

## Agenda Item 2 Action Item

Respondent/Applicant: Applicant #1170

Date: 10/21/11

: ☒ **Public**

Term: **5\_ years with no modifications for 3 years**

### **DRUG/ALCOHOL:**

- ☒ 1. **[ABSTAIN & DRUG SCREENS]** Abstain from alcohol and drugs, except as prescribed; comply with TMB screening program; automatic suspension of license for positive test [e01]
- ☒ 2. **[OTHER DRUG SCREENS]** Submit to alcohol and drug screens by any approved physician [e10]
- ☒ 5. **[AA / NA]** ☒ **AA OR NA** meeting at least 1 times each ☒ week **OR** month. [e16 or e17]

### **PSYCHIATRIC:**

- ☒ 8. **[PSYCHIATRIC TREATMENT No IPE]** Submit up to 3 names for licensed for approval of ED; see at least \_\_\_\_ times each week OR month. Treating psychiatrist to report to Board or monitoring psychiatrist 4 times each year. [e05]

### **MISC. PROVISIONS:**

- ☒ 11. Standard Requirements:  
**[REPORTS]** Reports by Applicant/Respondent regarding physical or mental condition on request [e11]  
**[NO UNILATERAL WITHDRAWAL]** Shall not withdraw from care, or treatment [e12]

### **ADDITIONAL PROVISIONS**

- ☒ 22. **[INSTITUTIONAL/GROUP PRACT]** Restriction to approved group/institutional setting [g11]
- ☒ 25. **[CAE]** Obtain \_6\_ hours of CAE in \_\_General\_\_\_\_ within \_12\_ days OR ☒ months. [i01]  
(Subject)

### **PROBATION APPEARANCES**

27. **[ON REQUEST & NOTICE]** Anytime on request & 10 days notice [l02]

*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

[\[1\]](#)