JR., M.D., TOMBALL, TX, Lic. #D4308

On July 13, 2005, the Board, acting through its Deputy Executive Director, entered an order suspending Dr. Skripka's license until such time as he personally appears before the Board and provides clear and convincing evidence and information proving that he is in compliance with all terms of his April, 2004, Agreed Order. The action was taken based on allegations Dr. Skripka violated the April 2, 2004, Agreed Order by failing to take and pass the Special Purpose Examination and the Medical Jurisprudence Examination.

SLOAN, RANDALL LEE, D.O., EDEN, TX, Lic. #G2278

On August 26, 2005, the Board and Dr. Sloan entered into an Agreed Order publicly reprimanding Dr. Sloan and crediting Dr. Sloan's successful completion of the course offered by the Vanderbilt Medical Center for Professional Health entitled A Continuing Education Course for Physicians Who Cross Sexual Boundaries as meeting the educational program requirement. The action was based on allegations of Dr. Sloan's unprofessional conduct toward medical staff personnel.

SMITH, CHARLES RONALD, D.O., PLAINVIEW, TX, Lic. #L2662

On August 26, 2005, the Board and Dr. Smith entered into an Agreed Order requiring Dr. Smith to take and pass the Medical Jurisprudence Examination; to successfully complete 20 hours of continuing medical education in the area of risk management; and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Smith irrigated a surgical site with a solution called H3O purchased from an Internet web site. The solution was not approved by the FDA, was not on the hospital formulary and the patient had not consented to its use.

SMITH, FARIN WAYNE, M.D., GALVESTON, TX, Lic. #BP30018802

On August 26, 2005, the Board and Dr. Smith entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations Dr. Smith failed to report on his postgraduate permit application that he had been arrested in 1978 for driving while intoxicated and in 1981 for criminal mischief.

SMITH, MICHAEL DEAN, M.D., LEAGUE CITY, TX, Lic. #F4545

On October 7, 2005, the Board and Dr. Smith entered into an Agreed Order restricting Dr. Smith's license for 10 years under terms and conditions that require Dr. Smith to abstain from the consumption of alcohol and other prohibited substances as described in the order; submit to screening for these substances as requested by the Board; continue to receive care and treatment from his treating psychiatrist at least once per month; participate in Alcoholics Anonymous at least five times per week; participate in the activities of his county or state medical society committee on physician health and rehabilitation; refrain from treating his

immediate family; and prohibiting him from supervising a physician assistant or advanced nurse practitioner. The action was based on allegations that Dr. Smith relapsed by ingesting a controlled substance without a legitimate prescription after having previously entered into a rehabilitation agreement with the Board.

SOWKA, LAWRENCE ROBERT, M.D., LUBBOCK, TX, Lic. #BP10018709

On October 7, 2005, the Board and Dr. Sowka entered into an Agreed Order assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Sowka failed to report disciplinary action taken by another state and failed to timely respond to the Board's request for information.

SPANN, SCOTT WEAVER, M.D., AUSTIN, TX, Lic. #K1685

On August 26, 2005, the Board and Dr. Spann entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Spann allowed a false, misleading or deceptive advertisement to be placed in a newspaper and on his web site. The advertisement misled the public by stating that Dr. Spann had been specifically selected by the FDA to perform artificial disc replacement.

SPINKS, DAVID WAYNE, D.O., DEER PARK, TX, Lic. #F4557

On October 7, 2005, the Board and Dr. Spinks entered into a three-year Agreed Order publicly reprimanding Dr. Spinks and requiring that his practice be monitored by another physician; that he refrain from prescription of any drug for any patient unless the drug is medically indicated and is prescribed in therapeutic doses; that he complete an additional 20 hours of continuing medical education each year of the order; that he submit a complete set of written policies and procedures with regard to the proper procedures for treating employees and for dispensing sample medications; and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Spinks failed to maintain adequate medical records for three patients, including one with whom he had a personal relationship and to whom he prescribed controlled substances.

SRIVATHANAKUL, SURAPHANDHU, M.D., DALLAS, TX, Lic. #E7288

On August 26, 2005, the Board and Dr. Srivathanakul entered into an Agreed Order suspending his license, staying the suspension and placing him on probation for five years under terms and conditions. The terms and conditions included that Dr. Srivathanakul not possess, dispense or prescribe any Schedule II or Schedule III controlled substances until he completes at least 10 hours of continuing medical education in pain management; that he successfully complete the course offered by the Vanderbilt Medical Center for Professional Health entitled A Continuing Education Course for Physicians Who Cross Sexual Boundaries; that his practice be monitored by another physician; and assessing an

administrative penalty of $2,000. The action was based on allegations that Dr. Srivathanakul prescribed narcotics and other habit-forming drugs to three patients without referrals, objective tests for pain, or plans of treatment to support the prescriptions.

TAKASE, KOUJI, M.D., HOUSTON, TX, Lic. #G1839

On August 26, 2005, the Board and Dr. Takase entered into an Agreed Order revoking Dr. Takase's license, staying the revocation and placing Dr. Takase on probation for 10 years under terms and conditions. The terms and conditions include requirements that Dr. Takase successfully complete the course offered by the Vanderbilt Medical Center for Professional Health entitled A Continuing Education Course for Physicians Who Cross Sexual Boundaries; that he submit to and obtain a complete forensic evaluation from a board-approved psychiatrist and continue any treatment recommended by that psychiatrist; that he take and pass the Medical Jurisprudence Examination; that he complete 10 hours of ethics courses each year for five years; that he complete 10 hours of courses in risk management and ethics each year of the order; that he is prohibited from hiring anyone under the age of 21 to work in his medical office; and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Takase was charged with two counts of sexual assault involving two females who had been employed in his medical office and that he entered a plea of guilty, as part of a plea agreement, to unlawful restraint, a third degree felony, and that he acted in an unprofessional manner to three other female employees who were under the age of 18.

TANG, JANNIE, M.D., SACRAMENTO, CA, Lic. #F8699

On October 7, 2005, the Board and Dr. Tang entered into an Agreed Order publicly reprimanding Dr. Tang. The action was based on the public reprimand issued by the Medical Board of California that was based on allegations that Dr. Tang left her anesthesia station for a telephone call while she was responsible for the anesthetic care of a patient undergoing a spinal MRI body scan.

THOMPSON, JAMES BYRON, M.D., GEORGETOWN, TX, Lic. #H8460

On August 26, 2005, the Board and Dr. Thompson entered into an Agreed Order publicly reprimanding Dr. Thompson, requiring him to attend the course offered by the Vanderbilt Medical Center for Professional Health entitled A Continuing Education Course for Physicians Who Cross Sexual Boundaries, and to obtain 10 hours of continuing medical education in medical documentation/record keeping. The action was based on allegations that Dr. Thompson prescribed Vicodin and Xanax for one person with whom he had a personal relationship without proper medical indications and without keeping adequate medical records.

TITUS, PATRICK ANTHONY, M.D., HOUSTON, TX, Lic. #C8730

On August 26, 2005, the Board revoked Dr. Titus' license. The action was based upon Dr. Titus noncompliance with a previous order which required him to enroll in and successfully complete a course in the area of the prevention and treatment of drug abuse; submit to evaluation by an ophthalmologist; and submit to a forensic psychiatric evaluation. Dr. Titus did not file a Motion for Rehearing. The August 26 order was effective September 26.

TRAN, THOMAS TUNG, M.D., ALICE, TX, Lic. #J6043

On October 7, 2005, the Board and Dr. Tran entered into an Agreed Order requiring Dr. Tran to obtain 10 hours each of continuing medical education in record-keeping and ethics and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Tran entered inaccurate information on some emergency room records regarding the time he began his examination of patients and that, in one instance, Dr. Tran did not complete a full physical examination before admitting a patient to ICU for observation for an overdose of drugs.

WAGNER, HAROLD GLEN, D.O., DESOTO, TX, Lic. #H6679

On August 26, 2005, the Board and Dr. Wagner entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Wagner failed to timely sign a death certificate as required by law.

WATKINS, HERBERT LEONARD, M.D., HOUSTON, TX, Lic. #J5053

On August 26, 2005, the Board and Dr. Watkins entered into a five-year Agreed Order requiring that Dr. Watkins obtain 50 hours of continuing medical education per year in the areas of urology and risk management; that his practice be monitored by another physician; that he submit a corrective action plan addressing the issue of obtaining necessary medical records so that they are available for his review during patient visits; and assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Watkins failed to meet the standard of care in his treatment of one patient because there was no adequate examination of the prostate, no early biopsy of the prostate, and no confirmation of the diagnosis with early treatment of prostate cancer.

WATSON, DAVID GREGORY, M.D., TYLER, TX, Lic. #K4605

On August 26, 2005, the Board and Dr. Watson entered into an Agreed Order of voluntary surrender of his medical license. The action was based on allegations of recurring substance abuse, including use of cocaine the night before reporting to work at an emergency room the following morning.

WEEKS, LYLE DAVID, M.D., EL PASO, TX, Lic. #E4959

On August 26, 2005, the Board and Dr. Weeks entered into an Agreed Order requiring Dr. Weeks to obtain within one year 50 hours of continuing medical education in medical record keeping and informed consent and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Weeks violated the standard of care by not documenting any patient education regarding Zyplast or Silicon 1000 injections and by not obtaining a consent prior to injecting a patient with Silicon 1000.

WELDON, BILL E., D.O., FORT WORTH, TX, Lic. #F4669

On August 26, 2005, the Board and Dr. Weldon entered into an Agreed Order suspending Dr. Weldon's license, staying the suspension and placing him on probation for five years under terms and conditions, including that his practice be monitored by another physician; that he complete 30 hours of continuing medical education in pain management each year and 10 hours in record keeping; that he pass the Medical Jurisprudence Examination; that he not prescribe or renew the prescription for any Schedule II drugs for six months; assessing an administrative penalty of $3,600; and prohibiting him from supervising physician assistants. The action was based on allegations that Dr. Weldon prescribed pain medications, muscle relaxants and Valium in high doses to a patient without performing comprehensive evaluations, without appropriate referrals or follow-up, and without disclosure of the risks and benefits of treatment.

WELLS, GUY ALAN, M.D., LUBBOCK, TX, Lic. #E9005

On October 7, 2005, the Board and Dr. Wells entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Wells failed to provide properly requested medical records of one patient within 15 business days of receipt of the request.

WHITE, ROBERT FRANK, M.D., MOUNT VERNON, TX, Lic. #C7159

On August 26, 2005, the Board and Dr. White entered into a three-year Agreed Order requiring Dr. White's practice to be monitored by another physician and requiring him to complete 50 hours of courses per year in the area of pain management; to complete a course of 10 hours in the area of medical records; to pass the Medical Jurisprudence Examination; and to submit a written corrective action plan to ensure that pain management patients are treated in accordance with the standard of care. The action was based on allegations that Dr. White's treatment of one patient fell below the standard of care because no CT scans, MRIs or other tests were performed, there was no referral to a neurologist or pain management specialist and the patient was not required to enter into a pain management contract.

WILLIAMS, JAMES EDWARD, M.D., CARROLLTON, TX, Lic. #TP10017889

On August 26, 2005, the Board and Dr. Williams entered into an Agreed Order prohibiting Dr. Williams from practicing in Texas or requesting a physician in training permit until he appears before the Board to demonstrate that he is physically, mentally, and otherwise competent to safely practice medicine. The action was based on allegations that Dr. Williams was released from the Family Medicine Residency Program at the University of Texas Southwestern Medical Center for failing to meet the expected performance standards.

WOMACK, JAMES CHANSLOR, M.D., BOWIE, TX, Lic. #G8516

On August 26, 2005, the Board and Dr. Womack entered into an Agreed Order extending his existing March 31, 2000, order for an additional five years and modifying it to comply with current Board standards for orders entered to address substance abuse. The action was based on allegations that Dr. Womack violated his existing order by not properly notifying the Board that he had taken carisoprodol, also known as Soma, which had been prescribed to him, and by ingesting alcohol present in a ginseng supplement that he had taken for a short time.

WORRELL, PAUL STEPHEN, D.O., DALLAS, TX, Lic. #F7329

On October 7, 2005, the Board and Dr. Worrell entered into a one-year Agreed Order requiring that Dr. Worrell's practice be monitored by another physician; that he not treat his immediate family; that he attend a total of 25 hours of continuing medical education in the areas of ethics, risk management, medical records and prescribing of controlled substances; and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Worrell prescribed medications, including controlled substances, to family members without appropriate documentation in medical records and that he failed to meet the standard of care in his prescribing controlled substances to family members.

ZEIFMAN, CLAUDE WILLIAM EVRARD, M.D., EVERETT, WA, Lic. #J5072

On October 7, 2005, the Board and Dr. Zeifman entered into an Agreed Order publicly reprimanding Dr. Zeifman. The action was based on the action of the New York State Board for Professional Medical Conduct imposing a censure and reprimand based on criminal misconduct unrelated to the practice of medicine.

ZIMMER, GERALD HARWICK III, M.D., ATHENS, TX, Lic. #J8853

On October 7, 2005, the Board and Dr. Zimmer entered into an Agreed Order suspending Dr. Zimmer's license until such time as he provides clear and convincing evidence to the Board that he is physically, mentally and otherwise competent to safely practice medicine. The action was based on allegations that Dr. Zimmer exhibited drug-seeking behavior and failed to appropriately treat a

lesion on a patient's head that was later determined to be positive for basal cell carcinoma.

Acupuncturist

THOREN, LAWRENCE JOSEPH, A.C., AUSTIN, TX, Lic. #AC00786

On August 26, 2005, the Board and Mr. Thoren entered into an Agreed Order in which the board accepted the voluntary and permanent surrender of his acupuncture license. The action was based on Mr. Thoren's wish to surrender his license after discussions regarding his compliance with license requirements.

Physician Assistants

GRISWOLD, BRIAN M., P.A., TAYLOR, TX, Lic. #PA03037

On July 29, 2005, the Board of Physician Assistant Examiners entered into an Agreed Order with Mr. Griswold whereby he voluntarily surrendered his physician assistant license. The action was based on Mr. Griswold's agreement with the Travis County District Attorney that included the requirement that he surrender his license as part of a plea bargain relating to his attempting to obtain a controlled substance by fraud.

MORGAN, KEVIN DANIEL, SAN ANTONIO, TX, Lic. #PA00930

On June 21, 2005, the Board of Physician Assistant Examiners, acting through the Executive Director, entered an order suspending Mr. Morgan's physician assistant license. The action was based on allegations Mr. Morgan violated his existing Agreed Order by testing positive for prohibited drugs and ethylglucuronide and by failing to test when requested.