



*The mission of the Oregon Medical Board is to protect the health, safety and well being of Oregon citizens by regulating the practice of medicine in a manner that promotes quality care.*

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### Statement of Purpose:

*The OMB Report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.*

## Geriatric Primary Care Physician Joins Board

The Board is pleased to announce the addition of Shirin R. Sukumar, MD, as its newest member. Board certified in both Internal Medicine and Geriatrics, Dr. Sukumar is on staff at the Portland VA Hospital, where she works with the Home Based Primary Care program providing care to homebound veterans. She is also on staff as a Geriatric Hospitalist at Legacy Good Samaritan Hospital and is an adjunct Assistant Professor of Medicine at the Oregon Health Science University.

Dr. Sukumar has practiced medicine in both rural and urban settings in Oregon. She has worked as a primary care physician on the Oregon coast and also served as geriatrician and medical director for several multilevel nursing facilities in the Portland area. Her primary areas of interest include safe prescribing practices, care of the elderly, immunization and infection control, osteoporosis and dementia.

The valedictorian of her class, Dr. Sukumar received her medical degree from the Christian Medical College and Hospital in Vellore, India. She completed her internship and Internal Medicine residency at Our Lady of Mercy Medical Center in New York and at OHSU, where she also completed a fellowship in Geriatrics.



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## Oregon Medical Board

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# Domestic Violence and Licensure

October was Domestic Violence Awareness Month. Domestic violence is a complex and widespread problem. Nationally, approximately one in four women and more than one in 15 men will be subjected to violence at the hands of a partner.<sup>1</sup> This violence affects the medical community on many levels – well over half a million people seek medical treatment annually as a result of assault at the hands of a partner and will be helped by millions of medical professionals in the course of this treatment.<sup>2</sup> Unfortunately, medical professionals are sometimes more intimately involved in domestic violence, either as victims or as perpetrators.

In recent years, the Oregon Medical Board has become aware of increasing numbers of licensees who have been implicated in



intimate partner violence. The Board takes this issue very seriously, both as a public health issue and as a community safety problem.

Although about half of all assaults in Portland

are related to domestic violence and Portland's police get 5,000 domestic violence-related calls per year,<sup>3</sup> it is frequently underreported and is likely even more prevalent than these numbers demonstrate. Sadly, this violence has resulted more frequently in death. In Oregon in 2009, there were 27 deaths related to domestic violence. In 2010, there were 47.<sup>4</sup>

Although economic stressors, alcohol and drugs contribute to domestic violence rates, the root cause is usually a desire for control and power over another.<sup>7</sup> Those who work in the medical field have the ability and the duty to use their skills to help heal the sick and wounded, and domestic violence is antithetical to this great responsibility.

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# Prescription Drug Monitoring Program: *A Tool for Success*

**B**eginning September 1, 2011, the Prescription Drug Monitoring Program (PDMP), run by the Oregon Health Authority (OHA), gives physicians and other prescribers a new tool to help safely and appropriately prescribe controlled substances to patients.

Pharmacists began uploading controlled substance prescription information into the PDMP database in June 2011. This information includes the patient's name, the controlled substance prescribed, the dosage, and the name and contact information of the prescriber. This information can be used by physicians or other prescribers to determine the appropriateness of prescribing a controlled substance to a patient.

In order to access a patient's prescription history on the PDMP, a physician or other prescriber must create a user account with their DEA number. Some important things to remember when using the PDMP:

- 1.) The PDMP account can only be accessed by the prescriber whose DEA number is on the account. Nurses and staff members may not run inquiries using the prescriber's login.
- 2.) In order to provide coordinated care, physicians and other prescribers may contact another prescriber listed in the

*(Continued on page 6)*

# Criminal Background Checks

**T**he Board conducts criminal background checks on all applicants for licensure and reactivation as part of its mission to assure patient safety in Oregon.

When the Board receives an application for licensure or reactivation of a license, the licensing staff send a fingerprint packet to the individual. The individual then submits a set of fingerprints with an identification verification form to the Board. Staff review the materials for accuracy and completeness and then send the fingerprints to Oregon State Police for processing. On average, a Criminal Background Check Report is returned to the Board in approximately two weeks. The Board reviews the resulting report as one of its many layers of patient safeguards.

Consistent with other Oregon licensing boards, the cost of processing the criminal background check will be the responsibility of the licensee and appear in the application fees beginning January 1, 2012 . +



## Time Well Spent: Valid CME

*Please ensure that any effort to obtain continuing education credits is time well spent.*

The purpose of the Board's continuing medical education (CME) requirement is to encourage each licensee's continuous quality improvement and lifelong learning. Therefore, in addition to meeting the minimum number of hours required by law, the Board looks for the relevancy and the quality of education in evaluating whether a licensee has satisfactorily completed his or her CME.

Oregon Administrative Rule 847-008-0070 requires CME hours to be **relevant** to the licensee's current medical practice. Although CME hours do not need to be narrowly limited to the licensee's specialty, the credit hours must be directly applicable to the licensee's practice. Even so, required pain management education hours may be applied toward the general CME hours needed for license renewals.

**Quality** is also important when evaluating CME. Licensees are cautioned against accumulating hours through online courses that do not require thoughtful attention or learning. Instead, CME hours should be an opportunity to expand knowledge and improve upon one's practice.

All CME course certificates and documentation should be organized so that they may be easily produced in the event of a Board audit.

Documentation must verify the number of CME hours earned as well as the course's relevance to the licensee's practice area and general quality as an educational tool. This will be the first year the Board implements this rule for all licensees. Your patience during this first CME audit is greatly appreciated. +

## Forensic Certification Required

Last session, the Legislature passed House Bill 3100 which requires all licensed psychiatrists and psychologists who perform forensic evaluations for purposes of competency (ORS 161.370) or criminal responsibility (ORS 161.295) to be certified by the Oregon Health Authority (OHA). Interested practitioners must apply for a certificate by December 31, 2011, in order to be approved by OHA to perform these evaluations beginning January 1, 2012. For additional information or to complete the required application, please visit OHA's website: [www.oregon.gov/OHA/mentalhealth/forensic/index.shtml](http://www.oregon.gov/OHA/mentalhealth/forensic/index.shtml) or contact Elaine Sweet at 503-947-5068. +

### New E-mail Address or Phone Number?

You are required by law to notify the Board within 30 days of changing your practice address or mailing address. This includes your telephone number and e-mail address.



Log on to [www.oregon.gov/OMB](http://www.oregon.gov/OMB) and click "Change of Address" on the right side of the page to update your practice and residence addresses, along with your telephone numbers and e-mail address.

# Physician Assistants and Electronic Prescribing

Technology has done wonders for the medical field over the years, assisting not only in the advancement of medicine, but in the daily lives and work habits of physicians and physician assistants (PAs). Technology can make practitioners and their offices run more efficiently, but with new technology there are new challenges.

Paper prescription pads and ink are becoming outdated as more prescriptions are written and transmitted electronically. While this is an appealing option for PAs, the computer programs used to produce electronic prescriptions do not always support physician assistant prescribing requirements.

Oregon law requires PAs to include the name, office address and telephone number of their supervising physician on all prescriptions, including electronic prescriptions. However, this requirement is difficult to fulfill using electronic prescription programs that do not have a specific data-field to input the supervising physician's information. The OMB recognizes this challenge and is working with the PA community to address possible solutions.

For now, the Board suggests ways to include the supervising physician's information in the limited space available on electronic prescriptions:

- 1) Input the supervising physician's information into the

"notes" or "comments" section of the electronic prescription;

- 2) Clearly identify the supervising physician in the header along with the PA's contact information, as long as the supervising physician and

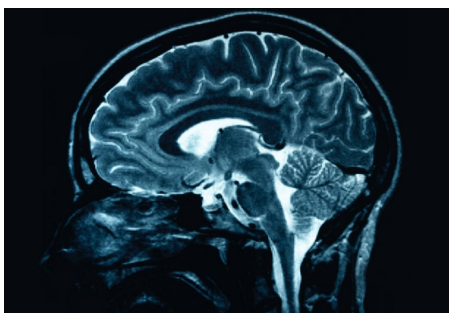


PA have the same address and phone number.

Please contact the OMB if you have questions on how to include the supervising physician's information on an electronic prescription – [omb.info@state.or.us](mailto:omb.info@state.or.us). +

## Medical Imaging Technologies Licensure

In 2009, the Legislature approved expanding medical imaging licensure requirements in Oregon. The requirements now include radiography, radiation therapy, MRI, sonography and nuclear medicine technologists. Limited X-ray Machine Operators are required to have a current state permit. This law became effective in mid-2011.



The Board of Medical Imaging urges all hospitals, clinics, and diagnostic imaging centers to verify that their medical imaging employees possess the appropriate license or permit. Individual licensure status can be verified at [www.oregon.gov/OBMI/licensee\\_info.shtml](http://www.oregon.gov/OBMI/licensee_info.shtml). The Board of Medical Imaging can be reached at 971-673-0215. +

# Domestic Violence and Licensure

(Continued from page 2)

Help is available across Oregon, both for victims and perpetrators of domestic violence. Below are some resources if you or someone you know needs help.

- National Domestic Violence Hotline  
1-800-799-SAFE (7233)
- Oregon Department of Human Services  
[www.oregon.gov/DHS/abuse/domestic/index.shtml](http://www.oregon.gov/DHS/abuse/domestic/index.shtml)
- Portland Women's Crisis Line  
503-235-5333, [www.pwcl.org](http://www.pwcl.org)
- The Gateway Center (offers a variety of services, including restraining orders)  
503-988-6400, 10305 E. Burnside St.,  
Portland, OR 97216
- Batterer Intervention Programs (BIPs) –  
statewide directory by county  
[www.doj.state.or.us/crimev/pdf/2008\\_oregon\\_BIP\\_directory.pdf](http://www.doj.state.or.us/crimev/pdf/2008_oregon_BIP_directory.pdf)

Or call 211 – free and confidential information and referral to services that can help. +

<sup>1</sup>Patricia Tjaden and Nancy Thoennes, *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*, July 2000.

<sup>2</sup>*Id.*

<sup>3</sup>Maxine Bernstein, "Portland Council Approves Money to Fund Domestic-Violence Advocates to Assist Portland Police at Night and On Weekends," *The Oregonian*, October 5, 2011.

<sup>4</sup>Wayne Havrelly, "Domestic Violence Deaths Increase in Oregon," KGW.com, February 6, 2011.

<sup>5</sup>*Id.*

<sup>6</sup>Tjaden and Thoennes, *Extent, Nature, and Consequences of Intimate Partner Violence*.

<sup>7</sup>U.S. Department of Justice, "What is Domestic Violence?" May, 2011.

# PDMP: A Tool for Success

(Continued from page 3)

- patient's prescription history in order to consult and determine the best method of care.
- 3.) Prescribers may only search the PDMP for information on patients for whom they anticipate providing, are providing, or have provided care.
  - 4.) A prescriber is not required to obtain information about a patient from the PDMP prior to prescribing or not prescribing a controlled substance for that patient.
  - 5.) The OHA will contact the OMB if they determine that unauthorized use of the program by an OMB licensee occurred.

For more information about the program and to register for an account, visit the PDMP website at [www.orpdmp.com](http://www.orpdmp.com). +

## Notice:

Changes are coming to physician assistant licensing as of January 1, 2012. Watch for further details in the next issue of the *OMB Report* or online at [www.oregon.gov/OMB](http://www.oregon.gov/OMB).

- Resources
- Rules
- Forms
- Processes
- Best Practices



# Board Actions

July 9 to October 7, 2011

*Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.*

## Automatic Suspensions

**STANLEY, Brice T., PA; PA01027**  
La Pine, OR

On September 1, 2011, the Board issued an Order of License Suspension to immediately suspend his license due to his failure to pay child support. Automatic suspension is required by ORS 25.750.

## Interim Stipulated Orders

*These actions are not disciplinary because they are not yet final orders, but they are reportable to the national data banks.\**

**CZARNECKI, Mark D., DO; DO15400**  
The Dalles, OR

On September 20, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**FIELD, Frederick G., MD; MD26105**  
The Dalles, OR

On August 4, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**MILLER, Gerald W., MD; MD16819**  
Beaverton, OR

On August 22, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from the treatment and diagnosing of endocrine disorders pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**O'GARA, Michael T., DO; DO08605**  
Gold Beach, OR

On September 27, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from the practice of obstetrics pending the completion of the Board's investigation into his ability to safely and competently practice in this specialty.

## Disciplinary Actions

*These actions are reportable to the national data banks.\**

**CAMPBELL, Robert P., MD; MD10884**  
Portland, OR

On September 1, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, gross or repeated acts of negligence, willfully violating any rule adopted by the Board or any Board Order or any Board request, and prescribing controlled substances without a legitimate medical purpose, or prescribing without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping. This Order surrenders his license while under investigation. He agrees to never apply for a license to practice medicine in Oregon or any other states. This Order terminates the July 7, 2011, Order of Emergency Suspension.

**CLEMONS, Ian M., PA; PA00692**  
Portland, OR

On September 1, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order reprimands Licensee, mandates

*(Continued on page 8)*

### Board Action Subscriber's List

Want to stay updated on the Oregon Medical Board's latest actions? Please join the Subscriber's List. You can sign up by going to [www.oregon.gov/OMB/bdactions.shtml](http://www.oregon.gov/OMB/bdactions.shtml) and following the link to be e-mailed when a new report is posted.

completion of approved training related to cardiovascular disease, requires ECG over-reads by a qualified physician, requires that his cardiovascular patients also be seen by a qualified physician, and requires 100% chart review of all cardiovascular encounters.

**FRITTS, Julia A., LAC; Applicant  
Corvallis, OR**

On October 6, 2011, Applicant entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating a provision of the Medical Practice Act, any Board Order, or regulation. This Order reprimands Applicant, assesses a \$1,000 fine, and allows for the issuance of a license to her upon submission of complete application materials and fees.

Please read the full *Report* for all the Board's news and ways to improve your practice. Previous issues of the *Report* can be found at [www.oregon.gov/OMB/newsltr.shtml](http://www.oregon.gov/OMB/newsltr.shtml).

**LEE, Carma J., MD; MD21672  
Damascus, OR**

On October 6, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. This Order reprimands Licensee, places her on probation for five years, requires that she interpret ECGs under the supervision of another physician, limits her prescription writing privileges, mandates completion of CPEP recommendations within two years, subjects her practice to no notice audits, and requires that she provide a copy of the Order to employers.

**RAIFE, Michael J., MD; MD23162  
Seaside, OR**

On September 1, 2011, Licensee entered into a Stipulated Order with the Board. This Order retires his license. Licensee agrees to never apply to practice medicine in Oregon or any other state.

**REXIN, Douglas A., MD; MD20317  
Willamina, OR**

On August 4, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating a Board Order. This Order reprimands Licensee and assesses a fine of \$10,000, with \$9,000 of the fine stayed.

**STANLEY, Brice T., PA; PA01027  
La Pine, OR**

On October 6, 2011, the Board issued a Default Final Order for unprofessional or dishonorable conduct, gross or repeated acts of negligence, and willfully violating a Board Order or rule. This Order revokes his license and terminates his August 2008 Stipulated Order.

**Prior Orders Modified or  
Terminated**

**AMPARO, Evelina G., MD; MD11723  
Klamath Falls, Oregon**

On October 6, 2011, the Board issued an Order Terminating Corrective Action Order. This Order terminates Licensee's November 10, 2008, Corrective Action Order.

**BALDWIN, Stanley S., MD; MD08793  
Springfield, OR**

On October 6, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's December 3, 2009, Stipulated Order.

**CAMPBELL, Robert P., MD; MD10884  
Portland, OR**

On October 6, 2011, the Board issued an Order Terminating Board Orders. This Order terminates Licensee's April 2006 Stipulated Order, his October 2010 Stipulated Order, and his February 2011 Interim Stipulated Order.

**GUILLEUX, Paul M., DO; DO11449  
Portland, OR**

On October 6, 2011, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's January 13, 2011, Corrective Action Agreement.

## Board Actions

(Continued from page 7)

### **HARDY, John H. Jr., MD; MD18862 Sunriver, OR**

On October 6, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's September 2, 2010, Stipulated Order.

### **HICKS, Richard E., MD; MD09954 Eugene, OR**

On October 6, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's December 3, 2009, Stipulated Order.

### **LEWIS, Todd J., MD; MD13887 Corvallis, OR**

On August 4, 2011, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's April 5, 2011, Interim Stipulated Order.

### **McVEY, Douglas K., PA; PA00622 Hermiston, OR**

On October 6, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's May 7, 2009, Stipulated Order.

### **POWELL, Diane H., MD; MD25438 Medford, OR**

On October 6, 2011, the Board issued an Order Modifying Stipulated Order. This Order terminates terms 4.2 and 4.3 of Licensee's January 13, 2011, Stipulated Order.

### **PURTZER, Thomas J., MD; MD12880 Medford, OR**

On October 6, 2011, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's October 8, 2009, Corrective Action Agreement.

### **STANLEY, Brice T., PA; PA01027 La Pine, OR**

On September 7, 2011, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's September 1, 2011, Order of License Suspension.

## Non-Disciplinary Board Actions

July 9 to October 7, 2011

### Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks\* unless associated with an action against their license or related to billing or the provision or delivery of health care services. These are public agreements with the goal of remediating problems in the licensee's individual practice.*

### **QUEELY, Philip W., LAc; AC00862 Portland, OR**

On October 6, 2011, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete training on professional conduct and ethics and complete a documentation course on medical records and charting.

### Voluntary Limitations

*These actions are not disciplinary but are reportable to the national data banks.\**

### **HEDMANN, Shaun A., MD; MD14981 Clackamas, OR**

On October 6, 2011, Licensee entered into a Voluntary Limitation in which he withdraws from the practice of cardiology with the exception of reading echocardiograms. +

*\*National Practitioner Data Bank (NPDB), Healthcare Integrity and Protection Data Bank (HIPDB), and Federation of State Medical Boards (FSMB).*

### OMB Report Turns Green!

The Oregon Medical Board now offers an electronic version of the quarterly *OMB Report* newsletter direct to your e-mail inbox.

If you would like to receive the *OMB Report* electronically, please visit [www.oregon.gov/OMB/newsltr.shtml](http://www.oregon.gov/OMB/newsltr.shtml) and follow the link to opt out of paper copies.

# Oregon

## Administrative Rules

*Rules proposed and adopted by the Oregon Medical Board.*

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. The full text of the OARs under review and the procedure for submitting comments can be found in the Secretary of State Bulletin, available at:

<http://arcweb.sos.state.or.us/banners/rules.htm>.

### Proposed Rules

*First Review*

*All Licensees*

**847-001-0007: Agency Representation at Hearings** - Authorizes an Oregon Medical Board employee to appear on behalf of the Board in civil penalty contested case hearings conducted due to violations of 847-008-0065, 847-012-0000, and 847-015-0025.

*Emergency Medical Technicians (EMT)*

**847-035-0020: Application and Qualifications for a Supervising Physician and Agent** - Establishes requirements for qualification and requirements for ongoing education for EMT supervising physicians.

**847-035-0030: Scope of Practice** - Replaces care for "soft tissue injuries" and "suspected fractures" with care for "musculoskeletal injuries" in the scope of practice, and adds tuberculosis skin testing for EMS agency personnel to the EMT-Intermediate scope of practice.

### Temporary Rules

*First Review, Temporarily Adopted*

*All Licensees*

**847-005-0005: Fees** - Establishes a fee of \$225 for a supervising physician application and \$52 for a criminal records check. *This temporary rule will go into effect January 1, 2012.*

**847-020-0155: State and Nationwide Criminal Records Checks, Fitness Determinations** - Requires that applicants and licensees must pay a criminal records check fee.

*Physicians (MD and DO)*

**847-008-0040: Process of Registration** - Clarifies that a supervising physician must update any existing practice agreements with physician assistants during renewal. *This temporary rule will go into effect January 1, 2012.*

*Physician Assistants (PA)*

**847-050-0005 through 847-050-0065: Physician Assistants** - Reflects changes to physician assistant practice and licensure per Senate Bill 224. *This temporary rule will go into effect January 1, 2012.*

### Adopted Rules

*Final Review*

*All Licensees*

**847-005-0005: Fees** - Updates renewal fees for physicians, podiatric physicians, physician assistants, and acupuncturists; adds a workforce data fee.

**847-008-0065: Use of Name** - Clarifies that licensees must notify the Board within 30 days of any name change; imposes a fine if the rule is violated.

**847-012-0000: Patient Access to Medical Records** - Requires licensees who have retired, failed to renew their license, relocated their practice out of the area, had their license revoked, or had their license suspended for one year or more to notify patients and the Board in writing of their status and method to obtain patient records within 45 days; imposes a fine for violation.

#### *Physicians (MD and DO)*

**847-020-0183: Re-Entry to Practice - SPEX or COMVEX Examination, Re-Entry Plan and Personal Interview** - Identifies re-entry standards for MD/DO applicants who have ceased practice for 12 or more consecutive months, clarifies option for waiving COMVEX, describes re-entry plans and possible requirements, adds 50 hours of CME each year for the past three years as a potential requirement and deletes the discussion of the "oral specialty examination."

#### *Physicians (MD, DO, and DPM)*

**847-015-0025: Dispensing Physicians and Podiatric Physicians** - Reflects the correct fine for failure to register as a dispensing physician or podiatric physician and contains general language and grammar housekeeping.

#### *Podiatric Physicians (DPM)*

**847-080-0018: Endorsement, Competency Examination, Re-Entry to Practice and Personal Interview** - Establishes requirements for re-entry to practice for podiatric physicians who have ceased practice for 12 or more consecutive months; establishes that podiatric physicians who have ceased practice for 24 or more consecutive months may be required to complete a Board-approved re-entry plan.

#### *Physician Assistants (PA)*

**847-050-0043: Inactive Registration and Re-Entry to Practice** - Establishes that a physician assistant who is not in a supervisory relationship with a physician for six months or more will be listed by the Board as inactive; establishes requirements for re-entry to practice after ceasing practice for more than one year; establishes that physician assistants who have ceased practice for 24 or more consecutive months may be required to complete a Board-approved re-entry plan. +  
For more information on OARs, visit the Oregon Medical Board website at [www.oregon.gov/OMB](http://www.oregon.gov/OMB) or call 971-673-2700.

## Primary Care Physician Joins Board

*(Continued from front)*

Dr. Sukumar was appointed by the Governor and confirmed by the Legislature in November. Below is an excerpt from her Statement of Interest in serving on the Board.

“We are faced with the growing burden of uninsured and underinsured citizens, increasing needs of seniors and exponential increases in medical costs. Physicians are exposed to increased pressures of providing high quality care in an environment that rewards clinical productivity sometimes at the cost of patient safety. I feel qualified to identify and address the issues the Oregon Medical Board is entrusted with and would consider it a privilege to be a part of this dynamic body.”

**Oregon Medical Board**  
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If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to [www.oregon.gov/OMB/monthlymeetingnotice.shtml](http://www.oregon.gov/OMB/monthlymeetingnotice.shtml) and following the link to sign up to receive meeting notices.

## CALENDAR OF MEETINGS

January 12-13, 8 a.m.

**Full Board**

February 2, 8 a.m.

**Investigative Committee**

February 17, 9 a.m.

**EMT Advisory Committee**

March 1, 8 a.m.

**Investigative Committee**

March 7, 5 p.m.

**Administrative Affairs  
Committee**

March 8, 9:30 a.m.

**Physician Assistant Committee**

March 22, 8 a.m.

**Investigative Committee**

April 5-6, 8 a.m.

**Full Board**

May 3, 8 a.m.

**Investigative Committee**

May 18, 9 a.m.

**EMT Advisory Committee**

## CONTACT THE OMB

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Portland, OR 97201

All meetings are held at the OMB office in Portland unless otherwise indicated. Schedules are subject to change.

Please check

[www.oregon.gov/OMB/  
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