



*Inside:*

**Physician, PA  
Renewal Process  
Looms**

**Board  
Appointments  
Coming in 2004**

**Tips for  
Podiatrists on  
CME**

## OHSU SURGERY CHIEF JOINS BOARD

**C**lifford Deveney, MD, Portland, is the newest member of the Board of Medical Examiners (BME).

Gov. Ted Kulongoski appointed Dr. Deveney to serve on the BME until Feb. 28, 2006, at which time he may be reappointed to a second and final three-year term. The state Senate confirmed the appointment in June.

Dr. Deveney is Professor and Chief of the Division of General Surgery at Oregon Health and Science University (OHSU), Portland. He has been on the OHSU faculty since 1987, and has served on many clinical committees, including search committees for several key OHSU personnel.

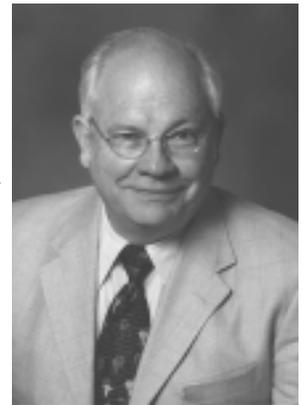
He came to Portland from the University of Pennsylvania Medical School, Philadelphia, where he was an Associate Professor of Surgery.

Dr. Deveney also was a faculty member, fellow, resident and intern at the University of California Medical School, San Francisco, from which he earned his Doctorate of Medicine. A native Californian, he holds a Bachelor's degree from Stanford University.

He has an extensive background in military and veterans' medical affairs. Dr. Deveney serves on the staff of the Portland VA Medical Center, where he was Chief of Surgical Service from 1987 to 2001. He served in the same capacity at the Philadelphia VA Medical Center, and was a staff member and research associate at the USVA's San Francisco medical center. He is also Director of the Portland VA Research Foundation. Dr. Deveney served two years in the U.S. Army Medical Corps, rising to the rank of major.

He is a staff member at Tuality Community Hospital, Hillsboro, as well.

Dr. Deveney has conducted extensive research and study in the field of gastrointestinal medicine, and has written nearly 200 journal articles, abstracts and chapters on that topic and others related to medical practice.



Dr. Deveney's wife, Karen, is also a surgeon. Away from medical pursuits, they share a fondness for classical music. Dr. Clifford Deveney is a member of the Columbia Symphony Orchestra's board of directors. ■

## PROFESSOR BALD BEGINS SECOND TERM

**S**uresht Bald, Ph.D., Salem, recently began her second term on the Board of Medical Examiners (BME). Governor Kulongoski appointed her to a second three-year term, which will expire Feb. 28, 2006.

Professor Bald has taught political science, women's studies and international studies at Willamette University since 1982. She also serves as a visiting professor and lecturer at universities in Japan, England and her native India. She is a graduate of Delhi University, India, and earned her doctorate at Harvard University.

She was first appointed to the BME in 2000.

Professor Bald will chair the BME's Administrative Affairs Committee during the coming year. ■

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## From the Executive Director

# National Affairs and Pain Management Mean A Busy Spring

By Kathleen Haley, J.D.

My role as BME Executive Director includes keeping a national perspective regarding medical regulation, as well as tending to Board-related affairs within the state of Oregon. Board executives and representatives do a certain amount of networking with their counterparts in other states, toward the goal of serving America's health care professionals and the patients they serve.

I serve as Western Section representative to Administrators in Medicine (AIM), a national group of board executives. AIM is a valuable resource for sharing information on a national basis, particularly through its ExecNet program. If a Board executive is dealing with a policy issue and wishes to learn "how other states do it," the executive may raise the question via the ExecNet. Answers usually come within 24 hours.

During 2003-04, I am serving as an associate member of the Federation of State Medical Boards (FSMB) Board of Directors. I am honored with this appointment, as the associate or executive member of the FSMB board generally comes from the chair's home state. However, FSMB Chair Thomas Kirksey, MD, a Texan, saw fit to choose me for the position and I am grateful for the opportunity to represent Oregon in this manner.

The FSMB and AIM perform outstanding services to physicians and their patients in the United States and several of its territories. The Oregon BME is an active part of both organizations, and we have all benefited from our associations

with them.

### Oregon shows leadership in pain management

Oregon shined at the FSMB's recent annual meeting as cosponsor with the Pennsylvania medical board, of a successful resolution regarding pain management. James Scott, MD of Roseburg, chair *emeritus* of the BME, presented the resolution to the FSMB's House of Delegates. Through the resolution, delegates unanimously encouraged the Federation to review and make possible changes to its 1998 *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain*. The resolution reads, in part:

"These Model Guidelines have been used by many state Boards as a model for their own pain policies; and...have been praised by many professional organizations for the positive guidance that they provide to medical practitioners..."

"There continues to be widespread data to support the contention that both acute and chronic pain are undertreated by medical practitioners...Some consumers and some well-respected physician experts in pain management feel that these guidelines could be strengthened by encouraging a more proactive approach by medical practitioners to obtain or strengthen their knowledge, skills and attitudes toward providing appropriate pain relief for their patients..."

"(Resolved) that the FSMB develop a process for review of its policy, *Model Guidelines for the Use of Controlled Substances for the*

*Treatment of Pain*, and consider whether it might be strengthened in the light of new medical insights during the past five years, particularly focusing in issues surrounding the undertreatment of pain."

Pain management continues to be a key issue for America's medical boards, and Oregon is no exception. Pain management has potential links to many other issues facing physicians. These include end-of-life matters, addiction, malpractice and Board actions.

### Pain concerns answered

The Board, its counterparts nationwide, and the FSMB are committed to helping doctors serve their patients' best interests regarding treatment for chronic and intractable pain. There are very real concerns about the fine line between underprescribing and overprescribing pain medication, and these concerns often can lead physicians to stop seeing patients with pain.

There is no reason for Oregon's doctors to use fear of Board sanction as a reason not to treat chronic pain patients. Doctors who follow statutes and rules for prescribing pain medication should have no problems with the Board as a result.

Besides the letter of the law and rule, the Board in 2002 approved a set of core principles for pain management. The first principle states, simply, that people should have access to appropriate and effective pain management. Secondary goals include improved quality of life for those patients who suffer from chronic pain, and lessening of the morbidity and costs associated with untreated or inappropriately treated pain.

### The BME leads in other ways

The BME offers suggestions to assist physicians in prescribing for pain management. For example, the Board suggests having one physician and one pharmacy handle all of a patient's prescriptions.

(continued on page 4)

**Candidates wanted:****FOUR BOARD SEATS WILL BE AVAILABLE IN 2004**

Next year, four of the 11 positions on the Board of Medical Examiners will be vacated, and the recruitment process to fill those positions has begun.

The terms of three physician (MD) members and one public member will expire Feb. 29, 2004, and those members will not return to the Board due to term limits. The physicians are Marcia Darm, MD, Portland; Lisa Dodson, MD, Lake Oswego; and James Scott, MD, Roseburg.

Current Board Chair Judith Rice, Portland, is the departing public member.

Three other Board members whose terms expire in February 2004 are eligible for reappointment. They are David Grube, MD, Philomath; Joseph Thaler, MD, Salem; and Sheridan Thiringer, DO, Vernonia.

Persons interested in seeking appointment to the Board are encouraged to contact the Board office at (503) 229-5770, or the Oregon Medical Association (OMA).

Board members are appointed by the Governor, and those appointments are confirmed by the state Senate. In making the appointments, the Governor considers a list of candidates who have applied for Board appointment, or whose names have been forwarded by the OMA and other professional groups.

Members are appointed for three-year terms, which usually begin March 1 and end on the last day of February. Board members may serve no more than two three-year terms.

All board members must have been Oregon residents for seven years prior to appointment, and the nine physician members (seven MDs, two DOs) must have been in active practice for at least five years.

Public members and members of their immediate families must not be health care professionals, or be employed by any health care-related business or organization. Two Board positions are designated for public members.

Board service means a large commitment of time and energy. Members prepare for and attend four quarterly meetings of the full Board each year, in January, April, July and October. In addition, members attend meetings of Board committees upon which they serve, such as the Investigative and Administrative Affairs committees.

Individual Board positions are not designated by geography, but the Board must have at least one physician (MD) member from each of Oregon's five Congressional districts. One of the departing physician members lives in the First Congressional District, one in the Fourth district and one in the Fifth. Dr. Darm's departure will leave the Board without an MD member from the First district. ■

[For more information see page eight.](#)

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**PHYSICIAN ALERT: CUTBACKS IN METHADONE TREATMENT MAY MEAN INCREASE IN PRESCRIPTION ABUSE**

BME licensees are strongly urged to be on alert for patients who may attempt to get unwarranted prescriptions for controlled substances. The warning comes in the wake of decreased legitimate accessibility to methadone, particularly for low-income patients, due to the current fiscal crisis in state government.

Oregon Health Plan (OHP) budget cuts earlier this year resulted in a large number of methadone patients losing coverage for their treatment. Effective March 1, the OHP's standard package ceased to cover any chemical-dependency or mental-health services. This cut followed a similar cut in the OHP made by the Legislature's Emergency Board in the fall of 2002.

Consequently, a number of private providers were compelled to close their doors to methadone patients. For example, the Eugene-based CODA Clinic, which treated an estimated 900 clients in that city and in Portland, closed its doors at the end of January.

Licensees are warned that patients who are skilled at obtaining fraudulent prescriptions for controlled substances may have even greater impetus to do so, as their access to drug-treatment programs is limited or cut off entirely due to budget cuts. ■

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## ***National Affairs And Pain Management Mean A Busy Spring... (continued from page 2)***

In addition, the BME hosts the Appropriate Prescribing Workshop (APW) twice each year, in association with The Foundation for Medical Excellence. The second APW of 2003 is set for Thursday and Friday, October 30-31. The cost per attendee is \$450.

BME Medical Director Philip Parshley, MD, organizes each two-day APW. The workshop is designed to give physicians updates on prescribing controlled drugs and on managing pain patients.

Each APW is limited to 12 participants, which allows for frank discussion and a free flow of information among the participants. The APW has won praise from all quarters as a fine example of the public and private sectors working together to improve the practice of medicine, public health and safety.

The Board's standard of care for pain management allows for neither overtreatment nor undertreatment of pain. The Board is confident that with the regulations and measures available, and with the high level of quality medical care to be found in Oregon, chronic pain patients may have safe and effective relief available to them. ■

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## **FIRST-HAND: PODIATRISTS EXPLAIN, OFFER TIPS ON CME**

*By Stephen Fekete, DPM and Almira Ko, DPM*

The Oregon Board of Medical Examiners (BME) has a number of requirements regarding continuing medical education (CME) for podiatrists.

Podiatrists are required to maintain at least 50 hours of approved CME every two years (not by the calendar year, but coincident with the two-year period of licensure). This is a very important distinction, and maintaining 25 credits per calendar year does not satisfy this requirement. Recently, a podiatrist was audited for the period beginning July 1, 2000 and ending June 30, 2002, and found to have 40 CME credits "10 short of the minimum. The podiatrist did have 25 credits of CME during each of the calendar years 2000, 2001 and 2002. Yet some of the credits were earned prior to July 1, 2000 and others were earned after June 30, 2002, resulting in the deficiency for the audit period.

We suggest keeping separate CME credit files for each biennium, to ensure that the required number of credits are earned in each period. For example, your current CME file might be dated "July 1, 2002 " June 30, 2004." You would then start a new file for the new two-year licensure period beginning July 1, 2004.

Podiatric CME is acceptable if provided by the American Podiatric Medical Association (APMA), American Medical Association (AMA), American Osteopathic Association (AOA), American Hospital Association (AHA) or programs sponsored by any affiliated group to the above organization, or associations. CME also may be provided by any accredited colleges or schools of podiatric medicine in the United States.

The BME from time to time audits a random sample of its podiatrist licensees for compliance with CME requirements. The BME sends a Continuing Medical Education Reporting Sheet (CMERS), upon which the following information must be submitted: The podiatrist's name, the date of completion of the form, the course name, date and provider (organization or institution). The CME Sponsor Grantor (the organization or institution that granted the CME(s) for the course), course location (full address) and the number of CME hours awarded must be listed as well. In addition to the completed CMERS, the podiatrist licensee must also submit photocopies of the certificates from each of the CME courses.

Failure to comply with CME reporting requirements may result in lapse of registration.

We advise podiatrists to obtain written certification from these CME program providers. Most certifications contain lecture date(s), title(s), number of CME hours granted, clear identification of the accrediting entity and a signature by a representative of the course provider.

Taking personal notes during the lectures, signing a full name on all attendance sheets, keeping handouts and audio tape recordings, and keeping receipts for the course fee are evidence of course attendance. By using these precautionary measures, a podiatrist was able to receive a correction of the number of hours for one of her certifications.

We would like to share a system for tracking and verifying the number of CME hours. First, verify that the CME course you plan to attend is accredited. After completing a CME course, make multiple photocopies of all certifications obtained from CME programs. Keep the originals and a set of copies in a fire-safe location, and another set of copies in a binder. Each month, update the CMERS in the same binder, and indicate the total number of completed hours per sheet at the bottom of each CMERS. And, again, maintain your CME files by biennium, to help you keep track of your progress toward meeting the all-important 50-hour minimum.

Attending and completing CME is not only a BME requirement for its podiatrists, but also increases interactions among all kinds of health care providers. All health care providers are encouraged not only to make time to participate in CME, but also to help provide CME. Through CME, health care professionals stay alert to changes and advances in their chosen fields a boon to providers and their patients. ■

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## OREGON ADMINISTRATIVE RULES ADOPTED BY THE BOARD OF MEDICAL EXAMINERS

The Board at its January and April 2003 meetings adopted the following Oregon Administrative Rules (OAR):

### April 2003

**OAR 847-005-0005:** The annual Emeritus registration renewal fee is reduced to \$50 (from \$112). Emeritus status is for licensees who have retired from active practice, but do only volunteer, non-remunerative practice and receive no direct monetary compensation.

**OAR 847-010-0070:** This rule change adds the stipulation that if the Board requires a licensee to take a medical competency examination, the licensee must pay for any fees or costs involved.

**OAR 847-020-0170, 847-020-0180:** Continuing medical education (CME) is added as a possible condition for a waiver of the Special Purpose Examination (SPEX), for a physician applicant or licensee who is reactivating his or her license, and who has not practiced for 12 or more consecutive months.

### January 2003

**OAR 847-010-0051:** This rule change causes the Limited License, Postgraduate to be granted for one (1) year, and may be renewed for each additional year of training.

**OAR 847-020-0170:** Licensees now are required to pass each step (1, 2 and 3) of the United States Medical Licensing Examination (USMLE) in three attempts within a seven (7)-year period. That period begins upon passage of the first step (either 1 or 2).

**OAR 847-008-0005:** The renewal period for physician assistants (PA) is changed to the same biennial renewal period as that of doctors of medicine (MD) and doctors of osteopathy (DO). In addition, renewal forms and fees must be received in the BME office during regular business hours on or before the renewal deadlines. For MDs, DOs and PAs, this deadline is December 31 of each odd-numbered year. For doctors of podiatric medicine (DPM) and licensed acupuncturists (LAc), the deadline is June 30 of each even-numbered year.

**OAR 847-001-0010:** Contested case hearings now are closed to all "non-participants" in the hearings. This includes all members of the public, including the media.

**OAR 847-080-0022:** This rule language clarifies that podiatrists must meet the qualifications stated in the administrative rules, prior to being granted approval by the Board to perform ankle surgery.

**OAR 847-035-0030:** The EMT scope of practice is changed to include administration of Lidocaine bolus for ventricular fibrillation, post ventricular fibrillation/ventricular tachycardia cardiac arrest, ventricular tachycardia, or wide complex tachycardia; and nitroglycerine for chest pain. ■

## PHYSICIAN ASSISTANT LICENSE RENEWAL STARTS THIS FALL

The biennial license renewal forms for physician assistants (PAs) will be mailed out near the end of October. This is the only packet that you will receive, unless you call and request another.

**Fee Increase:** Starting with the 2004-06 biennium, the biennial license renewal fee will increase by \$50, which allows PAs to make free supervising physician changes and practice description changes throughout the biennium. There is no need to pay \$50 each time you change your practice description or your supervising physician.

**Fee Decrease:** Also beginning with 2004-06, the Board is starting the process of making the PA registration

renewal period the same as the MD/DO registration period, so that all will renew at the same time. PAs will start their renewal period on February 1 as usual, but end on December 31 (you will lose a month), so you will be charged for a 23-month biennium, instead of a 24-month biennium. Therefore, your biennial renewal fee has been reduced by \$12. Beginning January 1, 2006, your registration renewal period will be the same as the MDs and DOs: January 1 to December 31 of every odd-numbered year.

**Your License May Lapse:** If the BME has not received your license renewal materials at its Portland office by the end of the working day, January 30, your license will lapse. ■

*Last Thought: Does the BME Have Your Current Address?*

## Board Actions – November 20, 2002 to June 11, 2003

**BEGGS, Tiffany L., DO22817; Albany, Ore.**

On April 17, 2003, the Board issued a Final Order by Default which revoked Licensee's Oregon medical license.

**BERGIN, Patrick J., MD15838; Eugene, Ore.**

Licensee entered into an Interim Stipulated Order dated January 17, 2003, in which he agreed to withdraw from practice pending the conclusion of the Board's investigation.

Following that investigation, the Licensee on March 6, 2003 entered into a Stipulated Order which returned him to practice under the following conditions: Participation in the Health Professionals Program (HPP); abstinence from alcohol and mind altering/addictive drugs; affiliation with primary care and mental health providers; no self-prescribing; CME on patient communication and boundaries; Board reporting; Licensee must notify hospital administrators where he has privileges of this Order. Also on March 6, 2003, the Board terminated the previous Interim Stipulated Order.

**BILDER, Paul A., MD10160; Cottage Grove, Ore.**

On April 17, 2003, Licensee entered into a Stipulated Order with the Board. The terms of this Order include: 10-year probation; reprimand; Board reporting; CME related to appropriate prescribing; continue psychiatric care with quarterly reports; practice guidelines and monitoring related to Licensee's terminally ill patients.

**BURGENI, Robert H., PA00070, Boring, Ore.**

On January 16, 2003, the Board approved modification of Term 6.6 of Licensee's Stipulated Order dated April 18, 1996.

**CRISTOFANI, Daniel L., MD11674; Portland, Ore.**

On April 17, 2003, Licensee entered into a Voluntary Limitation with the Board. In this Order, Licensee agreed not to practice obstetric medicine.

**DANNER, Robert E., MD05581; Salem, Ore.**

On May 1, 2003, Licensee entered into a Corrective Action Order in which he agreed not to append the letters "MD" to his name or use the words "physician" or "doctor" in connection with himself in any context that pertains to the diagnosis and treatment of human diseases or the delivery of health-related services.

**DOUNG-TRAN, John H., MD18877, San Diego, Calif.**

On January 16, 2003, the Board reinstated the Licensee's license to practice medicine in the state of Oregon.

**EASON, David M., MD13628, Salem, Ore.**

On January 16, 2003, the Board terminated Term 4.1(e) of Licensee's Stipulated Order dated November 5, 1998.

**ELDER, Terrance O., MD18077; Hermiston, Ore.**

Licensee entered into a Stipulated Order on March 6, 2003. Terms of the Order include: 10 years probation; board certified surgeon assistance required for a minimum of 25 surgeries involving neck, abdominal, thoracic or vascular systems and relief from this provision only with Board permission; practice mentor; maintain ongoing treatment with mental health

provider; call schedule conditions; and quarterly board reporting.

**ELLISON, Elizabeth L., MD22018; Charlotte, N.C.**

Licensee entered into an Interim Stipulated Order on December 5, 2002. The licensee withdrew from the practice of medicine while under investigation.

**ELLISON, Monty R., MD07648; Albany, Ore.**

On April 17, 2003, Licensee entered into an Interim Stipulated Order in which he agreed not to practice pending the conclusion of the Board's investigation into his competence to practice medicine.

**ELMORE, Susan E., MD19811; Molalla, Ore.**

On April 17, 2003, Licensee entered into a Stipulated Order with the Board which returns Licensee back to practice under the following terms: Participation in HPP; Licensee may not work more than 32 hours a week; practice setting limited to administrative medicine or a clinical setting where Licensee is part of a multidisciplinary team; and Licensee shall abstain from use of alcohol and shall not take any controlled substances/medications not approved by HPP.

**FARRIS, Cathleen L., MD19029; Camas, Wash.**

A Final Order was entered into February 6, 2003, rescinding the Emergency Suspension dated April 18, 2002. The Interim Stipulated Order dated October 17, 2002 remains in effect.

**FERGUSON, James W., MD13192; Portland, Ore.**

Licensee entered into an Interim Stipulated Order on February 6, 2003, withdrawing from the practice of medicine while under investigation.

**GALAVIZ, Manuel R., MD13449; Clackamas, Ore.**

On April 17, 2003, Licensee entered into a Stipulated Order with the Board. The terms of this Order include: Licensee may not treat female patients under the age of 18, Licensee must have chaperone when treating female patients for pelvic or breast exams; continue to comply with terms of Washington Physician Health Program contract; comply with terms of probation related to Yamhill County Circuit Court case; CME on professional boundaries.

**KAGELE, Steven F., MD17642; Roseburg, Ore.**

Licensee entered into a Voluntary Limitation with the Board on June 5, 2003. Licensee agreed not to diagnose and treat patients with the exception of reading sleep studies and pulmonary function tests during his treatment for cancer and/or until otherwise released by the Board.

**KLOS, Martin M., MD18059; Springfield, Ore.**

The Licensee entered into a Stipulated Order dated January 17, 2003. The Licensee is reprimanded and placed on five years probation. The licensee is also required to complete CME and Physician's Evaluation Education Renewal program (PEER), and report to the Board quarterly.

**LEE, Gilbert B., MD12003; Bend, Ore.**

Licensee entered into a Stipulated Order on January 16, 2003. Terms include reprimand; enrollment and completion in the Board's Appropriate Prescribing Workshop (APW) and the Foundation for Medical

Excellence's (FME) course on Pain and Suffering, both before January 16, 2004; obedience to all federal, state and local laws and rules governing medical practice.

**LEIBOLD, Werner, MD11787; Canyonville, Ore.**

The Licensee's Interim Stipulated Order of December 5, 2002 was terminated on June 5, 2003, and the Licensee was returned to practice.

**LIN, Wei-Hsung, MD20067; Gresham, Ore.**

On May 1, 2003, Licensee entered into a Corrective Action Order in which Licensee agreed to comply with the Intractable Pain Law; complete CME on appropriate prescribing and communications; and obtain a practice mentor pertaining to Licensee's treatment of chronic pain patients and any patient that receives Schedule II or III Controlled Substances for more than 10 days.

**LONG, Eric W., MD10871; Tualatin, Ore.**

The Licensee entered into a Stipulated Order dated February 6, 2003. The Licensee is reprimanded, assessed a fine, required to participate in the triplicate prescription program and placed on five years probation.

**LUU, Huong T., MD18987; Beaverton, Ore.**

On January 16, 2003, the Board accepted the Stipulated Order signed by the Licensee on December 12, 2002. Terms include a \$500 fine; surrender of Oregon license while under investigation effective January 16, 2003; no reapplication for Oregon licensure for three years from the date the Board accepts surrendered license.

**McGRIFF, Michael A., MD16246, Wailuku, Hawaii**

On January 17, 2003, the Board terminated the Corrective Action Order dated January 27, 2000. The Board also temporarily suspended Terms 4.4, 4.6 and 4.7 of the Licensee's Stipulated Order of October 19, 2000, while his license remains inactive.

**McKEOWN, Michael J., MD06906; Hillsboro, Ore.**

Licensee entered into a Stipulated Order on January 17, 2003. Licensee is limited to surgical assistance, no obstetric/gynecologic care; must complete recommended CME and no self-prescribing of medications.

**MICK, Alfred M., MD07530; Clackamas, Ore.**

On April 17, 2003, Licensee entered into a Stipulated Order with the Board. This Order places Licensee on probation for five years with the following terms: Reprimand; \$1,000 fine; enroll in and complete PEER; and CME on appropriate prescribing and reading EKGs.

**MOHAMMED, Mohammed S.E., MD17525; Corvallis, Ore.**

Licensee entered into a Stipulated Order dated December 5, 2002. The Licensee was reprimanded, assessed a fine, required to complete continuing medical education and PEER.

**MOOS, Steven G., MD20201; Tigard, Ore.**

On January 17, 2003, the Board issued an order to suspend Licensee's license to practice medicine. An Amended Order was issued on February 6, 2003. On April 17, 2003, the Board issued a Final Order which upheld its January 17, 2003 Order of Emergency Suspension.

**PLUEDEMAN, Carin K., MD18885; Beaverton, Ore.**

Licensee entered into a Voluntary Limitation on January 17, 2003. Licensee has agreed not to practice obstetric medicine.

**RICHARDS, Thomas A., MD15123; Lakeview, Ore.**

Licensee entered into a Stipulated Order with the Board on June 5, 2003. Terms of this Order include: five years probation; reprimand; CME on professional and sexual boundaries; quarterly Board reporting.

**SIDELL, Jonathan E., MD16632; Madras, Ore.**

Licensee entered into a Stipulated Order with the Board on February 6, 2003. Licensee was placed on five years probation under the following terms: Limitations on work and call hours; obtain counseling; Board reporting; random urinalyses; and complete CME related to obstetrics and gynecology.

**STONE, Kokoro Sensei Craig, AC00293; Portland, Ore.**

Licensee entered into an Interim Stipulated Order with the Board on June 5, 2003. Pending the conclusion of the Board's investigation, Licensee voluntarily agreed to the following practice terms: chaperone for all female patients; use of appropriate draping and gowns; employ sterile technique involving needle applications; no administration of needles through clothing; maintain current charts; maintain appropriate practitioner/patient boundaries at all times.

**TABOR, Gareth A., MD15143; Milwaukie, Ore.**

The Licensee entered into a Stipulated Order on December 5, 2002. The Licensee is reprimanded, placed on probation for 10 years, assessed a fine, directed to complete community health service, and complete CME on physician/patient boundaries.

**WALKEY, Marilyn M., MD18470; Klamath Falls, Ore.**

On May 1, 2003, Licensee entered into an Interim Stipulated Order in which she agreed to cease practice pending the conclusion of the Board's investigation into her competency to practice medicine.

**WILSON, Benjamin R., MD12349; Salem, Ore.**

On April 17, 2003, Licensee entered into a Stipulated Order with the Board. Terms of this Order include: Probation; reprimand; fine; practice conditions regarding patients readmitted to the hospital within one month; second opinion required for patients being treated by Licensee for lyses of adhesions (except for acute bowel obstruction); and random audits by Board Compliance Officer. ■



## Statement of Purpose

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

## **Podiatrists: Applications available for advisory council appointment**

Podiatrists interested in serving on the Oregon Board of Medical Examiners' (BME) Advisory Council on Podiatry, for a three-year term beginning December 1, 2003, are encouraged to contact the BME office for an application.

Podiatrists serving on the Council must have been Oregon residents for at least two years, and been licensed as podiatrists for no less than two years.

Council members are appointed by the Governor, and appointments are subject to confirmation by the state Senate. The Council contains five members: three podiatrists, one public member, and a physician member of the BME. Each term of office is three years, and each member may serve no more than three consecutive terms.

The Advisory Council on Podiatry is responsible for reviewing the requirements for licensure, recommending changes as needed, and reviewing applicants for licensure. The Council also reviews the results of the biennial continuing medical education (CME) audit which occurs after the license renewal of all actively licensed podiatrists, and provides input to the BME on any issues regarding the scope of practice of podiatrists in Oregon.

Podiatrists interested in Council service may call Mike Sims, BME executive assistant, at (503) 229-5873, ext. 218.

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*It's the law! You must notify the BME within 30 days of changing your practice address or mailing address. To help ensure that you receive your license renewals and other important information on time, call the BME for an address change form, or print the form from [www.bme.state.or.us/forms.html](http://www.bme.state.or.us/forms.html).*

## PHYSICIAN LICENSE RENEWAL BEGINS SOON

The biennial license renewal process for M.D. and D.O. licenses will begin at the end of September, when the BME sends out license-renewal packets. This is the only packet that you will receive, unless you call and request another.

If you have not renewed your license by Monday, December 1, you will receive a reminder postcard, which will serve as your second and final notice.

**December 1 Due Date** – License-renewal forms and fees are due to the BME by December 1, to allow the BME adequate time to process forms and resolve any problems.

**Your License May Lapse** – If the BME has not received your license-renewal materials at its Portland office by the end of the working day Wednesday, December 31, your license will lapse. You will then need to pay a late fee, in addition to the regular registration fee, to restore your license to its regular status.

**Does the BME Have Your Current Address?** To ensure that you receive your license-renewal materials on time, please be sure we have your current address. If you have moved and your mail from the BME is being forwarded, or if you move between now and the time the license-renewal notices go out, please let us know immediately so that we may update our computer files. ■

## CORRECTION

In an article in the Winter 2003 issue of the *BME Report*, *Buprenorphine Offers New Options For Treatment of Opioid Dependency*, there were several incorrect references to naltrexone.

The correct reference should have been naloxone.