



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.

Prescription Drug Monitoring Program: A Valuable Resource

Increasing attention is being given to the use and abuse of opioids in our state. The Board strongly encourages enrollment and participation in the Prescription Drug Monitoring Program (PDMP), a division of the Oregon Health Authority. The PDMP is a database that allows prescribers of controlled substances to access a patient's prescription history that includes a list of controlled substances prescribed, dosages, and the

names and contact information of other prescribers. This tool gives prescribers information to adequately address patients' needs and appropriately prescribe controlled substances. Since the PDMP launch in 2011, 98 percent of Oregon pharmacies report to the program. Comparatively, only 18 percent of eligible OMB licensees have established a program account*. Increased provider enrollment will allow other prescribers to access more

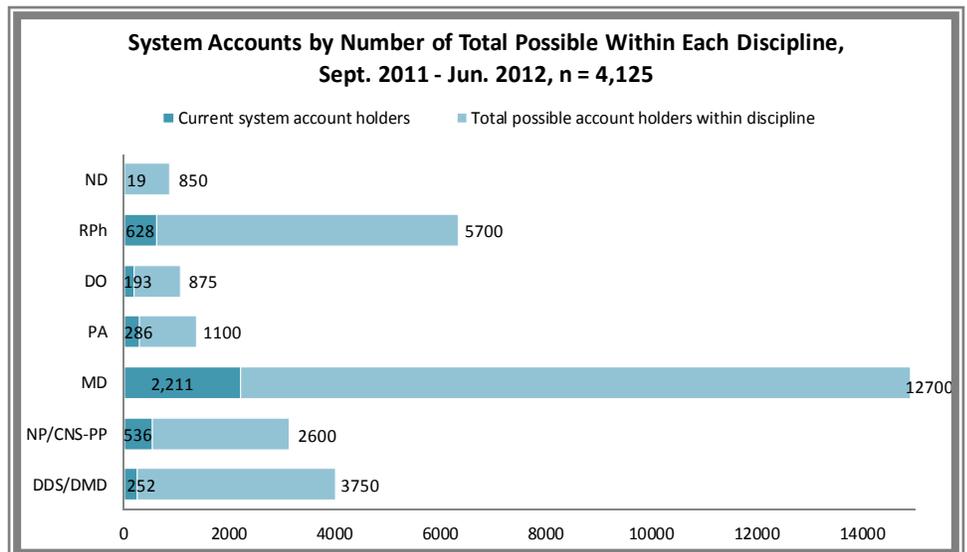
comprehensive information and identify possible trends of prescription drug misuse or abuse.

Healthcare providers can apply for an account by visiting www.orpdmp.com/health-care-provider and following the directions. Applicants are required to agree to terms and conditions and submit a completed, notarized application. Approved applicants will receive

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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.*

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FAQs from the OMB

“Dispense” means to prepare and deliver a prescription drug in an appropriately labeled container to a patient. A physician or podiatric physician may dispense to his or her patients after registering as a dispensing physician with the Board.

Q: How do I register as a dispensing physician? Is there a fee? Will I need to renew this registration?



A: You may register on an application for licensure or renewal or by completing a form provided by the Board (available at www.oregon.gov/OMB/pdf/forms/dispensingfillin.pdf). No fee is required, but there is a fine for failing to register before beginning to dispense. Renewal of this registration is done biennially upon license renewal.

Q: Oregon Revised Statute 677.089(1) states, “Prescription drugs dispensed by a physician...shall be personally dispensed.... Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician....” What are “nonjudgmental functions” that may be delegated to staff?

A: The physician must determine the correct drug, confirm the contents and label of the final package or bottle, and counsel the patient. These “judgmental functions” along with the exam, diagnosis, and drug utilization review may not be delegated. “Nonjudgmental functions” could include preparing the bottle or label or handing the bottle to the patient after the physician has checked its accuracy and counseled the patient.

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Submit Your Question

Do you have a question you’d like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

E-mail your question to
OMBReport@state.or.us

Drug Dispensing Authority for Physician Assistants

Supervising physicians may apply for dispensing authority for a physician assistant (PA) under their supervision. "Dispensing authority" has been available for PAs in medically disadvantaged areas or populations, but beginning June 1, 2012, PAs in all areas of the state may be approved for dispensing.

Senate Bill 1565 passed during the 2012 Legislative Session. It creates two different types of dispensing authority for PAs.

(See chart on page 5.)

Under the new legislation, PAs are eligible for dispensing authority regardless of practice location. However, an applicant for dispensing authority under the new laws must fulfill additional requirements. To apply, the qualified physician assistant must complete a Drug Dispensing Training Program jointly developed by the OMB and the Board of Pharmacy, and the supervising physician must:

- Submit a list of drugs or classes of drugs to the Board,
- Submit a drug delivery and control plan,
- Submit an annual report to the Board on the physician assistant's dispensing, and
- Register the practice location(s) as a drug outlet with the Board of Pharmacy.

A physician assistant with this type of dispensing authority may not dispense Schedule II-IV controlled substances.

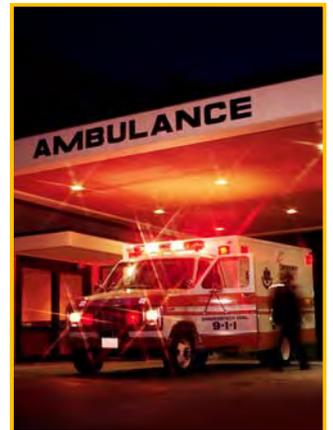
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Committee Member Changes

The sub-committees of the Board provide an invaluable public service. The Committees are responsible for reviewing license applications and advising the Board on rules and policy questions. Each Committee is made up of members of the profession, physicians and a Board liaison. The Board appreciates the work done by each Committee and welcomes these new Committee members.

Emergency Medical Technician (EMT) Advisory Committee:

Wayne Endersby, EMT-I, has a strong background in health and education. He taught kindergarten through highschool students before gaining his EMT certification. His dedication to education was awarded in 2005 when he received the State of Oregon EMS Educator of the Year award. Mr. Endersby serves the rural community in Halfway, Oregon, and joined the Committee in July 2012.



Physician Assistant Committee:

Melissa Peng, PA-C, became a physician assistant in 2000, directly after earning her Master of Public Health from Oregon State University. Her combined education primed her for her current role as Co-Medical Director of the Doctor's Family Clinic and Immediate Care/Schwartz Medical Group in Portland, Oregon. She has held this position since May 2001. Ms. Peng joined the Committee in April 2012. +

PDMP: A Valuable Resource

(Continued from page 1)

notification via e-mail. Denied applicants will receive a formal written notification.

Starting in September, the PDMP will employ Outreach Specialists throughout the state to visit communities to answer questions, notarize account applications and promote program use. In late fall, the PDMP will provide prescribers with an Overdose Toolkit. This resource will include brief screening tools for alcohol and drug addiction and depression, pain management guidelines, and drug take-back and medication lock-up resources. Check the website at www.orpdmp.com for updates on these valuable new resources.

For additional program information or questions, e-mail the program at pdmp.health@state.or.us or call 971-673-0741. +

** Information on DPMs is not yet available.*

Provider Wellness

Self-care must be a priority for licensees in order to provide the best care possible to patients. A variety of resources are available throughout our community to help medical providers turn their attention to themselves.

OHSU is offering a lecture that will focus on healthcare provider wellness on October 5 at 12:00 p.m. Through the framework of evidence-based medicine, lecturer Daniel Friedland, MD, will present an integration of research in brain science, mindfulness, cognitive behavioral therapy and positive psychology. In part, the lecture aims to help providers identify and neutralize triggers of stress and self-doubt to improve resiliency in healthcare. More information is available at www.ohsu.edu/xd/education/academic-calendar.cfm. +

FAQs from the OMB

(Continued from page 2)

Q: Can written information be provided by staff in lieu of counseling by the physician?

A: No. Written drug information is supplemental and does not negate the dispensing physician's duty to counsel the patient.

Q: Should a dispensing physician write a prescription for the patient before dispensing the medication?

A: No. A dispensing physician dispenses directly to his or her own patient without issuing a prescription. Dispensing records must be maintained by the dispensing physician, but no prescription is generated. A prescription is an order, instruction or authorization to someone else (a pharmacist) for dispensing.

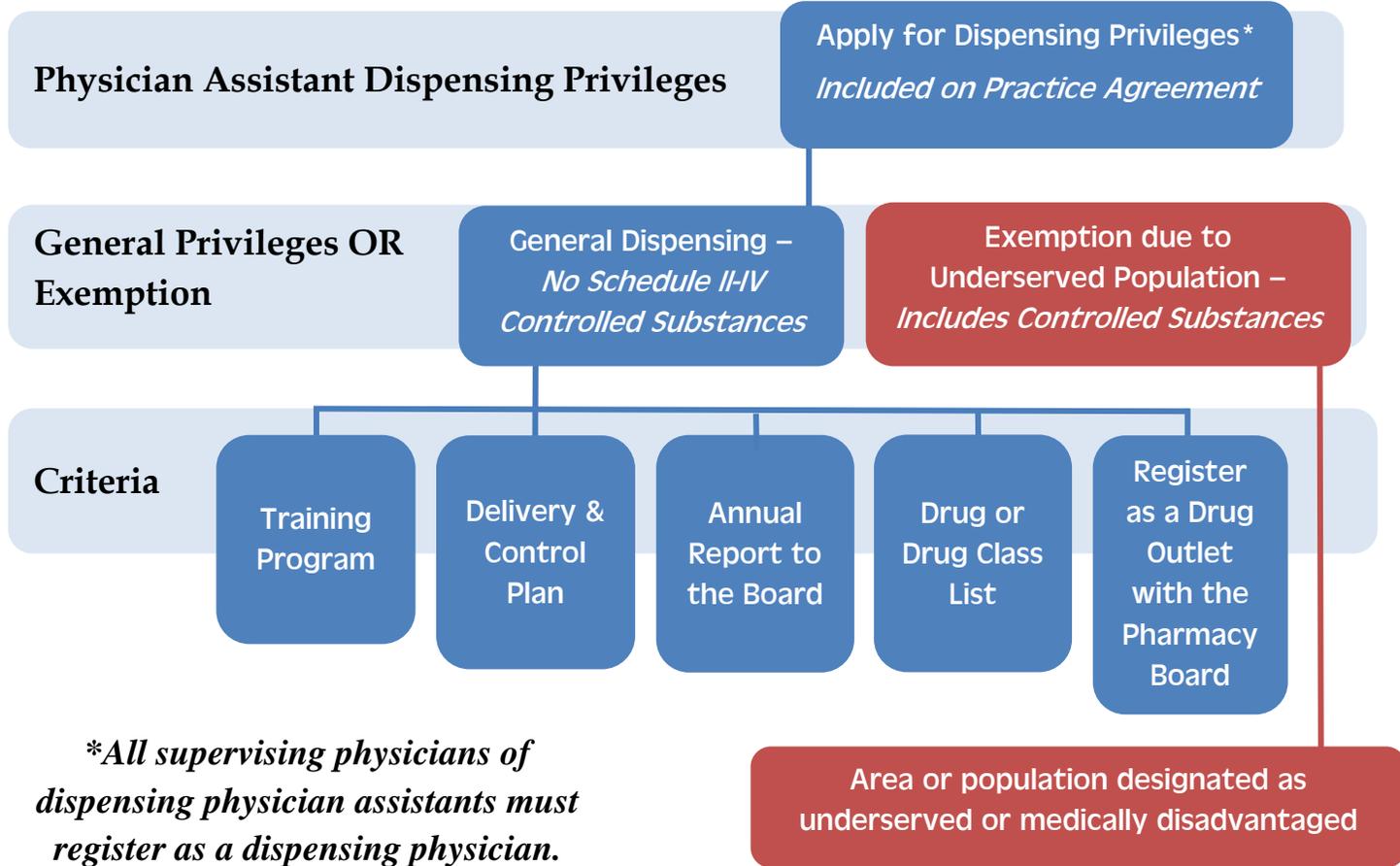
Q: May a dispensing physician fill a prescription written by a physician who does not have dispensing authority?

A: No. Prescriptions and orders may only be filled in a pharmacy. A dispensing physician may dispense only after personally performing the judgmental functions described above. +

Thank You!

Thank you to the consultants who give their time and attention to patient safety. Because of your service, Oregon's medical profession is stronger. We could not fairly and accurately assess many of the unique specialties and situations without your thoughtful expertise. +

Physician Assistant Dispensing Privileges Senate Bill 1565



**All supervising physicians of dispensing physician assistants must register as a dispensing physician.*

Honoring Retiring Consultants

Do you know a licensee preparing for retirement who has been a consultant for the Board? The OMB honors eligible retirees for their work and dedication to the citizens and patients of Oregon.

Please send information to the OMB Report at OMBReport@state.or.us +

Drug Dispensing Authority for Physician Assistants

(Continued from page 3)

Qualified PAs who service an underserved area or population group are exempt from the new requirements but must provide a statement regarding the medical necessity for dispensing, the practice location, and the distance to the nearest pharmacy. These requirements are unchanged by the new legislation.

For more information on applying for drug dispensing authority for a physician assistant and for access to the PA Drug Dispensing Training Program, please visit www.oregon.gov/omb/pages/umbrellapa.aspx. +

Board Actions

April 7, 2012, to July 13, 2012

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

Interim Stipulated Orders

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

GOERING, Edward K., DO; DO19450
Portland, OR

On June 6, 2012, Licensee entered into an Interim Stipulated Order in which he agreed to not accept any new chronic pain patients, transfer all current chronic pain patients to other providers, discontinue prescribing Schedule II medications or Suboxone within 30 days and provide the OMB with a complete and truthful account of his actions in response to the OMB's request for medical records.

KILLEN, Ronald H., MD; MD15428
Sandy, OR

On July 5, 2012, 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.

SACHDEV, Naina, MD; MD16352
Lake Oswego, OR

On June 7, 2012, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

Disciplinary Actions

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

BRANCH, Benjamin F., DO; DO29119
Medford, OR

On July 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands Licensee, assesses a \$2,000 fine and requires him to complete a boundaries course.

CALVERT, James F., Jr., MD; MD18000
Klamath Falls, OR

On July 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, gross or repeated negligence in the practice of medicine and prescribing a controlled substance without a legitimate medical purpose or following accepted procedures. This Order reprimands Licensee, assesses a \$5,000 fine, places him on probation, and requires him to complete courses on chronic pain treatment and rheumatologic disorders.

METZGER, Mark S., MD; MD23691
Gresham, OR

On July 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and conviction of any offense punishable by incarceration. This Order surrenders his medical license while under investigation.

NIELSEN, Erik W., MD; MD12909
Portland, OR

On July 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order permanently surrenders his medical license and prohibits him from applying for a medical license in this or any other state.

POZAR, John M., MD; MD08211
Portland, OR

On July 12, 2012, Licensee entered into a

Stipulated Order with the Board. This Order retires his medical license while under investigation.

**RODRIGUEZ, Hubert A., Jr., MD; MD27178
Birmingham, AL**

On July 12, 2012, 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; places him on probation, which is stayed as long as he does not hold an active license in Oregon; assesses a fine of \$5,000, with \$4,000 stayed; and requires him to obtain and complete an educational intervention plan from CPEP and complete a course on medical ethics prior to applying for an active Oregon medical license.

**SILLS, Shawn M., DO; MD25091
Medford, OR**

On July 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, gross or repeated negligence in the practice of medicine, prescribing controlled substances without a legitimate medical purpose or prescribing controlled substances without following accepted procedures for examination of patients or prescribing controlled substances without following accepted procedures for record keeping. This Order reprimands Licensee; revokes his medical license, which is stayed; suspends his license to practice medicine for 60 days; places him on probation for ten years; assesses a fine of \$5,000; requires him to complete a boundaries course; and requires him to comply with all terms of his HPSP agreement.

**THOMSON, Kathryn Mary D., DO; DO13836
Salem, OR**

On July 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order

retires Licensee's osteopathic license while under investigation, prohibits her from practicing any form of medicine in Oregon and precludes her from re-applying for licensure for two years.

**DUNKLEY-SHURTS, Karissa M., DO;
Applicant
Lake Oswego, OR**

On July 12, 2012, the Board issued a Default Order for unprofessional or dishonorable conduct and willfully violating any rule adopted by the Board, Board Order or failing to comply with a Board request. This Order denies the application for licensure to practice medicine and assesses a \$10,000 fine.

**Prior Orders Modified or
Terminated**

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

On July 12, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's September 1, 2011, Stipulated Order.

**HANEY, Susan T., MD; MD23325
Coos Bay, OR**

On June 12, 2012, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's February 22, 2012, Interim Stipulated Order.

**MATSUMURA, Andrea L., MD; MD22819
Portland, OR**

On July 12, 2012, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's April 7, 2011, Corrective Action Agreement.

**ONO, Alfred K., MD; MD08406
Portland, OR**

On July 12, 2012, the Board issued an Order Terminating Corrective Action Agreement.

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This Order terminates Licensee's July 8, 2010, Corrective Action Agreement.

SHARMA, Sanjeev K., MD; MD151024
Ashland, OR

On July 12, 2012, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's April 5, 2012, Corrective Action Agreement.

Non-Disciplinary Board Actions

April 7, 2012, to July 13, 2012

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

LAIRD, Sheri L., MD; MD21936
West Linn, OR

On July 12, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a course on appropriate prescribing, review chronic pain patient charts with a mentor twice a month and continue treatment with her current healthcare provider.

ROBINSON, Michael T., DO; DO10555
Central Point, OR

On July 12, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete an appropriate prescribing course.

ROSENCRANTZ, David R., MD; MD07089
Portland, OR

On July 12, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a course on professional boundaries

within six months and continue treatment with his current healthcare provider.

STAPLETON, Joseph P., MD; MD13551
Happy Valley, OR

On July 12, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete courses on medical documentation and the appropriate prescribing of narcotics within one year.

Consent Agreements

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

COLLINS, Elbert C., MD; MD14732
Grants Pass, OR

On April 30, 2012, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to participate in a mentoring program at his place of employment for three months, which will include chart reviews and a report to the Board from his mentor.

STRAUMFJORD, Marianne, MD; MD07575
Bend, OR

On April 30, 2012, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to participate in a mentoring program at her place of employment for at least six months, which will include chart reviews and a report to the Board from her mentor. The Agreement also requires her to complete a psychopharmacology course, maintain treatment with her current healthcare provider and remain in compliance with the Maintenance of Certification of the American Board of Psychiatry and Neurology.

Current and past public Board Orders are available on the OMB website:

www.oregon.gov/OMB/bdactions.shtml. +

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

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

847-001-0025: Motions for Summary Judgment – Removes the prohibition on motions for summary judgment in contested cases.

Physicians (MD/DO/DPM)

847-010-0081 and 847-015-0035: Physician Assisted Suicide – Reflects hybrid language derived from the current rule titles and the language used in the implemented statute.

847-015-0025: Dispensing Physicians and Podiatric Physicians – Clarifies that distribution of samples is not dispensing and that a physician supervising a physician assistant with drug dispensing authority must be registered as a

dispensing physician.

847-017-0000 through 847-017-0040: Office-Based Surgery – Classifies levels of office-based surgeries and sets forth the corresponding requirements; reorganizes and adds new definitions; establishes a standard of practice for physicians performing office-based surgery; sets forth requirements for office-based surgery facilities; classifies the assessment and informed consent procedures prior to the performance of an office-based surgery; clarifies the requirements for patient medical records; expands the emergency care and transfer protocol requirements; requires reporting of specified office-based surgical complications; and contains general grammar and housekeeping changes.

Physician Assistants (PA)

847-050-0040: Method of Performance – Clarifies that a physician assistant must be properly identified in oral communications and adds a fine for violations of any part of the rule, including failure to submit a practice agreement within ten days after beginning practice or changing the duties delegated.

847-050-0063: Physician Assistant Committee – Corrects a statutory reference in the rule for compensation of PA Committee members.

Emergency Medical Technicians (EMT)

847-035-0001 through 847-035-0030: Emergency Medical Technicians, First Responders and Supervising Physicians – Alphabetizes definitions; aligns titles and language with the revised EMS statute, including changing "certified" to "licensed," "EMTs" to "EMS providers," "First Responder" to "Emergency Medical Responder," "EMT-Basic" to "EMT," "EMT-Paramedic" to "Paramedic," and "EMT Advisory Committee" to "EMS Advisory Committee"; and makes several changes to the scope of practice: (1) adds administration of neb-

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Administrative Rule Review Process

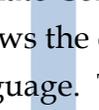
OMB Staff Draft

The OMB staff, Committee or Board identifies an issue that can be addressed by a rule. The rules coordinator drafts proposed language.



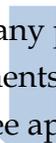
First Review Committee

Once complete, the appropriate Committee reviews the draft language. The Committee recommends approval or additional revisions and forwards it to the full Board for review.



Final Review Committee

The Committee reviews the proposed language and any public comments. If the Committee approves the rule as written, it is forwarded to the full Board for review.



First Review Board

The Board reviews the language and provides comments. If approved, the Board refers the rule back to the Committee for final review.



Final Review Board

The Board reviews the rule language and public comments. If approved, the Board formally adopts the rule.



Official Rule

The rules coordinator files the rule as permanent with the Secretary of State.

Items to Note:

- After first review by the Board, the rule is filed with the Secretary of State and interested parties are notified of the proposed rulemaking.
- Members of the public are invited to provide comment on proposed rules and administrative topics. Public comments are accepted for 21 days after the notice is published in the Secretary of State *Bulletin*.
- If the Board or Committee makes significant changes to the rule at any point in the process, it will be sent back to the Committee as a first review to start the process again.
- Temporary rules follow the same process as regular rules, but are adopted after the Board's first review and approval of the rule.
- Sign up as an interested party by going to www.oregon.gov/OMB/pages/omblistserves.aspx and following the link.

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 and follow the link to opt out of paper copies.

Oregon Administrative Rules

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ulized Albuterol sulfate treatments to the EMT-Basic scope of practice, (2) adds administration of aspirin to the First Responder scope of practice, and (3) changes “needle thoracentesis” to “needle thoracostomy” in the Paramedic scope of practice.

Temporary Rules

First Review, Temporarily Adopted

All Licensees

OAR 847-065-0005 through 847-065-0070: Health Professionals’ Services Program (HPSP) – Eliminates references to the “monitoring entity,” which was removed from the statute in 2012 HB 4009; changes “vendor” to “contractor” in keeping with the Oregon Health Authority’s OARs (Chapter 415) on the HPSP; and corrects the statutes implemented.

Adopted Rules

Final Review

All Licensees

847-001-0007: Agency Representation at Hearings – Limits the type of contested case hearings for which an employee may represent the Board to a class of hearings involving only civil penalties and omits the list of specific violations.

847-003-0100: Declared Emergency - Delegation of Authority – Delegates authority to the Executive Director of the Board when a state of emergency is in effect, allowing the Board to function even when Board members are unable to fulfill their Board duties.

847-005-0005: Fees – Eliminates the \$225 supervising physician application fee and eliminates the \$52 cost recovery fee for criminal

records checks.

847-008-0015 and 847-008-0018: Military/Public Health Active Registration – Adds employment with the Indian Health Service to the Military/Public Health registration status, which will allow licensees employed by the Indian Health Service to maintain an active license in the state of Oregon.

847-008-0040: Process of Registration – Adds a fine for violating ORS 677.190(8), providing false, misleading or deceptive information on an application for registration (renewal of licensure).

847-008-0070: Continuing Medical Competency (Education) – Clarifies the amount of CME required for each licensee, clarifies that audits may occur at the Board’s discretion and at a time other than the biennial renewal, and revises the audit timelines.

847-020-0155: State and Nationwide Criminal Records Checks, Fitness Determinations – Eliminates the \$52 cost recovery fee for criminal records checks on an applicant or licensee of the Oregon Medical Board.

Physicians (MD/DO/DPM)

847-020-0170, 847-020-0180 and 847-020-0182: Clinical Competency Assessments – Clarifies the Board’s requirement for a clinical competency assessment for applicants for initial licensure or reactivation who have not had sufficient post-graduate training or specialty board certification or recertification within the past 10 years and removes the subsections requiring an applicant to show clinical competency after ceasing the practice of medicine for a period of 12 or more consecutive months because this requirement is included in 847-020-0183.

Physician Assistants (PA)

847-050-0027: Approval of Supervising Physician – Eliminates the fee for supervising physician applications. +

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OFFICE CLOSURES

The OMB Offices will be closed and unavailable to provide licensee support on the below dates.

2012 State Agency Furloughs

Friday, August 17
Friday, October 19
Friday, November 23

2012 Holidays

Labor Day
Monday, September 3
Veteran's Day
Monday, November 12
Thanksgiving
Thursday, November 22
Christmas
Tuesday, December 25

PUBLIC HEARING NOTICE

The EMT Advisory Committee will hold a **public hearing on November 16 at 8 a.m.** on a proposed rule change to OAR 847-035-0030. The change will require all Emergency Medical Responders to have standing orders from a supervising physician. The public is invited to attend the hearing and provide written or oral comments. More information is available at www.oregon.gov/omb/pages/proposedrules.aspx.

CALENDAR OF MEETINGS

October 11-12, 8 a.m. Board Meeting	December 7, Noon Acupuncture Advisory Committee
November 1, 7:30 a.m. Investigative Committee	December 12, 5 p.m. Administrative Affairs Committee
November 16, 9 a.m. EMT Advisory Committee	December 13, 9:30 a.m. Physician Assistant Committee
December 6, 7:30 a.m. Investigative Committee	January 10-11, 8 a.m. Board Meeting