

**Action Item Agenda Item 2a Applicant #665  
Licensure Committee Proposed Public Non-Disciplinary Rehabilitation Order  
June 26, 2008**

Applicant #665s application was reviewed due to Training Probation, Substance Abuse/Treatment and Surrender of Oregon Training License and Falsification of Application.

Dr. Arambula moved to recommend to the full Board that the Applicant be granted a Physician-In-Training Permit under a public, non-disciplinary rehabilitation order that includes the following requirements:

|   |                               |
|---|-------------------------------|
| <b>TERMS AND CONDITIONS</b>   |                               |
| <b>LENGTH OF ORDER:</b>   | <b>Duration of PIT permit</b> |
| <b>DRUG/ALCOHOL:</b>  |                               |
| <b>1. [ABSTAIN &amp; DRUG SCREENS]</b> Abstain from alcohol and drugs, except as prescribed; comply with TMB screening program; automatic suspension of license for positive test [e01]                         | <b>Yes</b>                    |
| <b>2. [AA / NA]</b> <input type="checkbox"/> AA <b>OR</b> <input type="checkbox"/> NA meeting at least <u>5</u> times each <input type="checkbox"/> week <b>OR</b> <input type="checkbox"/> month. [e16 or e17] | <b>Yes</b>                    |
| <b>6. [CONTINUING CARE CONTRACT]</b> Comply with contract with <b>Texas Medical Association</b> [e23]   | <b>Yes</b>                    |
| <b>MISC. PROVISIONS:</b>  |                               |
| <b>3. Standard Requirements:</b>  |                               |
| <b>[REPORTS]</b> Reports by Applicant/Respondent regarding physical or mental condition on request [e11]  | <b>Yes</b>                    |
| <b>[NO UNILATERAL WITHDRAWAL]</b> Shall not withdraw from care, or treatment [e12]  | <b>Yes</b>                    |
| <b>[NOTIFY/DISCONTD CARE]</b> Notify Compliance upon discontinuation of care/treatment [e14]  | <b>Yes</b>                    |
| <b>4. [PROGRAM DIRECTOR TO REPORT ON PIT HOLDER]</b> Respondent must give copy of Order to Program Director and request quarterly reports [e]   | <b>Yes</b>                    |
| <b>PRESCRIBING AUTHORITY</b>  |                               |
| <b>5. [SELF-PRESCRIBE/FAMILY]</b> Shall not treat self or immediate family [f09]  | <b>Yes</b>                    |

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|---|------------|
| <b>TERMS AND CONDITIONS</b>   |            |
| <b>6. [NO TELEPHONE PRESCRIBING]</b> Shall not prescribe by telephone [f10]   | <b>Yes</b> |
| <b>7. [ABILITY TO SUPERVISE]</b> <input checked="" type="checkbox"/> May<br><input type="checkbox"/> May NOT supervise PAs and APNs [o02] | <b>Yes</b> |
| NOTE: If Order includes restrictions on license; PA Act prohibits supervision.  |            |
| <b>PROBATION APPEARANCES</b>  |            |
| <b>8. [1 TIME 1<sup>ST</sup> YEAR &amp; THEN ON REQUEST]</b><br>At least once 1 <sup>st</sup> year and on then request [l05]              | <b>Yes</b> |
| <b>9. Administrative Penalty - \$2,000</b>  | <b>Yes</b> |

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Note: Others standard closing paragraphs will be included in the Order, including provisions for:

- Tolling (or extending the term of) the order
- compliance with the law
- cooperation with board staff or representatives
- change of address notification
- Violation constitutes unprofessional conduct
- modification or termination request after one year