

TEXAS MEDICAL BOARD
LICENSURE COMMITTEE MEETING MINUTES
November 28, 2012

The meeting was called to order at 1:09 p.m. on November 28, 2012 by Chair, Michael Arambula, M.D. Committee members present were John D. Ellis Jr., Carlos Gallardo, Wynne M. Snoots, M.D., Paulette B. Southard, Timothy Webb and Irvin E. Zeitler. Margaret McNeese, M.D. was also present as a resource to the Committee.

Agenda Item 2 - Discussion, recommendation, and possible action regarding disciplinary orders for falsification. Ms. Robinson reported that although previously the National Practitioner Data Bank (NPDB) had not required reports for orders containing only administrative penalty fines, recent discussions have revealed that the NPDB now requires administrative penalty fines be reported if connected to the delivery of healthcare services. Ms. Robinson asked the committee to provide a recommendation to the full Board as to whether administrative penalties offered for falsification of a licensure application should be considered connected to the delivery of healthcare services. The committee determined that administrative penalties, solely based on falsification of a licensure application, are not connected to the delivery of healthcare services and should not be reportable to the NPDB.

Agenda Item 3 - Discussion, recommendation, and possible action regarding disciplinary terminology guidelines. Ms. Robinson presented a draft of suggested terminologies for possible adoption and use by Texas medical schools and residency programs to clarify actions and that should be reported to the Board on evaluations, letters or in training or school files referencing applicants. The committee suggested including a clearer distinction between medical students and residents, specifically to consider only reporting academic issues in medical school that rose to the level of review by the Student Promotions Committee. It was also suggested that additional rotations required during residency training due to lack of patient volume and availability should not be considered reportable. The committee directed staff to send the proposed draft of terminologies, with the suggested additions, to the Medical/Graduate Medical Education stakeholders group as well as the Student Affairs Deans for the schools.

Agenda Item 4 Discussion, recommendation, and possible action regarding licensure and registration forms. Ms. Knight presented the current registration and application questions. The

committee directed staff to draft new questions for both forms with the guiding principles of shorter questions, and that the questions on both forms be substantially similar. The committee also requested staff to draft an FAQ for the website and as a direct weblink from the application providing guidance on issues requiring disclosure and the Boards process for handling such issues.

Dr. Zeitler moved, Ms. Southard seconded, that the Committee close the meeting to the public and continue in Executive Session for deliberations concerning Agenda Item 5. The motion passed. Dr. Arambula announced that the meeting would be closed for deliberations at 3:26 p.m. concerning private consultation and advice of counsel concerning pending or contemplated litigation, settlement offers, and/or legal matters subject to the attorney-client privilege under the authority of the Open Meetings Act Section 551.071, Government Code, and that while in executive session, the Board would not take any action, make any decision, or vote with regard to any matter that may be considered or discussed. A certified agenda of any executive session will be made.

Executive session ended at 4:00 p.m.

Agenda Item 5 - Discussion, recommendation, and possible action regarding release of applicant packets. Ms. Leshikar discussed the release of the information in application packets to applicants required to appear before the licensure committee. The committee was presented with several options to change application forms or processes to facilitate the release of such information to the applicant. The committee directed staff to draft a sample packet for the Committees review at the February 7-8, 2012 Board meeting. The sample should clarify the existing language on the evaluation form to ensure evaluators understand only the actual form is considered confidential and any additional information collected may be used as evidence and released to the applicant. Staff should also draft a sample waiver form for the evaluators to allow release to the applicants.

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Agenda item 6 - Report on physician licensure statistics. Ms. Knight reported that 3,630 new licenses were issued in Fiscal Year 12 and the average time to complete physician licensure applications was 31 days.

Agenda Item 7a - Discussion, recommendation, and possible action regarding Nonprofit Health Organizations: Applicants for initial certification. There were 15 applications for initial certification as a Nonprofit Health Organization for approval. **Mr. Webb moved to recommend to the full Board that the 15 requests for initial certification as a Nonprofit Health Organization be approved. Dr. Zeitler seconded. All voted in favor and the motion passed.**

Agenda Item 7b - Discussion, recommendation, and possible action regarding Nonprofit Health Organizations: Requests for biennial recertification - There were 13 applications for biennial recertification as a Nonprofit Health Organization for approval. **Mr. Webb moved to recommend to the full Board that the 13 requests for biennial recertification as a Nonprofit Health Organization be approved. Dr. Zeitler seconded. All voted in favor and the motion passed.**

Agenda Item 8 - Discussion, recommendation, and possible action regarding proposed amendments to board rules:

- a. 22 TAC 163 Licensure

Ms. Southard moved to recommend to the full Board that the rules be published as presented in the Texas Register for public comment. Mr. Gallardo seconded. All voted in favor. The motion passed

- b. 22 TAC 195 Pain Management Clinics

Mr. Ellis moved to recommend to the full Board that the rules be published as presented in the Texas Register for public comment. Ms. Southard seconded. All voted in favor. The motion passed.

Agenda Item 9 - Discussion, recommendation, and possible action regarding Board sponsorship for USMLE III. Ms. Knight presented a survey from the Federation of State Medical Board (FSMB) regarding state sponsorship of applicants to take USMLE III **Dr. Snoots moved to recommend to the full Board that a recommendation for elimination of requirement for state sponsorship for USMLE III be conveyed to the FSMB. Ms. Southard seconded. All voted in favor. The motion passed.**

Agenda Item 10 - Discussion, recommendation, and possible action regarding document inspections. Ms. Knight discussed the current staff process of requiring applicants from schools who are not represented on the Substantial Equivalence list to appear for a personal interview and document inspection. **Following discussion, Dr. Zeitler moved to recommend to the full Board that the current practice of requiring the personal interview and document inspection for all applicants from schools who are not represented on the Substantial Equivalence be discontinued, and that personal**

interviews and document inspections be at the request of the Board. Ms. Southard seconded. All voted in favor. The motion passed.

Agenda Item 11 - There being no further business for the day, Dr. Arambula recessed the meeting at 4:18 p.m.

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**TEXAS MEDICAL BOARD
LICENSURE COMMITTEE MEETING MINUTES
November 29, 2012**

The meeting resumed at 11:10 a.m. on November 29, 2012 by Chair, Michael Arambula, M.D. Committee members present were John D. Ellis Jr., Carlos Gallardo, Wynne M. Snoots, M.D., Timothy Webb and Irvin E. Zeitler, D.O.

Mr. Gallardo moved, Mr. Webb seconded, that the Committee close the meeting to the public and continue in Executive Session for deliberations concerning Agenda items 2a, 3a and 3b. The motion passed. Dr. Arambula announced that the meeting would be closed for deliberations at 11:14 a.m. concerning licensure applications and the character and fitness of applicants under the authority of The Medical Practice Act Sections 152.009 and 155.058, Occupations Code, and that while in executive session, the Board would not take any action, make any decision, or vote with regard to any matter that may be considered or discussed. A certified agenda of any executive session will be made.

Paulette B. Southard entered the meeting at 11:14 a.m.

Paulette B. Southard exited the meeting at 12:42 p.m.

Carlos Gallardo exited the meeting at 1:55 p.m.

William Roy Smythe, M.D. entered the meeting at 2:30 p.m.

The Executive Session ended at 4:45p.m.

Agenda Item 2 - Discussion, recommendation and possible action regarding licensee requests

Item 2a Request of physician for pro-rated refund of renewal fee.

The spouse of **Licensee #1319** did not appear before the committee, but appealed the Executive Directors determination to deny a partial refund of the license renewal fee. Following discussion, **Mr. Webb moved to recommend to the full Board that a decision be deferred until such time that the Board can modify its rules related to refunds for licensees that become deceased while under an active license. Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Agenda Item 3 - Discussion, recommendation and possible action regarding applicants for licensure, permits, and certification.

Item 3a Applicants for Pain Management Certification

Licensee #1337 appeared before the Committee, with counsel, in executive session, regarding an application for pain management clinic certification. Following discussion, **Dr. Zeitler moved to recommend to the full Board that the applicant be granted a pain management clinic certificate. Mr. Webb seconded the motion. All voted in favor. The motion passed.**

Item 3b Applicants appearing concerning eligibility

The Licensure Committee conducted hearings to review applicants appearing concerning eligibility. The hearings were conducted in Executive Session. Following the hearings, the Committee reconvened and considered the applications.

Applicant #1263 appeared before the Committee in executive session. In open session, **Mr. Webb moved to recommend to the full Board that the applicant be determined ineligible for due to unprofessional conduct likely to deceive, defraud, or injure the public; action by a health care entity due to unprofessional conduct or professional incompetence likely to harm the public; and submission of a false or misleading statement on an application for licensure.** Factors contributing to this recommendation include the applicants criminal history includes two charges for possession of

marijuana and public intoxication; while in residency training in 2011 the applicant was placed on probation for six months for lying about the reason for a two-day absence from the program, and other instances of unprofessional conduct; and while still on probation the applicant violated the terms of probation with additional misconduct related to dishonesty, resulting in the probation being extended by 3 months. While in residency training in 2012 the applicant received performance coaching regarding inappropriately accessing patient records. The applicant did not fully disclose all actions taken by the residency programs on the applicants application for licensure, nor was the applicant truthful regarding academic actions when appearing before the committee. **Dr. Smythe seconded the motion. All voted in favor. The motion passed.**

Applicant #1299 appeared before the Committee, in executive session. In open session, **Dr. Snoots moved to recommend to the full Board that the applicant be granted an unrestricted license. Mr. Ellis seconded the motion. All voted in favor. The motion passed.**

Applicant #1303 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Smythe moved to recommend to the full Board that the applicant be determined ineligible for due to action taken by a health care entity due to unprofessional conduct professional incompetence likely to harm the public; failure to practice medicine in a competent manner consistent with public health and welfare; and submission of a false or misleading statement on an application for licensure.** Factors contributing to this recommendation include the applicant did not perform well during the applicants last two years of training and was placed on remediation due to concerns relating to professional competence and poor interpersonal skills, with the applicants training ending April 2011. After four months of employment the applicants surgical privileges were summarily suspended in January 2012 due to a high complication rate, raising concerns about patient safety. The applicants privileges were subsequently terminated due to failure to maintain licensure. The applicant has not demonstrated satisfactory remediation of issues raised during training and employment, and the applicant did not report the academic remediation, or employment suspension and subsequent termination on the application for licensure. The applicant is encouraged to complete an additional year of training in ophthalmology. **Therefore, Dr. Smythe further moved to recommend also to the full Board that upon receipt within one calendar year of a request for a physician in training permit of no less than one year in ophthalmology a physician in training permit may be granted by the Executive Director. Mr. Webb seconded the motion. All voted in favor. The motion passed.**

Applicant #1306 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Zeitler** moved to recommend to the full Board that the applicant be granted a Physician in Training permit. **Dr. Snoots** seconded the motion. All voted in favor. The motion passed.

Applicant #1311 appeared before the Committee in executive session. In open session, **Dr. Smythe** moved to recommend to the full Board that the applicant be privately referred to the Texas Physicians Health Program (TXPHP) and upon resolution with the TXPHP be granted a license. This recommendation is due to the applicants inability to safely practice medicine due to a physical or mental condition. Factors contributing to this recommendation include the applicant has a history of depression and ADD that has affected the applicants performance while in training. **Dr. Zeitler** seconded the motion. All voted in favor. The motion passed.

Applicant #1312 appeared before the Committee in executive session. In open session, **Dr. Zeitler** moved to recommend to the full Board that the applicant be determined ineligible for due to disciplinary action by another board or agency; unprofessional conduct or professional incompetence likely to harm the public; and failure to practice medicine in a professional manner consistent with public health and welfare. Factors contributing to this recommendation include, the applicant was reprimanded by another state licensing board in 2006 due to standard of care violations relating to telemedicine, whereby the applicant prescribed medications to over 115 patients online without first establishing an appropriate physician-patient relationship. As a result of the reprimand, the applicant was denied licensure by another state and denied renewal of licensure by a third state. **Mr. Webb** seconded the motion. All voted in favor. The motion passed

Applicant #1321 appeared before the Committee, with counsel, in executive session. In open session, **Mr. Ellis** moved to recommend to the full Board that the applicant be granted an unrestricted license. **Dr. Zeitler** seconded the motion. All voted in favor. The motion passed.

Applicant #1324 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Zeitler** moved to recommend to the full Board that, upon compliance with all further requirements of licensure, the applicant be granted a Texas medical license, under a nondisciplinary remedial plan, subject to the following conditions:

Quarterly reports from professional mentor for eight cycles

Chart Monitor for eight cycles

Private referral to the Texas Physicians Health Program (TXPHP)

This recommendation is due to unprofessional or dishonorable conduct likely to deceive, defraud or injure the public; failure to practice medicine in a professional manner consistent with public health and welfare; action by a health care entity due to unprofessional conduct or professional incompetence; and inability to safely practice medicine due to a physical or mental condition. Factors contributing to this recommendation include, while in residency training in 2011-12, the applicant was placed on five different performance improvement plans and probation related to deficiencies in interpersonal & communication skills, professionalism, and practice-based learning. Upon completion of training, the program recommended that applicant have a mentor in future employment. The applicant suffers from ADD that has adversely affected the applicants performance in medical school and residency training. The applicant has history of binge drinking, ages 17-28, however, has been sober for the past four years. The applicants proposed practice setting is aware of applicants history and nevertheless believes the applicant will be a good fit for their underserved community and that applicant will have appropriate professional support. **Dr. Smythe seconded the motion. All voted in favor. The motion passed.**

Applicant #1327 appeared before the Committee, with counsel, in executive session. In open session, **Mr. Webb moved to recommend to the full Board that the applicant be granted a Texas medical license, under a nondisciplinary remedial plan, subject to the following conditions: four hours of CME in Ethics and four hours of CME in Inter-professional Communications.** This recommendation is due to action taken by a health care entity due to unprofessional conduct or professional incompetence; unprofessional or dishonorable conduct likely to deceive, defraud or injure the public; and submission of a false or misleading statement on an application for licensure. Factors contributing to this recommendation include, the applicant received poor evaluations from two residency training programs due to concerns relating to unprofessional conduct with complaints relating to poor communication with staff, resulting in applicant leaving one program after five months, and an extension of training for three months by the other program. The applicant was required to take a leave of absence while in medical school due to failure of a competency exam required for licensure, which the applicant failed to report to the Board on the application for licensure, and the committees determination that applicant intentionally submitted a false statement to the board. However, the applicant has had marked improvement over the past year in residency training as evidenced by statements from supervising physicians in the program. **Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Applicant #1328 appeared before the Committee, in executive session. In open session, **Mr. Webb moved to recommend to the full Board that the applicant be granted a Texas medical license, under a nondisciplinary remedial plan, subject to the following conditions: four hours of CME in Ethics.**

This recommendation is due to action taken by a professional medical society/board due to unprofessional conduct or professional incompetence, and unprofessional or dishonorable conduct likely to deceive, defraud or injure the public. Factors contributing to this recommendation include, in 2012, the National Residency Matching Program (NRMP) disciplined the applicant for accepting two concurrent residencies. **Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Applicant #1333 appeared before the Committee, with counsel, in executive session. In open session, **Mr. Ellis moved to recommend to the full Board the applicant be privately referred to the Texas Physicians Health Program (TXPHP) and upon resolution with the TXPHP be granted a license.** This recommendation is due to the inability to safely practice medicine due to a mental condition. Factors contributing to this recommendation include, the applicant was charged in 2010 for domestic aggravated assault, which was subsequently dismissed after completion of terms of pretrial diversion that included counseling for mental issues that indicated a personality trait disorder. **Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Dr. Zeitler moved, Dr. Smythe seconded, that the Committee close the meeting to the public and continue in Executive Session for deliberations concerning Agenda item 3b. The motion passed. Dr. Arambula announced that the meeting would be closed for deliberations at 5:00 p.m. concerning licensure applications and the character and fitness of applicants under the authority of The Medical Practice Act Sections 152.009 and 155.058, Occupations Code, and that while in executive session, the Board would not take any action, make any decision, or vote with regard to any matter that may be considered or discussed. A certified agenda of any executive session will be made.

The Executive Session ended at 8:40 p.m.

Item 3b continued Applicants appearing concerning eligibility

Applicant #1007 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Zeitler moved to recommend to the full Board that, upon compliance with all further requirements of licensure, the applicant be granted a Texas medical license, under a nondisciplinary remedial plan, subject to the following conditions:**

4 hours CME in Ethics

4 hours CME in Risk Management

This recommendation is due to action taken by a health care entity due to unprofessional conduct or professional incompetence likely to harm the public; unprofessional conduct likely to deceive, defraud, or injure the public; and prior disciplinary history by the Board. Factors contributing to this recommendation include the applicant was placed on academic warning in 2012 during the applicants 3rd year of residency training due to lack of attendance and as result, the applicants training was extended by three weeks; and the applicant was previously disciplined by the Board in 2010 due to falsification on the applicants physician in training permit application. **Dr. Snoots seconded the motion. All voted in favor. The motion passed.**

Mr. Ellis recused himself from the following discussion.

Applicant #1253 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Zeitler moved to recommend to the full Board that, upon compliance with all further requirements of licensure, the applicant be granted a Texas medical license, under a nondisciplinary remedial plan, subject to the following conditions:**

2 day in person course related to professional conduct

UT Dallas Physician Coaching Program

Pass the Texas Medical Jurisprudence Exam

This recommendation is due to unprofessional or dishonorable conduct likely to deceive, defraud, or injure the public. Factors contributing to this recommendation include the applicant was reprimanded by the applicants certifying board in 2006 due to improper proctoring of the exam. In 2009 a jury awarded damages for intentional interference with advantageous relations and slander. **Mr. Webb seconded the motion. Mr. Ellis recused himself. All voted in favor. The motion passed.**

Applicant #1272 appeared before the Committee in executive session. In open session, **Dr. Snoots moved to recommend to the full Board that the applicant be granted an unrestricted license. Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Applicant #1301 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Smythe moved to recommend to the full Board that, upon compliance with all further requirements of licensure, the applicant be granted under a nondisciplinary remedial plan, subject to the following conditions: 8 hours of CME in Communications.** This recommendation is due to action taken by a health care entity due to unprofessional conduct or professional incompetence likely to harm the public; and unprofessional or dishonorable conduct likely to deceive, defraud or injure the public.

Factors contributing to this recommendation include that during the applicants fellowship training in 2003 the applicant was placed on probation for three months for not meeting the acceptable standards of conduct; and while in fellowship training in 2011, several staff members raised concerns about poor interactions with staff and concerns regarding unprofessional conduct, as a result, the applicant was asked to resign from the program. **Mr. Webb seconded the motion. All voted in favor. The motion passed.**

Applicant #1310 appeared before the Committee in executive session. In open session, **Mr. Webb moved to recommend to the full Board that the applicant be determined ineligible for a surgical assistant due to failure to demonstrate compliance with Board rule that the applicants surgical assistant program be properly accredited.** Factors contributing to this recommendation include the applicant graduated from a surgical assistant program in 2012, after the school has surrendered its accreditation in December 2010. **Dr. Smythe seconded the motion. All voted in favor. The motion passed**

Applicant #1315 appeared before the Committee, with counsel, in executive session. In open session, **Mr. Webb moved to recommend to the full Board that the applicant be determined ineligible for due to action taken by a health care entity, unprofessional conduct or professional incompetence likely to harm the public; and unprofessional conduct likely to deceive, defraud or injure the public.** Factors contributing to this recommendation include the applicant was warned several times and placed on probation twice while in residency training due to the applicants unprofessional conduct. The applicant subsequently violated the second probation and as a result the period of probation was extended, and the applicant resigned from the program while still under probation. The applicant has not practiced medicine since resigning from the training program and has not demonstrated of remediation of the issues addressed in residency training. The applicant is encouraged to complete additional year of training. Therefore, **Mr. Webb further moved to recommend to the full Board that upon receipt within one calendar year of a request for a physician in training permit for a training program of at least one year in length that the Executive Director may grant a physician training permit. Dr. Smythe seconded the motion. All voted in favor. The motion passed.**

Applicant #1317 appeared before the Committee, with counsel, in executive session. In open session, **Mr. Ellis moved to recommend to the full Board that the applicant be granted an unrestricted license. Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Applicant #1318 appeared before the Committee in executive session. In open session, **Dr. Smythe moved to recommend to the full Board that the applicant be determined ineligible for due to failure to practice medicine in an acceptable professional manner consistent with public health and welfare.** Factors contributing to this recommendation include the applicant has completed only one year of postgraduate training in a field that applicant did not perform well in and received poor evaluations; and since completion of the one year of training the applicant is participating in an unapproved research fellowship and has not practiced clinical medicine or otherwise remediated issues raised while in residency training. The applicant is encouraged to complete additional year of training. Therefore, **Dr. Smythe further moved to recommend to the full Board that upon receipt within one calendar year of a request for a physician in training permit for a training program of at least one year in length that the Executive Director may grant a physician training permit. Mr. Webb seconded the motion. All voted in favor. The motion passed.**

Applicant #1329 appeared before the Committee, with counsel, in executive session. In open session, **Mr. Webb moved to recommend to the full Board that the applicant be determined ineligible for due to failure to demonstrate graduation from a medical school substantially equivalent to a Texas medical school; failure to demonstrate passage of a licensure examination acceptable for licensure; and failure to complete two years of acceptable residency training in the U.S. or Canada.** Factors contributing to this recommendation include the applicants licensure examination administered by Puerto Rico is not acceptable for licensure; the applicant has failed to submit necessary documentation to demonstrate substantial equivalence to Texas medical school; and the applicant has completed only one year of postgraduate training in the U.S. or Canada, and that year was not accredited by the ACGME or AOA. **Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Applicant #1332 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Zeitler moved to recommend to the full Board that the applicant be denied relicensure due to unprofessional or dishonorable conduct likely to deceive, defraud or injure the public; conviction of a felony; prior disciplinary history by the Board; time out of the active practice of medicine; and failure to practice medicine in a competent manner consistent with public health and welfare.** Factors contributing to this recommendation include, in 1996 the applicant entered a plea agreement placing the applicant on probation for one year due to failure to file income tax return. In 2006, the applicant was convicted of the following felonies - two counts of submission of false statements on income tax returns and six counts of failure to submit income tax returns. As a result, the applicant was fined and incarcerated for five years and remains under supervised release. As a result of the felony

convictions, the applicants Texas medical license was revoked in 2007. The applicant has not actively practiced medicine since 2007. The applicant failed to meet the standard of care in two cases resulting in patient harm. The applicant has failed to demonstrate that relicensure is in the best interest of the public.

Mr. Webb seconded the motion. All voted in favor. The motion passed.

Applicant #1334 appeared before the Committee, with counsel, in executive session. In open session, **Dr. Zeitler moved to recommend to the full Board that the applicant be determined ineligible for due to action taken by a health care entity due to unprofessional conduct or professional incompetence likely to harm the public; past disciplinary history with the Board; and time out of the active practice of medicine.** Factors contributing to this recommendation include the applicant was disciplined by the Board in 2004 due to improper delegation; the applicant permanently surrendered the applicants medical license in 2010 in relation to standard of care violations for three patients and agreed to never reapply for licensure; and the applicant has not actively practiced medicine since January 2010. **Mr. Ellis seconded the motion. All voted in favor. The motion passed.**

Item 3c - Proposed orders offered by the Executive Director.

Ms. Knight reported on 6 physician licensure orders offered by the Executive Director and accepted by applicants. **Mr. Webb moved to recommend to the full Board that all 6 orders be approved. Mr. Ellis seconded. All voted in favor and the motion passed.**

Item 3d Physician licensure applicants to be licensed.

There were 91 applicants who met all requirements to be considered for permanent licensure by the full Board. **Mr. Ellis moved to recommend to the full Board that all 91 physician licensure applicants determined to meet eligibility requirements by staff be approved. Dr. Smythe seconded the motion. All voted in favor. The motion passed.**

Item 3e Surgical assistant licensure applicants to be licensed

There were four applicants who met all requirements to be considered for licensure by the full Board. **Dr. Smythe moved to recommend to the full Board that all four surgical assistant applicants determined to meet eligibility requirements by staff be approved. Dr. Zeitler seconded the motion. All voted in favor. The motion passed.**

Item 3e Acudetox applicants to be certified

There was one applicant who met all requirements to be considered for certification by the full Board. **Mr. Ellis moved to recommend to the full Board that the one acudetox applicant determined to meet eligibility requirements by staff be approved. Dr. Snoots seconded the motion. All voted in favor. The motion passed.**

Agenda Item 4 - There being no further business, Dr. Arambula adjourned the meeting at 8:55 p.m.