



OKLAHOMA
State Board of
Osteopathic Examiners

Quarterly Board Meeting
Thursday, December 11, 2025, 09:00 a.m.
Grand Centre – OSBOE Board Room
5400 N Grand Blvd., Suite 125
Oklahoma City, OK 73112
Phone (405) 528-8625

This meeting is being held consistent with the Oklahoma Open Meeting Act and the Administrative Procedures Act. The Board may discuss, vote to approve, vote to disapprove, vote to table, change the sequence of any agenda item, or vote to strike or not discuss any agenda item.

A majority of Board Members, in a recorded vote, may call for closed deliberations for the purpose of engaging in formal deliberations leading to a decision on any Agenda item under the legal authority of Oklahoma state statutes, Article II of the Oklahoma Administrative Procedures Act, [75 O.S. § 309](#) and the Oklahoma Open Meeting Act, [25 O.S. § 307\(B\)\(8\)](#).

TEAMS CALL INFORMATION – PASSCODE IS REQUIRED

Meeting ID: 259 250 015 942 88

Passcode: To2FQ7MY

Join on the web: [Join a Microsoft Teams Meeting by ID | Microsoft Teams](#)

AGENDA

9:00 A.M.

___ **ROLL CALL TO ESTABLISH QUORUM**

___ **APPROVAL OF PAST MINUTES** **p. 7**
Quarterly Board Meeting of 9-18-2025

MOTION TO MODIFY **[Director Mullins]**

Motions to Modify by the Board will be presented by Director Mullins who will offer evidence and argument to support the recommendation from Board Staff.

___ **Cross, Bradley, D.O., # 6387** **p. 20**
Case No. 2023-153
Motion to Modify Order

MOTION TO REMOVE RESTRICTIONS

[Director Mullins]

The Board can either approve, modify, table, or reject the presented motion to remove restrictions.

_____ **Ray, Trisza, D.O., # 4143** **p. 32**
Order of Preceptorship and Re-Entry

APPLICATIONS FOR REINSTATMENT OF LICENSURE

[Director Mullins]

The Board can either approve, modify, table, or reject the presented motions to reinstate licensure.

_____ **Robison, Melvin, D.O., # 2832** Elizabeth Scott, J.D. **p. 59**

_____ **Whatcott, Brett, D.O., # 5515** **p. 142**

JOINTLY PROPOSED ORDER

[Deputy General Counsel Sanders]

Proposed Orders may be accepted, rejected or modified as desired by the Board. Proposed Orders do not represent agreements between the Board Staff and the Respondent. However, jointly Proposed orders are only accepted for presentation to the Board in matters where there was full cooperation with the Board Staff during an investigation by the Respondent and their representative.

_____ **Wilson, Brandon, D.O., # 4976** Lane Krieger, J.D. **p. 187**
Case No. 2025-090
Proposed Order

RATIFICATION OF APPROVED LICENSES

[Director Mullins]

The Board can either ratify, modify, or deny the attached list of licenses issued since the last Board Meeting of September 2025.

_____ **See page. 195**

REVISION OF ADOPTED POLICIES

[Director Mullins and Deputy Director Vincent]

The Board can either adopt, modify, reject or table the revised policies presented for review.

<u>Policy Name</u>	<u>Number</u>
Policy for Approval of Pain Management, Opioid Use, or Addiction CME	OSBOE-P002
Policy for Fees Charged for APRN Supervision	OSBOE-P008
Policy for Physician Responsibility	OSBOE-P012

— See page. 199

ADOPTION OF PROPOSED RULES **[Deputy Director Vincent]**

Pursuant to [75 O.S. § 303\(E\)](#) the Board may adopt a proposed rule once the requirements of the section have been completed. This item will include review, discussion, and possible action of Title 510 Chapters 1, 5 and 10. Each chapter will require a separate motion.

— See page. 205

MOTION TO ENFORCE **[Introduction Director Mullins]** **[Deputy General Counsel Sanders]**

Pursuant to [25 O.S. § 307\(B\)\(12\)](#) this matter will be held in executive session as it will include review and discussion of mental health documents related to a licensee under investigation or review by a professional licensing board.

— **Garrison, Daniel, D.O., # 6306** **p. 214**
Case No. 2023-009
Motion to Enforce Agreement

STAFF REPORTS

Director Mullins:

— Financial Report **p. 217**
— Agency Investigative Report **p. 222**
— Educational Audit Report **p. 228**
— Licensure Report **p. 233**

CONTINUED MATTERS **[Director Mullins]**

Pursuant to Oklahoma Administrative Code [510:1-5-4 \(b\)](#), “Any agreement to continue the hearing must be on the record at the next regularly scheduled meeting.” The following matters have been continued to the March 2026 docket to allow appropriate time for completion of

discovery and time to prepare for Individual proceedings in March 2026. In addition to the Boards acknowledgment of the continuances, Director Mullins will present short summaries of the status of each investigation and discuss possible special meeting needs.

___ Case No. 2025-L118
Hearing

___ Case No. 2025-171
Hearing

PROPOSED EXECUTIVE SESSION
[Director Mullins]

Pursuant to the Oklahoma Open Meeting Act, [25 O.S. § 307\(B\)\(4\)](#) confidential communications between a public body and its attorney concerning a pending investigation, claim, or action, upon the advice of the attorney who determines that disclosure will seriously impair the ability of the public body from conducting an investigation, litigation, or proceeding in the public interest, a majority of Board Members, in a recorded vote, may call for an Executive Session.

___ Legislative Update

___ NBOME National Faculty

___ OHPP Status Update

___ Notification of Staff Resolution Agreements (2024-116, 2025-003, 2025-068, 2025-091, 2025-092, 2025-105, 2025-112, 2025-156, 2025-162, 2025-166, 2025-169)

___ Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual or employee pursuant to 25 O.S. § 307(B)(1)

___ **OLD BUSINESS**
{Executive Session may be called – 25 O.S. § 307(B)}

___ **NEW BUSINESS**
{Executive Session may be called – 25 O.S. § 307(B)}

___ **ADJOURNMENT**

ROLL CALL

APPROVAL OF PAST MINUTES

**OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS
REGULAR AND SPECIAL MEETING MINUTES**

DATE OF MEETING September 19, 2025

PLACE OF MEETING OSU – Medical Center
744 West 9th Street
2nd Floor Auditorium
Tulsa, OK 74107

MEMBERS PRESENT Dennis J. Carter, D.O.
Chelsey Gilbertson, D.O.
Duane Koehler, D.O.
Layne Subera, D.O.
Katie Templeton, J.D.
D. Matt Wilkett, D.O.
LeRoy Young, D.O.

MEMBERS ABSENT Sheila St. Cyr, M.S., R.N.

ROLL CALL TO ESTABLISH QUORUM

Chelsey Gilbertson, D.O., *President*, called the meeting to order at 9:00 a.m. and announced that a quorum was established.

APPROVAL OF PAST MINUTES

Dr. Gilbertson asked the members of the Board if they had reviewed the minutes from the Regular Board Meeting of June 19, 2025 and Special Board Meeting of June 20, 2025.

Ms. Templeton moved to approve the minutes with the amendment on page 11 correcting Dr. Carter's name.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

2026 MEETING DATES

Dr. Gilbertson asked the Board if they had reviewed the proposed 2026 meeting dates of:

Regular: March 12, 2026, December 10, 2026

Special: March 13, 2026, June 11, 2026, June 12, 2026, September 10, 2026

Ms. Templeton moved to approve the dates as presented.
Dr. Carter seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

MID-LEVEL SUPERVISION EXCEPTION REQUESTS

John Phillip Agent, D.O.

Dr. Gilbertson called the matter of John Phillip Agent, D.O., to order. Dr. Agent appeared in person. Executive Director, Steven Mullins, appeared in person to present Dr. Agent's request to supervise an immediate family member. Dr. Agent and Mr. Mullins provided testimony and answered questions from the Board.

Dr. Young moved to approve Dr. Agent's request to supervise his daughter under their current arrangement, with the condition he appear if the arrangement changes.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Matthew Priest, D.O.

Dr. Gilbertson called the matter of Matthew Priest, D.O., to order. Dr. Priest appeared in person. Executive Director, Steven Mullins, appeared in person to present Dr. Priest's follow-up to his conditional approval from the June 2025 meeting. Board Auditor and Compliance Office, Kristi Johnson, also appeared to provide testimony on Dr. Priest's request.

Ms. Templeton moved to approve Dr. Priest's request to supervise up to ten (10) mid-level providers.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

OSBOE Regular Meeting, September 18, 2025
The motion passed.

MOTION TO APPROVE PRECEPTOR PLAN

Trisza Ray, D.O.

Dr. Gilbertson called the matter of Trisza Ray, D.O., to order. Dr. Ray appeared in person without counsel. Dr. Ray's proposed preceptor, Gordon Laird, D.O., appeared with Dr. Ray. Executive Director, Steven Mullins, appeared in person to present Dr. Ray's plan for preceptorship and re-entry. Testimony was provided by all parties and questions from the Board were answered.

Dr. Young moved to approve the Motion to Approve Preceptor Plan as presented.
Ms. Templeton seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, abstain; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Bharat Mittal, D.O.

Dr. Gilbertson called the matter of Bharat Mittal, D.O., to order. Dr. Mittal appeared via Teams without counsel. Executive Director, Steven Mullins, appeared in person to present a motion to vacate Dr. Mittal's previous board order and expunge the National Practitioners Data Bank record. Testimony was provided by the parties and questions from the Board were answered.

Dr. Carter moved to approve the Motion to Vacate Order as presented.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

NBOME REPORT

Executive Vice President, Gretta Gross, D.O. and General Counsel, Douglas Murray, Esq., appeared via Teams and provided an update to the national examination process. They introduced a new clinical skills examination that is incoming as well.

CE BROKER REPORT

OSBOE Regular Meeting, September 18, 2025

Customer Success Manager, Deb Carter, appeared in person to provide the Board with an update on the changes being made for OSBOE's incoming second renewal period with CE Broker to ensure a more streamlined process. These changes are being made with the feedback OSBOE received from licensees following the 2025-26 renewal period.

THENTIA REPORT

Vice President of Customer Experience, Colin Hutzan, appeared via Teams to address the issues around the platform switch from OpenRegulate to ThentiaCloud and how they had been resolved.

JOINT PROVIDER BRIDGE PROPOSAL

Program Officer, Anne Lawler, J.D., R.N., and Deputy Business Manager, Kate Mayberry, presented the Board with information regarding the Joint Provider Bridge proposal and the Board agreed with proceeding and adding OSBOE as an entity.

RATIFICATION OF SURRENDERED LICENSES

Ladd Atkins, D.O.

Dr. Gilbertson called the matter of Ladd Atkins, D.O., to order. Dr. Atkins did not appear. Executive Director, Steven Mullins, appeared in person to present Dr. Atkins's Affidavit of Surrender.

Dr. Young moved to approve Dr. Atkins's Affidavit or Surrender as presented.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Paul Dillaway, D.O.

Dr. Gilbertson called the matter of Paul Dillaway, D.O., to order. Dr. Dillaway did not appear. Executive Director, Steven Mullins, appeared in person to present Dr. Dillaway's Affidavit of Surrender.

Dr. Carter moved to approve Dr. Dillaway's Affidavit or Surrender as presented.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

VOLUNTARY AGREEMENT NOT TO PRACTICE

Daniel Garrison, D.O.

Dr. Gilbertson called the matter of Daniel Garrison, D.O., to order. Dr. Garrison did not appear. Deputy General Counsel, Sean Sanders, appeared in person to present Dr. Garrison's Agreement Not to Practice which was entered Under Seal.

Dr. Carter moved to approve Dr. Garrison's Agreement Not to Practice as presented.
Dr. Young seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

CONTINUED HEARING

R. Troy Lehman, D.O.

Dr. Gilbertson called the matter of R. Troy Lehman, D.O., to order. Dr. Lehman appeared in person with counsel of record, Collin Walke. Prosecutor for the Board, Sean Sanders, also appeared in person. Executive Director, Steven Mullins, provided an introduction regarding this case and provided the Board with their statutory authority. The Hearing proceeded; exhibits and testimony were entered and considered by both parties.

Dr. Young moved to go into Executive Session.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, recuse; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Young moved to come out of Executive Session.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, recuse; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Carter moved to enter a joint final order in cases 2024-111 and 2021-201 that Dr. Lehman's license shall remain suspended pending completion of specific terms. Dr. Lehman must pass a board approved certifying exam in obstetrics and gynecology. Dr. Lehman must pass the KSTAR ethics exam with a score greater than 75%. Dr. Lehman must pass the pharmacology exam with a score greater than 75%. Dr. Lehman must complete 100 hours of approved CME in his specialty annually for the duration of the order terms. Following completion of these items, Dr. Lehman may request to appear before the Board for further consideration.

Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, recuse; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

JOINTLY PROPOSED ORDER

Stephen Treadwell, D.O.

Dr. Gilbertson called the matter of Stephen Treadwell, D.O., to order. Dr. Treadwell's counsel of record, Elizabeth Scott, appeared in person on his behalf. Prosecutor for the Board, Sean Sanders, also appeared in person. Mr. Sanders presented a jointly proposed order and provided background to the Board.

Dr. Carter moved to approve the jointly proposed order as presented.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

RATIFICATION OF APPROVED LICENSES

Director Mullins announced that the list of licenses that had been approved since the June 2025 meeting was provided for review in the Board Materials. Dr. Gilbertson asked the members of the Board if they had reviewed the ratification list.

Ms. Templeton moved to ratify all licenses issued since the June 2025 Board meeting.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

CANCELLATION OF LICENSES

Director Mullins announced that the list of licenses that had lapsed since the June 2025 meeting was provided for review in the Board Materials. Dr. Gilbertson asked the members of the Board if they had reviewed the list for cancellation.

Dr. Koehler moved to approve the licenses for cancellation as presented.
Ms. Templeton seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

SUBCOMMITTEE REPORTS

Mental Health Declaration Subcommittee

Deputy Director Vincent provided the Board with an update from the subcommittee that met to discuss the changes to health-related declarations submitted by the Lorna Breen Heroes Foundation. The changes made were provided to the Board for review and ratification.

Ms. Templeton moved to approve the changes as implemented.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Re-entry / Reinstatement Subcommittee

Deputy Director Vincent provided the Board with an update from the subcommittee that met to discuss the process for re-entry to practice and reinstatement of licensure. The proposed policy for re-entry and reinstatement is up for review and to be discussed during the Adoption of Proposed Policies agenda item.

Supervision Subcommittee

Deputy Director Vincent provided the Board with an update from the subcommittee that met to discuss the new legislation regarding mid-level independent practice. The proposed Recommendations of Scope of Practice Legislation have been provided to the Board for review.

Dr. Carter moved to approve the dissemination of the Recommendations on Scope of Practice Legislation as presented.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

ADOPTION OF PROPOSED POLICIES

Director Mullins introduced the proposed policies presented to the Board for adoption.

Dr. Subera moved to approve the proposed policies as amended with a review scheduled in three (3) years.
Dr. Young seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

STAFF REPORTS

Financial Report

Mr. Mullins informed the Board that spending this fiscal year is on track with the budget as approved. The agency has sufficient funding for the budget.

Agency Investigative & Audit Report

Mr. Mullins informed the Board that the investigative team continues to work incoming complaints thoroughly and efficiently. The audit program is gaining traction, with more completed this quarter.

Licensure Report

Mr. Mullins stated that even with an aging licensee base, the number of licensees continues to grow.

Notification of Staff Resolution Agreements

Mr. Mullins briefed the Board on agreements that had been reached, these were due to reports of incomplete CME and residents that began their residency with no license.

CONTINUED MATTERS

It was announced that the following matter had been continued until the December 2025 meeting.

Clayton Howell, D.O.

Brandon Wilson, D.O.

PROPOSED EXECUTIVE SESSION

Dr. Gilbertson called for the scheduled Executive Session to discuss the below:

- Legislative and Rule Report
- Shared Services Agreements (Dental Board and Optometry Board)
- OHPP Audit Report
- Attorney General Opinion – NP Prescriptive Authority
- Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual or employee pursuant to 25 O.S. § 307 (B)(1).

Dr. Carter moved to go into Executive Session.
Ms. Templeton seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Carter moved to come out of Executive Session.
Ms. Templeton seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Following the Executive Session, Board President, Dr. Gilbertson, suggested appointment of the following for a subcommittee regarding the proposed changes to the statutes and rules.

Chelsey Gilbertson, D.O.
Katie Templeton, J.D.,
LeRoy Young, D.O.
Layne Subera, D.O.

Ms. Templeton moved to approve the subcommittee appointments.
Dr. Carter seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Young moved to approve Director Mullins sending a letter of support to the Oklahoma Bureau of Narcotics for their request for Attorney General Opinion.
Dr. Koehler seconded the motion.

Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

MOTION REGARDING EMPLOYMENT MATTERS

Ms. Templeton moved to increase Director Mullins' salary to \$170,00 annually. Dr. Young seconded the motion.
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Dr. Gilbertson called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, abs; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.
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The motion passed.

OLD BUSINESS

No old business was discussed.

NEW BUSINESS

No new business was discussed.

ADJOURNMENT

The meeting was adjourned by consensus at 3:23pm

MOTION TO MODIFY

BRADLEY
CROSS, D.O.
6387

From: [Steven Mullins](#)
To: [Bradley Cross](#)
Cc: [Kelsey Devinney](#); [Kristi Johnson](#)
Subject: RE: [EXTERNAL] Board notification Dec 12
Date: Monday, November 17, 2025 9:53:20 AM
Attachments: [image001.png](#)

Thank you. We will add this to your Board materials.

Steven K. Mullins

Executive Director
Oklahoma State Board of Osteopathic Examiners
5400 N. Grand Blvd., Suite 130
Oklahoma City, OK 73112
Office #405-528-8625



From: Bradley Cross [REDACTED]
Sent: Monday, November 17, 2025 9:52 AM
To: Steven Mullins <Steven.Mullins@osboe.ok.gov>
Subject: [EXTERNAL] Board notification Dec 12

This letter is to inform the Oklahoma State DO Board of my request to come off of state probation and license restriction but to continue monitoring. License restrictions affects insurance, Medicaid, payment and patient population problems for a rural physician and only adds to more obstacles in recovery.

I believe this letter may have already been forwarded to Kelsey but just for your information sir. Hope you have a great day.

Dr Bradley Cross
[REDACTED]

Sent from my iPhone

practitioners in accordance with established regulations for Osteopathic Physician supervision located in the OAC 510:10-4-1 et.seq.

All other provisions of the March 26, 2024 Order shall remain in effect.

This Order is a public record and therefore subject to the Oklahoma Open Records Act.

This Order constitutes final action by the Board on the date it was announced.

IT IS HEREBY ORDERED AND EFFECTIVE this 12th day of DECEMBER 2024.

Chelsey Gilbertson, D.O.
Chelsey Gilbertson, D.O. (Dec 16, 2024 15:18 CST)

Chelsey Gilbertson, D.O.
Board President
State Board of Osteopathic Examiners

**IN AND BEFORE THE OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, <i>ex rel.</i>)	
OKLAHOMA STATE BOARD)	
OF OSTEOPATHIC EXAMINERS,)	
)	
Petitioner,)	
)	
v.)	Case No. 2023-153
)	
BRADLEY CROSS, D.O.,)	
Osteopathic Medical License No.)	
6387,)	
)	
Respondent.)	

CONSENT ORDER

The State of Oklahoma, *ex rel.* Oklahoma State Board of Osteopathic Examiners ("Petitioner" or the "Board"), by and through the undersigned counsel for the Board, as represented by J. Patrick Quillian, and Bradley Cross, D.O. ("Respondent" or "Dr. Cross"), Oklahoma license no. 6387, who appears in person, and through counsel Elizabeth A. Scott, of Crowe & Dunlevy, PC (collectively, the "Parties"), offer this Consent Order (herein, "Order" or "Agreement") for acceptance by the Board.

By voluntarily entering into this Order, Respondent admits to certain of the allegations herein contained and further acknowledges that a hearing before the Board could result in some sanction under the Oklahoma Osteopathic Medicine Act ("Act"). 59 O.S. § 620 *et seq.*

Respondent, Bradley Cross, D.O., states that he is of sound mind and is not under the influence of, or impaired by, any medication or drug and that he fully recognizes his right to appear before the Board for an evidentiary hearing on the allegations made against him. Respondent hereby voluntarily waives his right to a full hearing, submits to the jurisdiction of the Board and agrees to abide by the terms and conditions of this Order. Respondent acknowledges that he has read and understands the terms and conditions stated herein, and that this Agreement may be reviewed and discussed with him by legal counsel prior to execution.

If the Board does not accept this Order, the Parties stipulate that it shall be regarded as null and void. Admissions by Respondent herein, if any, shall not be regarded as evidence against him in a subsequent disciplinary hearing. Respondent will be free to defend himself and no inferences will be made from his willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of this

CONSENT ORDER
Bradley Cross, D.O., (#6387)
OSBOE-2023-119
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Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

FINDINGS OF FACT

The Parties stipulate and agree as follows:

1. In July 2018, Dr. Cross was issued Oklahoma Osteopathic Medical License No. 6387. Dr. Cross is primarily engaged in the practice of family medicine in McAlester, Oklahoma.
2. On March 23, 2023, Dr. Cross was arrested in Colbert, Oklahoma for Driving While Under the Influence (alcohol). On this same day, he was charged by the Bryan County District Attorney's office in Case No. CM-2021-156 with one misdemeanor count of Driving a Motor Vehicle While Under the Influence of Alcohol, in violation of 47 O.S. §11-902(A)(1).
3. On June 15, 2023, Dr. Cross pled no contest to the charge and received probation.
4. In July 2023 Dr. Cross submitted his renewal application with the Board and did not disclose his March 2023 arrest. When later questioned by Board investigators, Dr. Cross stated that his defense counsel told him he did not need to report it.
5. From December 1, 2023 until February 20, 2024, Dr. Cross obtained inpatient treatment for alcohol abuse at Palmetto Addiction Recovery Center.
6. Upon release from Palmetto, on February 20, 2024, Dr. Cross signed a five (5) year monitoring contract with the Oklahoma Health Professional Program ("OHPP") and has remained in compliance since that time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of osteopathic physicians in the State of Oklahoma. 59 O.S. § 620 *et seq.* and Okla. Admin. Code §§ 510: 1-1 -1 *et seq.*
2. The Board is authorized to suspend, revoke or order any other appropriate conditions against the license of any osteopathic physician holding a license to practice medicine in the State of Oklahoma for unprofessional conduct. 59 O.S. §§ 637.1.

3. Based on the foregoing, Dr. Cross is guilty of unprofessional conduct as follows:
 - a. Has been granted a license renewal based upon a material mistake of fact. 59 O.S. §637(A)(1).

ORDER

IT IS THEREFORE ORDERED by the Oklahoma State Board of Osteopathic Examiners as follows:

1. The Board hereby adopts the Agreement of the Parties in this Consent Order, including the Findings of Fact and Conclusions of Law stated herein.
2. **Bradley Cross, D.O.** is hereby placed on Probation for a term of five (5) years and shall comply with the following probationary terms and conditions:
 - a. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Respondent to provide any and all reports, evaluations, assessments, and/or documents, relevant to this matter, including but not limited to, the signing of any authorizations necessary for the release of any and all evaluations/reports directly to the Board.
 - b. Respondent shall continue to comply with his current five (5) year contract with Oklahoma Health Professionals Program ("OHPP").
 - c. Respondent shall abide by all recommendations of OHPP, including but not limited to attendance at weekly Caduceus meetings.
 - d. Respondent shall attend Alcoholics Anonymous ("AA") meetings in accordance with OHPP policy and will acquire an AA home group. Respondent will attend 90 meetings in 90 days after completion of treatment at Palmetto, then will attend a minimum of three (3) AA meetings per week for the remainder of his OHPP contract, or as otherwise directed by OHPP.
 - e. Respondent will engage in regular communication with an AA sponsor and will engage in five contacts per week in the first 90 days after completion of treatment at Palmetto, then a minimum of two contacts per week thereafter, or as otherwise directed by OHPP.
 - f. Respondent shall ensure OHPP provides quarterly reports to the Board and/or the Board's Compliance Officer regarding Respondent's progress and participation in OHPP, including but not limited to meeting attendance records.
 - g. Respondent shall establish a therapeutic relationship with a therapist and participate in regular individual therapy sessions with such therapist for two (2) years after completion of treatment at Palmetto. Frequency of therapy

sessions shall be at the discretion of the therapist. The therapist shall be preapproved by the OHPP. Respondent shall execute appropriate releases and ensure the therapist provides updates to the Board's Compliance Officer as requested.

- h. Respondent shall make an appointment to see Michael McCormick, M.D., Jennifer Garrett, FNP, or Ryan Yates, NP-Psychiatric quarterly for the first year following discharge from Palmetto, every six months for the next year, then once a year for the remainder of his OHPP contract. These visits may be virtual.
- i. Respondent shall conduct his practice in compliance with the Oklahoma Osteopathic Medicine Act ("Act") as interpreted by the Board. Any question of interpretation regarding the Act or this Order shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Respondent until clarification of interpretation is received by Respondent from the Board or its authorized designee. 59 O.S. § 620, *et seq.*
- j. Respondent shall furnish a file-stamped copy of this Order stipulating terms imposed by the Board, to each and every state in which he holds licensure or applies for licensure and to all hospitals, clinics or other facilities in which he/she holds or anticipates holding any form of staff privileges or employment.
- k. Respondent shall complete Monthly Supervision Self-Reports provided by Board Staff by the tenth (10th) day of each month.
- l. Respondent will maintain monthly contact with his assigned Board Investigator.
- m. Respondent will keep the Board informed of his current home, work, and email address as well as cell phone number.
- n. Respondent shall maintain compliance with continuing medical education credits as required by the Board's statutes and rules.
- o. In the event Respondent leaves the State of Oklahoma to practice medicine in another jurisdiction, and surrenders his license here in Oklahoma, the terms and conditions of this Order shall be tolled.
- p. Respondent shall notify the Board in writing within fourteen (14) days in the event he is terminated or resigns from employment as an osteopathic physician.
- q. Respondent will keep current payment of all assessments by the Board for prosecution, investigation and monitoring of his case, which shall include,

but is not limited to, a fee of one-hundred dollars (\$100) per month during the term of probation, unless Respondent affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board.

- r. Until such time as all indebtedness to the Board has been satisfied, Respondent will reaffirm said indebtedness in any bankruptcy proceeding.
 - s. Respondent will not supervise allied health professionals, physician assistants, or advanced nurse practitioners, that require surveillance of a licensed medical practitioner. Okla. Admin. Code § 510:10-4-3
 - t. Respondent shall promptly notify the Board or Compliance Officer of any citation or arrest for traffic or for criminal offenses.
 - u. Upon request, Respondent shall make himself available for one or more personal appearances before the Board or its authorized designee.
 - v. Respondent will execute such releases of medical and psychiatric records during the entire term of this Order as necessary for use by the Board and/or Compliance Officer to obtain copies of medical records and assessments and authorize the Board and/or Compliance Officer to discuss Respondent's case with Respondent's treating physicians and/or any physicians holding Respondent's records.
3. A copy of this Order shall be provided to Respondent as soon as it is processed.

Any violation of this Order may result in further discipline of Respondent's license to practice osteopathic medicine in the State of Oklahoma.

This Order is a public record and therefore subject to the Oklahoma Open Records Act. Further, This Order may be reportable to the National Practitioner Data Bank pursuant to federal law, including but not limited to, 45 CFR Part 60.

IT IS SO ORDERED AND EFFECTIVE this 26 day of March, 2024.

Bret Langerman, D.O.

Bret Langerman, D.O. (Mar 26, 2024 10:35 CDT)

Bret S. Langerman, D.O.
Board President
State Board of Osteopathic Board

**STATE OF OKLAHOMA, ex rel.,
STATE BOARD OF
OSTEOPATHIC EXAMINERS,**

Petitioners,

v.

BRADLEY CROSS, D.O.
Osteopathic Medicine License No. 6387,

Respondent.

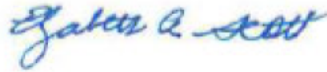
Case No. 2023-153

Petitioner, the State of Oklahoma, ex rel, State Board of Osteopathic Examiners (the “Board”), Respondent Bradley Cross, D.O., (“Dr. Cross”), and Board Staff, stipulate and agree as follows:

- OSBOE Q4 BOARD MATERIALS 0028

7. Dr. Cross has violated the following provisions of the Oklahoma Osteopathic Medicine Act:
- a. Has been granted a license renewal based upon a material mistake of fact. 59 O.S. §637(A)(1).

Respectfully submitted.



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SPECIAL PROSECUTOR TO PETITIONER

MOTION TO REMOVE RESTRICTIONS

TRISZA RAY,
D.O.
4143

Re-Entry to Practice Plan for OSBOE

Physician: Dr. Trisza L. Ray, DO

License #: 4143

Date of Plan: September 2025

Dear Members of the Board,

I respectfully submit this addendum to my re-entry application.

Since my prior correspondence, I have maintained stability in my health. [REDACTED]

[REDACTED] these are well-compensated and do not interfere with my ability to provide safe and effective patient care.

In May 2025, I completed a **Master of Science in Healthcare Administration** at Oklahoma State University Health Sciences Center. This achievement reflects my continued commitment to professional growth during my absence from practice.

Upon successful completion of my structured re-entry program under the supervision of my Preceptor, Dr. Gordon Laird, DO, I intend to transition back into **ambulatory family medicine in an outpatient clinical setting**. This scope of practice builds on my prior experience in urgent care and emergency medicine while aligning with the Board's recommendations.

For clarity and transparency, I have included **Appendix A: Reasons for Absence (2017–2025)**, which provides a comprehensive account of my time away from practice.

I am grateful for the opportunity to complete this supervised re-entry process and respectfully request reinstatement of my full medical license without restrictions upon its successful completion.

Thank you for your continued guidance and consideration.

Respectfully,

Trisza L. Ray, DO

Executive Summary

This plan outlines my supervised re-entry into ambulatory family medicine under Dr. Gordon P. Laird, DO. It incorporates recommendations from my CPEP and UF evaluations, includes a phased supervision model with completion by December 5, 2025, and documents my continuing education and stable health status. Upon successful completion, I respectfully request reinstatement of my license without restrictions.

Health & Compliance

- **Primary Care Clearance:** [REDACTED]
[REDACTED]
- **ENT Evaluation (July 28, 2025 – David W. Hall, MD):**
 - Diagnosis: [REDACTED]
 - Treatment options discussed: [REDACTED]
[REDACTED]
 - [REDACTED]
 - [REDACTED]
- **Functional Status:**
 - [REDACTED]
 - [REDACTED]
- **Compliance:** Ongoing follow-up with PCP and ENT as needed; health updates will be submitted to OSBOE per Board Order.

Learning Goals (Aligned with CPEP Recommendations)

Based on the CPEP Clinical Skills Evaluation (Sept 2024) and OSBOE requirements, Dr. Ray's re-entry plan will emphasize the following ten areas:

1. Medical Knowledge (Family Medicine Core Topics)

- Update and reinforce outpatient management of diabetes, hypertension, CHF, COPD, BPH, hypothyroidism, osteoporosis, and obesity.
- Adapt prior emergency and urgent care experience toward continuity-based outpatient family medicine.
- Incorporate guideline-based pharmacology, including newer agents (e.g., GLP-1 agonists, SGLT2 inhibitors).

2. Behavioral Health Management

- Strengthen outpatient diagnosis and management of anxiety, depression, and substance use disorders.
- Apply screening tools and brief interventions in primary care settings.
- Enhance knowledge of safe pharmacologic and non-pharmacologic treatment options.

3. Controlled Substance Prescribing

- Incorporate safe opioid and benzodiazepine prescribing practices.
- Use risk assessment tools, prescription drug monitoring programs (PDMP), treatment agreements, and urine drug screening.
- Ensure alignment with state and federal guidelines for chronic pain management.

4. Cardiovascular Care & ECG Interpretation

- Refine evaluation and management of atrial fibrillation, chest pain, congestive heart failure, and other cardiovascular conditions.
- Strengthen skills in outpatient ECG interpretation, emphasizing recognition of subtle but clinically significant findings.

5. Endocrinology & Metabolism

- Modernize outpatient diabetes management (e.g., GLP-1 receptor agonists, SGLT2 inhibitors, insulin titration).
- Update thyroid hormone dosing protocols and osteoporosis management.
- Review evidence-based obesity management strategies.

6. Documentation / Record-Keeping

- Transition from concise emergency notes to comprehensive outpatient family medicine documentation.
- Ensure SOAP notes include PMH, medications, allergies, social history, differential diagnoses, and clear links between assessments and plans.
- Maintain documentation that supports continuity of care and interdisciplinary collaboration.

7. Physician–Patient Communication

- Use patient-centered communication strategies, including open-ended questioning and teach-back methods.
- Minimize interruptions and set clear expectations for follow-up and continuity.
- Strengthen skills in delivering anticipatory guidance and preventive counseling.

8. Pediatric & Geriatric Protocols

- Update knowledge of pediatric immunization schedules, growth and development milestones, and preventive care.
- Apply geriatric care principles, including fall risk assessment, polypharmacy management, and dementia screening.
- Integrate age-specific considerations into chronic disease management.

9. Preventive Care & Screening

- Apply USPSTF and ACIP guidelines for cancer screening, immunizations, cardiovascular risk reduction, and osteoporosis screening.
- Incorporate preventive health strategies into routine visits.

- Provide evidence-based patient education to support long-term health outcomes.

10. Systems Awareness & Professional Support

- Strengthen use of referrals, interdisciplinary collaboration, and community health resources.
 - Incorporate evidence-based resources (UpToDate, USPSTF, ACIP, Prescriber's Letter) into clinical workflow.
 - Emphasize cost-effective, preventive care approaches over episodic interventions.
-

Background and Credentials

- **Date last engaged in active clinical practice:** December 22, 2016 – **Appendix A**
 - **Summary of absence from practice:** Medical leave [REDACTED]
[REDACTED] Cleared by Neurology, ENT, and Primary Care for supervised re-entry and safe independent practice.
 - **Prior clinical practice and specialty/practice area:**
 - **Emergency Medicine:** 2005–2015 (Integris Mayes County, Cherokee Nation W.W. Hastings Hospital, Jack C. Montgomery VA Medical Center, Muskogee Emergency PLLC). Managed a wide range of acute and life-threatening conditions, trauma, critical care, and advanced procedures.
 - **Hospitalist:** 2009–2011 (Jane Phillips Medical Center, Bartlesville, Oklahoma).
 - **Urgent Care Lead Physician:** 2015–2017 (Warren Clinic, St. Francis Health System, Tulsa Hills). Provided direct urgent care, supervised clinical staff, and oversaw operations.
 - **Education:**
 - B.S. Biology and biochemistry, University of Tulsa (1994)
 - D.O., Oklahoma State University College of Osteopathic Medicine (2002)
Family Medicine Internship (2002–2003) and Residency (2003–2005), Tulsa Regional Medical Center
M.S. Healthcare Administration, Oklahoma State University HSC (2025)
 - **Licensure and Certification:**
 - **Oklahoma License #4143**, originally issued 2002, expired June 30, 2017
 - **Board Certification in Family Medicine (AOBFP), 2004–2017 (Certificate No. 14418)**
 - **OSBOE Order** (June 19, 2025) reinstated her license with restrictions pending completion of a structured reentry plan with an approved preceptor.
 - **Professional Licenses and Certifications:**

○ American Osteopathic Board of Family Physicians: Certificate No. 14418	2009-2017
○ Oklahoma State Board of Osteopathic Examiners: License No. 4143	2004-2017
○ OBND Registration No 32705	2004-2018
○ DEA Registration No. BR9111028	2004-2018
-

Assessment of Current Knowledge and Skills

Formal Assessments Completed:

- **CPEP Clinical Skills Evaluation (Sept 2024):** Safe to return with recommendations for updating knowledge in family medicine, behavioral health, controlled substance prescribing, ECG interpretation, and documentation.
- **UF Multi-Day Comprehensive Evaluation (Apr 2025):** Confirmed stable health status and ability to return to practice safely.

Self-Assessment:

- **Strengths:**
 - Broad acute care background (ER, urgent care, hospitalist).
 - Strong diagnostic skills.
 - Proficiency in procedures (laceration repair, I&D, intubation, central line placement, lumbar puncture, thoracentesis, FAST Exam Ultrasound, fracture repair and stabilization, foreign body removal and wound care).
 - Patient-centered communication and cultural competence.
- **Areas for improvement:**
 - Updates in family medicine (diabetes, obesity, osteoporosis, preventive guidelines).
 - Outpatient behavioral health and controlled substance stewardship.
 - Refined ECG interpretation and cardiovascular outpatient care.

Remediation Plan:

- CME in primary care, pharmacology, and guideline-based updates.
 - Case-based learning with a preceptor.
 - Direct observation with structured chart review and feedback.
-

Proposed Scope of Practice Upon Reentry

- **Specialty/practice area:** Family Medicine, possibly Urgent Care.
 - **Same as prior specialty/practice area?** Yes (urgent care and family medicine).
 - **Procedures:** Office-based family medicine and urgent care procedures: suturing, incision & drainage, abscess management, joint injections, immunizations, Pap smears, EKG interpretation.
 - **Patient population:** Pediatrics, adults, geriatrics.
-

Continuing Medical Education Plan – Appendix B

- **CME completed in the past 2 years:** >120 hours, including ACOFP Intensive Update and Board Review, Primary Care Updates (OSU Enduring Credits), and Documentation & Communication coursework.
 - **Planned CME activities prior to/through reentry:** Ongoing CME via UpToDate, Prescriber's Letter, OMED 2025 and pharmacology review, with focus on CPEP recommendations.
-

Clinical Skills Refresher Activities – Appendix B

- **Structured Supervision:** 3-4 months clinical re-entry under Dr. Gordon P. Laird, DO.
- **Observership/Shadowing:** Direct patient care with graduated responsibility.
- **Simulation training:** Not planned (skills refreshed through direct clinical practice).
- **Other activities:** Monthly case-based learning sessions, documentation review, and CME discussion.

Structured Clinical Re-Entry Plan (September–December 2025)

Timeline

- **Start date for supervised practice:** September 2, 2025
 - **Duration:** 3–4 months (Sept–Dec 2025)
 - **Proposed date for return to unrestricted practice:** January 1, 2026 (pending successful completion and Board approval).
-

Preceptor Information

- **Name:** Dr. Gordon P. Laird, DO
 - **Specialty:** Board-Certified Family Medicine
 - **Address:** 534 Illinois St, Pawnee, OK 74058
 - **Phone:** (918) 762-3602
 - **Role:** Provide direct observation, chart review, case discussions, and progress reporting to the OSBOE.
-

Phase 1: Sept 2–15, 2025

100% direct observation of all patient encounters; ≥15% of charts reviewed weekly.

- Shadow Preceptor to learn EHR, workflow, and referral systems.
 - 100% direct observation of patient encounters.
 - Begin documentation practice (SOAP notes with Preceptor review).
 - Daily debrief and weekly chart review.
-

Phase 2: Sept 16–Oct 15, 2025

Supervised participation; preceptor co-signs all notes; ≥15% of charts reviewed.

- Conduct patient visits with the Preceptor in the exam room.

- Preceptor reviews and co-signs all notes.
 - Weekly chart review of ≥10 cases.
 - Focus areas: diabetes, HTN, CHF, COPD, pediatrics, geriatrics, preventive screenings, ECG interpretation.
 - Begin structured communication skills practice.
-

Phase 3: Oct 16–Nov 15, 2025:

Graduated responsibility; independent encounters reviewed prior to final disposition; ≥15% of charts reviewed.

- See patients independently; review plan with Preceptor before patient discharge.
 - End-of-week review of ≥6 representative cases.
 - Documentation and differential diagnoses evaluated for completeness.
 - Continue CME and pharmacology review logs.
-

Phase 4 Nov 16 – Dec 5, 2025):

Transition to independence; biweekly 2-hour consultation meetings; preparation of final evaluation.

- Independent patient care with a Preceptor immediately available for consultation.
 - Twice-monthly 2-hour Preceptor meetings with chart and case review.
 - Complete required **documentation** and **communication** courses; submit certificates.
 - Final preceptor evaluation and report to OSBOE due December 6, 2025..
-

Compliance, Monitoring & Reporting

- **Monthly Preceptor Reports:**
 - The preceptor will submit monthly reports to OSBOE during the program. **Appendix D**
 - Structured form with case counts, chart review findings, competency assessment, and narrative progress.
 - **Case/Chart Review Forms:** Completed during each chart review session. **Appendix E**
 - **Compliance:** Monthly physician self-report to OSBOE and contact with Compliance Officer by the 10th.
 - The CME log will be maintained, and certificates will be submitted with the final report.
 - PCP health updates will be submitted if required.
 - **Final Report:**
 - A **final attestation and evaluation** will be submitted by **December 6, 2025**, ensuring the Board has all materials in advance of the December 11, 2025, meeting.
-

Mentorship Arrangement

Not applicable. (Preceptor supervision fulfills oversight requirements.)

Outcome Requested

Upon successful completion of the re-entry plan, I respectfully request **full reinstatement of my Oklahoma medical license without restrictions.**

Appendix A – Reasons for Absence (2017–2025)

I have not engaged in active clinical practice since December 22, 2016.

1. Initial Illness and Diagnosis (2016–2017)

[REDACTED]

2. Treatment and Recovery (2017–2020)

[REDACTED]

3. Chronic Stable Sequelae

[REDACTED]

4. Educational and Professional Development

During recovery, I pursued further education. I ultimately completed a **Master of Science in Healthcare Administration (OSU HSC, May 2025)**. I also engaged in CME, board review courses, and completed the **CPEP Clinical Skills Evaluation (2024)** and **UF Multi-Day Comprehensive Evaluation (2025)**, both of which confirmed my readiness to re-enter practice with supervision.

5. Family Responsibilities

In 2023, I also assumed **temporary caregiving responsibilities for my two granddaughters**, which contributed to delaying my clinical return. These responsibilities have since stabilized, and I am now able to fully commit to completing my re-entry program.

Summary

My absence from clinical practice was the direct result of a serious, well-documented medical illness and subsequent rehabilitation, compounded briefly by family caregiving responsibilities. Throughout this time, I remained committed to education, rehabilitation, and professional development.

My health is now stable, my condition is well-managed, and I am ready to complete the structured re-entry plan under OSBOE oversight in order to resume safe, independent practice in **ambulatory family medicine**.

APPENDIX B – Educational Activities (Completed or In Progress)

Dr. Ray has completed or is completing the following CME:

- ☐ **2025 ACOFP Intensive Update and Board Review – 18.75 AOA Cat 1-A **In progress****
- ☐ **2025 Emergency Medicine Review (OSU Enduring) – 16.25 AOA Cat 1-B**
- ☒ **2024 Emergency Medicine Review (OSU Enduring) – 18 AOA Cat 1-B **Completed****
- ☒ **2023 Primary Care Update (OSU Enduring) – 11.75 AOA Cat 1-B **Completed****
- ☒ **2023 Emergency Medicine Review (OSU Enduring) – 18.5 AOA Cat 1-B **Completed****
- ☒ **2024 Primary Care Update (OSU Enduring) – 13.75 AOA Cat 1-B **Completed****
- ☒ **2024 Virtual Emergency Medicine Review (OSU Enduring) – 20 AOA Cat 1-A **Completed****
- ☐ **2025 OSU Primary Care Update (November 2025)**
- ☐ **OMED 2025 (September 25, 2025 - September 28, 2025)**

These CME hours align with CPEP recommendations for systematic review and reinforcement of outpatient family medicine knowledge.

Certificates of completion will be submitted with final documentation.

Appendix C – Clinical Skills Refresher Activities

Dr. Ray will complete the following structured activities to reinforce practical clinical readiness, documentation, patient communication, and outpatient workflow. These activities complement the supervised preceptorship with Dr. Gordon Laird, DO, and align with OSBOE and CPEP recommendations.

Preceptor-Supervised Clinical Activities

(integrated into Phases 1–4 of the re-entry plan)

- **Direct Observation & Supervised Encounters:** 100% observation (Phase 1), graduated responsibility (Phases 2–3), ≥15% of charts reviewed.
 - **Case-Based Learning:** Weekly case discussions (chronic disease, pediatrics, geriatrics, preventive care, behavioral health).
 - **Documentation Practice:** Transition from urgent care notes to full family medicine SOAP notes with Preceptor review.
 - **Communication & Professional Skills**
 - Direct feedback on patient-centered communication, use of open-ended questions, and teach-back methods.
 - Structured sessions on setting expectations for continuity of care.
 - Emphasis on interprofessional communication within the clinic setting.
 - **Systems-Based Practice Integration**
 - Training in outpatient clinic workflow, including EHR navigation, referral pathways, and interdisciplinary coordination.
 - Utilization of evidence-based resources (UpToDate, Prescriber's Letter, USPSTF, ACIP).
 - Case discussions on cost-effective care, chronic disease management, and community resource utilization.
-

Appendix C – Clinical Skills Refresher Activities cont

Independent Coursework (Coursera & Professional Programs)

1. Documentation & EHR Systems

- *Data and Electronic Health Records* – Coursera
- *OMED 2025 Sessions* (Documentation series: Key Issues, SOAP Note, Chronic Disease Documentation, Patient Safety & Documentation, Effective Case Documentation)

2. Patient Communication & Professionalism

- *A New Communication Framework for Healthcare* – University of California San Diego
- *Professionalism in Allied Health* – Coursera
- *OMED 2025 Sessions* (Empathy & Advocacy, Building Trust, Narrative Medicine, Motivating Lifestyle Change)

3. Safe Prescribing & Behavioral Health

- *Responsible Medication Prescribing for Older Adults* – Mount Sinai
- *Addiction Treatment: Clinical Skills for Healthcare Providers* – Yale University

CME & Reflection Tracking

Date	Session Title	Focus Area	CME Hours	Notes / Reflection
Sept 28	Empathy and Advocacy	Communication	1-A	
Sept 28	Documentation: Key Issues	Documentation	1-A	
Sept 28	SOAP Note: Clinical Reasoning	Documentation	1-A	
Sept 29	Building Trust through Communication	Communication	1-A	
Sept 29	Chronic Disease Documentation	Documentation	1-A	
Sept 30	Narrative Medicine	Communication	1-A	
Sept 30	Patient Safety & Documentation	Documentation	1-A	
Oct 1	Case Documentation in Family Medicine	Documentation	1-A	
Oct 1	Clinical Conversations: Lifestyle Change	Communication	1-A	

Integration with Preceptorship

All independent coursework will be:

- Logged with certificates of completion.
- Reviewed with Preceptor during biweekly meetings.
- Applied directly to patient care encounters (documentation, communication, prescribing).

Appendix D – Completed FSMB / OSBOE Questions Template

Physician Name: Dr. Trisza L. Ray, DO

License Number: 4143

Date of Plan: September 2025

Background Information

- **Date last engaged in active clinical practice:** December 22, 2016
- **Reason for absence from practice:** [REDACTED]
- **Brief description of prior clinical practice and specialty/practice area:**
 - Emergency Medicine: 2005–2015 (Integris, Cherokee Nation, VA, Muskogee Emergency PLLC).
 - Hospitalist: 2009–2011 (Jane Phillips Medical Center).
 - Urgent Care Lead Physician: 2015–2017 (Warren Clinic, St. Francis Health System).

Assessment of Current Knowledge and Skills

- **Formal Assessments:**
 - CPEP Clinical Skills Evaluation (Sept 2024) – safe to return with recommendations.
 - UF Multi-Day Comprehensive Evaluation (Apr 2025) – medically stable, safe to practice.
- **Self-assessment:** Strengths in acute care, diagnostics, procedures, and communication. Needs update in family medicine, preventive care, ECG interpretation, behavioral health, and controlled substance prescribing.
- **Plan for addressing gaps:** CME (Appendix B), skills refresher (Appendix C), case-based learning, chart reviews, and direct observation with feedback.

Proposed Scope of Practice Upon Reentry

- **Specialty/practice area:** Family Medicine (ambulatory/urgent care).
- **Same as prior specialty/practice area?** Yes.
- **Types of procedures:** Suturing, abscess drainage, joint injections, Pap smears, immunizations, and ECG.
- **Patient population:** Pediatrics, adults, geriatrics.

- **Practice setting:** Outpatient family medicine clinic (Pawnee, OK).

Continuing Medical Education Plan

- **Completed in the past 2 years:** >120 hours (see Appendix B).
- **Planned activities prior to/during reentry:** OMED 2025, OSU Primary Care Update, ongoing CME in pharmacology, family medicine core topics, behavioral health, and communication/documentation.

Clinical Skills Refresher Activities

- **Observerships/shadowing planned:** Direct patient care with Preceptor, graduated responsibility (Phases 1–4).
- **Simulation training planned:** None (skills refreshed in clinical setting).
- **Other clinical skills activities:** Case-based learning, documentation review, CME coursework (see Appendix C).

Supervision Plan

- **Supervisor:** Dr. Gordon P. Laird, DO – Board Certified Family Medicine.
- **Frequency/nature of supervision:**
 - Phase 1: 100% direct observation (Sept 2–15).
 - Phase 2: Supervised participation, co-sign notes (Sept 16–Oct 15).
 - Phase 3: Graduated responsibility, pre-disposition review (Oct 16–Nov 15).
 - Phase 4: Transition to independence, biweekly meetings (Nov 16–Dec 5).
- **Supervisor reporting:** Monthly progress reports to OSBOE; final evaluation submitted Dec 6, 2025.

Mentorship Arrangement

- Not applicable (Preceptor fulfills oversight role).

Timeline

- **Proposed start date:** Sept 2, 2025
- **Estimated duration:** 3 months (Sept 2 – Dec 5, 2025)
- **Proposed date for return to practice:** January 1, 2026, pending Board approval.

Appendix D – Preceptor Monthly Progress Report

Preceptor Monthly Progress Report

Physician in Reentry: Dr. Trisza L. Ray, DO

Preceptor: Dr. Gordon P. Laird, DO

Month/Year: _____

Clinical Activities This Month

- Total patient encounters observed: _____
- Total patient encounters under supervision: _____
- Total patient encounters reviewed (chart/case review): _____

Competency Assessment

Please rate Dr. Ray's progress in each domain (circle one):

Competency Area	Needs Improvement	Satisfactory	Above Expectations
Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment & Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation/Record-Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (Patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (Interprofessional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Educational Goals Addressed

- ☐ Chronic disease management
- ☐ Preventive care & immunizations
- ☐ Pediatric/geriatric protocols
- ☐ Behavioral health
- ☐ Controlled substance stewardship
- ☐ ECG interpretation
- ☐ Documentation/Communication

Description of Dr. Ray's progress, strengths, and areas needing further improvement.

Preceptor Signature: _____ Date: _____

Printed Name: _____

Appendix E – Preceptor Case/Chart Review Feedback Form

Preceptor Case/Chart Review Feedback Form

Physician in Reentry: Dr. Trisza L. Ray, DO

Preceptor: Dr. Gordon P. Laird, DO

Date: _____

Case/Chart Review Summary

- Number of charts reviewed today: _____
- Case types (check all that apply):
 - ☐ Pediatrics ☐ Geriatrics ☐ Diabetes ☐ Hypertension ☐ CHF ☐ COPD
 - ☐ Behavioral Health ☐ Preventive Care ☐ ECG ☐ Controlled Substances ☐ Other:

Documentation Review

- SOAP structure complete? ☐ Yes ☐ No
- PMH, Medications, Allergies documented? ☐ Yes ☐ No
- Differential diagnosis included? ☐ Yes ☐ No
- Plans linked to assessments? ☐ Yes ☐ No

Clinical Judgment & Reasoning

- Thorough data gathering? ☐ Yes ☐ No
- Broad differential diagnosis? ☐ Yes ☐ No
- Evidence-based management? ☐ Yes ☐ No
- Referrals appropriately considered? ☐ Yes ☐ No

Communication

- Patient-centered language used? ☐ Yes ☐ No

- Avoided interruptions? ☐ Yes ☐ No
- Used open-ended questions? ☐ Yes ☐ No

Feedback & Recommendations

(Brief narrative feedback for improvement and reinforcement of strengths.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Preceptor Signature: _____ **Date:** _____

Printed Name: _____

From: [Kristi Johnson](#)
To: [Kelsey Devinney](#)
Subject: Fw: [EXTERNAL] Dr. Ray Monthly Report
Date: Tuesday, December 2, 2025 3:39:51 PM
Attachments: [Outlook-m3cwfish.png](#)

Kristi Johnson

Director, Educational Audit Program/Compliance Officer
Oklahoma State Board of Osteopathic Examiners
5400 N. Grand Blvd., Suite 130, Oklahoma City, OK 73112
P: (405) 641-0740
E: Kristi.Johnson.ctr@osboe.ok.gov
W: www.osboe.ok.gov



From: Customer Care [REDACTED]
Sent: Wednesday, November 26, 2025 4:03 PM
To: Kristi Johnson <Kristi.Johnson.CTR@osboe.ok.gov>
Subject: [EXTERNAL] Dr. Ray Monthly Report

Addressed to Steve Mullins

Dr. Ray has been serving a preceptorship in my office for the past two months. She has been pleasant to work with and gets along well with all employees and patients.

She sees patients, writes notes, and I follow up with her, and we discuss all patients. She is knowledgeable about disease processes and treatment. She is making good progress in being up to date in diagnoses and therapy.

I feel she will be able to enter practice as scheduled. She has missed some time due to family complications but has always called to let us know.

She has been a pleasure to work with.

Dr. Gordon Laird

APPLICATIONS FOR REINSTATMENT OF LICENSURE

MELVIN
ROBISON,
D.O. # 2832
ELIZABETH SCOTT,
J.D.

MELVIN ROBISON APPLICATION FOR REINSTATEMENT

EXHIBIT 1

POLICY OF REINSTATEMENT

Policy for Re-entry into Practice / Reinstatement of License

Policy Number:	OSBOE-P001
Adopted by Board:	September 18, 2025
To be Reviewed:	2028

Purpose:

This policy establishes the process for reinstating Oklahoma licensure for physicians who have not participated in any active patient care and/or without an active Oklahoma license for a period of two (2) years or more. Reinstatement and re-entry into practice determinations will be made by the Board on a case-by-case basis.

Procedure:

For licenses that have been canceled for a period of **two (2) years or less**, the below will be required before reinstatement or re-entry will be considered by the Board. Documents may be submitted to licensing@osboe.ok.gov.

1. Completion of the Professional Standards Questionnaire and Fitness to Practice Attestation. ([Questionnaire & Attestation](#))
2. Documentation of all necessary Continuing Medical Education (CME) hours per OSBOE regulations. ([Title 59 Section 641](#), [OAC 510:10-3](#))
3. License Verifications from all states where an active license is currently held ordered directly from each Board.
4. A National Practitioner Data Bank Self Query ordered within the last thirty (30) days. (<https://www.npdb.hrsa.gov>)
5. A background check obtained through contracted vendor IdentoGO using service code 2B7QGR. (<https://ok.ibtfingerprint.com>)
6. Payment of a five-hundred-dollar (\$500) fee. This will be paid online once OSBOE has received your submitted documentation.

For licenses that have been canceled for a period of **two (2) or more years**, a new application submitted online will be required before reinstatement will be considered by the Board. The fee for this is six-hundred-twenty-five-dollars (\$625) and will be paid online with application submittal.

For re-entry to medical practice, the physician shall forward the following to the OSBOE:

1. Length of time in practice prior to departure, and practice areas prior to departure.
2. Detailed explanation of the time out of clinical practice;
3. All Continued Medical Education (CME) completed during their absence from clinical practice;
4. Administrative, consultative activities, educational, supervisory or mentoring responsibilities during the time out of practice.
5. Concise plan for re-entry to practice and detailed description of future scope of practice plans. The plan must include, but is not limited to, the proposed practice site, whether sole practice or in a group, status of hospital privileges, qualifications as an approved provider by any insurance company or third-party payer, malpractice claim history, criminal history, or other litigation history; and

6. Current status with any specialty board, Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) and Drug Enforcement Administration (DEA) registration, Oklahoma Health Professional Program status, and any academic appointments or medical administrative positions.

Physicians seeking re-entry to medical practice may be required to appear before the Board at their next regularly scheduled meeting. The Board will examine all submitted information and determine, on a case-by-case basis, the specific requirements to be met by the physician.

Requirements may include, but are not limited to:

1. A clinical skills assessment and report at a Board approved facility;
2. A psychiatric examination and/or cognitive examination and report with a Board approved evaluator;
3. Structured re-training program;
4. A Board approved structured supervisory or preceptor program, mentorship, and/or monitoring process;
5. Passage of relevant exams;
6. A fellowship completed in a Board approved facility;
7. Passage of American Osteopathic Association (AOA) / American Board of Medical Specialties (ABMS) Board Certification or Recertification exam.

Any physician re-entering a skills-based medical specialty after five (5) years of absence of active care practice will require a minimum of recommendation one (1) above.

EXHIBIT 2
PROFESSIONAL STANDARDS
QUESTIONNAIRE

RESPONSES TO PROFESSIONAL STANDARDS QUESTIONNAIRE

1. **Within the last twelve (12) months, or since your last renewal, have you been served notice of any professional liability lawsuit, malpractice, or any other civil action filed against you?** Yes, or No; if Yes: explain in detail with the court jurisdiction, case number, and a brief summary of the allegations at issue. It is not uncommon for physicians to contact their legal counsel or insurance carrier for assistance in responding to this question.

Yes. Foreclosure of Colorado home and foreclosure of medical clinic in Sayre, Oklahoma.

2. **Within the last twelve (12) months, or since your last renewal, have you been a party to any civil settlement or judgment, including but not limited to professional liability lawsuit, malpractice, Medicaid fraud, or Medicare fraud?** Yes, or No; if Yes: explain in detail with the court jurisdiction, case number, and a brief summary of the allegations at issue. It is not uncommon for physicians to contact their legal counsel or insurance carrier for assistance in responding to this question.

Yes. Refer to data bank.

3. **Within the last twelve (12) months, or since your last renewal, have you resigned, surrendered, or been terminated from any medical training program, residency program, hospital staff/faculty, managed care organization, group practice, or any other setting?** Yes, or No; if Yes: explain in detail.

No.

4. **Within the last twelve (12) months, or since your last renewal, did you resign, retire, terminate, surrender or not renew in lieu of termination or firing any state medical license, hospital privileges, or specialty board membership while under investigation?** Yes, or No; if Yes: explain in detail.

No.

5. **Within the last twelve (12) months, or since your last renewal, are you aware of any disciplinary action being taken against you, or is any disciplinary action or investigation pending against your license to practice osteopathic medicine in any other state or territory?** Yes, or No; if Yes: explain in detail.

Yes. Per OSBOE.

6. **Within the last twelve (12) months, or since your last renewal, has any action been taken against your DEA drug permit or your OBND drug**

permit, including but not limited to revocation, suspension, voluntary surrender, fines, or restrictions? Yes, or No; if Yes: explain in detail.

Yes. Surrendered OBNDD & DEA.

7. **Within the last twelve (12) months, or since your last renewal, were you arrested, indicted, charged with, agreed to a deferred sentence, or convicted of any crime other than a traffic violation? Pleas of guilty, non-fault, nolo contendere, deferred sentence, Alford plea, or other such plea for the alleged criminal activity shall be deemed a conviction. All arrests should be reported here.** Yes, or No; if Yes: explain in detail. If you answered “yes” regarding an arrest, indictment, or charge, please provide the following: date and time of arrest or filing of charges, arresting department/agency, report or case numbers, county or city where the arrest or charges occurred. It is not uncommon for physicians to contact their legal counsel for assistance in responding to this question.

Yes. Refer to Data Bank Report.

8. **Within the last twelve (12) months, or since your last renewal, were you arrested, indicted, charged with, agreed to a deferred sentence, or convicted of a traffic violation involving the use of drugs, alcohol, or any other chemical substances? Pleas of guilty, non-fault, nolo contendere, deferred sentence, or Alford plea, or other such plea for the alleged criminal activity shall be deemed a conviction. Any and all arrests for a traffic violation that involves the use of drugs, alcohol, or any other chemical substance, shall be reported here regardless of any charges filed.** Yes, or No; if Yes: explain in detail. If you answered “yes” regarding an arrest, indictment, or charge, please provide the following: date and time of arrest or filing of charges, arresting department/agency, report or case numbers, county or city where the arrest or charges occurred. It is not uncommon for physicians to contact their legal counsel for assistance in responding to this question.

No.

9. **Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? Yes, or No; if Yes: explain in detail.**

No.

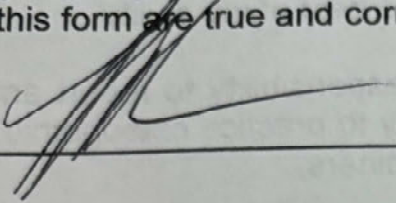
*List 16 hours of Continuing Medical Education (Course Name, Course Sponsor, Date Completed and Hours):

*List 1 hour of Proper Prescribing (Course Name, Course Sponsor, Date Completed and Hours):

N/A

*Attestation Statement: I, (print name) MELVIN L. ROBISON, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By signing this document, I am stating that the information written and answered on this form are true and correct.

Signature



Date

11/25/25

EXHIBIT 3

FITNESS TO PRACTICE ATTESTATION

FITNESS TO PRACTICE ATTESTATION

I, MELVIN L. ROBINSON, hereby attest that I am fit to practice osteopathic medicine and not impaired in any way that would affect my ability to provide safe and competent care to my patients.

I acknowledge and understand my professional and ethical obligations as an osteopathic physician and am committed to fulfilling them to the best of my ability.

I acknowledge and understand that I have the responsibility to report any change in my physical or mental health that may affect my ability to practice osteopathic medicine safely to the Oklahoma State Board of Osteopathic Examiners.

I acknowledge and understand that the failure to adequately address a health condition, where I am unable to practice medicine within reasonable skill and safety to patients, can result in the Board taking action against my state-issued license to practice medicine.

I acknowledge and understand that I am aware of the resources available to me through the Oklahoma Health Professionals Program ("OHPP") and the Oklahoma State Board of Osteopathic Examiners should I need assistance in maintaining my fitness to practice or if I encounter any impairment in the future.

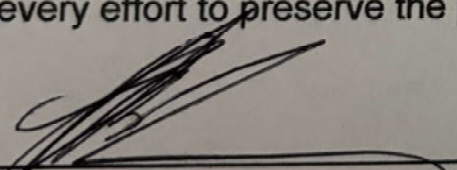
Contact Information

Name: Oklahoma Health Professionals Program ("OHPP")

Phone: 405/601-2536

Website: www.okhpp.org

I acknowledge and understand that my osteopathic medical license is a privilege, and I will make every effort to preserve the public trust in the medical profession.


Signature

11/25/25
Date

EXHIBIT 4

CME CERTIFICATES



Certificate of Participation
The American Osteopathic Association certifies that
Melvin Robison, DO

has participated in the enduring activity titled:

OMED23 - Family Medicine Track

on November 19, 2025

and is awarded 15.25 *AOA Category I-A Credits™*

The American Osteopathic Association designates this program for a maximum of 15.25 *AOA Category I-A Credits™* and will report CME commensurate with the extent of the physician's participation in this activity.

This live activity was co-sponsored by the:



Maura Biszewski

Signature of Program / Activity Chair & Printed Name



Certificate of Participation

The American Osteopathic Association certifies that

Melvin Robison, DO

has participated in the enduring activity titled:

OMED24 – Family Medicine

on December 1, 2025

and is awarded 19.00 *AOA Category I-A Credits™*

The American Osteopathic Association designates this program for a maximum of 19.00 *AOA Category I-A Credits™* and will report CME commensurate with the extent of the physician's participation in this activity.

This live activity was co-sponsored by the:



Maura Biszewski

Signature of Program / Activity Chair & Printed Name



Certificate of Participation
The American Osteopathic Association certifies that
Melvin Robison, DO

has participated in the enduring activity titled:

OMED22 - Addiction Medicine Track

on December 5, 2025

and is awarded 15.00 *AOA Category I-A Credits™*

The American Osteopathic Association designates this program for a maximum of 15.00 *AOA Category I-A Credits™* and will report CME commensurate with the extent of the physician's participation in this activity.

This live activity was co-sponsored by the:



Maura Biszewski

Signature of Program / Activity Chair & Printed Name

EXHIBIT 5

NPDB REPORT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832

5500000311205590
Process Date: 11/24/2025
Page: 1 of 1

ROBISON, MELVIN LEE

[REDACTED]

[REDACTED]

From: National Practitioner Data Bank
Re: Response to Your Self-Query

This self-query response is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.



ROBISON, MELVIN LEE - SELF-QUERY RESPONSE FOR AN INDIVIDUAL

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: ROBISON, MELVIN LEE
Date of Birth: [REDACTED] **Sex:** MALE
Shipping Address: [REDACTED]
Social Security Number: ***-**-****
License: OSTEOPATHIC PHYSICIAN (DO), NO LICENSE, OK, GENERAL PRACTICE/FAMILY PRACTICE
Professional School(s): OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC MEDICINE (1988)

B. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 11/24/2025

The following report types have been searched:

Medical Malpractice Payment Report	Yes, See Below	Health Plan Action(s):	Yes, See Below
State Licensure or Certification Action	Yes, See Below	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	Yes, See Below	DEA/Federal Licensure Action(s):	Yes, See Below
Government Administrative Action(s):	Yes, See Below	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GOVERNMENT ADMINISTRATIVE

Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS
- CRIMINAL CONVICTION

Initial Action: - TERMINATION OF MEDICARE OR OTHER FEDERAL HEALTH CARE PROGRAM PARTICIPATION **Date of Action:** 04/01/2023
DCN: 5500000207281241

HHS OFFICE OF INSPECTOR GENERAL

EXCLUSION/DEBARMENT

Basis for Action: - FELONY CONVICTION RELATING TO CONTROLLED SUBSTANCE VIOLATIONS
- PROGRAM-RELATED CONVICTION

Initial Action: - EXCLUSION FROM MEDICARE, MEDICAID AND ALL OTHER FEDERAL HEALTH CARE PROGRAMS **Date of Action:** 02/20/2023
DCN: 5500000205691709

THE MEDICAL PROTECTIVE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO ORDER APPROPRIATE MEDICATION

Initial Action: - SETTLEMENT **Date of Action:** 05/09/2022
DCN: 5500000190497279



OKLAHOMA BUREAU OF NARCOTICS

STATE LICENSURE OR CERTIFICATION

Basis for Action: - DRUG VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
- DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action: - LIMITATION OR RESTRICTION ON ABILITY TO PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION OR SEDATION, SEE SECTION C. OF THE REPORT FOR DETAILS
Date of Action: 03/07/2017

DCN: 5500000122149996

HEALTH CARE SERVICE CORPORATION (HCSC)

HEALTH PLAN ACTION

Basis for Action: - DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action: - CONTRACT TERMINATION
Date of Action: 02/01/2017

DCN: 5500000121279937

DRUG ENFORCEMENT ADMINISTRATION

DEA/FEDERAL LICENSURE

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - VOLUNTARY SURRENDER OF LICENSE
Date of Action: 08/17/2016

DCN: 5500000115280021

OK STATE BOARD OF OSTEOPATHIC EXAMINERS

STATE LICENSURE OR CERTIFICATION

Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - PROBATION OF LICENSE
Date of Action: 07/18/2016

DCN: 5500000109909035

Subsequent Action: - REVOCATION OF LICENSE
Date of Action: 04/12/2023

DCN: 5500000213315887

THE MEDICAL PROTECTIVE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - IMPROPER MANAGEMENT

Initial Action: - SETTLEMENT
Date of Action: 10/17/2007

DCN: 5500000048389212

----- Unabridged Report(s) Follow -----



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
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<https://www.npdb.hrsa.gov>

DCN: 5500000207281241
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ROBISON, MELVIN

ROBISON, MELVIN

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GOVERNMENT ADMINISTRATIVE ACTION

Date of Action: 04/01/2023

Initial Action

Basis for Initial Action

- TERMINATION OF MEDICARE OR OTHER FEDERAL
HEALTH CARE PROGRAM PARTICIPATION

- OTHER, SEE SECTION C. OF THE REPORT FOR
DETAILS
- CRIMINAL CONVICTION

A. REPORTING ENTITY

Entity Name: CENTERS FOR MEDICARE AND MEDICAID SERVICES

Address: 7500 SECURITY BLVD
C3-03-14

City, State, Zip: BALTIMORE, MD 21244-1849

Country:

Name or Office: PROVIDERENROLLMENT@CMS.HHS.GOV

Title or Department: PROVIDERENROLLMENT@CMS.HHS.GOV

Telephone: (000) 000-0000

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address: 1415 WATTS ST

City, State, ZIP: SAYRE, OK 73662

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure:

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



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ROBISON, MELVIN

C. INFORMATION REPORTED

Type of Adverse Action: GOVERNMENT ADMINISTRATIVE
Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: PRECLUDED 04/2023
CRIMINAL CONVICTION (19)

Name of Agency or Program
That Took the Adverse Action
Specified in This Report: CMS

Adverse Action
Classification Code(s): TERMINATION OF MEDICARE OR OTHER FEDERAL HEALTH
CARE PROGRAM PARTICIPATION (1510)

Date Action Was Taken: 04/01/2023

Date Action Became Effective: 04/01/2023

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,
Assessment and/or Restitution:

Is the subject automatically reinstated
after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: 42 CFR 424.535 (A) (3) FELONIES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/11/2023

Date of Most Recent Change: 04/11/2023

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): [REDACTED]
Date of Birth(s): [REDACTED]



National Practitioner Data Bank
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ROBISON, MELVIN

Social Security Numbers (SSN): ***-**-████

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000205691709
Process Date: 03/17/2023
Page: 1 of 3
ROBISON, MELVIN LEE

ROBISON, MELVIN LEE

HHS OFFICE OF INSPECTOR GENERAL

EXCLUSION/DEBARMENT ACTION

Date of Action: 02/20/2023

Initial Action

Basis for Initial Action

- EXCLUSION FROM MEDICARE, MEDICAID AND ALL
OTHER FEDERAL HEALTH CARE PROGRAMS

- FELONY CONVICTION RELATING TO CONTROLLED
SUBSTANCE VIOLATIONS
- PROGRAM-RELATED CONVICTION

A. REPORTING ENTITY

Entity Name: HHS OFFICE OF INSPECTOR GENERAL
Address: PO BOX 23871
City, State, Zip: WASHINGTON, DC 20026-3871
Country:
Name or Office: JOANN M. FRANCIS
Title or Department: REVIEWING OFFICIAL
Telephone: (202) 731-9224
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN LEE
Other Name(s) Used:
Sex: UNKNOWN
Date of Birth: [REDACTED]
Organization Name:
Work Address: P O BOX 5000, #32256-064
FLORENCE FCI, SATELLITE CAMP
City, State, ZIP: FLORENCE, CO 81226
Organization Type:
Home Address: P O BOX 6000, #32256-064
FLORENCE FCI
City, State, ZIP: FLORENCE, CO 81226
Deceased: NO

Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI): 1790887529
Professional School(s) & Year(s) of Graduation:
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure:
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN): E45369
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):



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ROBISON, MELVIN LEE

C. INFORMATION REPORTED

Type of Adverse Action: EXCLUSION/DEBARMENT
Basis for Action: FELONY CONVICTION RELATING TO CONTROLLED SUBSTANCE VIOLATIONS (61)
PROGRAM-RELATED CONVICTION (62)

Name of Agency or Program That Took the Adverse Action Specified in This Report: HHS OIG EXCLUSIONS BRANCH

Adverse Action Classification Code(s): EXCLUSION FROM MEDICARE, MEDICAID AND ALL OTHER FEDERAL HEALTH CARE PROGRAMS (1508)

Date Action Was Taken: 01/24/2023

Date Action Became Effective: 02/20/2023

Length of Action: INDEFINITE

Is the subject automatically reinstated after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

CONVICTED OF A CRIME INVOLVING CONTROLLED SUBSTANCES.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/17/2023

Date of Most Recent Change: 03/17/2023

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): ***-**-****



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This report is maintained under the provisions of: Title IV; Section 1921; Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



ROBINSON, MELVIN L

THE MEDICAL PROTECTIVE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 05/09/2022

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO ORDER APPROPRIATE MEDICATION

A. REPORTING ENTITY

Entity Name: THE MEDICAL PROTECTIVE COMPANY

Address: PO BOX 15021

5814 REED RD

City, State, Zip: FORT WAYNE, IN 46885-5021

Country:

Name or Office: SANDRA DIX

Title or Department: CLAIMS OPS SPECIALIST

Telephone: (405) 815-4841

Entity Internal Report Reference: 1071505

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBINSON, MELVIN L

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address: 1415 WATTS ST

City, State, ZIP: SAYRE, OK 73662-1310

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: OKLAHOMA COLLEGE OF OSTEOPATHIC MEDICINE (1988)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 2832, OK

Specialty: GENERAL PRACTICE/FAMILY PRACTICE

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 05/18/2022

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 200,000.00

Date of This Payment: 05/09/2022

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 200,000.00

Payment Result of: SETTLEMENT

Date of Settlement, if Any: 04/21/2022



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ROBINSON, MELVIN L

Adjudicative Body Case Number: CJ-20-136
Adjudicative Body Name: BECKHAM COUNTY, DISTRICT COURT
Court File Number:
Description of Settlement and Any
Conditions, Including Terms of Payment: Settlement of all claims, with no admission of liability

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All
Practitioners in This Case: \$ 425,000.00
Number of Practitioners for Whom This Payer Has Paid
or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund
Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance
Company Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 59 YEARS
Patient's Sex: FEMALE
Patient's Type: OUTPATIENT
Description of the Medical Condition With Which the Patient
Presented for Treatment: Chronic pain
Description of the Procedure Performed: Prescribing Oxycodone
Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: FAILURE TO ORDER APPROPRIATE MEDICATION (107)
Date of Event Associated With Allegation or Incident: 04/22/2016
Outcome: DEATH (09)
Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: Failure to decrease opioid prescriptions in
addicted patient.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:



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Date of Original Submission: 05/18/2022

Date of Most Recent Change: 05/18/2022

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): ***-**- [REDACTED]

The Data Bank attempted to notify the Subject Identified in Section B on 05/18/2022 at the address below, but the attempt was unsuccessful.

444 W BENTON AVE
SAYRE, OK 73662-1704

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



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ROBISON, MELVIN L

ROBISON, MELVIN L

OKLAHOMA BUREAU OF NARCOTICS

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 03/07/2017

Initial Action

Basis for Initial Action

- LIMITATION OR RESTRICTION ON ABILITY TO PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION OR SEDATION, SEE SECTION C. OF THE REPORT FOR DETAILS

- DRUG VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
- DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name: OKLAHOMA BUREAU OF NARCOTICS
Address: 419 NE 38TH TER
City, State, Zip: OKLAHOMA CITY, OK 73105-3706
Country:
Name or Office: REGISTRATION OFFICE
Title or Department: REGISTRATION DEPARTMENT
Telephone: (405) 521-2885
Entity Internal Report Reference: OBN 2016-1702
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN L
Other Name(s) Used:
Sex: MALE
Date of Birth: [REDACTED]
Organization Name:
Work Address: 1415 WATTS ST
City, State, ZIP: SAYRE, OK 73662-1310
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI): 1790887529
Professional School(s) & Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC MEDICINE (1989)
Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 2832, OK
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers: BR2017881
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):



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C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: DRUG VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (H1)
DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)

Name of Agency or Program That Took the Adverse Action Specified in This Report: OKLAHOMA BUREAU OF NARCOTICS

Adverse Action Classification Code(s): LIMITATION OR RESTRICTION ON ABILITY TO PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION OR SEDATION, SPECIFY (1179)

Other, as Specified: VOLUNTARY SURRENDER OF OBNDD

Date Action Was Taken: 03/07/2017

Date Action Became Effective: 03/07/2017

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Dr. Robison violated rules and statutes in Title 63 and 475 in that he was disciplined by a state licensing board, he issued a prescription not in the usual course of professional treatment, and failed to provide effective controls to guard against CDS diversion. Dr. Robison was facing possible administrative actions by OBNDD but voluntarily surrendered his OBNDD Registration, No. 19630.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: NO

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.



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ROBISON, MELVIN L

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/21/2017

Date of Most Recent Change: 03/21/2017

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): ***-**- [REDACTED]

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



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DCN: 5500000121279937
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ROBISON, MELVIN

ROBISON, MELVIN

HEALTH CARE SERVICE CORPORATION (HCSC)

HEALTH PLAN ACTION

Date of Action: 02/01/2017

Initial Action

Basis for Initial Action

- CONTRACT TERMINATION

- DISCIPLINARY ACTION TAKEN BY ANOTHER
FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name: HEALTH CARE SERVICE CORPORATION (HCSC)

Address: 1001 E LOOKOUT DR
TOWER B 11TH FLOOR

City, State, Zip: RICHARDSON, TX 75082-4144

Country:

Name or Office: VIJI KRISHNAN

Title or Department: SR. MANAGER PROVIDER ADMINISTRATION

Telephone: (972) 766-0202

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address: 1415 WATTS ST

City, State, ZIP: SAYRE, OK 73662-1310

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 1790887529

Professional School(s) & Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC
MEDICINE (1988)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 2832, OK

Specialty: GENERAL PRACTICE/FAMILY PRACTICE

Drug Enforcement Administration (DEA) Numbers: BR2017881

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



C. INFORMATION REPORTED

Type of Adverse Action: HEALTH PLAN ACTION
Basis for Action: DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)

Name of Agency or Program That Took the Adverse Action Specified in This Report: HEALTHCARE SERVICE CORPORATION

Adverse Action Classification Code(s): CONTRACT TERMINATION (1920)

Date Action Was Taken: 10/06/2016

Date Action Became Effective: 02/01/2017

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Dr. Robison's network participation with BCBSOK was terminated because her license was placed on probation for five years by the Oklahoma Medical Board.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/16/2017

Date of Most Recent Change: 02/16/2017

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]



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ROBISON, MELVIN

Social Security Numbers (SSN): ***-**-████

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



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ROBISON, MELVIN

DRUG ENFORCEMENT ADMINISTRATION

DEA/FEDERAL LICENSURE ACTION

Date of Action: 08/17/2016

Initial Action

Basis for Initial Action

- VOLUNTARY SURRENDER OF LICENSE

- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

A. REPORTING ENTITY

Entity Name: DRUG ENFORCEMENT ADMINISTRATION
Address: 8701 MORRISSETTE DR
City, State, Zip: SPRINGFIELD, VA 22152-1080
Country:
Name or Office: KIM BRANCH
Title or Department: PROGRAM ANALYST
Telephone: (571) 362-8208
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN
Other Name(s) Used:
Sex: MALE
Date of Birth: [REDACTED]
Organization Name:
Work Address: PO BOX 448
1415 N WATTS
City, State, ZIP: SAYRE, OK 73662-0448
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC
MEDICINE (1988)
Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 2832, OK
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers: BR2017881
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):



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ROBISON, MELVIN

C. INFORMATION REPORTED

Type of Adverse Action: DEA/FEDERAL LICENSURE
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action Specified in This Report: DRUG ENFORCEMENT ADMINISTRATION

Adverse Action Classification Code(s): VOLUNTARY SURRENDER OF LICENSE (1145)

Date Action Was Taken: 08/17/2016

Date Action Became Effective: 08/17/2016

Length of Action: PERMANENT

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: voluntary surrendered dea registration

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/01/2016

Date of Most Recent Change: 11/01/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): ***-**-****



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ROBISON, MELVIN

This report is maintained under the provisions of: Title IV; Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1128E of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



ROBISON, MELVIN L.

OK STATE BOARD OF OSTEOPATHIC EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 07/18/2016

Initial Action

Basis for Initial Action

- PROBATION OF LICENSE

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - REVOCATION OF LICENSE

Date of Action: 04/12/2023 DCN: 5500000213315887

A. REPORTING ENTITY

Entity Name: OK BOARD OF OSTEOPATHIC EXAMINERS *

Address: 4848 N LINCOLN BLVD STE 100

City, State, Zip: OKLAHOMA CITY, OK 73105-3340

Country:

Name or Office: CHRISTI AQUINO

Title or Department: DIRECTOR OF LICENSING

Telephone: (405) 528-8625

Entity Internal Report Reference:

Type of Report: CORRECTION

Previous Report Number: 5500000109908921 (Please destroy all copies of the previous report)

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/04/2025:

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS

Address: 5400 N GRAND BLVD STE 130

City, State, Zip: OKLAHOMA CITY, OK 73112-5678

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN L.

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address: 1415 WATTS ST

City, State, ZIP: SAYRE, OK 73662-1310

Organization Type:

Home Address: 444 W BENTON AVE

City, State, ZIP: SAYRE, OK 73662-1704

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-****

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC MEDICINE (1988)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000109909035
Process Date: 07/20/2016
Page: 2 of 3
ROBISON, MELVIN L.

State License Number, State of Licensure: 2832, OK

Specialty: GENERAL PRACTICE/FAMILY PRACTICE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION

* Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)

* Other, as Specified: OVER PRESCRIBING MEDICATIONS

Name of Agency or Program
That Took the Adverse Action
Specified in This Report:

OSBOE

Adverse Action

Classification Code(s): PROBATION OF LICENSE (1125)

Date Action Was Taken: 06/16/2016

Date Action Became Effective: 07/18/2016

Length of Action: SPECIFIC PERIOD

Years: 5

Months:

Days:

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 12,483.00

Is the subject automatically reinstated
after the adverse action period is completed?:

NO

* Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

Dr. Robison shall not administer, prescribe, or
dispense scheduled controlled dangerous
substances. Dr. shall, in the next 12 months,
complete a course in Proper Prescribing of
Controlled Dangerous Substances provided by Case
Western or its equivalent. Dr. shall, in the next
12 months, complete a course in Medical Record
keeping provided by Case Western or its
equivalent.

Is the adverse action specified in this report based on the
subject's professional competence or conduct, which adversely
affected, or could have adversely affected, the
health or welfare of patient(s)?:

YES

☐

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.



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DCN: 5500000109909035
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Page: 3 of 3
ROBISON, MELVIN L.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/20/2016

Date of Most Recent Change: 07/20/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): ***-**-****

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
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ROBISON, MELVIN L.

ROBISON, MELVIN L.

OK STATE BOARD OF OSTEOPATHIC EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION Date of Action: 04/12/2023

Subsequent Action

Basis for Initial Action

- REVOCATION OF LICENSE

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

This action has related reports:

Initial Action: - PROBATION OF LICENSE

Date of Action: 07/18/2016 DCN: 5500000109909035

Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS *

Address: 4848 N LINCOLN BLVD STE 100

City, State, Zip: OKLAHOMA CITY, OK 73105-3340

Country:

Name or Office: CHRISTI AQUINO

Title or Department: DIRECTOR OF LICENSING

Telephone: (405) 528-8625

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000109909035

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/04/2025:

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS

Address: 5400 N GRAND BLVD STE 130

City, State, Zip: OKLAHOMA CITY, OK 73112-5678

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBISON, MELVIN L.

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address: 1415 WATTS ST

City, State, ZIP: SAYRE, OK 73662-1310

Organization Type:

Home Address: 444 W BENTON AVE

City, State, ZIP: SAYRE, OK 73662-1704

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC MEDICINE (1988)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 2832, OK



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DCN: 5500000213315887
Process Date: 07/10/2023
Page: 2 of 3
ROBISON, MELVIN L.

Specialty: GENERAL PRACTICE/FAMILY PRACTICE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION

Name of Agency or Program
That Took the Adverse Action
Specified in This Report:

OK STATE BOARD OF OSTEOPATHIC EXAMINERS

Adverse Action

Classification Code(s): REVOCATION OF LICENSE (1110)

Date Action Was Taken: 03/16/2023

Date Action Became Effective: 04/12/2023

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,
Assessment and/or Restitution:

Is the subject automatically reinstated
after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

Evidence at the March 16, 2023, hearing before the Board revealed that Dr. Robison entered two (2) guilty pleas related to 164 counts of illegal distribution of controlled drugs in the case known as CR 18-163, Western District of Oklahoma Federal Court. Additionally, Dr. Robison pled guilty to one felony count of Medicare fraud out of the Southern District of Florida Federal Court in the case known as CR 21-219. As a result of Dr. Robison's guilty pleas, he received a total of 54 months of confinement in federal prison, followed by three (3) years of supervised release and payment to the Federal Government of more than \$300,000 in restitution and fines.

Is the adverse action specified in this report based on the
subject's professional competence or conduct, which adversely
affected, or could have adversely affected, the
health or welfare of patient(s)? YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.



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ROBISON, MELVIN L.

- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/10/2023

Date of Most Recent Change: 07/10/2023

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBISON, MELVIN LEE

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): ***-**-****

The Data Bank attempted to notify the Subject Identified in Section B on 07/10/2023 at the address below, but the attempt was unsuccessful.

444 W BENTON AVE
SAYRE, OK 73662-1704

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
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<https://www.npdb.hrsa.gov>

DCN: 5500000048389212
Process Date: 10/22/2007
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ROBINSON, MELVIN L

ROBINSON, MELVIN L

THE MEDICAL PROTECTIVE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/17/2007

Initial Action

Basis for Initial Action

- SETTLEMENT

- IMPROPER MANAGEMENT

A. REPORTING ENTITY

Entity Name: THE MEDICAL PROTECTIVE COMPANY *

Address: 5814 REED RD., PO BOX 15021

City, State, Zip: FT. WAYNE, IN 46885-5021

Country:

Name or Office: REBECCA TEMPLE

Title or Department: REGIONAL CLAIMS OPS REPRESENTATIVE

Telephone: (800) 463-3776 Ext. 6308

Entity Internal Report Reference: 274199

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/16/2025:

Entity Name: THE MEDICAL PROTECTIVE COMPANY

Address: PO BOX 15021

5814 REED RD

City, State, Zip: FORT WAYNE, IN 46885-5021

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: ROBINSON, MELVIN L

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address: 1415 WATTS ST

City, State, ZIP: SAYRE, OK 73662-1310

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: OKLAHOMA COLLEGE OF OSTEOPATHIC MEDICINE (1988)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 2832, OK

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 10/22/2007

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 125,000.00

Date of This Payment: 10/17/2007



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ROBINSON, MELVIN L

This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by
This Payer for This Practitioner: \$ 125,000.00
Payment Result of: SETTLEMENT
Date of Settlement, if Any: 09/07/2007
Adjudicative Body Case Number: CJ2005-27
Adjudicative Body Name: DISTRICT COURT, COMANCHE COUNTY, OKLAHOMA
Court File Number:
Description of Settlement and Any
Conditions, Including Terms of Payment: SUIT SETTLED BEFORE TRIAL WITH NO ADMISSION OF
LIABILITY.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All
Practitioners in This Case: \$ 500,000.00
Number of Practitioners for Whom This Payer Has Paid
or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund
Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance
Company Make a Payment for This Practitioner in This Case?: UNKNOWN
Amount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 43 YEARS
Patient's Sex: MALE
Patient's Type: UNKNOWN
Description of the Medical Condition With Which the Patient
Presented for Treatment: RIGHT KNEE, WORK-RELATED INJURY RESULTING IN A
TORN ANTERIOR CRUCIATE LIGAMENT IN THE RIGHT KNEE.

Description of the Procedure Performed: SURGERY TO REPAIR INJURY.
Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: IMPROPER MANAGEMENT (305)
Date of Event Associated With Allegation or Incident: 01/07/2003
Outcome: SIGNIFICANT PERMANENT INJURY (06)
Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: A 43 YEAR-OLD MAN SERIOUSLY INJURED HIS RIGHT KNEE
WHILE WORKING ON THE JOB. HE SOUGHT OUTPATIENT
TREATMENT FROM HIS FAMILY PHYSICIAN AND WAS
DIAGNOSED WITH A TORN ANTERIOR CRUCIATE LIGAMENT
IN THE RIGHT KNEE. THE FAMILY PHYSICIAN REFERRED
THE PATIENT TO AN ORTHOPEDIC SURGEON FOR TREATMENT
OF THE KNEE. THE SURGEON PERFORMED SURGERIES ON
THE PATIENT TO REPAIR THE ANTERIOR CRUCIATE
LIGAMENT. ALMOST TWO YEARS AFTER THE INITIAL
SURGERY, THE PATIENT SUFFERED AN INFECTION IN THE
KNEE AND ULTIMATELY REQUESTED AND ELECTED HIMSELF
TO HAVE THE LEG AMPUTATED ABOVE THE KNEE. THE
PATIENT SUED BOTH OF THE PHYSICIANS ALLEGING THAT
THE FAILURE TO PROPERLY TREAT THE KNEE INJURY
RESULTED IN AN ABOVE KNEE AMPUTATION. A TOTAL
SETTLEMENT WAS REACHED IN THE AMOUNT OF \$500,000
WITH NO ADMISSION OF LIABILITY ON THE PART OF THE
PHYSICIANS.



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Health Resources and Services Administration
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ROBINSON, MELVIN L

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/22/2007

Date of Most Recent Change: 10/22/2007

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): ROBINSON, MELVIN LEE
Date of Birth(s): [REDACTED]
Social Security Numbers (SSN): ***-**- [REDACTED]

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

EXHIBIT 6
DECLARATION OF MELVIN ROBISON

DECLARATION OF MELVIN ROBISON

In June 2018, after 34 years of practicing as an osteopathic physician in Sayre, Oklahoma, I was criminally charged in the Western District of Oklahoma. The charges were based on my prescribing of controlled dangerous substances. I hired Vicki Behenna to represent me in that matter. At her advice and recommendation, in October 2022, I plead guilty to two counts of aiding and abetting the distribution of controlled substances and health care fraud. In June 2021, I was also charged in the Southern District of Florida and plead guilty to one count of conspiracy to pay health care kickbacks. Based upon my guilty pleas, I was sentenced to a 54-month sentence to be served at a Minimum-Security Facility in Florence, Colorado. I served 24 months and was released early. This was not an easy place to serve a sentence. It was a work camp, and I worked hard. I lost 60 pounds and tried to stay positive. I taught health education to other inmates and participated in religious activities to stay focused. While I was incarcerated, I lost both my practice and my home in Sayre. My wife moved to North Carolina to be with family since we no longer had a home. I lost basically everything except for my marriage and myself.

After I was released from the facility in Florence on December 24, 2024, I was placed on supervised release, which is home confinement under Bureau of Prisons Custody. On October 1, 2025, I was released from home confinement and Bureau of Prisons Custody. I received no documentation when this occurred.

To say this was a humbling experience is an understatement. But regardless of these past three years I still believe in myself and believe I can still contribute to society through the practice of medicine.

Because I do not have a medical license, it is difficult to get any employer to commit to anything or to even visit with me. Most tell me to come back when I have a license. If I am able to obtain a license, my plan would be to practice very basic primary care via telemedicine for Oklahoma patients, or alternatively, to do chart review for an insurance company or something similar to that. I would also be willing to practice this same basic primary care in person in Oklahoma if I am able to find such a job, as I still have family in Oklahoma and may eventually relocate here if financially able. But telemedicine is more likely where I would be able to find employment. I will not seek my OBN or DEA permits to prescribe controlled dangerous drugs at any time. I realize my employment opportunities may be severely limited without my controlled substances permits, but am hopeful there is a need for someone like me in primary care or insurance reviews.

Melvin Robison

EXHIBIT 7

PRIOR BOARD ORDERS

APR 12 2023

IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.
OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS,

Petitioner,

v.

MELVIN L. ROBISON, D.O.,
Osteopathic Medical License No.
2832,

Respondent.

Case No. 0814-96

**FINDINGS OF FACT, CONCLUSIONS OF LAW AND
ORDER OF REVOCATION**

This matter comes on for hearing before the Oklahoma State Board of Osteopathic Examiners ("Board") at a regular meeting of the Board on March 16, 2023. The Board is represented by Chief Prosecutor for the Board, Michael T. Leake Jr., J.D. Melvin L. Robison, D.O. ("Dr. Robison") was provided notice for the hearing but is currently in federal prison and did not appear. The Board's Chief Investigator, Richard Zimmer, appeared and gave sworn testimony.

This Order is issued pursuant to the Oklahoma Osteopathic Medicine Act, Tit. 59 O.S. § 620 *et seq.* and the Oklahoma Administrative Procedures Act, Tit. 75 O.S. § 250 *et. seq.*

The Board, after reviewing the pleadings and testimony at the hearing and otherwise considering all of the evidence and being fully advised, specifically finds the following Findings of Fact and Conclusions of Law to be true and correct and proven by clear and convincing evidence:

FINDINGS OF FACT

1. Dr. Robison is the holder of a license to practice as an osteopathic physician in the State of Oklahoma, license number 2832.

2. Proper notice of this hearing was served on Dr. Robison as required by Oklahoma law.

3. Evidence at the March 16, 2023, hearing before the Board revealed that Dr. Robison entered two (2) guilty pleas related to 164 counts of illegal distribution of controlled drugs in the case known as CR 18-163, Western District of Oklahoma Federal Court. Additionally, Dr. Robison pled guilty to one felony count of Medicare fraud out of the Southern District of Florida Federal Court in the case known as CR 21-219. As a result of Dr. Robison's guilty pleas, he received a total of 54 months of confinement in federal prison followed by three (3) years of supervised release and payment to the Federal Government of more than \$300,000 in restitution and fines.

CONCLUSIONS OF LAW

1. The Board has jurisdiction to hear this matter pursuant to Oklahoma Osteopathic Medicine Act, Tit. 59 O.S. § 620 *et seq.* and the Oklahoma Administrative Procedures Act, Tit. 75 O.S. § 250 *et. seq.*

2. The Board concludes, by clear and convincing evidence, that Dr. Robison is in violation of Tit. 59 O.S. § 637(A)(2), (A)(2)(c), (A)(2)(d), (A)(2)(g), (A)(5), (A)(6), and (A)(7).

3. The Board concludes by clear and convincing evidence that such violations are grounds for imposing any sanction against Dr. Robison's license to practice

osteopathic medicine in the state of Oklahoma that is permitted by statute and the rules and regulations of the Board.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Board that the license to practice osteopathic medicine in the State of Oklahoma held by Dr. Robison is hereby REVOKED.

IT IS FURTHER ORDERED that this Order is to be disseminated to all related regulatory agencies as well as to all hospitals, pharmacies, and related entities in the area where Dr. Robison formerly practiced medicine.

This Order is a public record and therefore subject to the Oklahoma Open Records Act.

Further, This Order may be reportable to the National Practitioner Data Bank ("NPDB") pursuant to federal law, including but not limited to, 45 CFR Part 60.

Moreover, any violation of this Order may result in a referral to the Oklahoma Attorney General for the unauthorized practice of osteopathic medicine in the State of Oklahoma.

IT IS SO ORDERED, ADJUDGED AND DECREED this 12 day of April 2023.

Bret Langerman, DO

Bret Langerman, DO (Apr 12, 2023 13:13 CDT)

Bret S. Langerman, D.O.

Board President

State Board of Osteopathic Examiners



OFFICE OF THE ATTORNEY GENERAL
STATE OF OKLAHOMA

ATTORNEY GENERAL OPINION
2023-24A

Michael T. Leake, Jr., J.D., Executive Director
State Board of Osteopathic Examiners
4848 N. Lincoln Blvd., Ste. 100
Oklahoma City, Oklahoma 73105

July 12, 2023

Re: Robison, Case No. 0814-96

Dear Director Leake:

This office has received your request for a written Attorney General Opinion regarding action that the State Board of Osteopathic Examiners intends to take in Case Number 0814-96.

The Oklahoma Osteopathic Medicine Act authorizes the Board to “revoke any license issued . . . upon proof that the . . . holder of such a license . . . [h]as engaged in . . . unethical conduct or unprofessional conduct, as determined by the Board, in the performance of the functions or duties of an osteopathic physician.” 59 O.S.2021, § 637(A)(2). Further, the Board may also take action when a license holder “[h]as . . . entered a plea of guilty . . . in a criminal prosecution for any offense reasonably related to the qualifications, functions or duties of an osteopathic physician . . . ; [h]as had the authority to engaged in the activities regulated by the Board revoked, suspended, modified or limited, or has been reprimanded, warned or censured, probated, or otherwise disciplined by any other state or federal agency whether or not voluntarily agreed to by the physician including, but not limited to, the denial of licensure, surrender of the license, permit or authority allowing the license, permit or authority to expire or lapse, or discontinuing or limiting the practice of osteopathic medicine pending disposition of a complaint or completion of an investigation; or [h]as violated or failed to comply with provisions of any act or regulation administered by the Board.” *Id.* § 637(A)(5–7).

According to a Board complaint, Respondent entered guilty pleas relating to 164 counts of illegal distribution of controlled drugs in an Oklahoma federal court. Additionally, Respondent entered a guilty plea to felony Medicare fraud in a Florida federal court. Respondent was ordered to serve a total of 54 months in prison, three years of supervised release and make payment of \$300,000 in restitution and fees. Finding clear and convincing evidence of grounds for discipline under 59 O.S.2021, § 637(A)(2), (5–7), the Board proposes to revoke Respondent’s license. The Board may reasonably believe the proposed action is necessary to deter future violations.

It is, therefore, the official opinion of the Attorney General that the State Board of Osteopathic Examiners has adequate support for the conclusion that this action advances the State's policy to protect the public welfare.



ROB JOHNSON
GENERAL COUNSEL



Oklahoma State Board of Osteopathic Examiners

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TULSA

DENNIS J. CARTER, D.O.
POTEAU

CHELSEY D. GILBERTSON, D.O.
EDMOND

February 21, 2023

VIA EMAIL [REDACTED]
AND U.S. MAIL

Melvin Robison, D.O. (#2832)

Re: Notice of Hearing re OSBOE v. Melvin
Robison, D.O. (No. OSBOE-0814-96)

Dear Dr. Robison:

Please be advised that you are required to appear on the Probation, Monitoring and Hearing Docket before the Oklahoma State Board of Osteopathic Examiners at its next meeting on **March 16, 2023. All such appearances for this docket are set for 9:00 a.m.** The Hearing Docket will be held at the Board's Office, 4848 N. Lincoln Blvd., Ste. 100, Oklahoma City, Oklahoma.

Be further advised that at the conclusion of the Hearing, the Board may take no action, or any action allowed by provisions of the Oklahoma Osteopathic Medicine Act, 59 O.S. Section 620 et. seq., including reprimand, probation, suspension or revocation.

If you are represented by counsel, a courtesy copy of this Notice has been provided to them. Please feel free to contact us if you have any questions.

Very truly yours,

OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS


Michael T. Leake Jr., J.D.

MTL/kc

CC: **VIA U.S. MAIL**

Krahl Goerke Myer and Behenna
Re: Melvin Robison, D.O.
210 Park Avenue
Suite 3030
Oklahoma City, OK 73102
(405) 232-3800

IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.
OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS,

Petitioner,

v.

MELVIN L. ROBISON, D.O.,
Osteopathic Medical License No.
2832,

Respondent.

RECEIVED/FILED

JUL 09 2021

OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

Case No. 0814-96 (RZ)

ORDER CONTINUING MONITORING

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners ("Board") at a regular meeting of the Board on June 17, 2021. Melvin L. Robison, D.O., Okla. Lic. No. 2832 ("Dr. Robison") appears at the hearing on this date via Zoom due to the ongoing Covid-19 Pandemic. Dr. Robison presents without counsel. The Board's Chief Investigator, Richard Zimmer, also appeared and gave testimony.

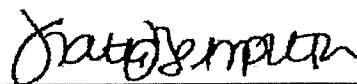
This Order is issued pursuant to the Oklahoma Osteopathic Medicine Act, 59 O.S. § 620 *et. seq.* and the Oklahoma Administrative Procedures Act, 75 O.S. § 250 *et. Sec.*

The Board, after reviewing the pleadings and the previous Orders, and being fully advised, enters this Order continuing Dr. Robison's monitoring until his pending federal criminal trial related to the practice of osteopathic medicine is resolved.

Dr. Robison is further Ordered to appear at the Board's meeting on **December 9, 2021**, for review.

This Order is a public record and therefore subject to the Oklahoma Open Records Act.

IT IS SO ORDERED AND EFFECTIVE this 9th day of July 2021.



Katie Templeton, J.D.
Board President
State Board of Osteopathic Examiners



Oklahoma State Board of Osteopathic Examiners

BOARD MEMBERS

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MUSTANG

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OKLAHOMA CITY

CARL B. PETTIGREW, D.O.
OKLAHOMA CITY

DUANE KOEHLER, D.O.
TULSA

DALE DERBY, D.O.
OWASSO

May 26, 2021

VIA EMAIL drrobison@cableone.net
AND U.S. MAIL

Melvin Robison, D.O. (#2832)
5525 Mt. Elbert Rd
Lake City, CO 81235

Re: Notice of Hearing re OSBOE v. Melvin
Robison, D.O. (No. 0814-96)

Dear Dr. Robison:

Please be advised that you are required to appear on the Joint Hearing/Probation & Monitoring Hearing Docket before the Oklahoma Board of Osteopathic Examiners at its next meeting on **June 17, 2021. All such appearances for this docket are set for 9:00 a.m.**

Due to the on-going pandemic involving Covid-19, this Docket will be held via Zoom. The following is the necessary information to join the Zoom video conference. Please note that you will be required to enter a password for the meeting.

Join Zoom Meeting:

<https://zoom.us/j/94061437453?pwd=RDZBdXNCbGhNOTEyWEZTbDJLSFp2QT09>

Meeting ID: 940 6143 7453

Password: 395896

Find your local number: <https://zoom.us/u/atzBUi7F3>

Be further advised that at the conclusion of the Hearing, the Board may take no action, or any action allowed by provisions of the Oklahoma Osteopathic Medicine Act, 59 O.S. Section 620 et. seq., including reprimand, probation, suspension or revocation.

If you are represented by counsel, a courtesy copy of this Notice has been provided to them. Please feel free to contact us if you have any questions.

Very truly yours,

OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS

A handwritten signature in blue ink, appearing to read "Michael T. Leake Jr.", is written over the printed name.

Michael T. Leake Jr.

MTL/kc



Oklahoma State Board of Osteopathic Examiners

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OKLAHOMA CITY

DUANE KOEHLER, D.O.
TULSA

DALE DERBY, D.O.
OWASSO

February 23, 2021

VIA EMAIL drrobison@cableone.net
AND U.S. MAIL

Melvin Robison, D.O. (#2832)
5525 Mt. Elbert Rd
Lake City, CO 81235

Re: Notice of Hearing re OSBOE v. Melvin
Robison, D.O. (No. 0814-96)

Dear Dr. Robison:

Please be advised that you are required to appear on the Probation & Monitoring Hearing Docket before the Oklahoma Board of Osteopathic Examiners at its next meeting on **March 18, 2021. All such appearances for this docket are set for 1:30 p.m.**

Due to the on-going pandemic involving Covid-19, this Docket will be held via Zoom. The following is the necessary information to join the Zoom video conference. Please note that you will be required to enter a password for the meeting.

Join Zoom Meeting:

<https://zoom.us/j/99619359869?pwd=Qnp1bUUyN2p4UE0yUHIta3lkVFFmQT09>

Meeting ID: 996 1935 9869

Password: 851879


Find your local number: <https://zoom.us/u/atzBUi7F3>

Be further advised that at the conclusion of the Hearing, the Board may take no action, or any action allowed by provisions of the Oklahoma Osteopathic Medicine Act, 59 O.S. Section 620 et. seq., including reprimand, probation, suspension or revocation.

If you are represented by counsel, a courtesy copy of this Notice has been provided to them.
Please feel free to contact us if you have any questions.

Very truly yours,

OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS

A handwritten signature in blue ink, appearing to read "Michael T. Leake Jr.", is written over the printed name.

Michael T. Leake Jr.

MTL/kc



Oklahoma State Board of Osteopathic Examiners

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PRESIDENT
POTEAU

BOARD MEMBERS
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OKLAHOMA CITY

CARL B. PETTIGREW, D.O.
OKLAHOMA CITY

CATHERINE C. TAYLOR, J.D.
TULSA

DUANE KOEHLER, D.O.
TULSA

August 25, 2020

VIA EMAIL drrobison@cableone.net
AND U.S. MAIL

Melvin Robison, D.O. (#2832)
5525Mt Elbert Rd
Lake City

Re: Notice of Hearing re OSBOE v. Melvin
Robison, D.O. (No. 0814-96)

Dear Dr. Robison:

Please be advised that you are required to appear on the Probation & Monitoring Hearing Docket before the Oklahoma Board of Osteopathic Examiners at its next meeting on **September 17, 2020. All such appearances for this docket are set for 1:00 p.m.**

Due to the on-going pandemic involving Covid-19, the September 17 Board Meeting will be held via Zoom. The following is the necessary information to join the Zoom video conference. Please note that you will be required to enter a password for the meeting.

Join Zoom Meeting:

<https://zoom.us/j/91706782998?pwd=eW5KZGxTbWUrNjR2Sy9wbmtSTzcrdz09>

Meeting ID: 917 0678 2998

Password: 258100

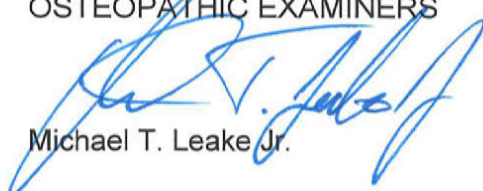
Find your local number: <https://zoom.us/u/atzBUi7F3>

Be further advised that at the conclusion of the Hearing, the Board may take no action, or any action allowed by provisions of the Oklahoma Osteopathic Medicine Act, 59 O.S. Section 620 et. seq., including reprimand, probation, suspension or revocation.

If you are represented by counsel, a courtesy copy of this Notice has been provided to them.
Please feel free to contact us if you have any questions.

Very truly yours,

OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS

A handwritten signature in blue ink, appearing to read "Michael T. Leake Jr.", is written over the printed name.

Michael T. Leake Jr.

MTL/kc

**IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel.)	
OKLAHOMA STATE BOARD OF)	
OSTEOPATHIC EXAMINERS,)	
)	
Petitioner,)	
)	
v.)	No. 0814-96
)	
MELVIN L. ROBISON, D.O.,)	
Osteopathic Medical License No. 2832,)	
)	
Respondent.)	

ORDER OF PROBATION

This matter comes before the Oklahoma State Board of Osteopathic Examiners [Board] at a hearing held before the Board on June 16, 2016, in the above-styled individual proceeding. The Board is represented by the Special Prosecutor for the Board, Patricia High of Patricia L. High, P.C. The Respondent, Melvin L. Robison, D.O. [Dr. Robison] and his counsel of record, Elizabeth Scott of Crowe, Dunlevy, appear in person at the hearing.

This Order is issued pursuant to the Oklahoma Osteopathic Medicine Act, 59 O.S. § 620 *et. seq.* and the Oklahoma Administrative Procedures Act, 75 O.S. § 250 *et. seq.*

The Board, after reviewing the pleadings, testimony at the hearing and considering all of the evidence and being fully advised specifically finds the following Findings of Fact and Conclusions of Law to be true and correct and proven by clear and convincing evidence.

FINDINGS OF FACT

1. Dr. Robison is the holder of a license issued by the Board authorizing him to practice as an osteopathic physician and surgeon in the State of Oklahoma, license number 2832. At the time of this Hearing, his license is in good standing.
2. Proper notice of this hearing was served on Dr. Robison as required by law.

3. Evidence at the Hearing included that from November 1, 2014 through January 30, 2015, Dr. Robison wrote 4,354 prescriptions for CDS. 4,291 of that number were new prescriptions of controlled dangerous substances Schedules II-V. 3,681 of these prescriptions were for Schedule II CDS. In total during that three month period, eight-five (85) percent of the total prescriptions written by Dr. Robison were for Schedule II narcotics. That is 402,136 dosage units of CDS prescribed in three months. During this period, Dr. Robison's patients filled prescriptions using 92 total pharmacies in 46 different towns. (Testimony of Chief Investigator, Richard Zimmer and Exhibit 2.)

4. Evidence at the Hearing showed that from November 1, 2014 through January 30, 2015, Dr. Robison supervised at least four (4) APRN's and one PA, a total of five (5) mid-level practitioners prescribing to patients. Utilizing data from Dr. Robison's prescriber PMP, 321,709 dosage units of CDS Schedule II were distributed by Dr. Robison through the mid-level practitioners he supervised. On November 20, 2014, Dr. Robison did not treat any patients. But, he wrote 131 prescriptions for Schedule II CDS. On December 15, 2014, the patient census indicated that Dr. Robinson treated nine (9) patients. On that date 207 Schedule II CDS were written by Dr. Robison. (Testimony of Chief Investigator, Richard Zimmer and Exhibits 3A through 4F.)

5. Evidence at the Hearing also included that Dr. Robison would write and sign prescriptions for Schedule II CDS three to five days prior to existing patients coming in for their exam. Investigators observed CDS prescriptions signed by Dr. Robison for the patients the mid-levels would be seeing that day. The mid-levels would also have, in their possession, significant numbers of prescriptions for Schedule II CDS signed by Dr. Robison for patients to be seen by the mid-level several days later. (Testimony of Chief Investigator, Richard Zimmer.)

6. Evidence at the Hearing also included two (2) patient medical records that showed the patients received numerous Schedule II drugs over a several month period, but did not indicate Dr. Robison had ever examined either patient or reviewed their patient medical record. (Testimony of Chief Investigator, Richard Zimmer and Exhibits 6A and 7A.)

7. At the Hearing, five (5) patient medical records were reviewed including two (2) records of patients who had died of acute drug toxicity. Certain repetitive language was found in

all patient medical records. There were additional statements throughout all of the patient medical records which appeared to be “copied and pasted” between records. None of the patient records reviewed complied with the Board’s rules on prescribing for intractable pain. (Testimony of Chief Investigator, Richard Zimmer and Exhibits 6A, 7A, 8A, 10A through D and 11A through D.)

8. Evidence at the Hearing also included that Dr. Robison, after receiving the Board’s initial Complaint, significantly reduced the number of prescriptions he wrote for Schedule II narcotics. (Testimony of Dr. Robison.)

9. The Board specifically found that there was clear and convincing evidence found in the Amended Complaint to support violation by Dr. Robison of 59 O.S. §§ 637(A) (2) (g), (d), (3) (4) and (7) and the Board’s rules for Unprofessional conduct relating to prescribing or dispensing dangerous drugs, OAC 510:5-7-1 *et seq.*; Osteopathic Supervision of Advanced Nurse Practitioners, OAC 510:10-4-3; and, Prescribing for Intractable Pain, OAC 510: 5-9-1.

CONCLUSIONS OF LAW

1. The Board has jurisdiction to hear this matter pursuant to the Oklahoma Osteopathic Medicine Act, 59 O.S. § 620 *et. seq.*, Rules of the Board, 510 OAC § 1-1-1 *et. seq.* and the Oklahoma Administrative Procedures Act, 75 O.S. § 250 *et. seq.*

2. The Board concludes by clear and convincing evidence that Dr. Robison is in violation of the provisions of the Oklahoma Osteopathic Medicine Act, including specifically, 59 O.S. §§ 637(A) (2) (g), (d), (3) (4) and (7), and the Board’s rules for Unprofessional conduct relating to prescribing or dispensing dangerous drugs, OAC 510:5-7-1 *et seq.*; Osteopathic Supervision of Advanced Nurse Practitioners, OAC 510:10-4-3; and, Prescribing for Intractable Pain, OAC 510: 5-9-1.

3. The Board also concludes that such actions are grounds for imposing any sanction against Dr. Robison’s license authorized by statute and rules and regulations of the Board. However, the Board further concludes that Dr. Robison’s license shall remain in effect on the terms and conditions as set forth in the Order below.

ORDER

IT IS THEREFORE ORDERED by the Board that Dr. Robison's license to practice osteopathic medicine in the State of Oklahoma remains in effect, and the following terms and conditions shall apply:

1. Dr. Robison's license, number 2832 is restricted under a five (5) year term of **PROBATION**. Said probation may be extended or continued at the discretion of the Board.

2. During the term of this Probation, Dr. Robison shall not administer, prescribe, or dispense any SCDS. This provision becomes effective upon receipt of this Order. Any administering, prescribing or dispensing of Scheduled Controlled Dangerous Substances on or after that date will constitute a violation of this Order and may subject Dr. Robison to further disciplinary action.

3. Within the next twelve (12) months, Dr. Robison shall furnish the Board with evidence of successful completion of a course in the Proper Prescribing of Controlled Substances provided by Case Western Reserve University or its equivalent. The course, at least eight (8) hours in length, is to be approved by Board Staff prior to enrollment. All expenses related to the taking of this course shall be borne by Dr. Robison.

4. Within the next twelve (12) months, Dr. Robison shall furnish the Board with evidence of successful completion of a course in Medical Record Keeping provided by Case Western Reserve University or its equivalent. The course, at least eight (8) hours in length, is to be approved by Board Staff prior to enrollment. All expenses related to the taking of this course shall be borne by Dr. Robison.

5. Dr. Robison is to pay the costs and investigation charges for this case in the amount of TWELVE THOUSAND FOUR HUNDRED EIGHTY THREE DOLLARS (\$12,483.00). He is to make payment arrangements for this amount with Board Staff and such costs shall be paid within the first three (3) years of this Probation.

6. For the next twelve months, Dr. Robison shall appear quarterly before the Board to report on his status. Thereafter, he shall appear regularly as directed by the Board.

7. During the pendency of this probation period, Dr. Robison shall be closely monitored to determine if he is in full compliance with this Order. Dr. Robison shall also permit any representative of the Board to enter his office unannounced to determine if his practice is satisfactory and in compliance with the Osteopathic Medicine Act or for other official duties.

8. During the pendency of this probation period, Dr. Robison shall cause a copy of this Order to be shared in whole with any potential employer.

9. Board Staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. Robison to appear and provide all documents relevant to any appearance.

10. Dr. Robison is not eligible for termination of this Order until all terms and conditions of this Order have been fully satisfied.

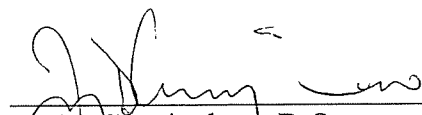
11. In the event Dr. Robison leaves the state of Oklahoma to practice medicine in another jurisdiction, the terms and conditions of this Order shall be tolled.

12. This Order is a public record and therefore subject to the Oklahoma Open Records Act.

IT IS SO ORDERED, ADJUDGED AND DECREED.

Dated this 16th day of June, 2016.

Effective this 17th day of July, 2016.



Jay D. Cunningham, D.O.
President
State Board of Osteopathic Examiners

**IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel.)	
OKLAHOMA STATE BOARD OF)	
OSTEOPATHIC EXAMINERS,)	
)	
Petitioner,)	
)	
v.)	No. 0814-96
)	
MELVIN L. ROBISON, D.O.,)	
Osteopathic Medical License No. 2832,)	
)	
Respondent.)	

AMENDED COMPLAINT

The Special Prosecutor for the Oklahoma State Board of Osteopathic Examiners [Board], Patricia L. High of Patricia L. High, P.C., alleges and files this Complaint.

1. Melvin L. Robison, D.O. (Dr. Robison) is the holder of a license issued by the Board authorizing him to practice as an osteopathic physician and surgeon in the State of Oklahoma, license number 2832. At the time of this Complaint, his license is in good standing.

2. As alleged in this Complaint, Dr. Robison in in violation of the Rules and Regulations of the Board and the Oklahoma Osteopathic Medicine Act, 59 O.S. §§ 620 *et seq.* [Act]. Dr. Robison is specifically in violation of § 637(A) (2) (g), (d), (3) (4) and (7), to wit:

A. The State Board of Osteopathic Examiners may refuse to admit a person to an examination or may refuse to issue or reinstate or may suspend or revoke a license issued or reinstated by the Board upon proof that the applicant or holder of such a license:

2. Has engaged in the use of employment or dishonesty, fraud, misrepresentation, false promise, false pretense, unethical conduct, or unprofessional conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physician, including, but not limited to the following:

g. signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination or the establishment of a physician/patient relationship, or for other therapeutic or experimental or investigational purposes duly authorized by a state or federal agency, or not good faith to release pain and suffering, or not to treat ailment,

physical infirmity or disease, or violating any state or federal law on controlled dangerous substances;

3. Has engaged in gross negligence, gross malpractice or gross incompetence;

4. Has engaged in repeated acts of negligence, malpractice or incompetence.

7. Has violated, or failed to comply with provisions of any act or regulation administered by the Board;

OAC 510:10-4-3, Osteopathic Supervision of Advanced Nurse Practitioners:

(4) No physician shall supervise more than two (2) full time equivalent advanced practice nurses regarding their prescriptive authority at any one time.

(5) Notwithstanding the provisions for the supervision of two (2) full time equivalent advanced practice nurses above, no physician shall supervise more than a total of four (4) advanced practice nurses.

OAC 510:5-7-1, Unprofessional conduct relating to prescribing or dispensing dangerous drug:

(1) Indiscriminate or excessive prescribing, dispensing or administering controlled dangerous drugs.

OAC 510:5-9, Prescribing for Intractable Pain

(2) Guidelines and Requirements

OAC 510-5-9-3, the violation of any provision of this subchapter shall constitute unprofessional conduct, for which an application for licensure or reinstatement may be denied and for which appropriate sanctions may be imposed.

3. Dr. Robison, a Board Certified Family Practitioner, is practicing medicine at the Robison Family Clinic (RFC) in Sayre, Oklahoma. RFC contracted with Clinton Indian Health Services (CIHS) to treat pain management patients between June 2, 2014 and February 26, 2015. The terms of the contract allowed Dr. Robison, who was not credentialed at CIHS, to send any provider he chose to CIHS to treat patients.

4. A Board Investigator reviewed a physician profile printout from the OBNDD's Prescription Monitoring Program (PMP) for Dr. Robison. An analysis of Dr. Robison's prescribing from **November 1, 2014 through January 30, 2015** showed:

a. Dr. Robison wrote 4,354 prescriptions for CDS. 4,291 of that number were new prescriptions of controlled dangerous substances Schedules II-V. 3,681 of these prescriptions were for Schedule II CDS. In total during that three month period, eight-five (85) percent of the total prescriptions written were for Schedule II narcotics. That is 402,136 dosage units of CDS prescribed in three months.

b. During this period, Dr. Robison's patients filled prescriptions using 92 total pharmacies in 46 different towns.

5. From November 1, 2014 through January 30, 2015, Dr. Robison supervised at least five (5) APRN's and one PA, a total of six (6) mid-level practitioners prescribing to patients. Utilizing data from Dr. Robison's prescriber PMP, 321,709 dosage units of CDS Schedule II were distributed by Dr. Robison through the mid-level practitioners he supervised. On November 20, 2014, Dr. Robison did not treat any patients. But, he wrote 131 prescriptions for Schedule II CDS. On December 15, 2014, the patient census indicated that Dr. Robinson treated nine (9) patients. On that date 207 Schedule II CDS were written by Dr. Robison. On December 16, 2014, Dr. Robison treated fifteen patients and wrote 155 Schedule II CDS.

6. On October 22, 2015, Board Investigators went to RFC and interviewed three APRNs (JZ, LM and ES) practicing full time as employees of RFC. Dr. Robison was not at the clinic on that day.

7. On October 22, 2015, APRN, "ES" stated Dr. Robison would write and sign prescriptions for Schedule II CDS three to five days prior to existing patients coming in for their exam. On this date, ES had, in her pocket, CDS prescriptions signed by Dr. Robison for the patients she would be seeing that day at RFC. ES also had, in her desk drawer, twenty-two (22) prescriptions for Schedule II CDS signed by Dr. Robison for patients she would be seeing on October 26 2015.

8. On October 22, 2015, APRN, "JZ" stated she would see new pain management patients on their first visit to RFC. Dr. Robison did not always see the pain management patients. JZ reported pain management patients had prescriptions for Schedule II CDS pre-signed by Dr. Robison prior to the office visit. On this date, JZ had, in her desk, twenty-three (23) pre-signed prescriptions for Schedule II CDS for patients being seen in the office on that day.

9. LJ was a patient of APRN, ES at the CIHS clinic. Dr. Robison never saw this patient because he did not have privileges at CIHS. The patient medical record noted, "Dr.

Robison will review, prescribe and mail RX to pt's address on file." This note was made in six (6) consecutive office visits by ES between August 7, 2014, and January 22, 2015. A review of LJ's patient PMP documented a prescription written by Dr. Robison on August 7, 2014 for Oxycodone 325 MG was filled by LJ on August 9, 2014 at an Oklahoma City pharmacy. JF was also a patient of APRN, ES at CIHS clinic. The patient medical record did not contain documentation of Dr. Robison ever examining JF or reviewing her patient medical record. JF received two (2) prescriptions written by Dr. Robison on June 13, 2012 for Morphine Sulfate 30 Mg #30 and Oxycodone/Acetaminophen 32 Mg/5Mg #30.

10. Board investigators reviewed BC's patient medical record from RFC. The medical record documented BC was a patient at RFC from January 29, 2014 through March 27, 2015. The patient medical record documented BC was being treated for acute sinusitis, unspecified inflammatory disease of uterus, headaches, migraines and chronic pain syndrome, and was in RFC's pain management program. Mid-level practitioners were treating BC throughout the time she was a patient at RFC. There was no documentation in BC's medical record of ever being seen by Dr. Robison.

11. RM was a patient at RFC and died on July 2, 2012. The Medical Examiner report documents the probable cause of death as "Acute Morphine Intoxication". A report from the Elk City Police Department documents information provided by RM's wife regarding RM's surgical history of two major back surgeries, a broken ankle and two shoulder surgeries. It was reported RM had chronic pain from all his surgeries, and a history of alcohol and drug abuse. The police reports four (4) prescription medication bottles found near RM's body at the time of death. An inventory of the medication documents: Clonazepam, prescription filled June 26, 2012 containing 25 of 90 pills; Morphine Sul., prescription filled June 26, 2012 containing 26 of 60 pills; Carisoprodol, prescription filled June 26, 2012 containing 36 of 90 pills; Gabapentin, prescription filled June 26, 2012 containing 72 of 90 pills. The patient medical record does contain medical records obtained from Great Plains Regional Medical Center (GPRMC). On September 24, 2010, RM was admitted to GPRMC as a result of a drug overdose. The GPRMC records document RM left the ICU against medical advice. The RFC records do not document discussion of this drug overdose with RM by RFC personnel, and RM continued to receive treatment at RFC.

12. MO was a patient at RFC between the dates of July 5, 2013 and June 1, 2015. MO was found dead at his residence on June 8, 2015. The Medical Examiner report documents

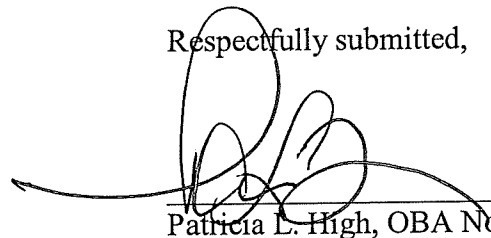
the probable cause of death as “Acute Oxycodone Toxicity.” Board Investigators also obtained information from the Elk City Police Department. The police report documents a medication inventory at the scene of MO’s death. The prescription medication bottles found next to MO’s body were for Clonazepam, prescription filled June 1, 2015 containing 50 of 90 pills; Cyclobenzaprine, prescription filled April 15, 2014 and was empty; Oxycodone, filled June 1, 2015 containing 59.5 of 120 pills; and Cyclobenzaprine, filled June 1, 2015 containing 54 of 90 pills.

13. Thirteen medical were reviewed by Board Investigators. It was discovered certain language was found in all patient medical records:

“The patient is currently in the Robison Clinic Pain Management Program. Consulted Dr. Robison concerning patient’s plan of care. Dr. Robison filled patient’s medications today and/or changed medication. The patient is instructed that taking current pain medications could impair the patient’s judgment and may cause drowsiness. The patient was told while taking these medications to avoid alcohol consumption and to avoid driving or operating heavy equipment. The patient stated their understanding of the instruction.”

There were additional statements throughout all of the patient medical records which appear to be “copied and pasted” between records. None of the patient records reviewed complied with the Board’s rules on prescribing for intractable pain.

Respectfully submitted,



Patricia L. High, OBA No. 13414
Patricia L. High, P.C.
P.O. Box 1331
Oklahoma City, OK 73101-1331
Tel. (405) 343-4877
Fax (866) 794-5742
pattyehigh@gmail.com
SPECIAL PROSECUTOR FOR
THE PETITIONER

**IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel.)	
OKLAHOMA STATE BOARD OF)	
OSTEOPATHIC EXAMINERS,)	
)	
Petitioner,)	
)	
v.)	No. 0814-96
)	
Melvin L. Robison, D.O.,)	
Osteopathic Medical License No. 2832,)	
)	
Respondent.)	

COMPLAINT

The Special Prosecutor for the Oklahoma State Board of Osteopathic Examiners [Board], Patricia L. High of Patricia L. High, P.C., alleges and files this Complaint.

1. Melvin L. Robison, D.O. (Dr. Robison) is the holder of a license issued by the Board authorizing him to practice as an osteopathic physician and surgeon in the State of Oklahoma, license number 2832. At the time of this Complaint, his license is in good standing.

2. As alleged in this Complaint, Dr. Robison in in violation of the Rules and Regulations of the Board and the Oklahoma Osteopathic Medicine Act, 59 O.S. §§ 620 *et seq.* [Act]. Dr. Robison is specifically in violation of § 637(A) (2) (g), (d), (3) (4) and (7), to wit:

A. The State Board of Osteopathic Examiners may refuse to admit a person to an examination or may refuse to issue or reinstate or may suspend or revoke a license issued or reinstated by the Board upon proof that the applicant or holder of such a license:

2. Has engaged in the use of employment or dishonesty, fraud, misrepresentation, false promise, false pretense, unethical conduct, or unprofessional conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physician, including, but not limited to the following:

g. signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination or the establishment of a physician/patient relationship, or for other therapeutic or experimental or investigational purposes duly authorized by a state or federal agency, or not good faith to release pain and suffering, or not to treat ailment,

physical infirmity or disease, or violating any state or federal law on controlled dangerous substances;

3. Has engaged in gross negligence, gross malpractice or gross incompetence;

4. Has engaged in repeated acts of negligence, malpractice or incompetence.

7. Has violated, or failed to comply with provisions of any act or regulation administered by the Board;

OAC 510:10-4-3, Osteopathic Supervision of Advanced Nurse Practitioners:

(4) No physician shall supervise more than two (2) full time equivalent advanced practice nurses regarding their prescriptive authority at any one time.

(5) Notwithstanding the provisions for the supervision of two (2) full time equivalent advanced practice nurses above, no physician shall supervise more than a total of four (4) advanced practice nurses.

OAC 510:5-7-1, Unprofessional conduct relating to prescribing or dispensing dangerous drug:

(1) Indiscriminate or excessive prescribing, dispensing or administering controlled dangerous drugs.

OAC 510:5-9, Prescribing for Intractable Pain

(2) Guidelines and Requirements

OAC 510-5-9-3, the violation of any provision of this subchapter shall constitute unprofessional conduct, for which an application for licensure or reinstatement may be denied and for which appropriate sanctions may be imposed.

3. Dr. Robison, a Board Certified Family Practitioner, is practicing medicine at the Robison Family Clinic (RFC) in Sayre, Oklahoma. RFC contracted with Clinton Indian Health Services (CIHS) to treat pain management patients between June 2, 2014 and February 26, 2015. The terms of the contract allowed Dr. Robison, who was not credentialed at CIHS, to send any provider he chose to CIHS to treat patients.

4. A Board Investigator reviewed a physician profile printout from the OBNDD's Prescription Monitoring Program (PMP) for Dr. Robison. An analysis of Dr. Robison's prescribing from **November 1, 2014 through January 30, 2015** showed:

a. Dr. Robison wrote 4,354 prescriptions for CDS. 4,291 of that number were new prescriptions of controlled dangerous substances Schedules II-V. 3,681 of these prescriptions were for Schedule II CDS. In total during that three month period, eight-five (85) percent of the total prescriptions written were for Schedule II narcotics. That is 402,136 dosage units of CDS prescribed in three months.

b. During this period, Dr. Robison's patients filled prescriptions using 92 total pharmacies in 46 different towns.

5. From November 1, 2014 through January 30, 2015, Dr. Robison supervised at least five (5) APRN's and one PA, a total of six (6) mid-level practitioners prescribing to patients. Utilizing data from Dr. Robison's prescriber PMP, 321,709 dosage units of CDS Schedule II were distributed by Dr. Robison through the mid-level practitioners he supervised. On November 20, 2014, Dr. Robison did not treat any patients. But, he wrote 131 prescriptions for Schedule II CDS. On December 15, 2014, the patient census indicated that Dr. Robinson treated nine (9) patients. On that date 207 Schedule II CDS were written by Dr. Robison. On December 16, 2014, Dr. Robison treated fifteen patients and wrote 155 Schedule II CDS.

6. On October 22, 2015, Board Investigators went to RFC and interviewed three APRNs (JZ, LM and ES) practicing full time as employees of RFC. Dr. Robison was not at the clinic on that day.

7. On October 22, 2015, APRN, "ES" stated Dr. Robison would write and sign prescriptions for Schedule II CDS three to five days prior to existing patients coming in for their exam. On this date, ES had, in her pocket, CDS prescriptions signed by Dr. Robison for the patients she would be seeing that day at RFC. ES also had, in her desk drawer, twenty-two (22) prescriptions for Schedule II CDS signed by Dr. Robison for patients she would be seeing on October 26 2015.

8. On October 22, 2015, APRN, "JZ" stated she would see new pain management patients on their first visit to RFC. Dr. Robison did not always see the pain management patients. JZ reported pain management patients had prescriptions for Schedule II CDS pre-signed by Dr. Robison prior to the office visit. On this date, JZ had, in her desk, twenty-three (23) pre-signed prescriptions for Schedule II CDS for patients being seen in the office on that day.

9. LJ was a patient of APRN, ES at the CIHS clinic. Dr. Robison never saw this patient because he did not have privileges at CIHS. The patient medical record noted, "Dr.

Robison will review, prescribe and mail RX to pt's address on file." This note was made in six (6) consecutive office visits by ES between August 7, 2014, and January 22, 2015. A review of LJ's patient PMP documented a prescription written by Dr. Robison on August 7, 2014 for Oxycodone 325 MG was filled by LJ on August 9, 2014 at an Oklahoma City pharmacy. JF was also a patient of APRN, ES at CIHS clinic. The patient medical record did not contain documentation of Dr. Robison ever examining JF or reviewing her patient medical record. JF received two (2) prescriptions written by Dr. Robison on June 13, 2012 for Morphine Sulfate 30 Mg #30 and Oxycodone/Acetaminophen 32 Mg/5Mg #30.

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11. NS was a patient of RFC from August 1, 2011 until his death on February 28, 2015. The Medical Examiner Report of Investigation documents the probable cause of death as "Acute Oxycodone Toxicity." A review of NS' patient medical record was being treated for osteoarthritis, anxiety and chronic pain. A review of the PMP documented NS filled two (2) prescriptions on the date of his death. One prescription was written by APRN, LM for Clonazepam 2 MG #90, and the other written by Dr. Robison for Oxycodone 30 MG #120. The prescription written by LM was dated February 25, 2015. The prescription written by Dr. Robison was dated February 19, 2015.

12. RM was a patient at RFC and died on July 2, 2012. The Medical Examiner report documents the probable cause of death as "Acute Morphine Intoxication". A report from the Elk City Police Department documents information provided by RM's wife regarding RM's surgical history of two major back surgeries, a broken ankle and two shoulder surgeries. It was reported RM had chronic pain from all his surgeries, and a history of alcohol and drug abuse. The police reports four (4) prescription medication bottles found near RM's body at the time of death. An inventory of the medication documents: Clonazepam, prescription filled June 26, 2012

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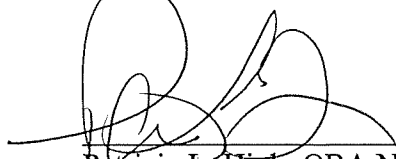
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Respectfully submitted,



Patricia L. High, OBA No. 13414

Patricia L. High, P.C.

P.O. Box 1331

Oklahoma City, OK 73101-1331

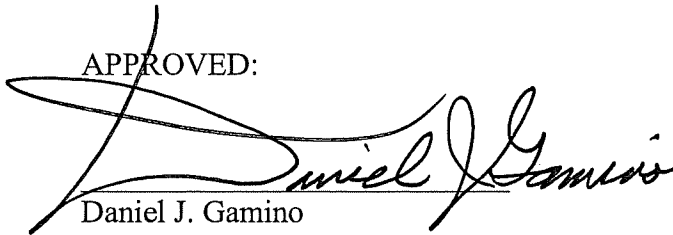
Tel. (405) 343-4877

Fax (866) 794-5742

pattyehigh@gmail.com

SPECIAL PROSECUTOR FOR
THE PETITIONER

APPROVED:



Daniel J. Gamino

ATTORNEY FOR THE BOARD

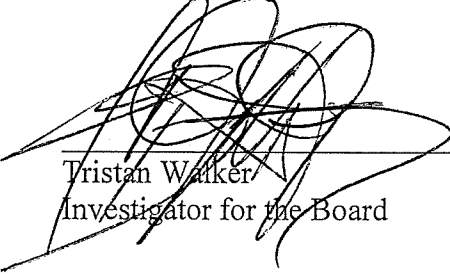
Date: 23 day of February, 2016

IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.)	
STATE BOARD OF)	
OSTEOPATHIC EXAMINERS,)	
Petitioner,)	Case No. 0814-96
)	
v.)	
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Melvin L. Robison, D.O.)	
Osteopathic Medical License No. 2832)	
Respondent.		

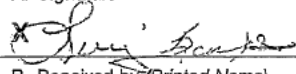
CERTIFICATE OF SERVICE

I certify that on February 25, 2016, a true and correct copy of the Complaint and Citation and Notice of Hearing was deposited in the U.S. Mail, Certified Mail, signed receipt requested and was sent to Melvin L. Robison, D.O., 1415 N. Watts, Sayre, Oklahoma 73662.

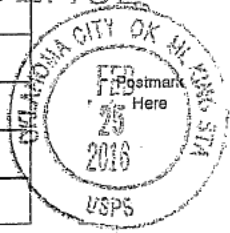

Tristan Walker
Investigator for the Board

7009 1680 0001 2882 4684

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CERTIFIED MAIL RECEIPT		
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For delivery instructions visit our website at www.usps.com		
ORIGINAL LICENSE		
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent to: Melvin L. Robison, D.O.		
Street, Apt. or PO Box: [REDACTED]		
City, State: [REDACTED]		
PS Form 3811, April 2010 See Reverse for Instructions		

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Melvin L. Robison, D.O.</p> <p>[REDACTED]</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>[REDACTED]</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from se)</p> <p>7009 1680 0001 2882 4684</p>			

7009 1680 0001 2882 4684

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CERTIFIED MAIL RECEIPT		
(Domestic Mail Only. No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
ORIGINAL LICENSE		
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To: Melvin L. Robison, D.O.		
Street, Apt. or PO Box		
City, State		

US Form 3800, August 2006 See Back for Instructions

BRETT
WHATCOTT,
D.O., 5515

November 17, 2025

RECEIVED/FILED

NOV 13 2025

Oklahoma Board Members:

OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

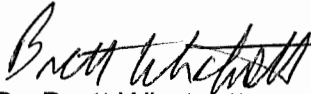
Nearly 2 years ago the Arkansas Medical Board investigated my pain management practice in Fort Smith, AR. As a result of that investigation my license was revoked but stayed. I was given 6 months to close the practice. I had it closed in 3 months. Other restrictions included no APRN supervision. I was allowed to continue practicing in other areas. I found work at 2 Arkansas County Jails. My follow up meeting with the Arkansas Medical Board went well. They checked my PMP report which confirmed I was no longer prescribing controlled substances.

I am now seeking to re-instate my Oklahoma license. I have talked with 2 jails in counties close to the Arkansas border. They are ready to sign a contract for services as soon as my license comes through. I am therefore seeking to have this done. I will not be prescribing any controlled substances. I will not be applying for an OBNDD/DEA for Oklahoma. I still have my Arkansas DEA registration but it will not be used for anything in Oklahoma. My practice will be limited exclusively to jails.

I was told that I do not need to complete the proper prescribing course since I will not be prescribing any controlled medication.

I would greatly appreciate the opportunity to help out these county jails who are desperate for medical coverage.

Sincerely,



Dr. Brett Whatcott

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW7358345	05-31-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	PRACTITIONER	06-20-2024
WHATCOTT, BRETT 2707 MARKET TRCE FORT SMITH, AR 729088694		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)



OKLAHOMA

State Board of Osteopathic Examiners

RENEWAL PROFESSIONAL STANDARDS QUESTIONNAIRE

Note: If you have any questions regarding this Professional Standards Questionnaire, please feel free to contact the Board's Executive Director.

1. Within the last twelve (12) months, or since your last renewal, have you been served notice of any professional liability lawsuit, malpractice, or any other civil action filed against you? Yes, or No if Yes: explain in detail with the court jurisdiction, case number, and a brief summary of the allegations at issue. It is not uncommon for physicians to contact their legal counsel or insurance carrier for assistance in responding to this question.
2. Within the last twelve (12) months, or since your last renewal, have you been a party to any civil settlement or judgment, including but not limited to professional liability lawsuit, malpractice, Medicaid fraud, or Medicare fraud? Yes, or No if Yes: explain in detail with the court jurisdiction, case number, and a brief summary of the allegations at issue. It is not uncommon for physicians to contact their legal counsel or insurance carrier for assistance in responding to this question.
3. Within the last twelve (12) months, or since your last renewal, have you resigned, surrendered, or been terminated from any medical training program, residency program, hospital staff/faculty, managed care organization, group practice, or any other setting? Yes, or No if Yes: explain in detail.
4. Within the last twelve (12) months, or since your last renewal, did you resign, retire, terminate, surrender or not renew in lieu of termination or firing any state medical license, hospital privileges, or specialty board membership while under investigation? Yes, or No if Yes: explain in detail.
5. Within the last twelve (12) months, or since your last renewal, are you aware of any disciplinary action being taken against you, or is any disciplinary action or investigation pending against your license to practice osteopathic medicine in any other state or territory? Yes or No; if Yes: explain in detail.
6. Within the last twelve (12) months, or since your last renewal, has any action been taken against your DEA drug permit or your OBNDD drug permit, including but not limited to revocation, suspension, voluntary surrender, fines, or restrictions? Yes, or No if Yes: explain in detail.

7. **Within the last twelve (12) months, or since your last renewal, were you arrested, indicted, charged with, agreed to a deferred sentence, or convicted of any crime other than a traffic violation? Pleas of guilty, non-fault, nolo contendere, deferred sentence, Alford plea, or other such plea for the alleged criminal activity shall be deemed a conviction. All arrests should be reported here.** Yes, or ☒ No if Yes: explain in detail. If you answered "yes" regarding an arrest, indictment, or charge, please provide the following: date and time of arrest or filing of charges, arresting department/agency, report or case numbers, county or city where the arrest or charges occurred. It is not uncommon for physicians to contact their legal counsel for assistance in responding to this question.
8. **Within the last twelve (12) months, or since your last renewal, were you arrested, indicted, charged with, agreed to a deferred sentence, or convicted of a traffic violation involving the use of drugs, alcohol, or any other chemical substances? Pleas of guilty, non-fault, nolo contendere, deferred sentence, or Alford plea, or other such plea for the alleged criminal activity shall be deemed a conviction. Any and all arrests for a traffic violation that involves the use of drugs, alcohol, or any other chemical substance, shall be reported here regardless of any charges filed.** Yes, or ☒ No if Yes: explain in detail. If you answered "yes" regarding an arrest, indictment, or charge, please provide the following: date and time of arrest or filing of charges, arresting department/agency, report or case numbers, county or city where the arrest or charges occurred. It is not uncommon for physicians to contact their legal counsel for assistance in responding to this question.
9. **Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? Yes, or ☒ No if Yes: explain in detail.**

*List 16 hours of Continuing Medical Education (Course Name, Course Sponsor, Date Completed and Hours):

*List 1 hour of Proper Prescribing (Course Name, Course Sponsor, Date Completed and Hours):

*Attestation Statement: I, (print name) Brett Whatcott, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By signing this document, I am stating that the information written and answered on this form are true and correct.

Brett Whatcott
Signature

11/14/25
Date

FITNESS TO PRACTICE ATTESTATION

I, Brett Whatcott, hereby attest that I am fit to practice osteopathic medicine and not impaired in any way that would affect my ability to provide safe and competent care to my patients.

I acknowledge and understand my professional and ethical obligations as an osteopathic physician and am committed to fulfilling them to the best of my ability.

I acknowledge and understand that I have the responsibility to report any change in my physical or mental health that may affect my ability to practice osteopathic medicine safely to the Oklahoma State Board of Osteopathic Examiners.

I acknowledge and understand that the failure to adequately address a health condition, where I am unable to practice medicine within reasonable skill and safety to patients, can result in the Board taking action against my state-issued license to practice medicine.

I acknowledge and understand that I am aware of the resources available to me through the Oklahoma Health Professionals Program ("OHPP") and the Oklahoma State Board of Osteopathic Examiners should I need assistance in maintaining my fitness to practice or if I encounter any impairment in the future.

Contact Information

Name: Oklahoma Health Professionals Program ("OHPP")

Phone: 405/601-2536

Website: www.okhpp.org

I acknowledge and understand that my osteopathic medical license is a privilege, and I will make every effort to preserve the public trust in the medical profession.

Brett Whatcott
Signature

11/14/25
Date

Certificate of Completion

NetCE certifies that
Brett Whatcott E-2230
has participated in the enduring material titled
#91660 Falls and Fall Prevention
on August 30, 2025
and is awarded 3
AMA PRA Category 1 Credit(s)™.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, TRC Healthcare/NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.


Sarah Campbell

Director of Development and Academic Affairs



Certificate of Completion

NetCE certifies that
Brett Whatcott 5515
has participated in the enduring material titled
#96404 Depression and Suicide
on August 30, 2025
and is awarded 15
AMA PRA Category 1 Credit(s)™.



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Sarah Campbell

Director of Development and Academic Affairs



Certificate of Completion

NetCE certifies that
Brett Whatcott 5515
has participated in the enduring material titled
#95152 Responsible and Effective Opioid Prescribing
on August 30, 2025
and is awarded 3
AMA PRA Category 1 Credit(s)[™].



In support of improving patient care, TRC Healthcare/NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.


Sarah Campbell
Director of Development and Academic Affairs





ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Brett David Whatcott, D.O.
8813 Crown Point
Hackett, AR, USA 72937

Registration Year: 2026 Active/Revoked/Stayed

No.: E-2230 Issued: 6/11/1999 Expires: 8/31/2027

Below is your registration card to be carried with you.

You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.

You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).



**Arkansas State Medical Board
1401 West Capitol, Suite 340
Little Rock, AR 72201**

Registration Year: 2026 Active/Revoked/Stayed

No.: E-2230 Issued: 6/11/1999 Expires: 8/31/2027

Brett David Whatcott, D.O.
8813 Crown Point
Hackett, AR, USA 72937



WHATCOTT, BRETT DAVID

[REDACTED]

[REDACTED]

From: National Practitioner Data Bank
Re: Response to Your Self-Query

This self-query response is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.



WHATCOTT, BRETT DAVID - SELF-QUERY RESPONSE FOR AN INDIVIDUAL

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: WHATCOTT, BRETT DAVID
Date of Birth: [REDACTED] Sex: MALE
Shipping Address: [REDACTED]
Social Security Number: [REDACTED] DEA: FW7358345
NPI: 1134169816
License: OSTEOPATHIC PHYSICIAN (DO), E-2230, AR, ANESTHESIOLOGY
Professional School(s): A.T. STILL UNIVERSITY KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE (1994)

B. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 11/16/2025

The following report types have been searched:

Medical Malpractice Payment Report	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure or Certification Action	Yes, See Below	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	Yes, See Below	Peer Review Organization Action(s):	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 03/13/2024
DCN: 5500000230329517

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - REPRIMAND OR CENSURE Date of Action: 12/22/2017
DCN: 5500000130351880

Subsequent Action: - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 04/15/2021
DCN: 5500000174485709

OKLAHOMA BUREAU OF NARCOTICS

STATE LICENSURE OR CERTIFICATION

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - LIMITATION OR RESTRICTION ON ABILITY TO PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION OR SEDATION, SEE SECTION C. OF THE REPORT FOR DETAILS Date of Action: 12/13/2017
DCN: 5500000130157080



OK STATE BOARD OF OSTEOPATHIC EXAMINERS

STATE LICENSURE OR CERTIFICATION

Basis for Action: - INAPPROPRIATE OR UNAUTHORIZED PRESCRIBING OF MEDICATION

Initial Action: - VOLUNTARY LIMITATION OR RESTRICTION ON LICENSE **Date of Action:** 06/15/2017
DCN: 5500000193590379

Subsequent Action: - LICENSE RESTORED OR REINSTATED, COMPLETE **Date of Action:** 12/12/2019
DCN: 5500000193590784

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION

Basis for Action: - DRUG VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
- UNABLE TO PRACTICE SAFELY BY REASON OF SUBSTANCE USE
- VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - SUSPENSION OF LICENSE **Date of Action:** 05/01/2013
DCN: 5500000082160130

Subsequent Action: - SUSPENSION OF LICENSE **Date of Action:** 08/21/2013
- LICENSE RESTORED OR REINSTATED, CONDITIONAL
DCN: 5500000084124302

MIDWEST MEDICAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT **Date of Action:** 04/04/2006
DCN: 5500000041946569

LAKE CITY HOSPITAL

CLINICAL PRIVILEGES

Basis for Action: - INFORMATION NOT PROVIDED

Initial Action: - PRIVS SUSPENDED: ALCOHOL AND OTHER SUBSTANCE ABUSE **Date of Action:** 11/14/1996
DCN: 5500000005024183

----- Unabridged Report(s) Follow -----



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

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WHATCOTT, BRETT DAVID

WHATCOTT, BRETT DAVID

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 03/13/2024

Initial Action

Basis for Initial Action

- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

- VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

A. REPORTING ENTITY

Entity Name: ARKANSAS STATE MEDICAL BOARD

Address: 1401 W CAPITOL AVE STE 340

City, State, Zip: LITTLE ROCK, AR 72201-2948

Country:

Name or Office: JULI CARLSON

Title or Department: REGULATORY MANAGER

Telephone: (501) 296-1802

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT DAVID

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

A. T. STILL UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (1994)

Occupation/Field of Licensure:

OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure:

E-2230, AR

Specialty:

ANESTHESIOLOGY

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000230329517
Process Date: 03/15/2024
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WHATCOTT, BRETT DAVID

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action Specified in This Report: ARKANSAS STATE MEDICAL BOARD

Adverse Action Classification Code(s): OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: REVOKED/STAYED

Date Action Was Taken: 03/13/2024

Date Action Became Effective: 03/13/2024

Length of Action: SPECIFIC PERIOD

Years: 5

Months:

Days:

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: YES

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Brett David Whatcott, D.O., has violated Board Rule 1(2)(A), Board Rule 2(4), Board Rule 19, and Board Rule 21, Ark. Code Ann. 17-95-409(a)(1), Ark. Code Ann. 17-95-409(a)(2)(E), Ark. Code Ann. 17-95-409(a)(2)(G), Ark. Code Ann. 17-95-409(a)(2)(P), The Arkansas medical license of Brett David Whatcott, D.O., is hereby revoked for five (5) years. However, the revocation is stayed as long as Brett David Whatcott, D.O., complies with the following conditions:

- a. Within three (3) months, he shall reduce all pain medication prescribing to a maximum of 50 MMEs per day;
- b. Within six (6) months, he shall stop all pain medication prescribing;
- c. He shall neither supervise nor collaborate with mid-level providers;
- d. He shall not prescribe stimulant or anorexiants drugs;
- e. He shall pay a civil penalty to the Board of \$1,000.00 per violation, for a total fine of \$6,000.00;
- f. He shall reimburse the Board \$3,950.00 for the cost of the investigation on or before February 8, 2025 and
- g. He shall appear before the Board on August 8, 2024.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: NO

☐ Subject identified in Section B has appealed the reported adverse action.



D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/15/2024

Date of Most Recent Change: 03/15/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



WHATCOTT, BRETT DAVID

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION ACTION Date of Action: 12/22/2017

Initial Action

Basis for Initial Action

- REPRIMAND OR CENSURE

- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - OTHER LICENSURE ACTION, SEE SECTION C. Date of Action: 04/15/2021 DCN: 5500000174485709
OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name: ARKANSAS STATE MEDICAL BOARD

Address: 1401 W CAPITOL AVE STE 340

City, State, Zip: LITTLE ROCK, AR 72201-2948

Country:

Name or Office: JULI CARLSON

Title or Department: REGULATORY MANAGER

Telephone: (501) 296-1802

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT DAVID

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

A. T. STILL UNIVERSITY COLLEGE OF OSTEOPATHIC
MEDICINE (1994)

Occupation/Field of Licensure:

OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure:

E-2230, AR

Specialty:

ANESTHESIOLOGY

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):

Business Address of Affiliate:



City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action Specified in This Report: ARKANSAS STATE MEDICAL BOARD

Adverse Action Classification Code(s): REPRIMAND OR CENSURE (1140)

Date Action Was Taken: 12/22/2017

Date Action Became Effective: 12/22/2017

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: YES

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

BRETT DAVID WHATCOTT, D.O. HAS VIOLATED A REGULATION OF THE BOARD, MORE SPECIFICALLY, REGULATION 2.8, IN FAILING TO ABIDE BY MINIMUM STANDARDS FOR ESTABLISHING A PATIENT RELATIONSHIP, AND REGULATION 38, VIOLATING THE REQUIREMENTS FOR PHYSICIANS USING TELE-MEDICINE; AND IN THAT BRETT DAVID WHATCOTT, D.O. PRESCRIBED AN EXCESSIVE AMOUNT OF ADDICTING OR POTENTIALLY HARMFUL CONTROLLED SUBSTANCES TO PATIENTS. AS A RESULT OF THE VIOLATIONS OF THE MEDICAL PRACTICES ACT AND THE RULES AND REGULATIONS OF THE BOARD, BRETT DAVID WHATCOTT, D.O. IS ISSUED A REPRIMAND.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: NO

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000130351880
Process Date: 12/27/2017
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WHATCOTT, BRETT DAVID

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 12/27/2017

Date of Most Recent Change: 12/27/2017

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

The Data Bank attempted to notify the Subject Identified in Section B on 12/27/2017 at the address below, but the attempt was unsuccessful.

14800 COUNTRY RIDGE ROAD
FORT SMITH, AR 72916

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



WHATCOTT, BRETT DAVID

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION ACTION **Date of Action: 04/15/2021**

Subsequent Action

Basis for Initial Action

- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

- VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

This action has related reports:

Initial Action: - REPRIMAND OR CENSURE

Date of Action: 12/22/2017 **DCN:** 5500000130351880

Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: ARKANSAS STATE MEDICAL BOARD

Address: 1401 W CAPITOL AVE STE 340

City, State, Zip: LITTLE ROCK, AR 72201-2948

Country:

Name or Office: JULI CARLSON

Title or Department: REGULATORY MANAGER

Telephone: (501) 296-1802

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000130351880

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT DAVID

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

A. T. STILL UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (1994)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: E-2230, AR

Specialty: ANESTHESIOLOGY

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000174485709
Process Date: 04/23/2021
Page: 2 of 3
WHATCOTT, BRETT DAVID

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION

Name of Agency or Program
That Took the Adverse Action

Specified in This Report: ARKANSAS STATE MEDICAL BOARD

Adverse Action
Classification Code(s):

OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY
(1199)

Other, as Specified: ORDER OF DISMISSAL

Date Action Was Taken: 04/15/2021

Date Action Became Effective: 04/15/2021

Length of Action: PERMANENT

Total Amount of Monetary Penalty,
Assessment and/or Restitution:

Is the subject automatically reinstated
after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

The Board finds that all previous charges are
dismissed and any and all restrictions related to
Dr. Whatcott's license to practice medicine
including anything in the Arkansas State Medical
Board Minutes is hereby lifted.

Is the adverse action specified in this report based on the
subject's professional competence or conduct, which adversely
affected, or could have adversely affected, the
health or welfare of patient(s)?: NO

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
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DCN: 5500000174485709
Process Date: 04/23/2021
Page: 3 of 3
WHATCOTT, BRETT DAVID

Date of Original Submission: 04/23/2021

Date of Most Recent Change: 04/23/2021

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s):

Social Security Numbers (SSN):

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



WHATCOTT, BRETT

OKLAHOMA BUREAU OF NARCOTICS

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 12/13/2017

Initial Action

- LIMITATION OR RESTRICTION ON ABILITY TO
PRESCRIBE, DISPENSE, OR ADMINISTER
MEDICATION OR SEDATION, SEE SECTION C. OF THE
REPORT FOR DETAILS

Basis for Initial Action

- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

A. REPORTING ENTITY

Entity Name: OKLAHOMA BUREAU OF NARCOTICS
Address: 419 NE 38TH TER
City, State, Zip: OKLAHOMA CITY, OK 73105-3706
Country:
Name or Office: REGISTRATION OFFICE
Title or Department: REGISTRATION DEPARTMENT
Telephone: (405) 521-2885
Entity Internal Report Reference: SCH-2017-017
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT
Other Name(s) Used:
Sex: MALE
Date of Birth: [REDACTED]
Organization Name:
Work Address: 2719 BRYAN RD
City, State, ZIP: VAN BUREN, AR 72956-5031
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI): 1134169816
Professional School(s) & Year(s) of Graduation: A T STILL UNIVERSITY KIRKSVILLE COLLEGE OF
OSTEOPATHIC MEDICINE (1994)
Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 5515, OK
Specialty: ANESTHESIOLOGY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000130157080
Process Date: 12/18/2017
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WHATCOTT, BRETT

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action Specified in This Report: OKLAHOMA BUREAU OF NARCOTICS

Adverse Action Classification Code(s): LIMITATION OR RESTRICTION ON ABILITY TO PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION OR SEDATION, SPECIFY (1179)

Other, as Specified: OBNDD REGISTRATION FINE

Date Action Was Taken: 12/13/2017

Date Action Became Effective: 12/13/2017

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 7,500.00

Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Dr. Whatcott applied for OBNDD Registration and it was determined that he has written 8 CDS prescriptions in the state of Oklahoma before he held an OBNDD Registration, which was a violation of Title 63. Dr. Whatcott was issued OBNDD Registration per an Agreed order/fine for the violation.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: NO

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:



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WHATCOTT, BRETT

Date of Original Submission: 12/18/2017

Date of Most Recent Change: 12/18/2017

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

The Data Bank attempted to notify the Subject Identified in Section B on 12/18/2017 at the address below, but the attempt was unsuccessful.

14800 COUNTRY RIDGE ROAD
FORT SMITH, AR 72916

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
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WHATCOTT, BRETT D.

WHATCOTT, BRETT D.

OK STATE BOARD OF OSTEOPATHIC EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 06/15/2017

Initial Action

Basis for Initial Action

- VOLUNTARY LIMITATION OR RESTRICTION ON
LICENSE

- INAPPROPRIATE OR UNAUTHORIZED PRESCRIBING
OF MEDICATION

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - LICENSE RESTORED OR REINSTATED,
COMPLETE

Date of Action: 12/12/2019 DCN: 5500000193590784

A. REPORTING ENTITY

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS *

Address: 4848 N LINCOLN BLVD STE 100

City, State, Zip: OKLAHOMA CITY, OK 73105-3340

Country:

Name or Office: CHRISTI AQUINO

Title or Department: DIRECTOR OF LICENSING

Telephone: (405) 528-8625

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/04/2025:

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS

Address: 5400 N GRAND BLVD STE 130

City, State, Zip: OKLAHOMA CITY, OK 73112-5678

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT D.

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

A.T. STILL UNIVERSITY KIRKSVILLE COLLEGE OF
OSTEOPATHIC MEDICINE (1994)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 5515, OK



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WHATCOTT, BRETT D.

Specialty: GENERAL PRACTICE/FAMILY PRACTICE

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION

Basis for Action: INAPPROPRIATE OR UNAUTHORIZED PRESCRIBING OF
MEDICATION (H2)

Name of Agency or Program
That Took the Adverse Action

Specified in This Report: OK STATE BOARD OF OSTEOPATHIC EXAMINERS

Adverse Action

Classification Code(s): VOLUNTARY LIMITATION OR RESTRICTION ON LICENSE
(1146)

Date Action Was Taken: 06/15/2017

Date Action Became Effective: 06/15/2017

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,
Assessment and/or Restitution:

Is the subject automatically reinstated
after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

Dr. Whatcott can only practice out-of-state as an
unrestricted physician which he is as of now. If
Dr. Whatcott wishes to resume in-state practice he
would need to 1) notify the Board in writing, 2)
be evaluated by OK Health Professionals Program
(OHPP), 3) for the first 2 years be monitored by
Board staff, 4) make payment arrangements for
investigation costs of \$2,000, 5) and Dr.
Whatcott's prescribing practices monitored by
Board staff for 24 months.

Is the adverse action specified in this report based on the
subject's professional competence or conduct, which adversely
affected, or could have adversely affected, the
health or welfare of patient(s)? YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this
report.

☐ This report has been disputed by the subject identified in Section B.



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Health Resources and Services Administration
U.S. Department of Health and Human Services
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WHATCOTT, BRETT D.

- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/26/2022

Date of Most Recent Change: 07/26/2022

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

The Data Bank attempted to notify the Subject Identified in Section B on 07/26/2022 at the address below, but the attempt was unsuccessful.

7035 RED PINE DR
FORT SMITH, AR 72916

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



WHATCOTT, BRETT D.

OK STATE BOARD OF OSTEOPATHIC EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION **Date of Action: 12/12/2019**

Subsequent Action

Basis for Initial Action

- LICENSE RESTORED OR REINSTATED, COMPLETE

- INAPPROPRIATE OR UNAUTHORIZED PRESCRIBING
OF MEDICATION

This action has related reports:

Initial Action: - VOLUNTARY LIMITATION OR RESTRICTION **Date of Action:** 06/15/2017 **DCN:** 5500000193590379
ON LICENSE

Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS *

Address: 4848 N LINCOLN BLVD STE 100

City, State, Zip: OKLAHOMA CITY, OK 73105-3340

Country:

Name or Office: CHRISTI AQUINO

Title or Department: DIRECTOR OF LICENSING

Telephone: (405) 528-8625

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000193590379

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/04/2025:

Entity Name: OK STATE BOARD OF OSTEOPATHIC EXAMINERS

Address: 5400 N GRAND BLVD STE 130

City, State, Zip: OKLAHOMA CITY, OK 73112-5678

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT D.

Other Name(s) Used:

Sex: MALE

Date of Birth: [REDACTED]

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: [REDACTED]

City, State, ZIP: [REDACTED]

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): [REDACTED]

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

A.T. STILL UNIVERSITY KIRKSVILLE COLLEGE OF
OSTEOPATHIC MEDICINE (1994)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)



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WHATCOTT, BRETT D.

State License Number, State of Licensure: 5515, OK
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: OK STATE BOARD OF OSTEOPATHIC EXAMINERS
Adverse Action
Classification Code(s): LICENSE RESTORED OR REINSTATED, COMPLETE (1280)
Date Action Was Taken: 12/12/2019
Date Action Became Effective: 12/12/2019
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is the subject automatically reinstated
after the adverse action period is completed?:
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: For good cause shown, termination of Dr.
Whatcott's Agreed Order is granted.
Is the adverse action specified in this report based on the
subject's professional competence or conduct, which adversely
affected, or could have adversely affected, the
health or welfare of patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:



National Practitioner Data Bank
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U.S. Department of Health and Human Services
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WHATCOTT, BRETT D.

Date of Original Submission: 07/26/2022

Date of Most Recent Change: 07/26/2022

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

The Data Bank attempted to notify the Subject Identified in Section B on 07/26/2022 at the address below, but the attempt was unsuccessful.

7035 RED PINE DR
FORT SMITH, AR 72916

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



WHATCOTT, BRETT DAVID

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 05/01/2013

Initial Action

- SUSPENSION OF LICENSE

Basis for Initial Action

- DRUG VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
- UNABLE TO PRACTICE SAFELY BY REASON OF SUBSTANCE USE
- VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - SUSPENSION OF LICENSE
- LICENSE RESTORED OR REINSTATED, CONDITIONAL

Date of Action: 08/21/2013 DCN: 5500000084124302

A. REPORTING ENTITY

Entity Name: ARKANSAS STATE MEDICAL BOARD *

Address: 1401 WEST CAPITOL AVENUE
SUITE 340

City, State, Zip: LITTLE ROCK, AR 72201

Country:

Name or Office: JULI CARLSON

Title or Department: REGULATORY MANAGER

Telephone: (501) 296-1802

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/16/2025:

Entity Name: ARKANSAS STATE MEDICAL BOARD

Address: 1401 W CAPITOL AVE STE 340

City, State, Zip: LITTLE ROCK, AR 72201-2948

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT DAVID

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):



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Health Resources and Services Administration
U.S. Department of Health and Human Services
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WHATCOTT, BRETT DAVID

National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: A. T. STILL UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (1994)
Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: E-2230, AR
Specialty: ANESTHESIOLOGY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: DRUG VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (H1)
UNABLE TO PRACTICE SAFELY BY REASON OF SUBSTANCE USE (F2)
VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action Specified in This Report: ARKANSAS STATE MEDICAL BOARD

Adverse Action Classification Code(s): SUSPENSION OF LICENSE (1135)
Date Action Was Taken: 05/01/2013
Date Action Became Effective: 05/01/2013
Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

THE ARKANSAS STATE MEDICAL BOARD ISSUES AN EMERGENCY ORDER OF SUSPENSION AND NOTICE OF HEARING CHARGING BRETT DAVID WHATCOTT, D.O., WITH ALLEGED VIOLATIONS OF THE MEDICAL PRACTICES ACT, THAT IS, VIOLATING THE LAWS OF THE UNITED STATES AND THE STATE OF ARKANSAS, REGULATING THE POSSESSION, DISTRIBUTION, AND USE OF NARCOTIC OR CONTROL DRUGS, MORE SPECIFICALLY, POSSESSING AND DIVERTING FRAUDULENT PRESCRIPTIONS FOR SCHEDULE MEDICATION FOR PERSONAL USE AND FOR OTHERS; AND EXHIBITING HABITUAL, INTEMPERATE AND EXCESSIVE USE OF NARCOTICS OR OTHER HABIT-FORMING DRUGS; AND VIOLATING A REGULATION OF THE BOARD, THAT IS, ADMINISTERING SCHEDULE II NARCOTICS TO HIS WIFE. THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF ARKANSAS OF BRETT DAVID WHATCOTT, D.O., IS SUSPENDED ON AN EMERGENCY BASIS PENDING A DISCIPLINARY HEARING IN THIS MATTER OR FURTHER ORDERS OF THE BOARD.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: NO



☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/15/2013

Date of Most Recent Change: 05/15/2013

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID
Date of Birth(s): [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: E2230, AR

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

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WHATCOTT, BRETT DAVID

WHATCOTT, BRETT DAVID

ARKANSAS STATE MEDICAL BOARD

STATE LICENSURE OR CERTIFICATION ACTION **Date of Action: 08/21/2013**

Subsequent Action

- SUSPENSION OF LICENSE
- LICENSE RESTORED OR REINSTATED,
CONDITIONAL

Basis for Initial Action

- DRUG VIOLATION OR OTHER VIOLATION OF DRUG
STATUTES
- UNABLE TO PRACTICE SAFELY BY REASON OF
SUBSTANCE USE
- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

This action has related reports:

Initial Action: - SUSPENSION OF LICENSE

Date of Action: 05/01/2013 **DCN:** 5500000082160130

Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: ARKANSAS STATE MEDICAL BOARD *

Address: 1401 WEST CAPITOL AVENUE
SUITE 340

City, State, Zip: LITTLE ROCK, AR 72201

Country:

Name or Office: JULI CARLSON

Title or Department: REGULATORY MANAGER

Telephone: (501) 296-1802

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000082160130

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/16/2025:

Entity Name: ARKANSAS STATE MEDICAL BOARD

Address: 1401 W CAPITOL AVE STE 340

City, State, Zip: LITTLE ROCK, AR 72201-2948

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT DAVID

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000084124302
Process Date: 08/27/2013
Page: 2 of 3
WHATCOTT, BRETT DAVID

National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: A. T. STILL UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (1994)
Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: E-2230, AR
Specialty: ANESTHESIOLOGY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: ARKANSAS STATE MEDICAL BOARD
Adverse Action
Classification Code(s): SUSPENSION OF LICENSE (1135)
LICENSE RESTORED OR REINSTATED, CONDITIONAL (1282)

Date Action Was Taken: 08/21/2013
Date Action Became Effective: 08/21/2013
Length of Action: SPECIFIC PERIOD
Years: 5
Months:
Days:

Total Amount of Monetary Penalty,
Assessment and/or Restitution:

Is the subject automatically reinstated
after the adverse action period is completed?: YES

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

BRETT DAVID WHATCOTT, DO, HAS VIOLATED THE MEDICAL PRACTICES ACT, THAT IS, VIOLATING THE LAWS OF THE UNITED STATES AND THE STATE OF ARKANSAS, REGULATING THE POSSESSION, DISTRIBUTION, AND USE OF NARCOTIC OR CONTROL DRUGS, MORE SPECIFICALLY, POSSESSING AND DIVERTING FRAUDULENT PRESCRIPTIONS FOR SCHEDULE MEDICATION FOR PERSONAL USE AND FOR OTHERS; AND EXHIBITING HABITUAL, INTEMPERATE AND EXCESSIVE USE OF NARCOTICS OR OTHER HABIT-FORMING DRUGS; AND VIOLATING A REGULATION OF THE BOARD, MORE SPECIFICALLY, REGULATION 2.5, THAT IS, ADMINISTERING SCHEDULE II NARCOTICS TO HIS WIFE. AS A RESULT OF VIOLATIONS OF THE MEDICAL PRACTICES ACT, THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF ARKANSAS OF BRETT DAVID WHATCOTT, DO, IS REVOKED. SAID REVOCATION WILL BE STAYED FOR A PERIOD OF FIVE YEARS FOR SO LONG AS BRETT DAVID WHATCOTT, DO, COMPLIES WITH THE CONDITIONS OF STAY.

Is the adverse action specified in this report based on the
subject's professional competence or conduct, which adversely
affected, or could have adversely affected, the
health or welfare of patient(s)? NO



☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/27/2013

Date of Most Recent Change: 08/27/2013

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000041946569
Process Date: 05/30/2006
Page: 1 of 3
WHATCOTT, BRETT DAVID

WHATCOTT, BRETT DAVID

MMIC INSURANCE, INC

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 04/04/2006

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO TREAT

A. REPORTING ENTITY

Entity Name: MIDWEST MEDICAL INSURANCE COMPANY *

Address: 7650 EDINBOROUGH WAY, SUITE 400

City, State, Zip: MINNEAPOLIS, MN 55435-5978

Country:

Name or Office: LISA BENNETT

Title or Department: MANAGER CLAIM OPERATIONS

Telephone: (952) 838-6791

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/01/2025:

Entity Name: MMIC INSURANCE, INC

Address: 7650 EDINBOROUGH WAY STE 525

City, State, Zip: MINNEAPOLIS, MN 55435-6013

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT DAVID

Other Name(s) Used:

Sex: MALE

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: KIRKSVILLE COLLEGE OSTEOPATHIC MEDICINE (1994)

Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 38376, MN

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 05/30/2006

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 800,000.00

Date of This Payment: 04/04/2006

This Payment Represents: A SINGLE FINAL PAYMENT



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000041946569
Process Date: 05/30/2006
Page: 2 of 3
WHATCOTT, BRETT DAVID

Total Amount Paid or to Be Paid by
This Payer for This Practitioner: \$ 800,000.00
Payment Result of: SETTLEMENT
Date of Settlement, if Any:
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number:
Description of Settlement and Any
Conditions, Including Terms of Payment: THE CASE SETTLED FOR \$2,000,000.00 WITH THIS
PHYSICIAN CONTRIBUTING \$800,000.00.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All
Practitioners in This Case: \$ 1,600,000.00
Number of Practitioners for Whom This Payer Has Paid
or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund
Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance
Company Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 31 YEARS
Patient's Sex: FEMALE
Patient's Type: INPATIENT
Description of the Medical Condition With Which the Patient
Presented for Treatment: SCHEDULED INDUCTION FOR DELIVERY OF FULL-TERM
FETUS.
Description of the Procedure Performed: EPIDURAL FOR PAIN RELIEF.
Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: FAILURE TO TREAT (113)
Date of Event Associated With Allegation or Incident: 07/22/2000
Outcome: SIGNIFICANT PERMANENT INJURY (06)
Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: PLAINTIFF ALLEGED THE EPIDURAL RESULTED IN
INADVERTENT TOTAL SPINAL ANESTHETIC AND ALLEGED
FAILURE TO PROPERLY RESPOND, RESULTING IN A SEVERE
HYPOXIC AND ANOXIC EVENT AND PERMANENT BRAIN
DAMAGE. THE BABY WAS DELIVERED WITHOUT INJURY.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
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DCN: 5500000041946569
Process Date: 05/30/2006
Page: 3 of 3
WHATCOTT, BRETT DAVID

- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/30/2006
Date of Most Recent Change: 05/30/2006

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID
Date of Birth(s): [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: E2230, AR

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



WHATCOTT, BRETT D.

MAYO CLINIC HEALTH SYSTEM IN LAKE CITY

CLINICAL PRIVILEGES ACTION

Date of Action: 11/14/1996

Initial Action

Basis for Initial Action

- PRIVS SUSPENDED: ALCOHOL AND OTHER
SUBSTANCE ABUSE

- INFORMATION NOT PROVIDED

A. REPORTING ENTITY

Entity Name: LAKE CITY HOSPITAL *
Address: 904 SOUTH LAKESHORE DRIVE
City, State, Zip: LAKE CITY, MN 55041
Country:
Name or Office: AMY BREMER
Title or Department: CREDENTIALING
Telephone: (651) 385-3366
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 06/03/2024:

Entity Name: MAYO CLINIC HEALTH SYSTEM IN LAKE CITY
Address: 500 W GRANT ST
City, State, Zip: LAKE CITY, MN 55041-1143
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WHATCOTT, BRETT D.
Other Name(s) Used:
Sex: UNKNOWN
Date of Birth: [REDACTED]
Organization Name:
Work Address: 200 FIRST STREET SW
City, State, ZIP: ROCHESTER, MN 55905
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICI (1994)
Occupation/Field of Licensure: OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 38376, MN
Drug Enforcement Administration (DEA) Numbers: BW4642559

C. INFORMATION REPORTED

Date of the Report: 02/18/1997
Type of Action Taken: CLINICAL PRIVILEGES (C)
Action Classification: PRIVS SUSPENDED: ALCOHOL AND OTHER SUBSTANCE ABUSE (63001)
Date of the Action: 11/14/1996
Length of Action: PERMANENT
Effective Date: 11/14/1996
Description of Act(s) or Omission(s)
or Other Reasons for Action Taken:
THIS PHYSICIAN HAD EMERGENCY ROOM PRIVILEGES AT
OUR FACILITY. DURING ONE OF HIS SHIFTS, HE WAS



FOUND TO BE DISORIENTED AND BEHAVING
INAPPROPRIATELY. HE WAS CONFRONTED BY OUR CHIEF OF
MEDICAL STAFF AND ADMITTED TO USING MEDICATIONS
WHILE ON DUTY BECAUSE OF HIS INABILITY TO SLEEP.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/18/1997

Date of Most Recent Change: 02/18/1997

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): WHATCOTT, BRETT DAVID

Date of Birth(s): [REDACTED]

Social Security Numbers (SSN): [REDACTED]

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: E2230, AR

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



Oklahoma

Registration Complete

Registration Completed for Brett David Whatcott

APPOINTMENT DETAILS

location

Poteau, OK-Clayton Ave
IdentoGO
1501 Clayton Ave
Poteau, OK 74953
United States

appointment

Date: 11/17/2025
Time: 10:40 AM

registration id

OA25002143L

enrollment id

UZ5K6G56N8

In the event your appointment must be changed or cancelled by IDEMIA , you will be notified by phone, email or both. You may receive an automated call from Nashville, TN (629) 206-xxxx and/or an email from No-reply@uenroll.identogo.com.

PAYMENT DETAILS

Please remember to bring your payment with you to the processing

JOINTLY PROPOSED ORDER

BRANDON
WILSON, D.O.

4976

LANE KRIEGER, J.D.



Oklahoma State Board of Osteopathic Examiners

CHELSEY D. GILBERTSON, D.O.
PRESIDENT
EDMOND

BOARD MEMBERS
KATIE L. TEMPLETON, J.D.
VICE PRESIDENT
OKLAHOMA CITY

DUANE G. KOEHLER, D.O.
SECRETARY-TREASURER
VINITA

LEROY E. YOUNG, D.O.
OKLAHOMA CITY

DENNIS J. CARTER, D.O.
POTEAU

D. MATT WILKETT, D.O.
TULSA

LAYNE E. SUBERA, D.O.
SKIATOOK

SHEILA K. ST. CYR, M.S., R.N.
JONES

November 19, 2025

VIA EMAIL AND CERTIFIED MAIL

Brandon Wilson, D.O.



Re: Notice of Appearance re Petition on
OSBOE-2025-090

Dear Dr. Wilson:

Please be advised that you are required to appear before the Oklahoma Board of Osteopathic Examiners at its next meeting on **December 11, 2025. All such appearances are set for 9:00 a.m.** The Meeting will be held at the office of the Board at 5400 N Grand Blvd, Ste 125, Oklahoma City, OK 73112.

Be further advised that at the conclusion of the appearance, the Board may take no action, or any action allowed by provisions of the Oklahoma Osteopathic Medicine Act, 59 O.S. Section 620 et. seq., including reprimand, probation, suspension, or revocation.

If you are represented by counsel, a courtesy copy of this Notice has been provided to them. Please feel free to contact us if you have any questions.

Very truly yours,

OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS

Steven K. Mullins
Executive Director

SKM/kd

CC: Respondent Attorney

Wiggins Sewell
Lane Krieger
3100 Oklahoma Tower
210 Park Avenue
Oklahoma City, OK 73102
(405) 232-1211
lkrieger@wigginssewell.com

**IN AND BEFORE THE STATE BOARD OF OSTEOPATHIC EXAMINERS
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel.,)	
STATE BOARD OF OSTEOPATHIC)	
EXAMINERS,)	
)	
Petitioners,)	
)	
vs.)	Case No. OSBOE-2025-090
)	
BRANDON WILSON, D.O.)	
Osteopathic Medicine License No. 4976)	
)	
Respondent.)	

PETITION

COMES NOW, Deputy General Counsel, Sean M. Sanders, for the State Board of Osteopathic Examiners (hereinafter referred to as “the Board”), and states as follows:

I. FACTUAL HISTORY

1. Brandon Wilson, D.O., (hereinafter referred to as “Dr. Wilson”) became licensed as an osteopathic physician in the State of Oklahoma on August 19, 2010, license number 4976.
2. At all times relevant to this Petition, Dr. Wilson worked as a physician specializing in Obstetrics & Gynecology in Oklahoma.
3. In 2020, Dr. Wilson’s employer, Hillcrest Medical Center, formed an ad hoc committee to independently review concerns regarding Dr. Wilson’s history related to questionable decision making, unprofessional conduct, and poor documentation from 2017-2021.
4. In August of 2021, Dr. Wilson’s employer, Hillcrest Medical Center, approved Dr. Wilson’s employment continuation for a term of one (1) year effective May 1, 2021, subject to Dr. Wilson entering into a Last Chance Agreement and obtaining training set forth therein.

5. The Last Chance Agreement, signed by Dr. Wilson, provided that certain remediation requirements be made and done so in a timely manner.

6. The Last Chance Agreement further provided a failure to comply with its terms would result in the automatic revocation of [Dr. Wilson's] medical staff privileges and a waiver of any due process hearing and appeal rights under the Medical Staff Bylaws.

7. In March of 2022, Hillcrest Medical Center's Advisory Board approved a recommendation of the Medical Executive Committee (MEC) to revoke medical staff privileges for Dr. Wilson.

8. The revocation was based upon Dr. Wilson's failure to comply in a timely manner with the Last Chance Agreement.

9. The Oklahoma State Board of Osteopathic Examiners was alerted of the actions taken in relation to Dr. Wilson's employment in April of 2022 due to a National Practitioner's Data Bank Alert.

10. An investigation was initiated, which included at least one conversation with Dr. Wilson by Board staff.

11. Dr. Wilson was employed by Stillwater Medical Center on July 31, 2023.

12. The Board investigation resulted in an agreement for no action by the Board upon the procurement of a letter of good standing.

13. A letter of good standing was received on June 11, 2024.

14. On July 1, 2025, Oklahoma State Board of Osteopathic Examiners lead investigator, Elizabeth Fullbright, received an anonymous call prompting a need for an investigation.

15. Ms. Fullbright was able to confirm Dr. Wilson's received a Notice of Termination of Employment Agreement on May 12, 2025 from Stillwater Medical Center.

16. Upon information and belief, Dr. Wilson's employment agreement was terminated due to a repeated pattern of delinquent clinical documentation and professional conduct.

II. CAUSES OF ACTION

17. Dr. Wilson has violated Tit. 59 O.S. § 637(A)(2)(f) on two instances. Tit. 59 O.S. § 637(A)(2)(f) states:

§637(A).

The State Board of Osteopathic Examiners may institute disciplinary action, enforce sanctions, ...may suspend or revoke any license issued or reinstated by the Board upon proof that the applicant or holder of such a license:

...

§637(A)(2).

Has engaged in the use or employment of...unethical conduct or unprofessional conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physicians including, but not limited to, the following:

...

§637(A)(2)(f).

Acting in a manner which results in final disciplinary action by any ... hospital ... in this or any other state, whether agreed to voluntarily or not, if the action was in any way related to professional conduct, professional competence...

A. Termination of Privileges at Hillcrest

18. Dr. Wilson incurred a final disciplinary action by Hillcrest Medical Center in March of 2022.

19. As a result, Dr. Wilson also incurred a final disciplinary action by AHS Oklahoma Physician, Group, LLC d/b/a Utica Park Clinic.

20. These related actions were a result of a failure to adhere to an agreement to properly remediate findings of questionable decision making, unprofessional conduct, and poor documentation practices.

B. Termination of employment agreement at Stillwater Medical

21. Dr. Wilson incurred a final disciplinary action by Stillwater Medical Center, evidenced by a hand delivered letter on May 12, 2025, and effective August 31, 2025.

22. Upon information and belief, the disciplinary actions are a result of unprofessional conduct, poor documentation practices, and a repeated pattern of failure to remediate the facilities concerns.

III. VIOLATIONS OF THE ACT

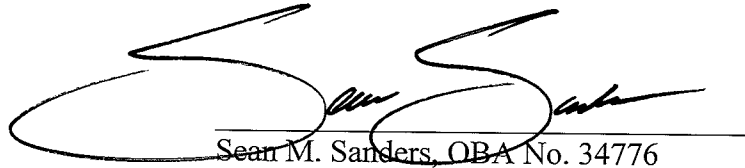
23. Dr. Wilson has violated the Act on two separate occasions by:

- a) *“Acting in a manner which results in final disciplinary action by any ... hospital ... in this or any other state, whether agreed to voluntarily or not, if the action was in any way related to professional conduct, professional competence...”*

WHEREFORE, premises considered and pursuant to Tit. 59 O.S. § 637 et. seq., Deputy General Counsel, Sean M. Sanders, asks the board find Dr. Wilson has violated the Act, and as a result, requests he be required to attend CME classes related to proper documentation practices, proper billing practices, and proper workplace-related conduct. Petitioner asks that Dr. Wilson be placed on a five (5) year probationary period, including but not limited to audited chart review every six (6) months to ensure compliance. Additionally, Counsel requests fees be assessed and levied with regard to the violations of the Act.

Furthermore, Counsel asks that Dr. Wilson be found responsible for the fees and costs associated with prosecution of these violations, and/or any other relief the Board finds equitable and just.

Respectfully submitted by:

A handwritten signature in black ink, appearing to read 'Sean M. Sanders', is written over a horizontal line.

Sean M. Sanders, OBA No. 34776
Deputy General Counsel for the OSBOE
5400 N. Grand Blvd. Ste. 130
Oklahoma City, OK 73112
Telephone: (405) 306-5632
Email: Sean.Sanders@osboe.ok.gov

PROSECUTOR FOR PETITIONER

RATIFICATION OF APPROVED LICENSES

Approved Licenses for Ratification - 9/11/2025 - 12/3/2025

#	Licensee/Applicant	License Number	License Type	License Status	Issue Date	Expiration Date
1	Eli Wercberger	9349	Osteopathic Physician and Surgeon	Active	9/11/2025	6/30/2026
2	Thomas Seastrunk	9350	Osteopathic Physician and Surgeon	Active	9/15/2025	6/30/2026
3	Andrew Nassralla	9353	Osteopathic Physician and Surgeon	Active	9/16/2025	6/30/2026
4	Benjamin Comora	9352	Osteopathic Physician and Surgeon	Active	9/16/2025	6/30/2026
5	Joseph Rodrigo	9351	Osteopathic Physician and Surgeon	Active	9/16/2025	6/30/2026
6	Michael Green	9356	Osteopathic Physician and Surgeon	Active	9/23/2025	6/30/2026
7	Haneen Abdelkhaleq	9355	Osteopathic Physician and Surgeon	Active	9/23/2025	6/30/2026
8	Thomas Horn Jr	5087	Osteopathic Physician and Surgeon	Active	9/23/2025	6/30/2026
9	Daniel Reiter	3043	Osteopathic Physician and Surgeon	Active	9/23/2025	6/30/2026
10	Aaron Downey	9354	Osteopathic Physician and Surgeon	Active	9/23/2025	6/30/2026
11	Tyler Mullikin	9357	Osteopathic Physician and Surgeon	Active	9/24/2025	6/30/2026
12	Chihui Yuan	9358	Osteopathic Physician and Surgeon	Active	9/25/2025	6/30/2026
13	Dennie Bryant	9361	Osteopathic Physician and Surgeon	Active	9/26/2025	6/30/2026
14	Richard Moleno	9360	Osteopathic Physician and Surgeon	Active	9/26/2025	6/30/2026
15	Joel Manzi	9359	Osteopathic Physician and Surgeon	Active	9/26/2025	6/30/2026
16	Mark Azzam	9236	Osteopathic Advanced Resident Physician	Active	9/30/2025	6/30/2026
17	Walker Edwards	9363	Osteopathic Physician and Surgeon	Active	9/30/2025	6/30/2026
18	Victor Heresniak	9364	Osteopathic Physician and Surgeon	Active	9/30/2025	6/30/2026
19	Marie Pereira	9362	Osteopathic Physician and Surgeon	Active	9/30/2025	6/30/2026
20	Courtney Wilczynski	9367	Osteopathic Physician and Surgeon	Active	10/1/2025	6/30/2026
21	Chad Terry	9366	Osteopathic Physician and Surgeon	Active	10/1/2025	6/30/2026
22	Rachel Grider Cook	9365	Osteopathic Physician and Surgeon	Active	10/1/2025	6/30/2026
23	Swati Laroia Coon	9368	Osteopathic Physician and Surgeon	Active	10/2/2025	6/30/2026
24	William Sotack	9369	Osteopathic Physician and Surgeon	Active	10/6/2025	6/30/2026
25	Nikerson Geneve	9370	Osteopathic Physician and Surgeon	Active	10/7/2025	6/30/2026
26	Lin Du	9374	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
27	Connie Swickhamer	9373	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
28	Sarah Jelliffe	9371	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
29	Yohan Kim	9376	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
30	Bryce Taylor	9378	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
31	Monica Minjeur	9372	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
32	Chrissy Capati	9375	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
33	Jason Sebesto	9377	Osteopathic Physician and Surgeon	Active	10/9/2025	6/30/2026
34	Wayne Warrington	9381	Osteopathic Physician and Surgeon	Active	10/13/2025	6/30/2026
35	Jason Garvin	9379	Osteopathic Physician and Surgeon	Active	10/13/2025	6/30/2026
36	Bryce Armstrong	9380	Osteopathic Physician and Surgeon	Active	10/13/2025	6/30/2026
37	Esther Lee	6332	Osteopathic Physician and Surgeon	Active	10/13/2025	6/30/2026

38	Ryan Love	9384	Osteopathic Advanced Resident Physician	Active	10/14/2025	6/30/2026
39	Angelo Majike	9383	Osteopathic Advanced Resident Physician	Active	10/14/2025	6/30/2026
40	Glen Vo	9382	Osteopathic Physician and Surgeon	Active	10/14/2025	6/30/2026
41	Christopher Haines	9387	Osteopathic Physician and Surgeon	Active	10/17/2025	6/30/2026
42	Thomas Jokerst	9386	Osteopathic Physician and Surgeon	Active	10/17/2025	6/30/2026
43	Brian Gillis	9388	Osteopathic Physician and Surgeon	Active	10/17/2025	6/30/2026
44	Catherine Tolvo	9385	Osteopathic Physician and Surgeon	Active	10/17/2025	6/30/2026
45	Victoria Bain	9389	Osteopathic Physician and Surgeon	Active	10/20/2025	6/30/2026
46	Hamik Biramian	9390	Osteopathic Physician and Surgeon	Active	10/20/2025	6/30/2026
47	Audra Stewart	9391	Osteopathic Physician and Surgeon	Active	10/20/2025	6/30/2026
48	Nicole Tsang	7580	Osteopathic Physician and Surgeon	Active	10/20/2025	6/30/2026
49	Mary Teeter	9393	Osteopathic Physician and Surgeon	Active	10/21/2025	6/30/2026
50	Aaron Stecker	9392	Osteopathic Physician and Surgeon	Active	10/21/2025	6/30/2026
51	Stephanie Murphy	9394	Osteopathic Physician and Surgeon	Active	10/22/2025	6/30/2026
52	Mohsin Siddiqui	9395	Osteopathic Physician and Surgeon	Active	10/22/2025	6/30/2026
53	Christopher Hummel	9396	Osteopathic Physician and Surgeon	Active	10/23/2025	6/30/2026
54	John Keitz	9398	Osteopathic Physician and Surgeon	Active	10/23/2025	6/30/2026
55	Sudha Kode	9399	Osteopathic Physician and Surgeon	Active	10/23/2025	6/30/2026
56	Samuel Lightsey	9397	Osteopathic Physician and Surgeon	Active	10/23/2025	6/30/2026
57	Mohamed Ibrahim Ahmed	9400	Osteopathic Physician and Surgeon	Active	10/24/2025	6/30/2026
58	Anthony DeRenzi	9401	Osteopathic Physician and Surgeon	Active	10/24/2025	6/30/2026
59	Valerie Goodman	9402	Osteopathic Physician and Surgeon	Active	10/27/2025	6/30/2026
60	Amy Gunnells	9404	Osteopathic Physician and Surgeon	Active	10/28/2025	6/30/2026
61	Adam Cohen	9403	Osteopathic Physician and Surgeon	Active	10/28/2025	6/30/2026
62	Deborah Holcomb	9405	Osteopathic Physician and Surgeon	Active	10/30/2025	6/30/2026
63	Natalie Mosley	9406	Osteopathic Physician and Surgeon	Active	10/30/2025	6/30/2026
64	Leah Shell	9407	Osteopathic Physician and Surgeon	Active	11/3/2025	6/30/2026
65	Narain Badhey	9408	Osteopathic Advanced Resident Physician	Active	11/4/2025	6/30/2026
66	Amre Aboul-Fettouh	9410	Osteopathic Physician and Surgeon	Active	11/4/2025	6/30/2026
67	Razan Al-Nahhas	9409	Osteopathic Physician and Surgeon	Active	11/4/2025	6/30/2026
68	Nida Zia	9411	Osteopathic Physician and Surgeon	Active	11/6/2025	6/30/2026
69	Danielle Harris	9412	Osteopathic Physician and Surgeon	Active	11/6/2025	6/30/2026
70	Benjamin Lipman	9414	Osteopathic Physician and Surgeon	Active	11/6/2025	6/30/2026
71	Renu Shruguppi	9413	Osteopathic Physician and Surgeon	Active	11/6/2025	6/30/2026
72	Herbert Scherl	9416	Osteopathic Physician and Surgeon	Active	11/10/2025	6/30/2026
73	Jacob Boydston	9415	Osteopathic Physician and Surgeon	Active	11/10/2025	6/30/2026
74	Cory Gray	9418	Osteopathic Physician and Surgeon	Active	11/12/2025	6/30/2026
75	Taylor Bosley	9417	Osteopathic Physician and Surgeon	Active	11/12/2025	6/30/2026
76	Brian Daniels	9419	Osteopathic Physician and Surgeon	Active	11/13/2025	6/30/2026

77	Nicholas Abid	9426	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
78	Tami Simard	5272	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
79	Matthew LaPorta	9420	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
80	Scott Orth	9422	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
81	Andrew Park	9424	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
82	Siddharth Arora	9421	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
83	Christopher Blum	9427	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
84	Austin Traasdahl	9423	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
85	Benjamin Cook	9425	Osteopathic Physician and Surgeon	Active	11/20/2025	6/30/2026
86	Ermias Sori	9428	Osteopathic Physician and Surgeon	Active	11/21/2025	6/30/2026
87	Katarzyna Volmir	9429	Osteopathic Physician and Surgeon	Active	11/24/2025	6/30/2026
88	Shea Humphrey	9431	Osteopathic Physician and Surgeon	Active	11/25/2025	6/30/2026
89	Dale Yingling	9430	Osteopathic Physician and Surgeon	Active	11/25/2025	6/30/2026
90	Abhishek Premkumar	1008T	Osteopathic Temporary Resident Physician	Active	12/3/2025	6/3/2026
91	Mithun Dhinakaran	9432	Osteopathic Physician and Surgeon	Active	12/3/2025	6/30/2026

REVISION OF ADOPTED POLICIES



Policy for Physician Responsibility on Physician Responsibility, Patient Participation, and Team-Based Care

Policy Number:	OSBOE-P012
Adopted by Board:	September 18, 2025
To be Reviewed:	2028

Purpose:

This policy defines physician responsibilities as a practitioner. Physicians are clinically accountable for the medical care they provide and for the safe supervision of tasks they delegate within Oklahoma law and Board rules. The Board also affirms that patients are partners in care, with rights to participate in decisions, accept or refuse recommended interventions, access information, and obtain second opinions, and with corresponding responsibilities to share accurate information and engage in agreed care plans.

Patient Participation and Shared Decision-Making:

Physicians will practice shared decision-making. This can include (a) presenting benefits, risks, and reasonable alternatives when discussing treatment plans; (b) eliciting the patient's values, goals, and preferences; (c) documenting discussions. Physicians should have a goal of reaching a treatment plan that reflects the patients' informed choice.

The board recognizes patients' rights to participate in care planning, to accept or refuse treatment, to access records, and the patient responsibilities to provide accurate information, ask questions, keep appointments, and follow hospital/clinic procedures as set out in 63 O.S. 3401 et. seq.

Relevant CitationPhysician Responsibility:

59 O.S. § 637 A2 d.

A. The State Board of Osteopathic Examiners may refuse to admit a person to an examination or may refuse to issue or reinstate or may suspend or revoke any license issued or reinstated by the Board upon proof that the applicant or holder of such a license...2. Has engaged in the use or employment of dishonesty, fraud, misrepresentation, false promise, false pretense, unethical conduct or unprofessional

conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physician, including but not limited to the following:

d. delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform them, noting that delegation may only occur within an appropriate doctor-patient relationship, wherein a proper patient record is maintained including, but not limited to, at the minimum, a current history and physical,

Procedure:

The physician bears the ultimate responsibility for all aspects of patient care, including clinical decision-making, treatment plans, ensuring patient safety, and the administration of their practice. This responsibility extends to managing the practice, collaborating with, or delegating care to, other healthcare professionals, and upholding ethical standards in the medical profession.

~~Physicians must maintain ultimate authority and oversight for all aspects of patient care. Physicians maintain ultimate clinical accountability for medical decision-making, for supervising delegated clinical tasks, and for ensuring care is provided within applicable laws, standards, and protocols to assure patient safety and quality of care.~~ The Oklahoma Board of Osteopathic Examiners has adopted the general principle that the ultimate responsibility for each individual patient's medical care rests with the physician.

In addition, physicians have an ongoing responsibility to monitor the training and competence of their subordinate staff. As part of this responsibility, the physician must have ongoing internal quality-control review and ultimate responsibility for the provision of services of all non-physicians delivering medical care or administrative services in their practice.

The responsibilities of physicians are rooted in the ethical obligation to prioritize patient well-being and safety. This includes minimizing medical errors, ensuring proper follow-up care, and addressing any concerns or complications that may arise during treatment. This ethical duty includes the management of administrative tasks associated with medical care. Under the legal principle of *respondeat superior*, the physician ultimately is responsible to oversee the practice's operations, including financial matters, staffing, and compliance with regulatory standards.

Delegation to Support team-based care

Physicians may delegate tasks to individuals who are qualified by training, skill, competency, experience, and licensure, after establishing an appropriate physician-patient relationship and with proper documentation (history, exam, and plan). Delegation must follow written protocols, with competency verification and periodic review. The

physician supervises delegated clinical functions and retains clinical accountability for all patients.

Patient Access to Information

Consistent with federal information-blocking regulations, physicians and their practices will not engage in practices that unreasonably interfere with a patient timely electronic access to their health information, except where a specific regulatory exception applies (e.g., preventing harm, privacy, security, infeasibility). Policies should define who relates information, typical timeframes, and how exceptions are documented.

Medical Practice Types:

There are different types of medical practice settings depending on personal preferences and career goals; however, the ultimate responsibilities of physician practice do not change. Here are some of the most commonly available types of medical practice settings.

Solo Practice

Solo practice is described by its name—a practice without partners or employment affiliations with other practice organizations. Solo practices are usually characterized by a small staff and typically have a limited patient base. In a solo practice the entire burden of running the practice rests entirely on the physician. This includes medical care as well as the entire business enterprise. In solo practice, the ultimate responsibility to each individual patient for the provision of administrative services remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Group Practices

Group practices are defined as offering various types of medical care by multiple physicians within one organization. Group practices may centralize the management and provision of administrative tasks associated with running a practice, but the ultimate responsibility to each individual patient for the provision of those administrative services remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Employed Physician Practices

Increasingly, physicians are being employed within one of several practice models. Some hospitals may purchase and manage existing solo or group practices or may directly hire physicians to work in their inpatient facility or ambulatory clinics. Health care corporations may own and run clinics with employed physicians. And some physician-run groups are structured on an employment model, where group practice is structured more like a

corporation that employs clinicians instead of pursuing a more traditional partnership model.

In such practices, the administrative burden of running a practice is shifted to the employing entity, allowing clinicians to focus more on practicing medicine. In this type of practice physicians are expected to follow organizational policies, raise safety or compliance concerns, and comply with documentation and billing requirements associated with their services. However, routine business operations (e.g., facility finances, human resources, some compliance programs) may be the responsibility of the employing or owning entity. As in group practices, this model ~~of provision~~ of medical care may centralize the management and provision of administrative tasks associated with running a practice, but the ultimate responsibility of clinical care to each individual patient rests with the physician. ~~for the provision of those administrative services remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.~~

Direct Primary Care

Direct primary care is an alternative practice model based on a non-traditional payment system. Concierge medicine, also referred to as retainer medicine, is a variant of direct primary care. In this model, patients are charged a flat membership fee on a monthly, quarterly or annual basis for a defined set of primary care services. Although the simplification of administrative burden is a benefit of this type of practice, the ultimate responsibility to each individual patient for the provision of those administrative services still remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Independent Contractor

Some physicians work in independent contractor relationships. In this model, the practice (either solo or a group practice) remains independent, but a facility and possibly clinical coverage is shared with other physicians or physician groups. This may spread the costs of running a practice across others and may provide some flexibility in clinical scheduling.

Independent Contractors often provide services through locum tenens agreements. Locum tenens is a Latin phrase that literally means "one who holds the place," and refers to a physician traditionally hired to carry on the practice of an absent colleague, although locum tenens positions are also used for temporary coverage of different clinical needs, such as for rapid expansion of clinical services pending hiring of permanent clinicians. Locum tenens positions are usually contract-based, and physicians are hired as independent contractors.

In the independent contractor model a physician often contracts for the provision of administrative services, however, as with all physician models, the ultimate responsibility to each individual patient for the provision of those administrative services still remains

with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Physicians that do not maintain adequate control of the aspects of their practice could be subject to Board action, including, but not limited to, probation, suspension, revocation and/or administrative fines for violation of the Osteopathic Medicine Act.

ADOPTION OF
PROPOSED
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CHAPTERS 1, 5,
10

Chapter 1. Administrative Operations

Subchapter 3. General Course and Method of Operations

510:1-3-4. Board meetings

The Board holds regular quarterly meetings ~~on the third Thursday of June, and September and the second Thursday of March and December of each year~~ except that such regularly scheduled meetings may be cancelled or changed at the Board's discretion. The Board may hold other meetings of a special or emergency nature in its discretion. Meetings will be conducted at the Board office or other designated locations as necessary or desirable. A majority of the members of the Board constitute a quorum and may transact any business of the Board by a simple majority vote of the quorum present. The Board Executive Director, or designee, shall ensure all notice and final Agenda posting requirements for any meeting of the Board comply with 25 O.S. § 311.

510:1-3-5. Public access to records

The following documents shall be available for public inspection and copying or printing at the Board's principal office during regular office hours: all records of receipt and expenditure of funds, rules adopted by the Board, declaratory rulings issued by the Board, minutes of Board meetings, applications for licensure and renewal, the official record of individual proceedings and other records required to be maintained by Oklahoma law and to be made public by the Oklahoma Open Records Act. The records to be made public do not include documents that are confidential or subject to an evidentiary privilege (including patient records and attorney/client communications) or are protected from disclosure under the work product doctrine, the Board's litigation files, the Board's investigatory files ~~and to include~~ reports, informal complaint resolutions, including safe harbor agreements, and communications to the Board about current and prospective licensees. Printed copies of the documents available to the public will be provided upon the Board's receipt of a written request and payment of required fees, including \$.25 for each page printed. [59 O.S., Section 627, 51 O.S., Section 24A.1 et seq.]

Subchapter 5. Individual Proceedings

510:1-5-1. Initiation of individual proceedings, ~~complaint, and citation~~

An individual proceeding may be initiated, upon information indicating the possible violation of the Act, through the filing of a petition by the Board staff setting out the matters enumerated in 75 O.S., Section 309, and containing a statement setting forth the allegations and naming the licensee against whom the complaint is made. The General Counsel, or Board staff, ~~shall issue a citation notifying~~ give notice to the respondent of the ~~by~~ serving a petition and the date and place of the hearing.

510:1-5-3. Service

- (a) The petition ~~and citation~~ and all subpoenas shall be served personally in the manner authorized by state law for service of summons in a judicial proceeding or by certified mail, return receipt requested, delivery restricted to the addressee. If personal service or service by certified mail cannot be completed, service of the petition ~~and citation~~ may be made by first class mail to the respondent at the last address furnished to the Board by the respondent or by publication in a newspaper or newspapers for the time, or posting at the places, the Secretary of the Board determines will be most likely to provide notice to the respondent.
- (b) Personal service may be made by any person appointed by the Executive Director, Board Investigators, or any person authorized by State law to serve process in judicial proceedings.
- (c) Service of all other papers shall be made by first-class mail to the address at which service of the petition ~~and citation~~ was made or in the manner by which such service was made if not by mail or personal service or such other address designated by the respondent; to the Board at its office; and to the address designated by any other party to the proceeding.
- (d) Service by mail shall be complete three (3) days after the date the notice is placed in the U.S. Mail with sufficient postage prepaid. Service by publication shall be complete on the date of the first publication. Service by posting shall be complete on the date the notice is posted. Personal service shall be complete upon delivery.

510:1-5-4. Hearing date, continuance, or extension of time

- (a) The hearing, shall ~~not be~~ no less than twenty (20) days after service of the petition ~~and citation~~ unless an agreement of the parties is made in writing and on the record. The Board may suspend a license without notice if

the Board determines, upon the vote of three-fourths ($\frac{3}{4}$) of the quorum present at the meeting that an emergency exists and the Board schedules a hearing within thirty (30) days of the date the suspension takes effect.

(b) Written motions for any continuance or extension of time by either party shall state the additional time desired and the reason for the request, unless a written agreement is made by the Board's Executive Director and the respondent. The Board's Executive Director must rule on these motions prior to the scheduled hearing. Any agreement to continue the hearing must be on the record at the next regularly scheduled meeting. If the request is denied, either party may renew the request and make a proper showing at the hearing.

510:1-5-5. Written answer, extension of time

The respondent shall file a written answer under oath with the Board within twenty (20) days after the service of a ~~citation~~ petition. If said answer is not filed, the respondent shall be considered in default and appropriate sanctions may be imposed, if the evidence is deemed sufficient by the Board. Unless by agreement of the Board Executive Director and the respondent, only one (1) continuance is allowed by Executive Director for extension of time. The Secretary of the Board may extend the time within which an answer must be filed; however, in no case shall the time to file an answer be extended beyond the hearing date.

510:1-5-6.1. Hearing procedures

(a) **Order of proceeding;** rules of evidence. Hearings shall be conducted in public view and in an orderly manner by the President of the Board. The order of proceeding will follow that which applies in civil proceedings of law. However, the rules of evidence shall be those specified by the Oklahoma Administrative Procedures Act.

(b) **Rulings of the President.** The President of the Board, or general counsel of the Board, shall rule upon the admissibility of evidence and objections thereto, and shall rule upon other motions or objections as they arise during the course of the hearing. The rulings of the President, in all questions, shall be the rulings of the Board unless reversed by a majority vote of the Board upon a party's appeal from such rulings of the President.

(c) **Burden of proof.** The Board's decisions to suspend or revoke a license shall be based on clear and convincing evidence presented at a public hearing. The Board shall establish, by greater weight of evidence, all other administrative actions against a physician [59 O.S. § 637(C)].

510:1-5-7. Respondent's failure to appear

Any respondent who fails to appear at a scheduled hearing as directed by the provisions of 510:1-5-23, after first having received proper notice, shall be determined to have waived his/her right to present a defense to the allegations in the petition and appropriate sanctions may be imposed by the Board if it appears, after having reviewed the evidence, that action is warranted.

Subchapter 7. Rulemaking Procedures

510:1-7-3. Notice and hearing requirements

(a) In any rule-making action, whether initiated by the Board or by petition, the Board shall comply with the current notice requirements in the Administrative Procedures Act [75 O.S., Section ~~304~~250 et seq.].

(b) Notice of the Board's consideration of proposed rulemaking action shall be mailed to all interested persons who have made a request of the Board for advance notice of the rulemaking proceedings, or who were specified in the petition and shall be published in the Oklahoma Register.

(c) Unless otherwise specified in the notice, all hearings will be conducted in the Office of the Board, or designated location.

(d) Appearance may be made individually, or by an authorized agent.

Chapter 5. Professional Standards

Subchapter 3. Restriction on Dispensing Drugs

510:5-3-1. Purpose

The purpose of this subchapter is to provide information regarding certain statute requirements for prescribing, recommending, administering, and dispensing drugs. (Title 59 O.S. 355.1 Et Seq.)

Subchapter 7. Unprofessional Conduct [REVOKED]

510:5-7-1. Unprofessional conduct related to Controlled Drugs [REVOKED]

~~The Board has the right to refuse to issue, renew or reinstate a license and may revoke a license or impose other appropriate sanctions for unprofessional conduct. In addition to those acts of unprofessional conduct listed in Title 59 O.S., Section 637 the following acts shall be included without limiting, in any way the Board's ability to interpret other acts as unprofessional conduct:~~

- ~~(1) Indiscriminate or excessive prescribing, dispensing or administering controlled drugs.~~
- ~~(2) Issuing prescriptions for controlled drugs to minors in violation of Title 63 O.S.~~
- ~~(3) Purchasing, prescribing, dispensing, recommending, or administering any controlled drug or other regulated substance in Schedule I through V, as those schedules are defined in Title 63 O.S. chapter 2, Sections 2-101 et seq. for the physician's personal use unless it is prescribed, dispensed, recommended, or administered by another physician who is licensed to do so.~~
- ~~(4) The delegation of authority to another person for the signing of prescriptions, whether controlled substances or otherwise.~~
- ~~(5) Issue a prescription for a controlled substance without establishing a physician-patient relationship at the time of the initial prescription.~~
- ~~(6) Issue a prescription for a controlled substance without documentation, diagnosis, and physical exam.~~
- ~~(7) It shall not be considered unprofessional conduct for a physician to renew a prescription for controlled drugs over telemedicine provided an initial script was issued in person.~~
- ~~(8) Any violation of any provisions of Title 63 O.S., Chapter 2, Sections 2-101 et seq or the Uniform Controlled Dangerous Substances Act.~~

Subchapter 9. Prescribing For Pain

510:5-9-1. Purpose

The purpose of this subchapter is to provide guidelines and requirements for osteopathic physicians who prescribe controlled medication for pain or recommend medical marijuana for pain.

510:5-9-2. Guidelines and requirements

This rule requires that diagnoses be documented, it requires that certain records be maintained, and it requires that the physician must discuss and document the discussion of the risks and benefits with the patient or the patient's guardian. Prescriptions for pain or medical marijuana recommendations for pain must comply with all current federal and state law.

Chapter 10. Licensure of Osteopathic Physicians and Surgeons

Subchapter 3. Licensure Requirements

510:10-3-1. Full licensure requirements

(a) **Licensure.** It is the general requirement in the State of Oklahoma that osteopathic physicians be licensed by the State Board of Osteopathic Examiners. No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and these Rules and has satisfied the Board of the ability to practice osteopathic medicine and surgery with reasonable skill and safety.

(b) **Postgraduate training.** One completed year of postgraduate training is a requirement for full licensure. The training must be or have been completed in a residency program that is approved by the Accreditation Council for Graduate Medical Education (ACGME), the Accreditation Council for Graduate Medical Education International (ACGME-I), the American Osteopathic Association (AOA) or the World Federation Medical Education (WFME). If the applicant did not complete a residency, then this experience may be in the form of a rotating internship or its equivalent, as determined by the Board, in an accredited internship or residency program acceptable to the Board. Clerkships are not permitted and do not replace the Postgraduate training requirements.

(c) **Application.** An applicant for a license to practice osteopathic medicine and surgery shall complete an application provided by the Board, which is available on the Board's website. The applicant shall complete and submit the application in full prior to the Board consideration. In addition to the application form online, each candidate must also provide the following materials:

- (1) A 3x4 photograph or larger taken within the previous sixty (60) days which meets the requirements of a passport photo;
- (2) Verification of graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA) or the Board. The applicant's medical school shall provide a copy of a final transcript and diploma in addition to verifying graduation;
- (3) the postgraduate training certificate, as applicable;
- (4) certificate of specialty board certification, as applicable;
- (5) Payment of all fees as established by the Board in the Fee Schedule under rule 510:10-7-1;
- (6) A transcript ordered from the National Board of Osteopathic Medical Examiners (NBOME) or the National Board of Medical Examiners (NBME), with a passing score on all steps of the examination as set forth by the testing entity. Any applicant who has failed more than four (4) of the following examination attempts: COMLEX-USA, FLEX, or USMLE, may be required to appear before the Board. The Board may accept an equivalent exam given by another State Board. The Board is not required, however, to accept these exams in lieu of the COMLEX-USA or USMLE examinations;
- (7) A notarized copy of the applicant's birth certificate or passport;
- (8) Verification of postgraduate training on a form furnished by the Board on its website. The postgraduate training form shall be filled out in its entirety by the program's residency coordinator or director, for each residency that the physician attended;
- (9) License verification of standing from each state where the physician has held a license, whether that license is current or inactive and whether or not the physician has been the subject of any disciplinary action in that state. If action has been taken by another state board, all orders and relevant documentation are required to be sent to the Board before the physician can be reviewed for licensure;
- (10) A chronology of events which accounts for the applicants time and activity, from medical school graduation to the present.
- (11) A report from the National Practitioner Data Bank (NPDB), shall be ordered by the applicant and sent to the Board;
- (12) Fingerprint-based background check completed by a Board approved entity that meets the requirements of a National Criminal History Record check pursuant to 74 O.S. § 150.9.
- (13) Proof of medical malpractice liability insurance if required under 59 O.S. § 641.1.

(d) **Interview.** The Board may require a personal interview from any applicant.

(e) **Beginning of practice.** Applicants for licensure shall not begin practice until their license ~~information is publicly provided on the Board's website~~ is issued.

510:10-3-8. Annual registration

(a) A licensee shall renew his or her license every year, by submitting a renewal application, which is available on the Board's website, and paying a non-refundable renewal fee in an amount established by the Board in its Fee Schedule pursuant to 510:10-7-1. If the licensee pays by mailing in a check, the payment must be postmarked by June 30. A physician who fails to acquire and submit a renewal application may not practice using a lapsed license. The renewal application together with all documents submitted with the application is the property of the Board and shall not be returned.

(b) **Continuing education required.** Annual license renewal requires proof of having attended and received credit for sixteen (16) American Osteopathic Association (AOA) Category One hours of Continuing Medical Education (CME).

(1) Osteopathic physicians who are obtaining or maintaining board certification through the American Board of Medical Specialties (ABMS) may complete sixteen (16) ~~Category One~~ American Medical Association (AMA) PRA Category One credit hours for purposes of satisfying their CME credits for renewal.

(2) One (1) hour every year of the required sixteen (16) hours shall be devoted to the subject of prescribing Controlled Dangerous Substances (CDS) as defined in Title 21, Code of Federal Regulations, Part 1308 or Title 63 of the Oklahoma Statutes.

(A) The one (1) hour of CME shall be dedicated to pain management, opioid use, or addiction. The course shall be ~~obtained at a seminar~~ approved by the State Board of Osteopathic Examiners.

(B) Certification of attendance shall be submitted to ~~CE Broker~~ the Board's designated learning management system by the organization sponsoring the program.

(C) Those osteopathic physicians who are licensed in Oklahoma who do not possess the State Bureau of Narcotics and Drug Enforcement Administration authority to handle CDS are exempt from this requirement.

(3) A licensee who is registered to recommend medical marijuana under Oklahoma law shall prior to recommending medical marijuana to patients and annually thereafter comply with, at a minimum, two (2) hours of CME related to medical marijuana as required by 63 O.S. § 427.10(G). CME for this section shall be approved by the Board or certified by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA) or any other certifying organization recognized by the Board.

(4) CME required for inpatient health care service entity providers under 63 O.S. § 3162 shall receive CME credit from the Board for completing the same.

~~(35)~~ A licensee who, for any period during the CME cycle year, was considered a Resident or Fellow is exempt from CME requirements. CME requirements will be required beginning the first July 1 following graduation from Residency or Fellowship.

~~(46)~~ All relevant CME data and completion certificates shall be submitted ~~through CE Broker to the~~ Board's designated learning management system. If applicable, the course provider may report the relevant CME data on behalf of the licensee.

(c) **Fee required.** All osteopathic physicians licensed to practice by the Board shall pay an annual renewal fee before July 1. In addition to the annual renewal fee, the Board may charge a convenience fee. A late fee shall be charged for any license not renewed before July 1 or any check not postmarked by June 30. The Board's fees are provided in the Fee Schedule in 510:10-7-1.

(d) **Professional Standards Questionnaire.** Annual license renewal requires the physician to truthfully answer questions posed by the Board regarding relevant personal and professional history of the applicant since their last renewal. If any question is answered "yes", then the applicant shall provide supporting documentation and a personal statement to the Board regarding the question answered.

(e) Medical Malpractice Liability Insurance. Annual license renewal requires the physician to attest to active medical malpractice liability insurance.

(ef) **Fitness to Practice Attestation.** Annual license renewal requires the physician to attest to their fitness to practice.

(fg) **Cancellation of License.** A licensee who does not successfully complete the annual renewal of their license shall be cancelled at the September regular meeting of the Board and will be issued an Order of Cancellation. A licensee who wishes to reinstate their license following cancellation may request to do so within two (2) years. This request shall include the following and is subject to Board review:

(1) Completion of the Professional Standards Questionnaire;

- (2) Signed Fitness to Practice Attestation;
- (3) Proof of sixteen (16) current cycle CME credit hours;
- (4) License Verifications from all states the licensee holds or had held a license.

510:10-3-11. Resident training license

The Osteopathic Medicine Act authorizes the Board to issue a Resident Training license for medical school graduates during their first year of postgraduate training, also known as PGY-1. In order to begin the first year of residency, all resident physicians must obtain a Resident Training license. The Board may issue a Resident Training license upon completion of an application, payment of any fees, and submission of documentation from the applicants Oklahoma training program recommending the physician and stating the applicant meets all the requirements for such license. Any person holding a Resident Training license is not guaranteed subsequent full licensure in Oklahoma as an osteopathic physician.

- (1) A Resident Training license shall be:
 - (A) Issued by the State Board of Osteopathic Examiners to eligible physicians;
 - (B) Issued for no longer than one (1) year unless extended by the Board;
 - (C) Issued without continuing medical education (CME) requirements unless the physician holds a registration to prescribe controlled drugs in Oklahoma.
- (2) If the physician's resident training program specifically approves the resident to have prescribing authority, the resident training license shall permit the physician to apply for prescribing privileges from state or federal authorities.
- (3) The Resident Training license shall not permit:
 - (A) The physician to apply for prescribing privileges for controlled drugs unless authorized by the resident's training program;
 - (B) The physician to recommend medical marijuana;
 - (C) The physician to supervise any mid-level practitioner;
 - (D) The physician to practice medicine outside the scope allowed by the training program; or
 - (E) The physician to practice independent of the training program.
- (4) Following completion of PGY-1 training the resident must apply for an advanced resident ~~medical~~ license to practice medicine in Oklahoma. The advanced resident license shall allow the practice of medicine for all necessary purposes to complete resident training. Termination of the resident from the training program, voluntarily or involuntarily, will result in the automatic suspension of the advanced resident license until the licensee appears before the Board at the next regularly scheduled meeting. In addition, the advanced resident license holder may practice medicine in nongraduate student training locations provided the individual submits to the Board a letter signed by the post-graduate Medical Director that provides all the following information:
 - (A) The name and practice location of all places in which the resident will be permitted to practice medicine. Changes in location or duties of the resident must result in the submission of a new letter signed by the Medical Director of the post-graduate program.
 - (B) The Medical Director has ensured that the resident has been properly trained to provide competent medical services required in the locations listed.
 - (C) The practice of medicine by the resident in the listed locations will not interfere with the training of the resident and is consistent with the program training goals.

Subchapter 4. Osteopathic Supervision of Mid-Level practitioners

510:10-4-2. Definitions

The following words and terms used in this Subchapter, shall have the following meaning unless the context clearly indicates otherwise:

"Board" means the State Board of Osteopathic Examiners.

"High-risk Procedures" means a procedure that, due to its technical nature, the patient's health status, or potential complications, requires time-sensitive supervisory review by a physician.

"Mid-level practitioners" include physician assistants and advanced practice nurses.

"Primary Care Medicine" means the practice of medicine with emphasis on emergency medicine, family medicine, general internal medicine, general pediatrics, and obstetrics and gynecology.

"Proper physician supervision" means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level

practitioners is essential.

510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician. Exception requests for rural primary care shall be given priority by the Board.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise up to seven (7) or more mid-level practitioners between regularly scheduled meetings of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The physician shall report to the Board and any mid-level practitioner under their supervision of any changes to the supervising relationship within thirty (30) days and update the supervision agreement as necessary. The written agreement shall comply with Oklahoma law: and should include, to the extent necessary, the following:

(1) Defining the oversight and acceptance of responsibility for the ordering and transmission of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies;

(2) Provisions for continuous availability of direct communication either in person or by electronic communication;

(3) A review process of prescribing patterns of the mid-level provider;

(4) The delegation of one or more alternative physicians in the absence of the supervising physician; and

(5) delineation of a plan for emergencies.

(f) Supervising physicians who choose to charge for their time related to supervision, may charge a reasonable fee to provide supervision services. The fee should be negotiated considering fair market value hourly rate not to exceed the rate set in Board Policy. The fee shall be disclosed in the supervision agreement.

(fg) All supervising osteopathic physicians, or their delegate, shall visit each location in which he or she supervises mid-level practitioners at least once a month.

(h) The Board may make an exception to the monthly in person visit requirement at the request of the physician for an exclusively telemedicine practice in which the physician is located out of state at an unreasonable distance for monthly visits. Exception requests for rural primary care shall be given priority by the Board.

(gi) To ensure appropriate levels of chart review of mid-level practice, all supervising osteopathic physicians shall ensure a physician shall review at least fifteen percent (15%) of patient charts recording treatment by the supervised mid-level practitioners each month. The supervising osteopathic physician, or their delegate, will make a note in the chart attesting that it has been appropriately reviewed.

(hj) To ensure appropriate levels of chart review, a supervising physician shall develop a list of High-risk procedures, for each mid-level practitioner. The performance of any of those procedures by the respective mid-level practitioner shall, in each instance, be reviewed within twenty-four (24) hours of treatment by the physician. The supervising osteopathic physician, or their delegate, will make a note in the chart attesting that it has been appropriately reviewed.

(ik) A physician may not supervise a mid-level provider who is an immediate family member, however, this prohibition shall not apply to family members outside the second degree of consanguinity or affinity.

MOTION TO ENFORCE

DANIEL
GARRISON,
D.O.
EXHIBITS ENTERED
UNDER SEAL



Oklahoma State Board of Osteopathic Examiners

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EDMOND

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SKIATOOK

SHEILA K. ST. CYR, M.S., R.N.
JONES

November 19, 2025

VIA EMAIL AND CERTIFIED MAIL

Daniel Garrison, D.O.



Re: Notice of Appearance re Motion to Enforce

Dear Dr. Garrison:

Please be advised that you are required to appear before the Oklahoma Board of Osteopathic Examiners at its next meeting on **December 11, 2025. All such appearances are set for 9:00 a.m.** The Meeting will be held at the office of the Board at 5400 N Grand Blvd, Ste 125, Oklahoma City, OK 73112.

Be further advised that at the conclusion of the appearance, the Board may take no action, or any action allowed by provisions of the Oklahoma Osteopathic Medicine Act, 59 O.S. Section 620 et. seq., including reprimand, probation, suspension, or revocation.

If you are represented by counsel, a courtesy copy of this Notice has been provided to them. Please feel free to contact us if you have any questions.

Very truly yours,

OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS

Steven K. Mullins
Executive Director

SKM/kd

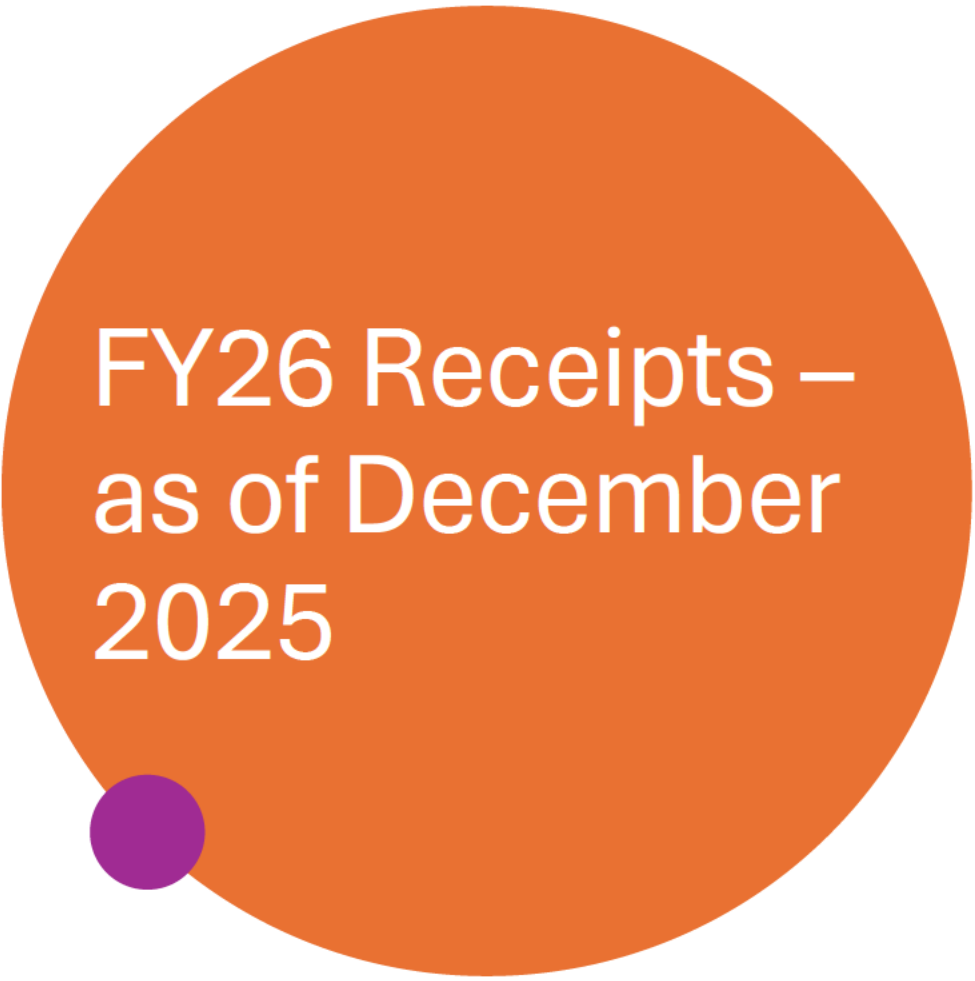
STAFF REPORTS

DIRECTOR MULLINS



Financial Update

as of December 2, 2025

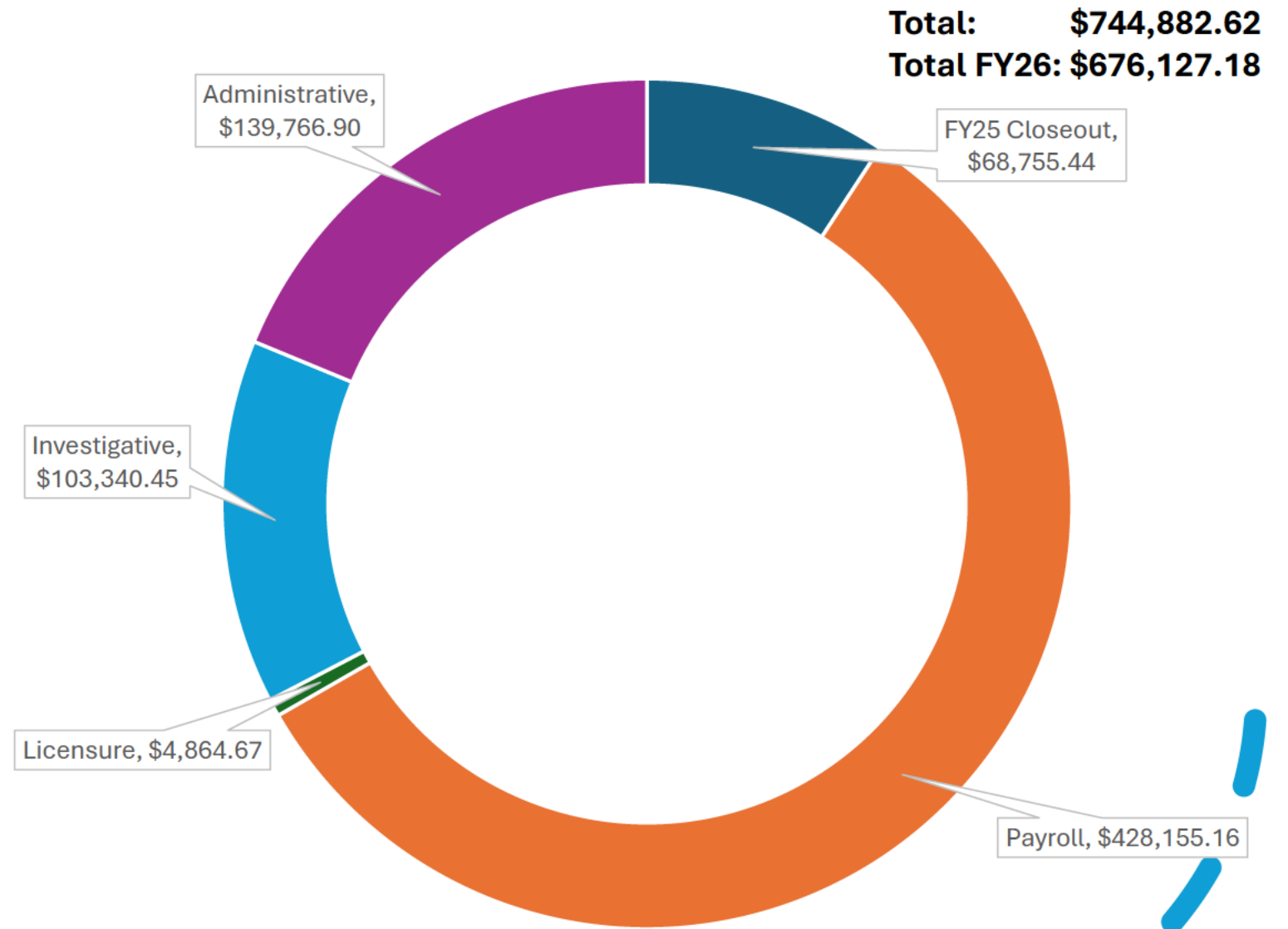


FY26 Receipts – as of December 2025

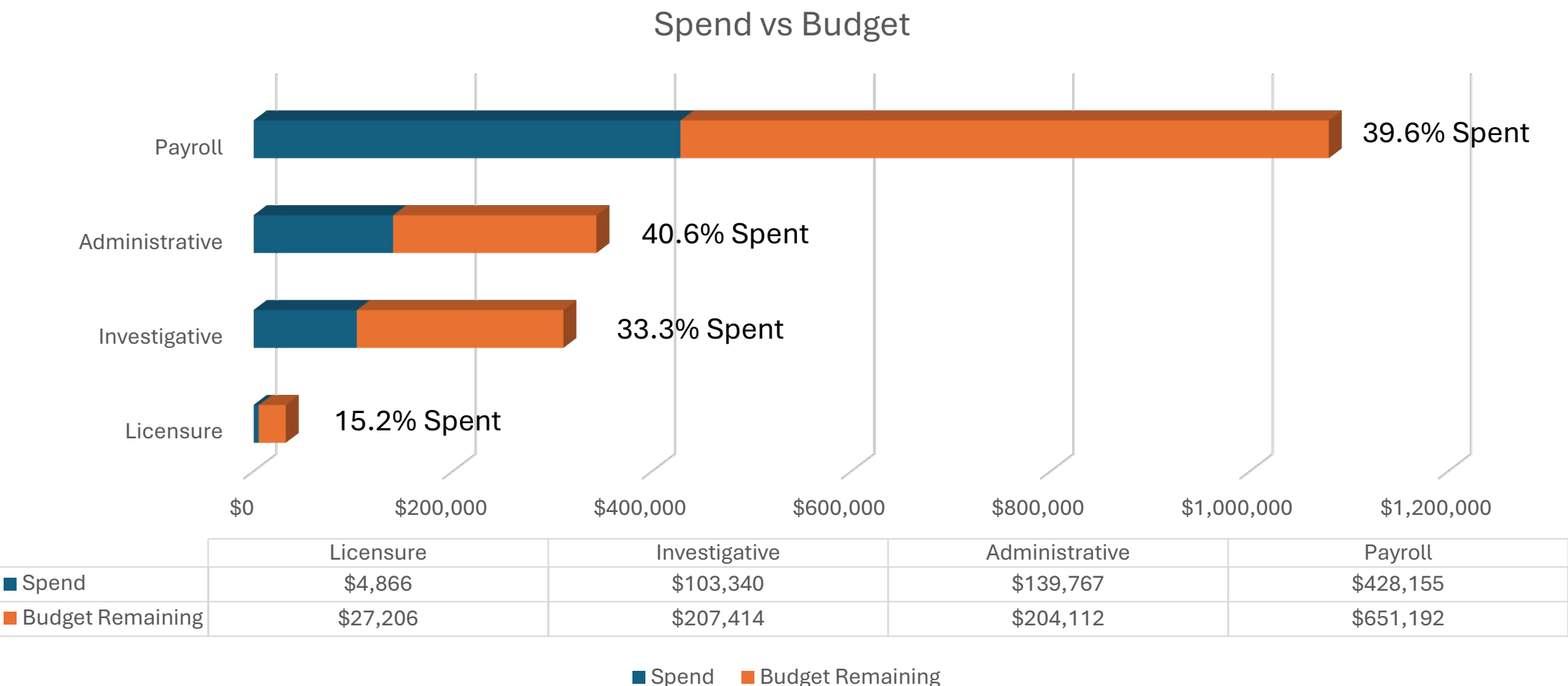
- Licensure: \$132,375.00
- Investigative: \$15,866.66
- Administrative: \$39,239.95

Total: \$187,481.61

FY26 Expenditures – as of December 2025



FY26 Budget - \$1,766,052



Current Account
Standing – as of
December 2025

\$729,113

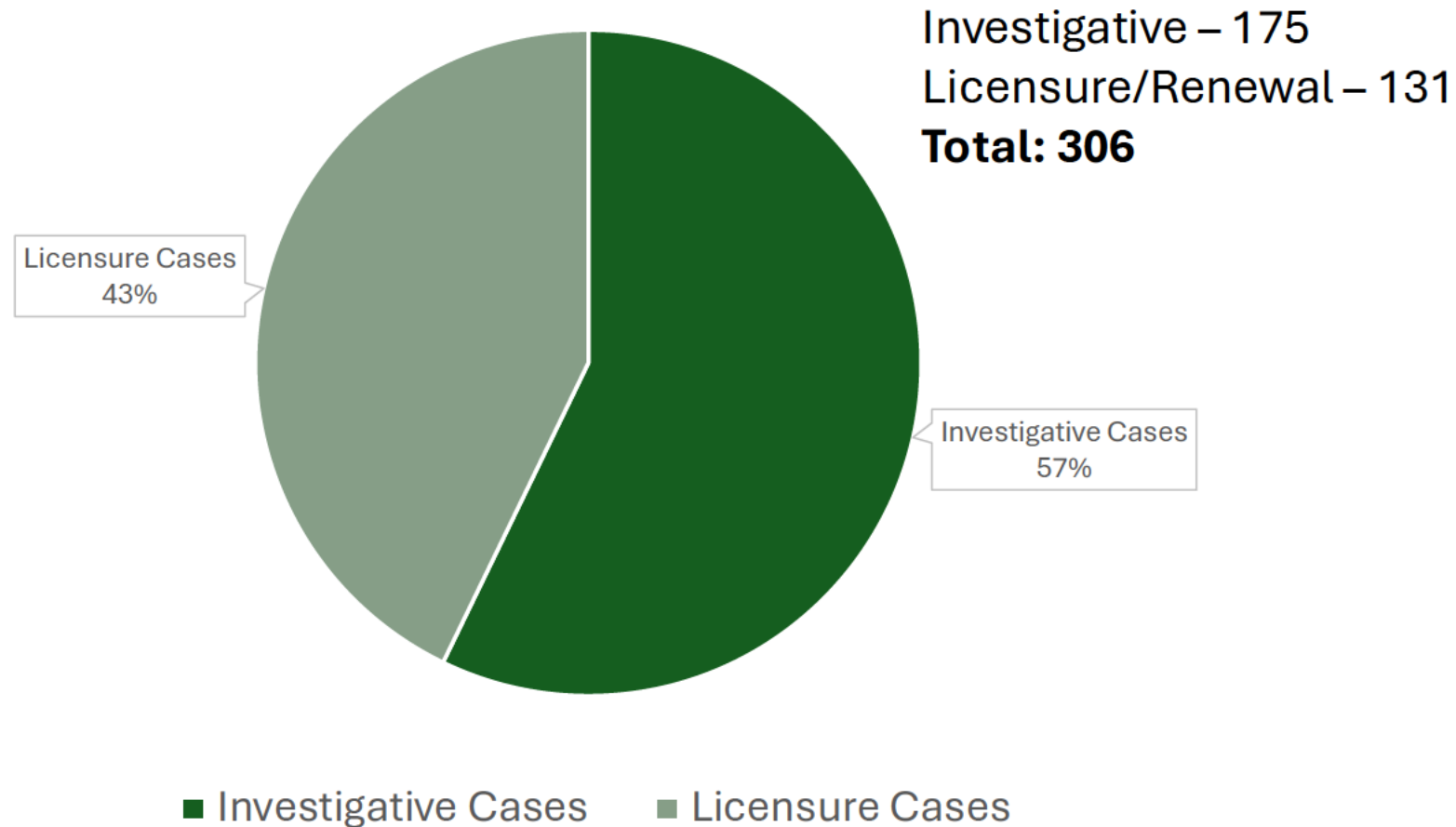


Investigative Update

as of December 3, 2025



Cases Received – January 1, 2025 to December 3, 2025



2025 Case Activity – from September 2025 Meeting



12 Agreements/Settlements Reached

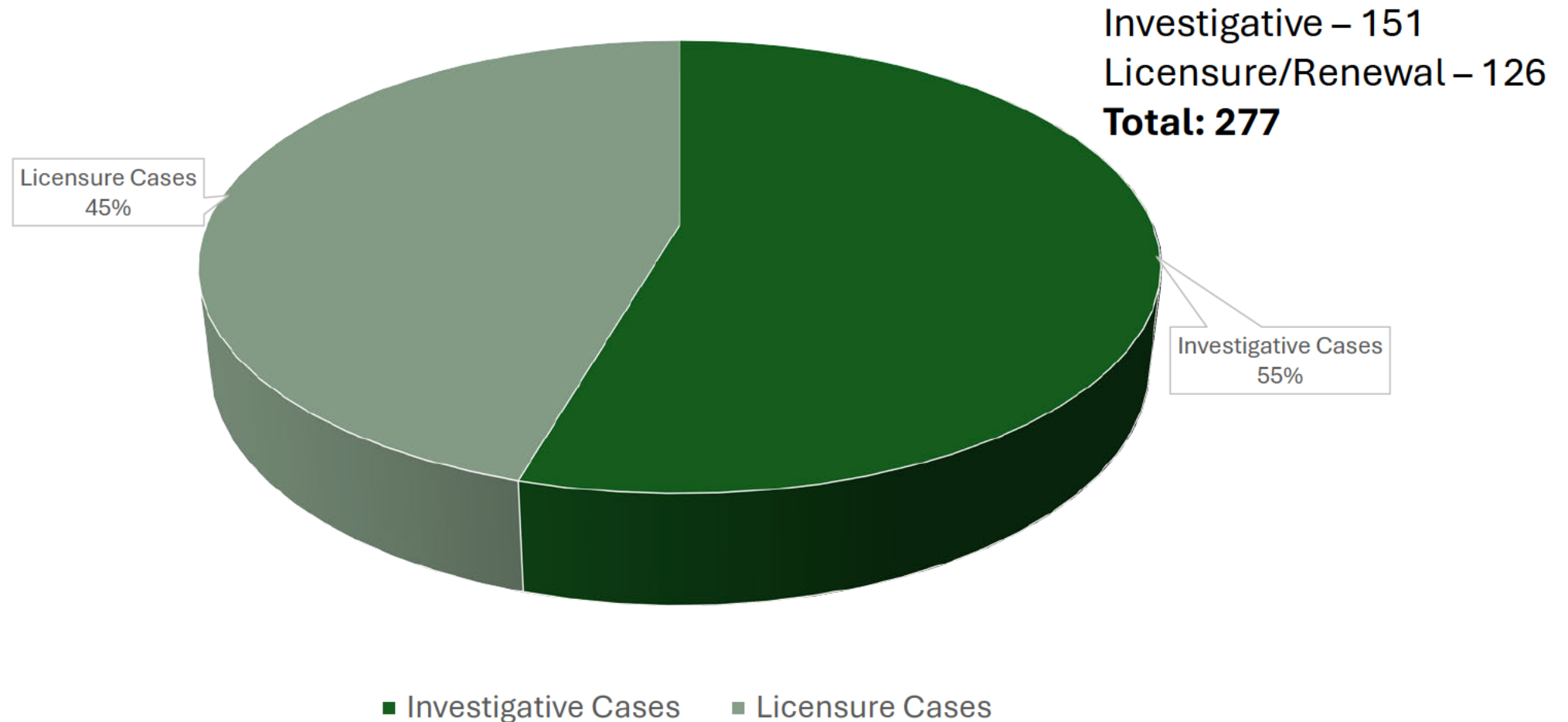
17 Subpoenas Issued

34 Cases Closed

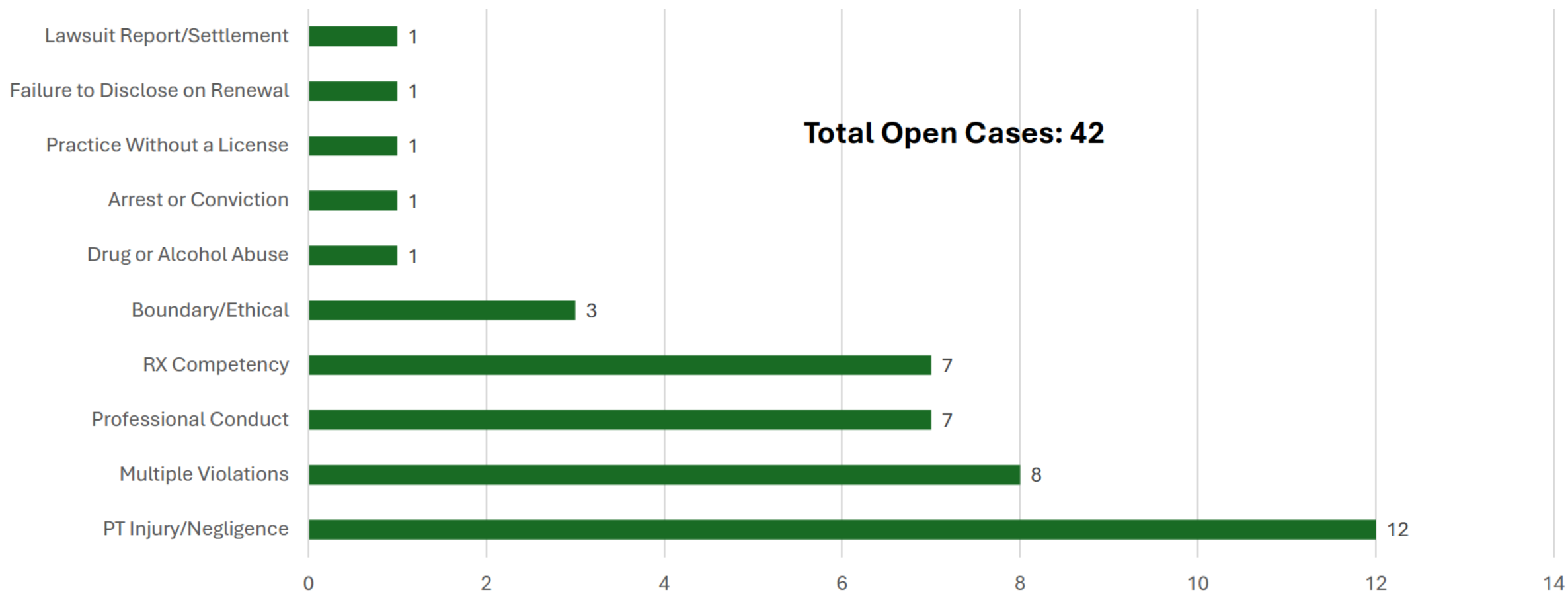
2 Records Assigned for Review

10 Reviewers Contracted

Cases Closed – January 1, 2025 to December 3, 2025



Open Cases by Allegation as of December 3, 2025



Additional Activities / Training



Prosecutor Sanders implemented weekly docket meetings to discuss status and ensure all cases are progressing.

Investigator's Fullbright and Freeman and Auditor Johnson continue to attend training relevant to their positions (FSMB Annual Conference, National Association of Drug Diversion Investigators, Association of Narcotic Enforcers)

OSBOE Investigations coordinated a quarterly meeting for state investigators to network, discuss trends, and current issues. This was attended by the Medical Board, OBNDD, Veterinary Board, Pharmacy Board and Dental Board.

Compliance and Educational Audit Update

as of December 3, 2025

2025 Educational and Dispensing Audits



30 EDUCATIONAL
AUDITS COMPLETED



6 DISPENSING PERMIT
AUDITS COMPLETED



16 SUBJECT TO
FOLLOW UP

Education Audit Benefits



Auditor provides physicians with a comprehensive packet which includes up-to-date policies, mid-level practitioner agreement, and samples of EMR templates.



Auditor assists with creating custom templates for EMR or office policies, if necessary.



Is building a network of physicians willing to serve as preceptors or provide expert review.



Is strengthening relationship with OBNDD, helping to resolve complaints before a public hearing is necessary.

Compliance

11 physicians currently being monitored for compliance

10 of **11** are currently in compliance.

Increased oversight over those on board order has increased compliance with orders.

Provided physicians with a dedicated point of contact during their probation/monitoring so they can address questions and concerns.

Recently contracted with a provider that has coverage across the state for necessary screenings and on-site breathalyzer services.

Educational Audit Webpage

A new webpage has been developed discussing the educational audit process.



Licensure Update

as of December 3, 2025

4,670 Active Licenses as of 12/3/2025

4,230 Full
Licenses

200
Advanced
Resident

203 Resident
Training

2 Temporary
Resident

10 Volunteer
Licenses

25 Emeritus
Licenses

Licensing Activity – 9/9/2025 to 12/2/2025



86 Applications Reviewed – Every new application is manually reviewed



20 Dispensing Permit Applications
Processed (215 Currently Active)

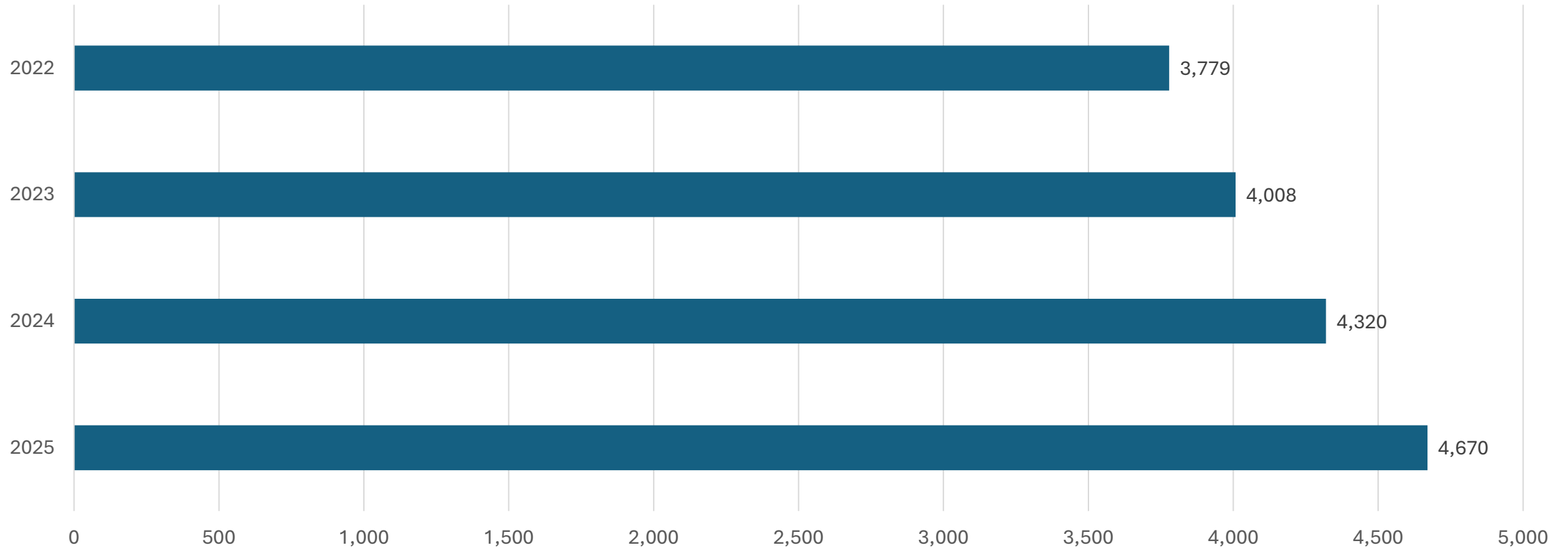


230+ Document Submissions Reviewed



91 Administrative Document Requests
Processed

License Increase – December 2022 – December 2025



Additional Activities / Training

Licensing Director Aquino and Deputy Licensing Director Womack both received the designation of Certified Medical Board License Specialist in September 2025.

OSBOE Licensing plans to continue hosting the annual meeting of Residency Directors and coordinators from all over the state to discuss licensure and updates to legislation.

The licensing department will continue to travel to Residencies to train residents on the licensure process.

CONTINUED MATTERS

PROPOSED EXECUTIVE SESSION

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT