

Exhibit

L



Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



NEIL B. MANSDORF, D.P.M., President
KRISTINA M. DIXON, M.B.A., Vice President

EDWARD E. BARNES
MELODI MASANIAI
KAREN L. WRUBEL, D.P.M.

JOHN Y. CHA, D.P.M.
MICHAEL A. ZAPF, D.P.M.

Licensing & Medical Education Committee

Dr. Zapf, Chair Dr. Mansdorf, Vice Chair

a. Overview.....L

- The Department of Consumer Affairs has informed it will be transitioning to the new BreEZe online licensing and enforcement system come early October 2013.
During the transition, there will be temporary disruptions in cashiering and other services.
To avoid any possible lapse in licensure or processing delays, the board has strongly encouraged the September and October renewal candidates to submit their renewal fees prior to September 1, 2013.

b. Council on Podiatric Medical Education

- The Council on Podiatric Medical Education has finally converted all approved programs to the single, three-year program, the Podiatric Medicine and Surgery Residency (PMSR).
During this transition if an institution had the capability of providing training in reconstructive rearfoot/ankle surgery, then it received the RRA (Reconstructive Rearfoot and Ankle Surgery) designation as well.
All approved programs were converted by July 1, 2013 via document submission or on-site evaluation.

c. APMLE Part III exam

- The Part III examination taken on June 5, 2013 had a 100% pass rate with all 22 candidates passing the exam.
The next examination will be held on December 4, 2013.
Applicants must register by November 8, 2013 in order to qualify for the examination.

d. Licensing Statistics.....M

Submitted by:

Christine Raymond
Licensing Coordinator
September 2013

Exhibit

M

LICENSING STATISTICS BY FISCAL YEAR-2013/2014

New licenses issued		*Valid Active/Inactive licenses	
1994/95	41	1994/95	1924
1995/96	31	1995/96	1849
1996/97	69	1996/97	1845
1997/98	75	1997/98	1858
1998/99	63	1998/99	1853
1999/00	61	1999/00	1751
2000/01	76	2000/01	1755
2001/02	76	2001/02	1808
2002/03	71	2002/03	1834
2003/04	76	2003/04	1868
2004/05	54	2004/05	1851
2005/06	43	2005/06	1837
2006/07	60	2006/07	1836
2007/08	55	2007/08	1848
2008/09	47	2008/09	1895
2009/10	59	2009/10	1905
2010/11	58	2010/11	1916
2011/12	61	2011/12	1945
2012/13	65	2012/13	1955
2013/14	8 to date (July 2013-August 2013)	2013/14	1966

* fee-exempt categories and residents excluded

Submitted by:

Christine Raymond
Licensing Coordinator
September 2013

Licensing

Primary Status Report as of September 2013

Lic. Status	E-Permanent	EFE- Fee Exempt	EL- Resident	FNP- Fict. Name	Total
Valid- Active	1930	198	106	387	2621
Valid- Inactive	36				36
Delinquent	115	42	1098	327	1582
Cancelled	1825	234	225	604	2888
Revoked	60	3			63
Deceased	186	60			246
Surrender	38	5			43

*** Fee- exempt licensees are retired, military and disabled status.**

Submitted by:

Christine Raymond
Licensing Coordinator
September 2013

RESIDENT'S LICENSES (EL) – September 2013

Category	Number of Residents by Year of Training				
	Year 1	Year 2	Year 3	Year 4	Total
PM&S-36	0	0	0	0	0
PMSR	0	0	0	0	0
PMSR/RRA	36	34	12	0	82
FELLOWSHIP	0	0	0	0	0
ROTATIONS	0	0	0	0	0
TOTAL	36	34	12	0	82

PM&S-36	Podiatric Medicine & Surgery - 36 Months
PMSR	Podiatric Medicine and Surgery Residency
PMSR/RRA	Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery
ROTATIONS	Residency licenses issued to trainees in out-of-state programs participating in California clinical rotations.

Submitted by:

Christine Raymond
Licensing Coordinator
September 2013

Exhibit

N



Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



NEIL B. MANSDORF, D.P.M., *President*
KRISTINA M. DIXON, M.B.A., *Vice President*

EDWARD E. BARNES
MELODI MASANIAI KAREN L. WRUBEL, D.P.M.

JOHN Y. CHA, D.P.M.
MICHAEL A. ZAPF, D.P.M.

ENFORCEMENT COMMITTEE

Mr. Barnes, Chair
Dr. Cha, Vice Chair

a. Overview.....N

The Enforcement Program is running smoothly. Data reports show no significant trend changes.

b. Data Reports.....O

- **Complaint and Disciplinary Data Report** – This report shows complaint and disciplinary data from FY 04/05 through FY 13/14. FY 13/14 shows year to date data.
- **BPM and MBC Matrix Reports** – These reports show case aging data for BPM and MBC (aged cases are usually a reflection of more complex cases that require additional investigative work.) We and MBC use these as program management tools.
- **Enforcement Performance Measures Report** – This is a DCA report that shows the volume, intake, investigation and discipline data for the most recent quarter available ending March 2013.
- **Probation Report** – This report shows all active and tolled probationers as of August 2013, who is monitoring them, and the expected probation completion dates.

c. June 21 Medical Consultant training.....P

The Annual Consultant Training went very well. Consultants were given a Consultant Training Manual, an overview of the investigative process and vertical prosecution, and engaged in a question and answer discussion with highly experienced staff John Hirai, Supervising Investigator II, Medical Board Investigations and John Rittmayer, Deputy Attorney General, Attorney General’s Office.

d. Manual of Disciplinary Guidelines.....Q

The Manual of Disciplinary Guidelines is exhibited for your information.

Submitted by:

Bethany DeAngelis
Enforcement Coordinator
August 2013

Exhibit O

COMPLAINT & DISCIPLINARY DATA

FY 13/14 July 1, 2013 - August 23, 2013

Fiscal Year	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Numbers of Licensees*:	2016	2052	2045	2056	2055	2072	2086	2105	2120	2128
Complaints Received**:	147	109	116	104	108	127	90	124	122	95
Open Cases:47										
Discipline Cases Pending at Attorney General:5										
Licensees on Probation: 19										
Citations and Fines	1	4	1	0	4	4	0	0	2	0
Cease/desist Letters***	10	5	6	4	5	2	0	0	0	0
Referred to Attorney General	12	12	13	9	6	9	11	4	7	1
Referred to District Attorney	0	0	1	0	0	0	0	0	0	0
Accusations/Petitions to Revoke Probation/SOI	9	7	12	8	4	8	8	5	2	1
Penalty Relief Petitions Filed	1	0	1	1	1	2	1	1	2	0
Hearings****	4	2	2	5	2	2	2	1	0	0
Prop. Dec. Non-adopted	0	1	0	0	0	0	0	0	0	0
Prop. Dec. Adopted	2	1	2	1	2	2	1	0	1	0
Stipulations Adopted	6	6	9	5	8	5	2	7	4	1
Probations	4	4	9	5	6	5	2	5	3	2
Suspensions	1	0	1	2	1	1	0	0	0	1
Revocations	1	2	0	1	2	1	0	0	1	0
Surrenders During Prosecution	1	2	0	0	0	1	1	1	0	0
Public Letter of Reprimand	0	0	0	0	0	0	1	1	0	0
Other	0	0	0	0	2	0	0	0	0	0
Criminal arrests/convictions	0/0	0/0	1/0	0/0	0/1	0/0	0/0	0/0	2/1	0/0
Temporary Restraining Orders/Interim Suspensions/Automatic Suspensions/PC-23 Orders	1	0	2	1	1	1	0	0	2	0

* includes all E & EFE licensees with a status code 10 (E)

** includes multiple complaints against individual licensees

*** cease and desist letters were discontinued in 2010

**** includes reinstatements, penalty relief petitions, and any other cases heard by an Administrative Law Judge (ALJ)

REPORT: FD720010
 AGENCY: 6301

MEDICAL BOARD OF CALIFORNIA
 NUMBER & STATUS OF OPEN CASES AS OF 07/31/2013

PAGE: 1
 DATE: 08/01/13
 TIME: 08:34:26

FOR: 1B BOARD OF PODIATRIC MEDICINE

DAYS:	M O N T H S		Y E A R S		TOTAL				
	0-3 (0-90)	4-6 (91-180)	7-9 (181-270)	10-12 (271-364)		1 (365- 728)	2 (729- 1092)	3 (1093- 1456)	4 (1457- 1820)
CAT/ CSR/ CSA	12	1	2						15
CONSULTANT	5								5
EXEC OFFICER	1								1
INVESTIGATION	6	5	4	5	6		1		27
AG - PRE		1							2
AG - POST	2				2				4
** REPORT TOTALS:	26	7	6	6	8		1		54

INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.

CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.

CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

=UDK=^
 ^+X
 =ODK=^
 ^CO
 ^+1XCPL4iso-L
 ^1
 ^m510,17,4,8,660
 ^y20,10,3250,7,2
 ^y30,10,3250,7,2
 ^y40,10,3250,7,2
 ^y50,10,3250,7,2
 ^y60,10,3250,7,2
 ^y70,10,3250,7,2
 ^y80,10,3250,7,2

REPORT: FD720020
AGENCY: 6301

MEDICAL BOARD OF CALIFORNIA

AVERAGE NUMBER OF DAYS FOR OPEN CASES AS OF 07/31/2013

PAGE: 1
DATE: 08/01/13
TIME: 08:34:26

FOR: 1B BOARD OF PODIATRIC MEDICINE

CAT/CSR CSA (1)	CONSULT (2)	EXEC OFFICER	INVEST- IGATION	---ATTORNEY GENERAL--- PRE (3) POST (4)
BOARD OF PODIATRIC MEDI	74	15	2	293
				196
				355

*** AVERAGE AGING CASES CALCULATED USING OPEN CASES ONLY ***

- (1) INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.
- (2) CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.
- (3) CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.
- (4) CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

REPORT: FD720010
 AGENCY: 6301

MEDICAL BOARD OF CALIFORNIA

NUMBER & STATUS OF OPEN CASES AS OF 07/31/2013

PAGE: 1
 DATE: 08/01/13
 TIME: 08:33:15

FOR: IDENTIFIERS OF PHYSICIANS AND SURGEONS

DAYS:	M O N T H S		Y E A R S				TOTAL		
	0-3 (0-90)	4-6 (91-180)	7-9 (181-270)	10-12 (271-364)	1 (365-728)	2 (729-1092)		3 (1093-1456)	4 (1457-1820)
CAT/ CSR/ CSA	893	202	15						1110
CONSULTANT	195	2							197
EXEC OFFICER									
INVESTIGATION	311	215	173	184	190	6			1079
AG - PRE	106	40	11	10	11	1			179
AG - POST	84	62	58	54	90	22	5	3	380
** REPORT TOTALS:	1589	521	257	248	291	29	5	3	2945

INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.

CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.

CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

=UDK=^
 ^+X
 =UDK=^
 ^CO
 ^+LXCP14iso-L
 ^1
 ^m510,17,4,8,660
 ^Y20,10,3250,7,2
 ^Y30,10,3250,7,2
 ^Y40,10,3250,7,2

REPORT: FD720020
AGENCY: 6301

MEDICAL BOARD OF CALIFORNIA

AVERAGE NUMBER OF DAYS FOR OPEN CASES AS OF 07/31/2013

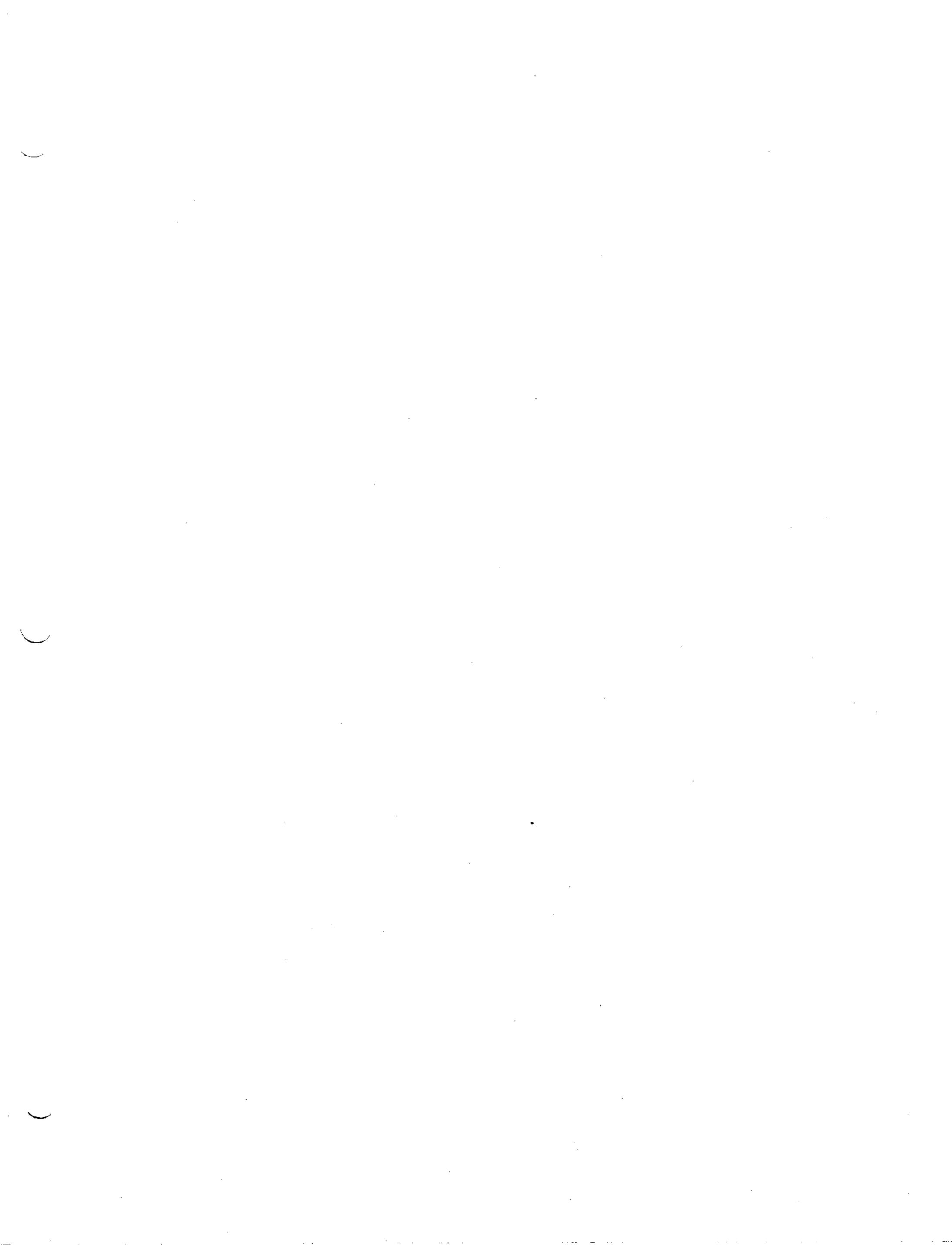
PAGE: 1
DATE: 08/01/13
TIME: 08:33:15

FOR: IDENTIFIERS OF PHYSICIANS AND SURGEONS

CAT/CSR CSA (1)	CONSULT (2)	EXEC OFFICER	INVEST- IGATION	---ATTORNEY GENERAL--- PRE (3)	POST (4)	
PHYSICIANS & SURGEONS	58	20	0	216	118	317

*** AVERAGE AGING CASES CALCULATED USING OPEN CASES ONLY ***

- (1) INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.
- (2) CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.
- (3) CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.
- (4) CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.



Board of Podiatric Medicine

Performance Measures

Q3 Report (January - March 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

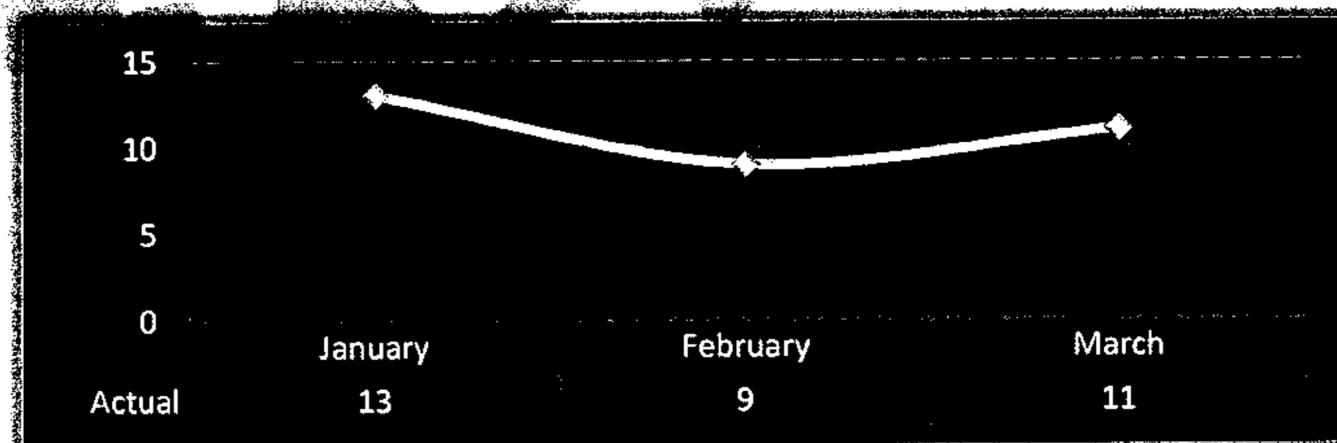
Volume

Number of complaints and convictions received.

Q3 Total: 33

Q3 Monthly Average: 11

Complaints: 28 Convictions: 5

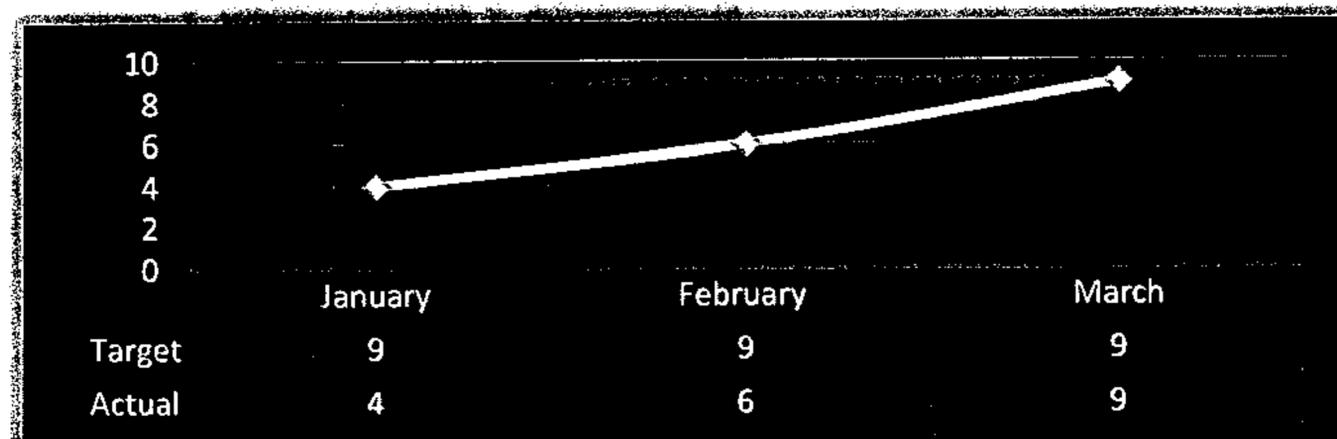


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 9 Days

Q3 Average: 7 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 14 Days

Q3 Average: N/A

The Board did not handle any probation violations this quarter.



**Board of Podiatry Medicine's
Probation Surveillance Program
August 23, 2013**

Complaint No.	Subject's Name	Probation Officer	Medical Consultant	Practice Monitor	Status	Completion Date
Active Status:						
1B-2009-203969	Hamilton, Mark	Brown	Taubman		Active	10/24/13
1B-2005-163869	Lawrence, Eric	Argosino	Walburg	Labovitz	Active	11/19/13
1B-2004-162844	Graves, Richard	Seamons	Labovitz	Alavy	Active	03/09/14
1B-2007-181509	Servatjoo, Parviz	Brown	Walburg	Walburg	Active	05/08/14
1B-2004-162454	Hernandez, Virgil	Brown	Giacopelli	Wagreich	Active	07/09/14
1B-2008-194027	Subotnick, Steven	Seamons	Bois		Active	08/12/14
1B-2005-169051	Nguyen, Tan	Seamons	Bois	Bois	Active	08/17/14
1B-2009-200359	Redko, Peter	Sherer	Bois		Active	09/14/14
1B-2009-198964	Eng, Steven	Brown	Rosenthal		Active	03/01/15
1B-2008-192098	Nordyke, Randolph	Seamons	Wagreich	Wagreich	Active	04/08/15
1B-2004-162196	Carrasco, Pete	Argosino	Wagreich	PEP	Active	07/02/15
1B-2010-210403	Jones, Franklyn	Seamons	Kaschak		Active	09/20/15
1B-2004-158802	Moy, Richard	Argosino	Labovitz	Taubman	Active	12/30/15
1B-2009-201287	Garofalo, Joseph	Argosino	Rosenthal		Active	03/13/16
1B-2009-199047	Moussavi, Ramyar	Brown	Rosenthal	Rosenthal	Active	06/29/17
1B-2009-203735	Ahmadi, Matt	Brown	Rosenthal	Rosenthal	Active	10/24/17
1B-2009-201207	Glover, Alfred	Argosino	Rosenthal		Active	07/25/18
1B-2005-167595	Truong, Vinncente	Seamons	Greenwald	Greenwald	Active	07/28/18
D1-2004-160535	Ky, Nguyen	Seamons	Bois	Bois	9/13/13	09/13/18
Subtotal	19					

Complaint No.	Subject's Name	Probation Officer	Medical Consultant	Practice Monitor	Status	Completion Date
----------------------	-----------------------	--------------------------	---------------------------	-------------------------	---------------	------------------------

Tolled Status: (Out of State)

1B-1990-3602	Marek, Neal	Seamons			Tolled	
1B-2000-105396	Salz, Joseph	Seamons			Tolled	
1B-2006-179270	O'Meara, Sean	Seamons			Tolled	
				Subtotal		3

Tolled Status: (In State)

1B-1990-5979	Metz, Douglas	Seamons			Pended	
1B-1996-64516	Levy, Sherwin	Seamons			Pended	
1B-1995-52592	Weber, Bennie	Seamons			Pended	
1B-2002-133194	Fowler, Morris	Seamons			Pended	
				Subtotal		4

Exhibit

P



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300, Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



AGENDA

Enforcement Meeting/Consultant Training Session 8:30 am -12:00 pm - June 21, 2013

Disneyland Hotel
Adventure Tower – Nile Room
1600 South Disneyland Drive
Anaheim, CA
(714) 635-2300

- 1. Introductions** **8:30 – 8:35**
Presenter: Bethany DeAngelis, BPM Enforcement Coordinator
- 2. Role of the Consultant** **8:35 – 8:45**
Presenter: Bethany DeAngelis, BPM Enforcement Coordinator
- 3. Report Format** **8:45 – 9:15**
Presenters: Harinder Kapur, DAG
John Hirai, MBC Supervising Investigator
- 4. Field Investigations** **9:15 – 10:00**
Presenters: John Hirai, MBC Supervising Investigator
Harinder Kapur, DAG
 - a. MBC Investigation Procedures
 - b. Vertical Prosecution
 - c. What can be done when the subject cancels or is a no show?
- 5. Probation** **10:00 – 10:15**
Presenter: John Hirai, MBC Supervising Investigator
 - a. MBC Probation Procedures
 - b. Roundtable Discussion on being a Practice Monitor
- 6. Communication between Parties** **10:15 – 10:30**
Roundtable question and answer discussion on what communications are allowed between Consultants, Experts and other involved parties and how to improve communication for effective case management.
- 7. Case Reviews** **10:30 – 12:00**



Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



Podiatric Medical Consultants

	TERM	LOCATION
Jack Bois, DPM	07/07 – 10/15	San Jose
Victoria Foley, DPM	6/12 - 6/20	Long Beach
Amir Hajimirsadeghi, DPM	6/12 - 6/20	San Diego
Jeffrey Haupt, DPM	7/07 – 7/15	Newport Beach
Jason Hiatt, DPM	6/11 – 6/19	Walnut Creek
Ernest Hook, DPM	6/11 – 6/19	Folsom
William Jenkin, DPM	12/12 – 12/20	San Francisco
Tom Kaschak, DPM	6/11 – 6/19	Fresno
Franklin Kase, DPM	6/11 – 6/19	Burbank
Jenkin, William, DPM	11/12-11/20	San Francisco
James LaRose, DPM	7/10 – 7/18	Upland
Scott Rosenthal, DPM	6/11 – 6/19	Los Angeles
Randall Sarte, DPM	9/09 – 9/17	Sacramento
Martin Taubman, DPM	9/05 – 9/13	San Diego

Exhibit Q

Board of Podiatric Medicine

Manual

Of

Disciplinary Guidelines

With

Model Disciplinary Orders



**Department of Consumer Affairs
State of California**

STATE OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE

**MANUAL
OF
DISCIPLINARY GUIDELINES
WITH
MODEL DISCIPLINARY ORDERS**

(Effective September 23, 2011)

These Disciplinary Guidelines were originally adopted by the BPM on September 5, 1984, and revised September 23, 2011. They are for use by administrative law judges, attorneys, and licensees.

Additional copies may be obtained from:

*Board of Podiatric Medicine
2005 Evergreen Street, Suite 1300
Sacramento, CA 95815-3835*

(916) 263-2647

**DISCIPLINARY GUIDELINES WITH
MODEL DISCIPLINARY ORDERS**

Business and Professions Code section 2460.1 mandates that protection of the public shall be the highest priority for the Board of Podiatric Medicine (BPM).

The BPM expects that, absent mitigating or other appropriate circumstances, Administrative Law Judges hearing cases on behalf of the BPM and proposed settlements submitted to the BPM will follow these Guidelines, including those imposing suspensions. Any proposed decision or settlement that departs from the disciplinary guidelines shall identify the departures and the facts supporting the departure.

The Model Disciplinary Orders contain three sections: three (3) Disciplinary Orders; twenty-six (26) Optional Conditions whose use depends on the nature and circumstances of the particular case; and sixteen (16) Standard Conditions that generally appear in all probation cases. All orders should place the Order(s) first, optional condition(s) second, and standard conditions third.

The Model Disciplinary Guidelines list proposed terms and conditions for more than twenty-four (24) sections of the Business and Professions Code.

MODEL DISCIPLINARY ORDERS

Model No.	INDEX	Page No.
DISCIPLINARY ORDERS		
1.	Revocation - Single Cause	6
2.	Revocation - Multiple Causes	6
3.	Standard Stay Order	6
OPTIONAL CONDIDTIONS		
4.	Actual Suspension	6
4a.	Provisions for Cessation of Practice	6
5.	Controlled Substances - Total Restriction	6
6.	Controlled Substances - Surrender or DEA Permit	6
7.	Controlled Substances - Partial Restriction	7
8.	Controlled Substances - Maintain Records and Access to Records and Inventories	7
9.	Controlled Substances - Abstain From Use	7-8
10.	Alcohol - Abstain from Use	8-9
11.	Biological Fluid Testing	9
12.	Rehabilitation Program - Alcohol or Drug	10
13.	Community Service - Free Services	10
14.	Education Course	11
15.	Prescribing Practices Course	11
16.	Medical Record Keeping Course	11-12
17.	Ethics Course	12
18.	Professional Boundaries Program	12-13
19.	Clinical Training Program	13-14
20.	Examination	14-15
21.	Psychiatric Evaluation	15
22.	Psychotherapy	15-16
23.	Medical Evaluation and Treatment	16-17
24.	Monitoring - Practice/Billing	17-18
25.	Solo Practice	19
26.	Third Party Chaperone	19
27.	Prohibited Practice	19-20
27a.	Restitution	20

STANDARD CONDITIONS

Model No.	INDEX	Page No.
28.	Notification	20-21
29.	Physician Assistants	21
30.	Obey All Laws	21
31.	Quarterly Declarations	21
32.	Probation Unit Compliance	21
33.	Interview with the Board or its designee	21
34.	Residing or Practicing Out-of-State	22
35.	Failure to Practice Podiatric Medicine - California Resident	22-23
36.	Completion of Probation	23
37.	Violation of Probation	23
38.	Cost Recovery	23
39.	License Surrender	23-24
40.	Probation Monitoring Costs	24
41.	Notice to Employees	24
42.	Changes of Employment	24
43.	Compliance with Required Continuing Medical Education	24

MODEL DISCIPLINARY ORDERS

1. Revocation - Single Cause

Certificate No. (Ex: E-1035) issued to respondent (Ex: John Doe, DPM) is revoked.

2. Revocation - Multiple Causes

Certificate No. _____ issued to respondent _____ is revoked pursuant to Determination of Issues (Ex: I, II, and III) separately and for all of them.

3. Standard Stay Order

However, revocation is stayed and respondent is placed on probation for _____ (Ex: e.g., ten) years upon the following terms and conditions.

OPTIONAL CONDITIONS

4. Actual Suspension

As part of probation, respondent is suspended from the practice of podiatric medicine for (Ex: 90 days) beginning the sixteenth (16th) day after the effective date of this decision. Respondent shall prominently post a notice of the Board's Order of Suspension, in a place clearly visible to the public. Said notice, provided by the Board, shall remain so posted during the entire period of suspension.

4a. Provisions for Cessation of Practice

In settlements or orders which provide for a cessation of practice, respondent shall comply with procedures provided by the BPM regarding notification and management of patients.

5. Controlled Substances - Total Restriction

Respondent shall not order, prescribe, dispense, administer, or possess any controlled substances as defined in the California Uniform Controlled Substances Act.

6. Controlled Substances - Surrender of DEA Permit

Respondent is prohibited from practicing podiatric medicine until respondent provides documentary proof to the Board or its designee that respondent's DEA permit has been surrendered to the Drug Enforcement Administration for cancellation, together with any state prescription forms and all controlled substances order forms. Thereafter, respondent shall not reapply for a new DEA permit without the prior written consent of the Board or its designee.

7. Controlled Substances - Partial Restriction

Respondent shall not order, prescribe, dispense, administer or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedule(s) (e.g., IV and V) of the Act.

NOTE: Also use Condition 8 which requires that separate records be maintained for all controlled substances prescribed.

(Option)

Respondent shall immediately surrender respondent's current DEA permit to the Drug Enforcement Administration for cancellation and reapply for a new DEA permit limited to those Schedules authorized by this order. Within 15 calendar days after the effective date of this Decision, respondent shall submit proof that respondent has surrendered respondent's DEA permit to the Drug Enforcement Administration for cancellation and reissuance.

Within 15 calendar days after the effective date of the issuance of a new DEA permit, the respondent shall submit a true copy of the permit to the Board or its designee.

8. Controlled Substances- Maintain Records and Access to Records and Inventories

Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered or possessed by respondent, during probation, showing all the following: 1) the name and address of the patient; 2) the date, 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substance was furnished.

Respondent shall keep these records in a separate file or ledger in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

Failure to maintain all records, to provide immediate access to the inventory, or to make all records available for immediate inspection and copying on the premises, is a violation of probation.

9. Controlled Substances- Abstain from Use

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription.

This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification to cease practice shall be dissolved.

10. Alcohol - Abstain from Use

Respondent shall abstain completely from the use of products or beverages containing alcohol.

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay.

The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification to cease

practice shall be dissolved.

11. Biological Fluid Testing

Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test results may be received in evidence in any proceedings between the Board and respondent.

If respondent fails to cooperate in a random biological fluid testing program within the specified time frame, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification to cease practice shall be dissolved.

12. Rehabilitation Program - Alcohol or Drug

Within 30 days of the effective date of this decision, respondent shall submit to the BPM for its prior approval a rehabilitation monitoring program. When evaluating programs for approval, the following will be taken into consideration: Unless specifically noted in the decision, the minimum length of the program shall be no less than three years. All plans must include face to face monitoring, random biological fluid testing, and an educational program that addresses disease concepts, recovery process and recovery oriented lifestyle changes.

Within 30 days of approval of said program respondent shall enroll and participate until the BPM or its designee determines that further monitoring and rehabilitation is no longer necessary. If it is determined by both the rehabilitation program and a BPM designated physician that respondent cannot practice podiatric medicine safely, the respondent shall immediately cease practice upon notification. Respondent may not resume practice until it has been determined by both the rehabilitation program and a BPM designated physician that respondent can safely practice podiatric medicine and has been notified in writing by the board's designee. Failure to cooperate or comply with the Rehabilitation Program requirements and recommendations, quitting the program without permission, or being expelled for cause is a violation of probation.

13. Community Service - Free Services

Within 60 days of the effective date of this Decision, respondent shall submit to the Board or its designee for its prior approval a community service plan in which respondent shall within the first 2 years of probation, provide _____ hours of free services (e.g., medical or non-medical) to a community or non-profit organization. If the term of probation is designated for 2 years or less, the community service hours must be completed not later than 6 months prior to the completion of probation.

Prior to engaging in any community service respondent shall provide a true copy of the Decision(s) to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where respondent provides community service and shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall also apply to any change(s) in community service.

Community service performed prior to the effective date of the Decision shall not be accepted in fulfillment of this condition.

NOTE: In quality of care cases, only non-medical community service is allowed unless respondent passes the National Board of Podiatric Medical Examiners Part III Exam or otherwise demonstrates competency prior to providing community service.

14. Education Course

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified or Board approved and limited to classroom, conference, or seminar settings. The educational program(s) or course(s) shall be at the respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements, which must be scientific in nature, for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the

course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

15. Prescribing Practices Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

16. Medical Record Keeping Course

Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in medical record keeping, at respondent's expense, approved in advance by the Board or its designee.

Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

17. Ethics Course

Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first year is a violation of probation.

An ethics course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision

may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision. Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after the effective date of the Decision.

18. Professional Boundaries Program

Within 60 calendar days from the effective date of this Decision, respondent shall enroll in a professional boundaries program, at respondent's expense, equivalent to the Professional Boundaries Program, Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine ("Program").

Respondent, at the Program's discretion, shall undergo and complete the Program's assessment of respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), Accusation(s) and any other information that the Board or its designee deems relevant. The Program shall evaluate respondent at the end of the training and the Program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire Program not later than six months after respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on respondent's performance and evaluations from the assessment, education, and training, the Program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that respondent can practice medicine safely. Respondent shall comply with Program recommendations. At the completion of the Program, respondent shall submit to a final evaluation. The Program shall provide the results of the evaluation to the Board or its designee.

The Program's determination whether or not respondent successfully completed the Program shall be binding. Failure to participate in and complete successfully all phases of the Program, as outlined above, is a violation of probation.

(Option # 1: Condition Precedent)

Respondent shall not practice medicine until respondent has successfully completed the Program and has been so notified by the Board or its designee in writing.

(Option # 2: Condition Subsequent)

If respondent fails to complete the Program within the designated time period, respondent shall cease the practice of podiatric medicine within 72 hours after being notified by the Board or its designee that respondent failed to complete the Program.

19. Clinical Training Program

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical training or educational

program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of podiatric medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. The Program's determination whether or not respondent passed the examination or successfully completed the Program shall be binding.

Respondent shall complete the Program not later than six months after respondent's initial enrollment unless the Board or its designee agrees in writing to a later time for completion. Failure to participate in and complete successfully all phases of the clinical training program outlined above is a violation of probation.

(Option #1: Condition Precedent)

Respondent shall not practice podiatric medicine until respondent has successfully completed the Program and has been so notified by the Board or its designee in writing, except that respondent may practice in a clinical training program approved by the Board or its designee. Respondent's practice of podiatric medicine shall be restricted only to that which is required by the approved training program.

(Option#2: Condition Subsequent)

If respondent fails to complete the clinical training program within the designated time period, respondent shall cease the practice of medicine within 72 hours after being notified by the Board or its designee that respondent failed to complete the clinical training program.

(Option#3)

After respondent has successfully completed the clinical training program, respondent shall participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, which shall include quarterly chart

review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary. Failure to participate in and complete successfully the professional enhancement program outlined above is a violation of probation.

20. Examination

Within 60 calendar days of the effective date of this Decision, respondent shall arrange to take and pass a written examination, approved by the Board. Failure to pass the examination within one year of the effective date of this Decision is a violation of probation. Respondent shall pay the costs of all examinations. For purposes of this condition, the exam shall be a passing score of the National Board of Podiatric Medical Examiners Part III examination consistent with B&P code section 2493.

(Continue with either one of these two options.)

(OPTION 1: Condition Precedent)

Respondent shall not practice podiatry until respondent has passed the required examination and has been so notified by the Board or its designee in writing. This prohibition shall not bar respondent from practicing in a clinical training program approved by the Board or its designee. Respondent's practice of podiatric medicine shall be restricted only to that which is required by the approved training program.

NOTE: The condition precedent option is particularly recommended in cases where respondent has been found to be incompetent, repeatedly negligent, or grossly negligent.

(OPTION 2: Condition Subsequent)

If the respondent fails to pass the first examination, respondent shall be suspended from the practice of podiatric medicine. Respondent shall cease the practice of podiatric medicine within 72 hours after being notified by the Board or its designee that respondent has failed the examination. Respondent shall remain suspended from the practice of medicine until respondent successfully passes a follow-up examination, as evidenced by written notice to respondent from the Board or its designee.

21. Psychiatric Evaluation

Within 30 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the Board or its designee, respondent shall undergo a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board appointed board certified psychiatrist, who shall consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of the

requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within 15 calendar days after being notified by the Board or its designee. Failure to undergo and complete a psychiatric evaluation and psychological testing, or comply with the required additional conditions or restrictions, is a violation of probation.

(Option: Condition Precedent)

Respondent shall not engage in the practice of podiatric medicine until notified by the Board or its designee that respondent is mentally fit to practice podiatric medicine safely. The period of time that respondent is not practicing medicine shall not be counted toward completion of the term of probation.

22. Psychotherapy

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval the name and qualifications of a board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years or postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist.

If, prior to the completion of probation, respondent is found to be mentally unfit to resume the practice of podiatric medicine without restrictions, the Board shall retain continuing jurisdiction over the respondent's license and the period of probation shall be extended until the Board determines that the respondent is mentally fit to resume the practice of podiatric medicine without restrictions. Respondent shall pay the cost of *all* psychotherapy and psychiatric evaluations.

Failure to undergo and continue psychotherapy treatment, or comply with any required modification in the frequency or psychotherapy is a violation of probation.

NOTE: This condition is for those cases where the evidence demonstrates that the respondent has had impairment (impairment

by mental illness, alcohol abuse and/or drug self-abuse) related to the violations but is not at present a danger to respondent's patients.

23. Medical Evaluation and Treatment

Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a medical evaluation by a Board-appointed physician who shall consider any information provided by the Board or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the Board or its designee.

If respondent is required by the Board or its designee to undergo medical treatment, respondent shall within 30 calendar days of the requirement notice, submit to the Board or its designee for its prior approval the name and qualifications of a treating physician of respondent's choice. Upon approval of the treating physician, respondent shall within 15 calendar days undertake and shall continue such treatment until further notice from the Board or its designee. The treating physician shall consider any information provided by the Board or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Respondent shall have the treating physician submit quarterly reports to the Board or its designee indicating whether or not the respondent is capable of practicing medicine safely. Respondent shall provide the Board or its designee with any and all medical records pertaining to treatment that the Board or its designee deems necessary.

If, prior to the completion of probation, respondent is found to be physically incapable of resuming the practice of podiatric medicine without restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the Board determines that respondent is physically capable of resuming the practice of podiatric medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

Failure to undergo and continue medical treatment or comply with the required additional conditions or restrictions is a violation of probation.

(OPTION - Condition Precedent)

Respondent shall not engage in the practice of podiatric medicine until notified in writing by the Board or its designee of its determination that respondent is medically fit to practice safely.

NOTE: This condition is for those cases where the evidence demonstrates that medical illness or disability was a contributing cause of the violations.

24. Monitoring - Practice/Billing

Within 30 days of the effective date of this decision, the entire practice shall be monitored, including, but not limited to the

following: medical records, charting, pre and postoperative evaluations, and all surgical procedures, and billing records.

The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the monitor.

The monitor shall provide quarterly reports to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of podiatric medicine or billing, or both, and whether respondent is practicing podiatric medicine safely.

The Board or its designee shall determine the frequency and practice areas to be monitored. Such monitoring shall be required during the entire period of probation. The Board or its designee may at its sole discretion also require prior approval by the monitor of any medical or surgical procedures engaged in by the respondent. The respondent shall pay all costs of such monitoring and shall otherwise comply with all requirements of his or her contract with the monitor, a copy of which is attached as "Appendix A - Agreement to Monitor Practice and/or Billing" (revised April 2004). If the monitor terminates the contract, or is no longer available, the Board or its designee shall appoint a new monitor immediately. Respondent shall not practice at any time during the probation until the respondent provides a copy of the contract with the current monitor to the probation investigator and such contract is approved by the Board.

Respondent shall provide access to the practice monitor of respondent's patient records and such monitor shall be permitted to make direct contact with any patients treated or cared for by respondent and to discuss any matters related to respondent's care and treatment of those patients. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to provide to the Board or its designee any relevant information. If the practice monitor deems it necessary to directly contact any patient, and thus require the disclosure of such patient's identity, respondent shall notify the patient that the patient's identity has been requested pursuant to the Decision. This notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by respondent and a copy of such notification shall be maintained in each patient's file. The notifications signed by respondent's patients shall be subject to inspection and copying by the Board or its designee at any time during the period of probation that respondent is required to comply with this condition. The practice monitor will sign a confidentiality agreement, requiring him or her to keep all patient information regarding respondent's patients in complete confidence, except as otherwise required by the Board or its designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation of probation.

In lieu of a monitor, respondent may participate in the professional enhancement program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

25. Solo Practice

Respondent is prohibited from engaging in the solo practice of podiatric medicine.

26. Third Party Chaperone

During probation, respondent shall have a third party present while consulting, examining or treating patients. Respondent shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its designee for prior approval name(s) of persons who will act as the third party chaperone.

Each third party chaperone shall initial and date each patient medical record at the time the chaperone's services are provided. Each third party chaperone shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party chaperone.

Respondent shall maintain a log of all patients seen for whom a third party chaperone is required. The log shall contain the:

1) patient name, address and telephone number; 2) medical record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation. Failure to maintain a log of all patients requiring a third party chaperone, or to make the log available for immediate inspection and copying on the premises, is a violation of probation.

(Option)

Respondent shall provide written notification to respondent's patients that a third party chaperone shall be present during all consultations, examination, or treatment with patients. Respondent shall maintain in the patient's file a copy of the written notification, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and

shall retain the notification for the entire term of probation.

Note: Sexual offenders should normally be placed in a monitored environment.

27. Prohibited Practice

During probation, respondent is prohibited from (e.g., practicing, performing, or treating) (e.g., a specific medical procedure; surgery; on a specific patient population). After the effective date of this Decision, the first time that a patient seeking the prohibited services makes an appointment respondent shall orally notify the patient that respondent does not (e.g., practice, perform or treat) (e.g., a specific medical procedure; surgery; on a specific patient population). Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address, and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation. Failure to maintain a log as defined in the section, or to make the log available for immediate inspection and copying on the premises during business hours is a violation of probation.

In addition to the required oral notification, after the effective date of this Decision, the first time that a patient who seeks the prohibited services presents to respondent, respondent shall provide a written notification to the patient stating that respondent does not _____ (e.g., practice, perform or treat) _____ (e.g., a specific medical procedure; surgery; on a specific patient population). Respondent shall maintain a copy of the written notification in the patient's file, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the notification for the entire term of probation. Failure to maintain the written notification as defined in the section, or to make the notification available for immediate inspection and copying on the premises during business hours is a violation of probation.

27a. Restitution

Within 90 days of the effective date of this Decision, respondent shall provide proof to the BPM or its designee of restitution in the amount \$ _____ paid to _____. Failure to pay restitution shall be considered a violation of probation.

NOTE: In offenses involving economic exploitation, restitution is a necessary term of probation. For example, restitution would be a standard term in any case involving Medi-Cal or other insurance fraud. The amount of restitution shall be no less than the amount of money that was fraudulently obtained by the licensee. Evidence relating to the amount of restitution would

have to be introduced at the administrative hearing.

STANDARD CONDITIONS

28. Notification

Prior to engaging in the practice of medicine the respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of podiatric medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Division or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

29. Physician Assistants

Prior to receiving assistance from a physician assistant, respondent must notify the supervising physician of the terms and conditions of his/her probation.

30. Obey All Laws

Respondent shall obey all federal, state and local laws, all rules governing the practice of podiatric medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

31. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

32. Probation Unit Compliance

Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b). Respondent shall not engage in the practice of podiatric medicine in respondent's place of residence. Respondent shall, maintain a current and renewed California doctor of podiatric medicine's license. Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

33. Interview with the Board or its Designee

Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office, with the Board or its designee upon request at various intervals and either with or without notice throughout the term of probation.

34. Residing or Practicing Out-of-State

In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside, will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Law; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if respondent's periods of temporary or permanent residence or practice outside California totals two years. However, respondent's license shall not be cancelled as long as respondent is residing and practicing podiatric medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

(OPTIONAL)

Any respondent disciplined under B&P Code sections 141(a) or 2305 may petition for modification or termination of penalty: 1) if the other state's discipline terms are modified, terminated or reduced; and 2) if at least one year has elapsed from the effective date of the California discipline.

35. Failure to Practice Podiatric Medicine - California Resident

In the event the respondent resides in the State of California and for any reason respondent stops practicing podiatric medicine in California, respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code section 2472.

36. Completion of Probation

Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate will be fully restored.

37. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

38. Cost Recovery

Within 90 calendar days from the effective date of the Decision or other period agreed to by the Board or its designee, respondent shall reimburse the Board the amount of \$_____ for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by respondent shall not relieve the respondent of his/her obligation to reimburse the Board for its costs.

39. License Surrender

Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of respondent's license. The Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice podiatric medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action.

If respondent re-applies for a podiatric medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

40. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Board of Podiatric Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

41. Notice to Employees

Respondent shall, upon or before the effective date of this Decision, post or circulate a notice which actually recites the offenses for which respondent has been disciplined and the terms and conditions of probation, to all employees involved in his/her practice. Within fifteen (15) days of the effective date of this Decision, respondent shall cause his/her employees to report to the BPM in writing, acknowledging the employees have read the Accusation and Decision in the case and understand respondent's terms and conditions of probation.

42. Changes of Employment

Respondent shall notify the BPM in writing, through the assigned probation officer, of any and all changes of employment, location, and address within thirty (30) days of such change.

43. Compliance with Required Continuing Medical Education

Respondent shall submit satisfactory proof biennially to the BPM of compliance with the requirement to complete fifty hours of approved continuing medical education, and meet continuing competence requirements for re-licensure during each two (2) year renewal period.

DISCIPLINARY GUIDELINES

B&P Section	Index	Page No.
141(a)	Discipline by Another State	26
651	Misleading Advertising	26
725	Excessive Prescribing	26
725	Excessive Treatments	26
726	Sexual Misconduct	27
729	Sexual Exploitation	27
810	Insurance Fraud	27
820	Mental or Physical Illness	27
2234	General Unprofessional Conduct	28
2234(b)	Gross Negligence	28
2234(c)	Repeated Negligent Acts	28
2234(d)	Incompetence	28
2234(e)	Dishonesty - Substantially related to the qualifications, functions or duties of a doctor of podiatric medicine and arising from or occurring during patient care, treatment, management or billing	28
2234(e)	Dishonesty - Substantially related to the qualifications, functions or duties of a doctor of podiatric medicine but not arising from or occurring during patient care, treatment, management or billing	28
2235	Procuring License by Fraud	29
2236	Conviction of Crime - Substantially related to the qualifications, functions or duties of a doctor of podiatric medicine and arising from or occurring during patient care, treatment, management or billing	29
2236	Conviction of Crime - Felony conviction substantially related to the qualifications, functions or duties of a doctor of podiatric medicine but not arising from or occurring during patient care, treatment, management or billing	29
2236	Conviction of Crime - Misdemeanor conviction substantially related to the qualifications, functions or duties of a doctor of podiatric medicine but not arising from or occurring during patient care, management, treatment or billing	29
2237	Conviction of Drug Violation	30
2238	Violation of Drug Statutes	30
2238	Illegal Sales of Controlled Substances	30
2239	Excessive Use of Controlled Substances	30
2239	Excessive Use of Alcohol	30
2241	Prescribing to Addicts	31
2242	Prescribing Without a Prior Examination	26
2261	Making or Signing False Documents	31
2262	Alteration of Medical Records	31
2264	Aiding and Abetting Unlicensed Practice	31
2266	Failure to Maintain Adequate Medical Records	28
2271	Misleading Advertising	26
2280	Practice Under the Influence of Narcotic	30
2280	Practice Under the Influence of Alcohol	30
2285	Fictitious Name Violation	31
2288	Impersonation of Applicant in Examination	31
2305	Discipline by Another State	26
2306	Practice During Suspension	32
	Violation of Probation	32

DISCIPLINE BY ANOTHER STATE [B&P 141(a)&2305]

Minimum penalty: Same for similar offense in California
Maximum penalty: Revocation

1. Examination as a condition precedent to practice in California [20]

MISLEADING ADVERTISING [B&P 651, 2271]

Minimum penalty: Stayed Revocation, 5 years probation
Maximum penalty: Revocation

1. Ethics course [17]
2. Suspension of 60 days or more [4]
3. Education Course [14]
4. Monitoring-Practice/Billing [24]
5. Prohibited Practice [27]

**EXCESSIVE PRESCRIBING [B&P 725] or
PRESCRIBING WITHOUT A PRIOR EXAMINATION [B&P 2242]**

Minimum penalty: Stayed revocation, 5 years probation
Maximum penalty: Revocation

1. Controlled Substances - Total DEA restriction [5]
Surrender DEA permit [6] or Partial DEA restriction [7]
2. Clinical Training Program [19] or Examination [20]
3. Maintain records and Access to Records and inventories [8]
4. Prescribing Practices Course [15]
5. Suspension of 60 days or more [4]
6. Monitoring - Practice/Billing [24]
7. Education course [14]
8. Ethics course [17]
9. Medical Record Keeping Course [16]

EXCESSIVE TREATMENTS [B&P 725]

Minimum penalty: Stayed revocation, 5 years probation
Maximum penalty: Revocation

1. Clinical Training Program [19] or Examination [20]
2. Education course [14]
3. Suspension of 60 days or more [4]
4. Monitoring - Practice/Billing [24]
5. Ethics course [17]
6. Prohibited Practice [27]
7. Medical Record Keeping Course [16]

SEXUAL MISCONDUCT [B&P 726]

Minimum penalty: Stayed revocation, 7 years probation
Maximum penalty: Revocation

1. Psychiatric evaluation and/or psychotherapy [21] [22]
2. Education course [14]
3. Ethics course [17]
4. Third Party Chaperone [26]
5. Suspension of 60 days or more [4]
6. Monitoring - Practice/Billing [24]
7. Professional Boundaries Program [18]
 1. Prohibited Practice [27]

SEXUAL EXPLOITATION [B&P 729]

Effective January 1, 2003, Business and Professions Code 2246 was added to read, "Any proposed decision or decision issued under this article that contains any finding of fact that the licensee engaged in any act of sexual exploitation, as described in paragraphs (3) to (5), inclusive, of subdivision (b) of Section 729, with a patient shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge."

INSURANCE FRAUD [B&P 810]

Minimum penalty: Stayed revocation, 5 years probation
 Maximum Penalty: Revocation

1. Ethics course [17]
2. Restitution to victim [27a]
3. Suspension of 60 days or more [4]
4. Community service program [13]

MENTAL OR PHYSICAL ILLNESS (B&P 820)

Minimum penalty: Stayed Revocation, 5 years probation
 Maximum penalty: Revocation

1. Rehabilitation Program - Alcohol or Drug [12]
2. Examination [20]
3. Psychiatric Evaluation [21]
4. Psychotherapy [22]
5. Medical Evaluation and Treatment [23]
6. Monitoring-Practice/Billing [24]
7. Solo Practice [25]
8. Prohibited Practice [27]

**GENERAL UNPROFESSIONAL CONDUCT [B&P 2234], or
 GROSS NEGLIGENCE [B&P 2234(b)] or
 REPEATED NEGLIGENT ACTS [B&P 2234(c)] or
 INCOMPETENCE [B&P 2234(d)] or
 FAILURE TO MAINTAIN ADEQUATE MEDICAL RECORDS [B&P 2266]**

Minimum penalty: Stayed revocation, 5 years probation
 Maximum penalty: Revocation

1. Examination [20] (preferably Condition Precedent)
2. Education course [14]

3. Clinical training program [19]
4. Monitoring-Practice/billing [24]
5. Prohibited Practice [27]
6. Suspension of 60 days or more [4]
7. Ethics course [17]
8. Prescribing Practices Course [15]
9. Medical Record Keeping Course [16]
10. Solo Practice [25]

DISHONESTY- Substantially related to the qualifications, functions or duties of a doctor of podiatric medicine and arising from or occurring during patient care, treatment, management or billing [B&P 2234(e)]

Minimum penalty: Stayed revocation, one year suspension, at least 7 years probation
 Maximum penalty: Revocation

1. Ethics course [17]
2. Examination [20]
3. Community service [13]
4. Restitution [27a]
3. Psychiatric Evaluation [21]
4. Medical Evaluation [23]
5. Monitoring-Practice/Billing [24]
6. Solo Practice [25]
7. Prohibited Practice [27]

DISHONESTY- Substantially related to the qualifications, functions or duties of a doctor of podiatric medicine but not arising from or occurring during patient care, treatment, management or billing [B&P 2234(e)]

Minimum penalty: Stayed Revocation, 5 years probation
 Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Ethics Course [17]
3. Psychiatric Evaluation [21]
4. Medical Evaluation [23]
5. Monitoring-Practice/Billing (if financial dishonesty or conviction of financial crime) [24]
6. Restitution to Victim [27a]

PROCURING LICENSE BY FRAUD [B&P 2235]

Revocation [1] [2]

CONVICTION OF CRIME - Substantially related to the qualifications, functions or duties of a doctor of podiatric medicine and arising from or occurring during patient care treatment, management or billing (B&P 2236)

Minimum penalty: Stayed revocation, one year suspension, at least 7 years probation
 Maximum penalty: Revocation

1. Ethics Course [17]
2. Examination [20]
3. Psychiatric Evaluation [21]

4. Medical Evaluation and Treatment [23]
5. Monitoring-Practice/Billing [24]
6. Solo Practice [25]
7. Prohibited Practice [27]

CONVICTION OF CRIME - Felony conviction substantially related to the qualifications, functions or duties of a doctor of podiatric medicine but not arising from or occurring during patient care treatment, management or billing (B&P 2236)

Minimum penalty: Stayed revocation, 7 years probation
Maximum penalty: Revocation

1. Suspension of 30 days or more [4]
2. Ethics Course [17]
3. Psychiatric Evaluation [21]
4. Medical Evaluation and Treatment [23]
5. Monitoring- Practice/Billing (if dishonesty or conviction of a financial crime) [24]
6. Victim Restitution [27a]

CONVICTION OF CRIME - Misdemeanor conviction substantially related to the qualifications, functions or duties of a doctor of podiatric medicine but not arising from or occurring during patient care treatment, management or billing (B&P 2236)

Minimum penalty: Stayed revocation, 5 years probation
Maximum penalty: Revocation

1. Ethics Course [17]
2. Psychiatric Evaluation [21]
3. Medical Evaluation and Treatment [23]
4. Victim Restitution [27a]

**CONVICTION OF DRUG VIOLATION [B&P 2237], or
VIOLATION OF DRUG STATUTES [B&P 2238], or
EXCESSIVE USE OF CONTROLLED SUBSTANCES [B&P 2239], or
PRACTICE UNDER THE INFLUENCE OF NARCOTIC [B&P 2280]**

Minimum penalty: Stayed revocation, 5 years probation.
Maximum penalty: Revocation

1. Examination [20]
2. Controlled Substances - Total DEA restriction [5], Surrender DEA permit [6], or Partial DEA restriction [7]
3. Maintain Drug Records and Access to Records and Inventories [8]
4. Prescribing Practices Course [15]
5. Education course [14]
6. Suspension of 60 days or more [4]
7. Rehabilitation Program [12]
8. Biological Fluid Testing [11]
9. Monitoring - Practice/Billing [24]
10. Ethics course [17]
11. Clinical Training Program [19]
12. Controlled Substances - Abstain From Use [9]

- 13. Medical Record Keeping Course [16]
- 14. Psychiatric Evaluation [21]
- 15. Psychotherapy [22]
- 16. Medical Evaluation and Treatment [23]
- 17. Prohibited Practice [27]

ILLEGAL SALES OF CONTROLLED SUBSTANCES (B&P 2238)

Revocation [1] [2]

**EXCESSIVE USE OF ALCOHOL [B&P 2239] or
PRACTICE UNDER THE INFLUENCE OF ALCOHOL [B&P 2280]**

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

- 1. Rehabilitation Program [12]
- 2. Examination [20]
- 3. Biological Fluid Testing [11]
- 4. Suspension of 60 days or more [4]
- 5. Monitoring - Practice/Billing [24]
- 6. Ethics Course [17]
- 7. Controlled Substances - Abstain From Use [9]
- 8. Alcohol- Abstain From Use [10]
- 9. Psychiatric Evaluation [21]
- 10. Psychotherapy [22]
- 11. Medical Evaluation and Treatment [23]

PRESCRIBING TO ADDICTS [B&P 2241]

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

- 1. Controlled Substances - Total DEA restriction [5]
Surrender DEA permit [6] or Partial restriction [7]
- 2. Maintain Drug Records and Access to Records and Inventories [8]
- 3. Prescribing practices course [15]
- 4. Examination [20]
- 5. Education course [14]
- 6. Clinical Training Program [19]
- 7. Monitoring- Practice/Billing [24]
- 8. Ethics Course [17]
- 9. Medical Record Keeping Course [16]
- 10. Suspension of 60 days or more [4]
- 11. Prohibited Practice [27]

**MAKING OR SIGNING FALSE DOCUMENTS [B&P 2261], or
ALTERATION OF MEDICAL RECORDS [B&P 2262]**

Minimum penalty: Stayed revocation, 3 5 years probation

Maximum penalty: Revocation

- 1. Ethics course [17]

2. Suspension of 60 days or more [4]
3. Medical Record Keeping Course [16]
4. If fraud involved, see "Dishonesty" guidelines

AIDING AND ABETTING UNLICENSED PRACTICE [B&P 2264]

Minimum penalty: Stayed revocation, 5 years probation
Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Education Course [14]
3. Ethics Course [17]
4. Examination [20]
5. Monitoring - Practice/Billing [24]
6. Prohibited Practice [27]

FICTITIOUS NAME VIOLATION [B&P 2285]

Minimum penalty: Stayed revocation, one year probation
Maximum penalty: Revocation

IMPERSONATION OF APPLICANT IN EXAMINATION [B&P 2288]

1. Revocation [1] [2]

PRACTICE DURING SUSPENSION [B&P 2306]

1. Revocation [1] [2]

VIOLATION OF PROBATION

Minimum penalty: 30 day suspension
Maximum penalty: Revocation

The maximum penalty should be given for repeated similar offenses or for probation violations revealing a cavalier or recalcitrant attitude. A violation of any of the following conditions of probation should result in, at minimum, a 60 day suspension:7

1. Controlled Substances - Maintain Records and Access to Records and Inventories [8]
2. Biological Fluid Testing [11]
3. Professional Boundaries Program [18]
4. Psychiatric Evaluation [21]
5. Psychotherapy [22]
6. Medical Evaluation and Treatment [23]
7. Third Party Chaperone [26]

It is the expectation of the Board of Podiatric Medicine that the appropriate penalty for a doctor of podiatric medicine who did not successfully complete a clinical training program ordered as part of his or her probation is revocation.



AGREEMENT TO MONITOR PRACTICE AND/OR BILLING

Introduction

The role of the practice and/or billing monitor (Monitor) is to ensure, to the extent possible, that the Probationer will conduct his/her practice with safety to the public and in a competent manner. The Monitor is responsible for reporting to the Board of Podiatric Medicine (Board) any identified problems or deficiencies in the quality of the Probationer's patient care, billing practices, medical record keeping, and/or professional conduct. The Monitor also fulfills the role of an educator and advisor to the Probationer, with the goal of assisting the Probationer to improve clinical skills and gain insight into practices that led to disciplinary action, so that learning and rehabilitation will occur. In order to provide this type of objective oversight, the Monitor must not have any prior or current business, personal, or other relationship with the Probationer that could reasonably be expected to compromise the ability of the Monitor to render fair and unbiased reports to the Board.

AGREEMENT

I, _____, D.P.M., "Monitor", hereby agree to monitor the medical and/or billing practice of _____, D.P.M., "Probationer."

- I have received and have read a copy of the Accusation and Decision regarding the Probationer.
- I clearly understand the role of a Monitor and what is expected of me.
- I have no prior or current business, personal or other relationship with the Probationer that could reasonably be expected to compromise my ability to render fair and unbiased reports to the Board.
- I understand that the Probationer is responsible for all costs associated with the monitoring of his/her practice, and that the Board does not set these costs. I am not being compensated for my services by any form of bartering arrangement with the Probationer.
- I have reviewed the Monitoring Plan and (check one):
 - Agree to monitor the Probationer as specified in the Plan.
 - I am submitting a revised Monitoring Plan for approval by the assigned Investigator. I understand that the Investigator may reject my proposed revisions, in which case I may either decline to monitor the Probationer's practice, or submit a new proposed Monitoring Plan that is acceptable to the assigned Investigator.
- I agree to regularly submit written reports to the assigned Investigator regarding my review of the Probationer's practice. The due dates and required content of these reports is detailed in the Monitoring Plan.
- If I am no longer able or willing to continue to monitor the Probationer's practice, I agree to immediately notify the assigned Investigator.

Executed on _____, 200____, at _____, California.

(City)

(County)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Monitor (Print Name)

Signature

I have no prior or current business, personal or other relationship with (*insert Monitor's name*) that could reasonably be expected to compromise the (*insert Monitor's name*) ability to render fair and unbiased reports to the Board. I have agreed to compensate the monitor at the rate of \$ _____ per hour for all work performed in executing the duties of monitor.

Executed on _____, 200____,

at _____, California.

(City)

(County)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Probationer (Print Name)

Signature

Exhibit

R

**CALIFORNIA BOARD OF PODIATRIC MEDICINE
INVITES APPLICATIONS FOR THE POSITION OF
EXECUTIVE OFFICER
600-110-3423-001
\$6297 - 7015 (per month)**

The Executive Officer is hired by the Board and serves at its pleasure. The Executive Officer is responsible for carrying out the policies of the seven-member Board and for planning, organizing and executing the directives of the Board in the areas of Administration, Enforcement and Licensure. The Executive Officer maintains and enforces the overall policies established by the Board and is accountable for the success or failure of all BPM operations. The position is exempt from civil service and is located in Sacramento, CA.

All applicants are expected to possess the following experience:

- A baccalaureate degree from an accredited college or university. A Master's or professional degree in public policy, administration or political science is desirable
- Administrative experience; including, but not limited to the ability to prepare, understand and work with a government budget, develop regulations, rulemaking, policy development and implementation.
- Supervisory experience, including the ability to organize and control the flow of work and manage professional and clerical staff within an office.
- Regulatory and/or enforcement experience, such as processing complaints, monitoring investigations, keeping abreast of hearings on disciplinary matters, etc.
- Legislative or lobbying experience/coordination, including appearing before legislative committees.
- Experience working with and/or in taking direction from a board or committee.

In addition, the most qualified candidates will also possess the following desirable qualifications:

- Knowledge of medical and podiatric medical credentials, education, training, exams and issues.
- Experience evaluating higher education curriculum and reviewing medical education.
- Knowledge of current consumer issues facing the Board and the licensed profession.
- The ability to communicate effectively with all levels of individuals including media relations, testifying before legislature and court testimony.
- A collegial, cooperative and consultative approach, facilitating coalition building.

Interested persons must submit an electronic copy resume/CV or a State application (Std. 678) and a one-page statement of qualifications to:

BPM@dca.ca.gov

**All resumes/applications must be received by 5:00 pm on January 10, 2014.
and must include email and telephone contact information.**

All applications will be screened and only the most qualified candidates will be scheduled for interview. It is anticipated that initial interviews will begin in early 2014, with an anticipated start date of July 1, 2014.

Travel expenses for any interviews are the sole responsibility and at the expense of each candidate. For further information, please contact Kia-Maria Zamora at (916) 263-2647.

The Department of Consumer Affairs provides equal employment opportunities to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.

Exhibit

S

2014

January						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Holidays and Observances (United States)					
Jan 01	New Year's Day	Jan 20	M L King Day	Feb 14	Valentine's Day
Feb 17	Presidents' Day	Apr 18	Good Friday	Apr 20	Easter Sunday
May 11	Mother's Day	May 26	Memorial Day	Jun 15	Father's Day
Jul 04	Independence Day	Sep 01	Labor Day	Oct 13	Columbus Day
Oct 31	Halloween	Nov 11	Veterans Day	Nov 27	Thanksgiving Day
Dec 25	Christmas				