



Quarterly Board Meeting
Thursday, June 11, 2026, 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.

If any matters on the agenda discussed at this meeting are unable to be concluded, the Board will reconvene at a continued meeting as announced prior to adjournment. This announcement shall include the date, time and location of such continued meeting. [25 O.S. § 304\(6\)](#)

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: 267 046 656 343 827

Passcode: Ro9Ag6Dc

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**
Quarterly Board Meeting of 3-12-2026

p. 8

___ **SWEAR IN NEW BOARD MEMBER**

___ **ELECTION OF OFFICERS**

COMPLIANCE ISSUES
[Director Mullins]

The Board, upon testimony by Board staff and respondents, may choose to take no action, modify existing Board orders, or assess an administrative fine as outlined in [59 O.S. § 637.1\(B\)](#).

- **Bradshaw, Christopher, D.O., # 5189** p. 23
Case No. 2023-101
Compliance
- **Wilson, Brandon, D.O., # 4976** Lane Krieger, J.D. p. 23
Case No. 2025-090
Compliance

REHABILITATION MONITORING PROGRAM REPORT
[Director Mullins]

Director Mullins will provide an informational report. Following the report, the Board may call an executive session to review, receive testimony, and discuss confidential mental health documents related to a licensee under investigation or review pursuant to [25 O.S. 307\(B\)\(12\)](#).

MOTION TO RETURN TO PRACTICE
[Prosecutor Sanders]

The Board can either approve, modify, table, or reject the presented motions to return to practice. Executive Session may be called to discuss confidential mental health documents related to a licensee under investigation or review pursuant to [25 O.S. 307\(B\)\(12\)](#).

- **Garrison, Daniel, D.O., # 6306** p. 31
Case No. 2023-009
Motion to Return to Practice
- **Treadwell, Stephen, D.O., # 2909** Elizabeth Scott, J.D. p. 47
Case No. 2025-070
Motion for Final Order

JOINTLY PROPOSED ORDER
[Prosecutor 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.

- **Berryman, Brian, D.O., # 3710** Steve Pontius, J.D. p. 60
Case No. 2025-190
Jointly Proposed Order

APPLICATIONS FOR REINSTATEMENT OF LICENSURE

[Director Mullins]

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

___ **Moses, Christopher, D.O., # 1908** **p. 70**

___ **King, Tyler, D.O., # 8235** **p. 97**

APPLICATION FOR RENEWAL

[Director Mullins]

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

___ **Harter, Anna, D.O., # 8669** **p. 107**

___ **Lantz, Sarah, D.O., # 9071** Kaylee Davis-Maddy, J.D. **p. 117**

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 March, 2026.

___ **See page. 123**

POLICY REVIEW

[Director Mullins]

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

<u>Policy Name</u>	<u>Number</u>
Policy for Recommendation of Medical Marijuana	OSBOE-P011

___ **See page. 128**

DISCUSSION AND POSSIBLE APPOINTMENT TO MEDICAL COMMITTEES

[Director Mullins]

The Board may discuss and make possible appointments pursuant to the [Title 59 O.S. Section 2028](#) and [Title 59 O.S. Section 519.3](#).

STAFF REPORTS

The Board may make motions to accept, reject or modify any report provided. The Board may take action as required to direct staff action.

Director Mullins:

- ___ Agency Investigative Report **p. 134**
- ___ Tulsa 2026 Hotel **p. 137**
- ___ Proposed Evaluation Schedule for Executive Director **p. 138**

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 September 2026 docket to allow appropriate time for completion of discovery and time to prepare for Individual proceedings in September 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.

- ___ **Robison, Melvin, D.O., # 2832**
- ___ **Lehman, R. Troy, D.O., # 4090**

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. No votes may be taken in executive session, but the Board may take action coming out of executive session

- ___ Legislative Update
- ___ GL Solutions – 25 O.S. § 307(B)(11)
- ___ Notification of Staff Resolution Agreements (2025-107, 2025-153, 2026-027, 2026-028, 2026-030)
- ___ FY2027 Budget
- ___ 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 MEETING MINUTES**

DATE OF MEETING March 12, 2026

PLACE OF MEETING Grand Centre – OSBOE Board Room
5400 N Grand Blvd., Suite 125
Oklahoma City, OK 73112

MEMBERS PRESENT Dennis J. Carter, D.O.
Chelsey Gilbertson, D.O.
Duane Koehler, D.O.
Sheila St. Cyr, M.S., R.N.
Layne Subera, D.O.
Katie Templeton, J.D.
D. Matt Wilkett, D.O.
LeRoy Young, D.O.

MEMBERS ABSENT

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 December 11, 2025.

Dr. Koehler moved to approve the minutes as presented. Ms. St. Cyr 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, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.
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The motion passed.

ACKNOWLEDGEMENT OF PAST SERVICE

Dr. Gilbertson announced that Dr. Koehler’s term on the Board was coming to a close. She thanked him for his diligent service to the citizens of Oklahoma and presented him with a plaque to acknowledge his tenure on the Board.

APPOINTMENT OF FSMB 2027 ANNUAL CONFERENCE LIASION

Dr. Gilbertson asked that Board Vice President, Katie Templeton, take the role of FSMB 2027 Annual Conference Liaison as the 2027 FSMB Conference is being held in Oklahoma. She accepted and announced that registration would be waived for any Board Member that would like to attend.

MID-LEVEL SUPERVISION EXCEPTION REQUESTS

Team Health, Deborah Reed and Kim Moore:

Martin McBee, D.O.

Monte Veal, D.O.

Alfred Husen, D.O.

Matthew Wood, D.O.

Dr. Gilbertson called the matter of Team Health and their four (4) physician requests to order. Ms. Reed and Mr. Moore appeared in person to provide the supervision plan on behalf of the physicians requested. Executive Director, Steven Mullins, appeared in person to present Team Health's request for supervision limit increase. Ms. Reed, Mr. Moore and Mr. Mullins provided testimony and answered questions from the Board.

Dr. Subera moved to approve Team Health's request for Martin McBee, D.O., Monte Veal, D.O., Alfred Husen, D.O., and Matthew Wood, D.O., to each supervise a maximum of 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, no; Dr. Gilbertson, abstain; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Mark Gage, D.O.

Dr. Gilbertson called the matter of Mark Gage, D.O., to order. Dr. Gage appeared in person. Executive Director, Steven Mullins, appeared in person to present Dr. Gage's request to supervise a maximum of ten (10) mid-level providers and his request for an exception to the monthly in-person visit for one of his current supervised mid-level providers.

Ms. Templeton moved to deny Dr. Gage's request to supervise a maximum of 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, yes; Dr. Subera, abstain; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Koehler moved to deny Dr. Gage's request for an exception to the in-person visit requirement with the option to bring his request back once it is in line with the set standards. 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, no; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, abstain; Ms. Templeton, yes; Dr. Wilkett, no; Dr. Young, no.

The motion passed.

COMPLIANCE

Christopher Bradshaw, D.O.

Dr. Gilbertson called the matter of Christopher Bradshaw, D.O., to order. Dr. Bradshaw appeared in person. Compliance Officer, Kristi Johnson, appeared in person to report on Dr. Bradshaw's compliance with his Order. Dr. Bradshaw and Ms. Johnson provided testimony and answered questions from the Board.

No motions were made.

Bradley Cross, D.O.

Dr. Gilbertson called the matter of Bradley Cross, D.O., to order. Dr. Cross appeared in person. Compliance Officer, Kristi Johnson, appeared in person to report on Dr. Cross's compliance with his Order. Dr. Cross and Ms. Johnson provided testimony and answered questions from the Board.

No motions were made.

Daniel de Gaston, D.O.

Dr. Gilbertson called the matter of Daniel de Gaston, D.O., to order. Dr. de Gaston appeared in person. Compliance Officer, Kristi Johnson, appeared in person to report on Dr. de Gaston's compliance with his Order. Dr. de Gaston and Ms. Johnson provided testimony and answered questions from the Board.

No motions were made.

OSBOE Regular Meeting, March 12, 2026
Daniel Garrison, D.O.

Dr. Garrison's compliance appearance was continued to the June 2026 Board Meeting.

NOTIFICATION OF NONCOMPLIANCE

Stephen Treadwell, D.O.

Dr. Gilbertson called the matter of Stephen Treadwell, D.O., to order. Dr. Treadwell appeared in person with his counsel of record, Elizabeth Scott, J.D. Executive Director, Steven Mullins, appeared in person to present testimony and evidence regarding Dr. Treadwell's noncompliance. Both parties provided testimony and answered questions from the Board.

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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Young moved that Dr. Treadwell be issued a Temporary Order which includes the preliminary discharge recommendations from Florida Recovery Center (FRC). Dr. Treadwell is to comply with all recommendations from FRC and sign releases for all testing completed to be released to the Board. Dr. Treadwell is to re-appear at the June 2026 Board Meeting 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

JOINTLY PROPOSED ORDER

Victoria Mills, D.O.

Dr. Gilbertson called the matter of Victoria Mills, D.O., to order. Dr. Mills's counsel of record, Alexander Vosler, J.D., appeared on Dr. Mills's behalf. Executive Director, Steven Mullins, gave a brief background and introduced the Board's prosecutor for this case, Kay Sewell, J.D., who presented the Jointly Proposed Order. Both parties provided testimony and answered questions from the Board.

Ms. Templeton moved to dismiss the case regarding Dr. Mills.
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, abstain; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

PROVIDER RECOVERY OKLAHOMA (PRO) PROPOSAL

Director Mullins provided the Board with background on this proposal and also called Kate Mayberry and Kris Johnson to discuss this program. Mr. Mullins, Ms. Mayberry and Ms. Johnson provided information and answered questions of the Board.

Ms. Templeton 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Ms. Templeton 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Ms. Templeton moved to approve the proposal with a change of name to ensure licensees understand this a program of the Board and asked that a report be made at the June 2026 Board Meeting of its progress.
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, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

TERMINATE OHPP CONTRACT

Dr. Carter moved to terminate the current Oklahoma Health Professionals Program (OHPP) contract.
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, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

MOTIONS TO MODIFY COMPLIANCE ORDERS

Dennis Ho, D.O.

Dr. Gilbertson called the matter of Dennis Ho, D.O., to order. Dr. Ho appeared in person. Compliance Officer, Kristi Johnson, appeared in person to present the Board's request for Dr. Ho to move his monitoring contract to the Board's new monitoring program. Both parties provided testimony and answered questions from the Board.

Dr. Carter moved to approve the Board's presented request for Dr. Ho's monitoring to continue through the Board's monitoring program.
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, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Clayton Howell, D.O.

Ms. Templeton called the matter of Clayton Howell, D.O., to order. Dr. Howell appeared in person. Compliance Officer, Kristi Johnson, appeared in person to present the Board's request for Dr. Howell to move his monitoring contract to the Board's new monitoring program and Dr. Howell's request to supervise up to two (2) mid-level providers. Both parties provided testimony and answered questions from the Board.

Dr. Young moved to approve the Board's presented request for Dr. Howell's monitoring to continue through the Board's monitoring program.
Dr. Koehler seconded the motion.

Ms. Templeton called for the votes on the motion and a roll call.

The roll call/votes were: Dr. Carter, yes; Dr. Gilbertson, absent; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, yes; Ms. Templeton, no; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Young moved to approve Dr. Howell's motion to supervise up to two (2) mid-level providers.
Dr. Koehler seconded the motion.

Ms. Templeton called for the votes on the motion and a roll call.

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

The motion passed.

MOTION TO APPROVE RE-ENTRY PLAN

Greg Rampey, D.O.

Dr. Gilbertson called the matter of Greg Rampey, D.O., to order. Dr. Rampey appeared in person. Executive Director, Steven Mullins, appeared in person to present Dr. Rampey's plan for preceptorship and re-entry. Lead Investigator, Elizabeth Fullbright, also appeared to provide testimony on behalf of Dr. Rampey. All parties provided testimony and answered questions from the Board.

Ms. Templeton moved to go into Executive Session.
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, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Ms. Templeton moved to come out of Executive Session.
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, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Ms. Templeton moved to approve the proposed re-entry plan with the addition of the following terms. Dr. Rampey shall, during the duration of his preceptorship, obtain a total of one thousand two hundred (1,200) clinical hours. Dr. Rampey shall, during the duration of his preceptorship, obtain eighty (80) Continuing Medical Hours (CME) total. Dr. Rampey shall, following the completion of his preceptorship, obtain a clinical competency evaluation. Dr. Rampey is to complete phases 1-3, then phase 4 can be completed.
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, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

MOTION TO CHANGE LICENSE TYPE

Richard Schafer, D.O.

Dr. Gilbertson called the matter of Richard Schafer, D.O., to order. Dr. Schafer appeared in person and his counsel of record, Jim Johnson, appeared via Teams. Executive Director, Steven Mullins, appeared in person to present Dr. Schafer's motion to change license type from Emeritus to Osteopathic Physician and Surgeon. Both parties provided testimony and answered questions from the Board.

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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, absent; 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Dr. Carter moved to approve Dr. Schafer’s motion for change of license type with the following additional conditions. Dr. Schafer shall obtain a Board approved preceptor and complete one thousand two hundred (1,200) clinical hours. Dr. Schafer’s practice shall be limited to his preceptor’s clinic. Following completion of Dr. Schafer’s terms, he shall undergo an additional clinical competency evaluation.
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, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

APPLICATION FOR REINSTATEMENT OF LICENSURE

Dr. Gilbertson called the matter of James Zubernis, D.O., to order. Dr. Zubernis appeared in person. Executive Director, Steven Mullins, appeared to present Dr. Zubernis’s application for reinstatement of licensure. Both parties provided testimony and answered questions of the Board.

Dr. Subera moved to approve Dr. Zubernis’s application for reinstatement of licensure for good cause shown.
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, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

RATIFICATION OF APPROVED LICENSES

Dr. Gilbertson asked the members of the Board if they had reviewed the provided ratification list for the period of December 2025 to March 2026.

Dr. Young moved to ratify all licenses issued since the December 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, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

POLICY FOR ADOPTION

OSBOE-P013

Director Mullins asked the Board to consider adopting OSBOE-P013 which outlines the procedure for safe harbor agreements.

Dr. Carter moved to approve adoption of OSBOE-P013.
Ms. St. Cyr 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, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

STAFF REPORTS

Director Mullins:

Financial Report

Mr. Mullins informed the Board that due to ongoing uncertainty with the existing licensure software, staff found a new vendor and have begun work on building a new system.

Agency Investigative Report

Mr. Mullins informed the Board the investigative case load is still moving forward efficiently.

Educational Audit Report

Mr. Mullins informed the Board that the educational audit program continues to grow and has been successful.

Licensure Report

Mr. Mullins stated there is still steady growth of licensees and the office is gearing up for licensing season.

CONTINUED MATTERS

It was announced that the following matter had been continued until the June 2026 meeting.

Melvin Robison, D.O.

PROPOSED EXECUTIVE SESSION

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

- Legislative Update
- GL Solutions – 25 O.S. § 307(B)(11)
- Notification of Staff Resolution Agreements
- Litigation / Settlement Discussions (OSBOE-2025-115)
- Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual or employee pursuant to 25 O.S. § 307 (B)(1).

Ms. Templeton 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

Ms. Templeton 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, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, absent; Ms. Templeton, yes; Dr. Wilkett, yes; Dr. Young, yes.

The motion passed.

OLD BUSINESS

OSBOE Regular Meeting, March 12, 2026

No old business was discussed.

NEW BUSINESS

No new business was discussed.

ADJOURNMENT

The meeting was adjourned by consensus at 5:24pm

**SWEAR IN
NEW BOARD
MEMBER**

ELECTION OF OFFICERS

COMPLIANCE ISSUES

OSBOE Compliance Report

June 2026

This report provides an overview of **14 physicians currently on Board-ordered monitoring**, re-entry plans, and requests for increased mid-level supervision. Each physician is fully aware of their responsibilities monthly or quarterly to ensure ongoing compliance. Out of these doctors, **12 are fully compliant** with their Board orders.

Board-Ordered Monitoring:

Dr. Bradshaw is **currently not in compliance** with his Board Orders due to **late payment** of his monthly monitoring fees, which are due on the 1st of each month. The payment for March was submitted one day late; the payment for April, twelve days late; and the payment for May, three days late. Dr. Bradshaw's quarterly self-reporting emails have been consistent, and he has also been providing correspondence from his psychiatrist. A quarterly compliance visit was conducted in April 2026 with Katelyn Mayberry. The primary focus of this visit was the monitoring agreement, during which the monthly payments were also discussed. Currently, Dr. Bradshaw is employed at a rural healthcare clinic, working between thirty and forty hours each week. After a discussion with Dr. Bradshaw, we talked about being invoiced for multiple months at a time to ensure compliance. His next invoice will cover three months. Dr. Bradshaw is scheduled to complete his probationary period in 2029.

Dr. Wilson is **currently not in compliance** with his Board Orders due to **late payment** of his monthly compliance fees, which are due on the 1st of each month. The payment for March was submitted two days late, the payment for April was submitted twelve days late, and the payment for May was submitted five days late. The compliance officer has contacted the physician by phone and text message to remind them of the fee payment deadline. In April, Dr. Wilson's attorney was also notified that if Dr. Wilson again failed to submit the fee on time in May, he would appear before the Board in June 2026. In May, an email from Sean Sanders, the prosecutor, was sent to Dr. Wilson's attorney regarding the overdue fee. Mr. Sanders and Dr. Wilson's attorney reached an agreement that Dr. Wilson would make an advance payment covering multiple months. Dr. Wilson was invoiced for the outstanding balance, and as of June 5, 2026, it remains unpaid. Dr. Wilson is scheduled to complete his three years of monitoring by the year 2028.

Dr. Cross is currently **in compliance** with Board Orders by completing his self-report, maintaining monthly communication, and paying his monthly monitoring fees on time. A

quarterly compliance visit took place at his practice in April 2026. He is preparing for his second Board Certification in Hospice Care and has recently established a second clinic in the Eufaula Lake area. Currently, he is not supervising mid-level practitioners. Dr. Cross is scheduled to complete his probation in 2029.

Dr. Howell is currently **in compliance** with Board Orders by completing the self-report, maintaining monthly communication, and paying the monthly monitoring fees. A quarterly compliance visit took place at his practice in April 2026. Since his modified motion to supervise a maximum of two mid-level practitioners was approved at the March 2026 Board meeting, he is awaiting assignment from his corporate office. Dr. Howell is scheduled to complete his probationary period in 2029.

Dr. de Gaston is currently **in compliance** with the Board's orders by completing his self-reports, maintaining monthly communication, and paying monthly monitoring fees. A quarterly compliance visit was conducted in June 2026. Dr. de Gaston is working with the Oklahoma Department of Corrections and has recently completed his fifth year with ODC. He is scheduled to finish his probationary period in 2029.

Dr. Garrison is currently **in compliance** with the Board's orders, completing his self-reports, maintaining monthly communication, and paying monthly monitoring fees. A quarterly compliance visit was completed at his practice in March 2026. During this meeting, we discussed his recommendation from Pine Grove and the Board Staff's expectations moving forward. Dr. Garrison will appear at the June 2026 Board Meeting.

Dr. Ho is currently **in compliance** with the Board's orders, completing the self-report and monthly contact, and paying monthly monitoring fees on time. A quarterly compliance visit was completed at the OSBOE office in April 2026. Dr. Ho is scheduled to finish his probation in October 2026

Dr. Mercer is currently **in compliance**, completing the self-report monthly. There are no issues or concerns currently.

Dr. Treadwell is currently **in compliance** with the Board's orders, completing the self-reporting form and paying monthly monitoring fees on time. A quarterly compliance visit was completed at his clinic in March 2026. Dr. Treadwell is scheduled to appear before the Board in June 2026. Dr. Treadwell is scheduled to finish his monitoring in 2030

Dr. Clymer is currently **in compliance**, completing the self-report monthly and monthly contact. There are no issues or concerns currently.

Dr. Royder is currently **in compliance**, completing the self-report and monthly contact, and paying monthly monitoring fees on time. Dr. Royder's January financial audit has been completed and is currently awaiting the final report.

Mid-Level supervision increase:

Dr. Priest is **in compliance** and currently overseeing 9 mid-levels, 4 of whom are full-time, and reviewing 15% of charts monthly.

Re-Entry Plans:

Dr. Rampey is **in compliance** and has completed 352 of the 1200 hours in the Re-entry plan, and monthly updates from Dr. O'Neill are sent to the Compliance Officer. Dr. Rampey is completing his self-reporting form and monthly contact.

Dr. Schafer is **in compliance** and currently working to find a preceptor for his re-entry requirements.

CHRISTOPHER
BRADSHAW,
D.O.
5189

BRANDON
WILSON, D.O.

4976

LANE KRIEGER, J.D.

REHABILITATION
MONITORING
PROGRAM
REPORT

MOTION TO
RETURN TO
PRACTICE

DANIEL
GARRISON,
D.O.
6306

Return to Work Recommendations:

Dr. Garrison is cleared to return to practice medicine, once the Oklahoma State Board of Osteopathic Examiners has approved of his return and his medical license reinstated. His monitoring of sobriety will need to begin before any return to medicine. He would be safe to practice medicine with the following recommendations:

1. Dr. Garrison will need to participate in at least five years of monitoring through the Oklahoma State Board of Osteopathic Examiners. Monitoring will need to include, but is not limited to the following: random toxicology screens (urine, blood, hair) that includes EtG, and monthly PEth tests. The panel of testing will need to be an expanded panel that includes substances like Kratom, Benadryl, and Gabapentin. He needs testing once weekly, at a minimum.

- I fully agree with all monitoring recommendations and am committed to participating in the five-year program, including weekly random toxicology screens, EtG, and monthly PEth testing. For clarification: I have never tested positive for diphenhydramine (Benadryl) and have no history of misusing it, so I would respectfully ask the Board to consider whether its inclusion on the expanded panel is necessary in my case. That said, I have no objection to it remaining on the panel if the Board prefers. I want to emphasize that I was actively working a program of sobriety prior to entering treatment and remain fully committed to it.

2. Dr. Garrison will need a number of workplace boundaries, which include the following:

a. No dating current or former patients/patient surrogates.

- I agree with this restriction without reservation. I was not previously aware of the "once a patient, always a patient" standard, and I understand that this is a legal and ethical gray area with no clearly defined safe interval after termination of the physician-patient relationship. To avoid any ambiguity, I will treat the standard as absolute going forward.

b. No befriending patients.

- I am not sure what this means. If included in my restrictions, I would like a description of what the word 'befriending' means. What are clear lines that should NOT be crossed.

c. From this point forward, no hiring of past or current patients.

- I will not hire any current patients under any circumstance. With respect to former patients, I would respectfully request that the Board consider defining a specific "cooling-off period" rather than imposing a permanent prohibition. As my practice continues, the pool of "past patients" in my community will grow substantially, and a permanent ban could unnecessarily exclude qualified candidates from a small local labor market. A defined interval — for example, three months following termination of the physician-patient relationship — would provide a clear, enforceable standard. My

current staff is stable, and I do not anticipate near-term turnover, so this is a request for clarity rather than an immediate need.

d. Employees do not need to be current patients and at a minimum, there needs to be no prescribing of controlled substances to employees.

- I have discussed this with Kristy and understand the limitations. I will not prescribe controlled substances to staff under any circumstance. Staff may continue to be seen for routine primary care, urgent care, and contraceptive management. I will not perform pelvic examinations or Well Woman exams on staff; for those services they will be referred to the local health department or to their OB/GYN. My staff are 1099 contractors who do not receive health insurance, and being able to offer them basic medical care at no or reduced cost is a meaningful benefit. I believe the limitations described are reasonable and sustainable.

e. Patients do not need Dr. Garrison's cell phone number.

- I agree with this recommendation. This has not been an issue in my practice, and I have no concerns with the limitation.

f. No interaction with patients via social media, and no contacting patients directly except from the office phone to discuss lab results or a medical issue for which he is treating the patient. It is recommended he separate his personal and professional social media accounts, if he chooses to have social media. It is recommended he unfriend current patients and not to "friend" patients or follow patients.

- I have implemented the following changes: my Facebook account has been converted to a business page under "Exemplar Health/Wellness," with the clinic address and phone number listed; family members have been removed; and the page is used only for business purposes. Patients occasionally use the page to request appointments or refer others to the clinic. When messages involve refill requests or medical advice, I direct the patient to our website or instruct them to call the clinic to schedule an appointment. I do not engage with patients on personal social media.

g. Limit personal information provided to patients.

- I would appreciate clarification regarding the scope of this recommendation so that I can comply fully. In the meantime, I will continue to maintain a strictly professional relationship with all patients and limit personal disclosures.

h. Work no more than 50-55 hours per week.

- My current clinic hours fall within the recommended limit, totaling 46–50 hours per week: Monday, Tuesday, Thursday, and Friday from 7:00 a.m. to 5:00 p.m.; Wednesday

from 7:00 a.m. to 1:00 p.m.; and every other Saturday from 9:00 a.m. to 1:00 p.m. The Board is welcome to verify these hours through my staff or website at any time..

i. No treatment or prescribing for self, family, friends, or co-workers.

- I have never prescribed medications to myself, family members, or friends, and I will continue to abstain from doing so. With respect to co-workers, please see my response to recommendation 2d.

j. Limit dual relationships as much as possible (e.g., not to befriend patients, refrain from friends becoming patients, etc.)

- I agree with this recommendation in principle. I would respectfully ask the Board to provide a more specific definition of what constitutes "befriending" in this context, as the line between a professional rapport and a personal friendship can be difficult to draw in a small-community family medicine setting. Clear written guidance will help me comply consistently and avoid inadvertent violations.

3. Dr. Garrison will need a workplace monitor who provides regular updates to the Osteopathic Board. The workplace monitor will need to have a general knowledge of his problem areas in order to know what to observe in the workplace. There are possible options for who could serve in this role. One could be a workplace monitor who is in Dr. Garrison's practice; another option is for a Board representative to visit his practice and interview staff periodically; another is hiring PULSE 360 at 305-285-8900. PULSE 360 is an organization that provides anonymous surveys to employees and summarizes the feedback into a comprehensive report.

- I have agreed to have a Board-selected employee or designee come to my clinic once weekly for a minimum of six hours to observe my interactions with patients and staff and report directly to the Board on the appropriateness of those interactions.

4. Solo practice is not recommended for Dr. Garrison. Within 3 months of returning to practice medicine, he will need to hire a mid-level or physician that is not a family member or friend. In the three month interim, his mother could be the other provider, but he will need to actively pursue hiring another provider.

- This is the recommendation I have the greatest difficulty meeting as written, although I fully understand and agree with the underlying intent of having additional clinical oversight in the practice. I respectfully ask the Board to consider the following:
- Hiring a physician is not feasible. I have been added to the CMS Preclusion List pursuant to 42 C.F.R. §§ 422.2, 422.222, 423.100, and 423.120(c)(6) following my felony conviction (see attached letter). Any physician who enters into a partnership or group arrangement with me would be at risk of being added to the Preclusion List by association, which makes physician recruitment extremely unlikely.

- Financial constraints. I am not currently drawing a salary from the practice, and my income has declined significantly since the surrender of my license (see attached financial documentation). Supporting a full physician salary is not feasible at this time.
- Proposed alternative. I believe it is realistic to hire a part-time mid-level provider (minimum 20 hours per week) within three months of returning to practice, and I intend to use a staffing firm such as Flynt Medical Staffing to do so by the end of August 2026. I will increase the mid-level's hours as financially feasible, which I anticipate within 6 to 12 months of resuming practice.
- Prior experience. I previously employed a mid-level provider, which was a positive experience for the clinic. That provider departed during the period of increased Board scrutiny due to concerns about collateral professional impact.

5. With regard to his pharmacy, Dr. Garrison needs to follow all guidelines and regulations for having a pharmacy. He does not need to have controlled substances, other than testosterone.

- I have never stocked controlled substances in my pharmacy other than testosterone, and I will continue to comply with all guidelines and regulations governing dispensing pharmacies. I will provide Kristy with access to my pharmacy prescription platform so that testosterone prescribing volume can be reconciled against inventory at any time. The clinic's dispensing pharmacy is one of the most effective ways I am able to help my Medicare patients afford their medications, particularly given that I cannot bill Part D, and I appreciate the opportunity to retain my dispensing license.

6. A one week PEP recheck is recommended to occur six months after a return to medicine. A polygraph will be a component of his recheck. Dr. Garrison will need to contact PEP, in advance, in order to return at his chosen dates. If Dr. Garrison relapses or demonstrates a pattern of non-compliance, it is recommended he return for a recheck sooner than six months.

- I agree with this recommendation and will coordinate scheduling with PEP in advance.

Aftercare Recommendations:

1. Individual therapy and psychiatric follow-up is recommended with OSBOE approved providers. Dr. Tiffany Bartell with Oklahoma University is recommended. Also through Dr. Bartell's clinic, it is recommended he see Dr. Gabriel Cuka for psychiatry and Dr. Michael Brand for therapy.

- I have no objection to seeing Dr. Bartell, Dr. Cuka, and Dr. Brand. I have called the clinic twice and was told they have not yet received a referral from Pine Grove. Kristy and Katilyn have indicated they are working on the referral, and I will follow up promptly once it is received.

2. Attending 12 step meetings (AA, SA, SAA, Caduceus, IDAA) and continuing to work with his sponsor. It is recommended Dr. Garrison attend 90 meetings in 90 days and these can be a

combination of in-person and on-line meetings. After the 90 days, it is recommended he attend 3-4 12 Step meetings a week.

- As of May 7, 2026, I have 125 days of continuous sobriety. I completed 112 meetings during my first 90 days, 90 of which were attended while at Pine Grove. I currently attend AA meetings three times per week, including closed meetings of the Primary Purpose Group in Norman with my sponsor, Paul Edwards. Because the in-person meetings I attend are closed, attendance sheets are not maintained; I supplement these with online meetings that document attendance, and those records are forwarded to Katilyn.

3. As Dr. Garrison has abused prescribed medication, it is recommended his psychiatrist have experience with treating addiction. Dr. Garrison does not need to be prescribed Modaphanil or other potentially mood altering/addictive medications, including Gabapentin. He started Naltrexone while in treatment and will need to continue this medication.

- I agree to work with a psychiatrist experienced in addiction medicine. I understand and agree that I should not be prescribed modafinil, gabapentin, or other potentially mood-altering or addictive medications.

4. Quarterly polygraphs are recommended and frequency can be reassessed at his PEP recheck. The questions will need to include a pre-test that allows Dr. Garrison to disclose any behaviors, and the testing period would be "since his last polygraph" on February 20, 2026. The questions will need to focus on the following topics: compliance with monitoring, any use of undetected or unapproved substances, any contact with patients or former patients for his sexual gratification, any problematic sexual behaviors he has engage in that he is not discussing in therapy, and any use of alcohol or other mood altering substances.

- I agree to quarterly polygraphs. I would respectfully request that the Board provide guidance, either now or at my PEP recheck, on the criteria and timeline by which polygraph frequency may be reduced or discontinued, so that I have a clear understanding of long-term expectations.

5. Dr. Garrison will need to have protective software on all electronic devices with reports going to his therapist and sponsor. He can continue to use Canopy, or other protective monitoring software like Accountable to You or Covenant Eyes.

- I am addressing a pornography-related concern as a separate matter through my sponsor and the SAA fellowship, and I have appropriate accountability structures in place. I respectfully request that further disclosure on this issue be limited unless the Board specifically requires additional information, in which case I will of course provide it. I will install and maintain Board-approved monitoring software (Canopy, Accountable2You, or Covenant Eyes) on all electronic devices, with reports directed to my therapist and sponsor.

6. Pine Grove's Alumni services offers two weekly on-line meetings (Big Book study, and Alumni meeting). These are offered for Dr. Garrison's support, are not required, and could count as his meeting attendance.

- I appreciate the Board noting this resource and will consider incorporating the Pine Grove Alumni meetings into my ongoing recovery support.

7. Ideally, co-parenting therapy sessions would occur with a therapist who specializes in co-parenting.

- I respectfully note that I understand co-parenting matters to fall outside the Board's regulatory scope. That said, I am open to engaging in co-parenting-focused therapy with a qualified specialist if the Board considers it relevant to my overall recovery and fitness to practice.

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

STATE OF OKLAHOMA, ex rel.)	
OKLAHOMA STATE BOARD OF)	
OSTEOPATHIC EXAMINERS,)	
)	
Petitioner,)	
)	Case No. OSBOE-2023-009
v.)	
)	
DANIEL GARRISON, D.O.)	
Osteopathic Medicine License No. 6306,)	
Respondent.)	
)	

**ORDER GRANTING PETITIONER’S
AMENDED MOTION TO ENFORCE BOARD ORDERS
AND VOLUNTARY AGREEMENT TO SURRENDER**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a regular meeting of the Board on December 11, 2025. Daniel Garrison, D.O. (“Dr. Garrison”), appeared in person at the hearing on this date. He was not represented by legal counsel and was instructed on his right and ability to obtain legal counsel in this matter by the President directly. The Board was represented by Deputy General Counsel, Sean M. Sanders, (“Mr. Sanders”) who appeared in person. This matter was held in executive session, pursuant to 25 O.S. § 307(B)(12), as it included review and discussion of mental health documents.

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 relevant Pleadings, Documents, hearing sworn testimony, and being fully advised, enters this Order Granting the Amended Motion to Enforce Board Orders AND Voluntary Agreement to Surrender. Additionally, the Board Orders that the enforcement of both Orders will utilize a dual diagnosis program approved by the Board, such that Dr. Garrison will receive assessment and treatment at one facility complying with both Orders.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED by the Board, for good cause shown, Mr. Sanders’ Amended Motion to Enforce is **APPROVED** and Dr. Garrison shall be Ordered to comply with the previous Orders from the Board and the terms contemplated by the

Order Accepting Surrender of Licensure.

All provisions of Dr. Garrison's Order of Probation with Terms and Conditions AND Order Accepting Surrender of License shall remain in effect.

Any violation of this Order may result in additional discipline of Dr. Garrison'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 ("NPDB") pursuant to federal law, including but not limited to, 45 CFR Part 60.

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

IT IS HEREBY ORDERED AND EFFECTIVE this 11th day of December 2025.

Chelsey Gilbertson, D.O.

Chelsey Gilbertson, D.O. (Dec 18, 2025 10:31:37 CST)

Chelsey Gilbertson, D.O.

Board President

State Board of Osteopathic Examiners

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

STATE OF OKLAHOMA, ex rel.,)	
STATE BOARD OF OSTEOPATHIC)	
EXAMINERS,)	
)	
Petitioners,)	
)	
vs.)	SURRENDER OF LICENSE
)	
DANIEL GARRISON, D.O.)	
Osteopathic Medicine License No. 6306)	

ORDER ACCEPTING SURRENDER OF LICENSE

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a regular meeting of the Board on September 18, 2025. Daniel Garrison, D.O. (“Dr. Garrison”) did not appear in person. Prior to the hearing, Dr. Garrison voluntarily provided the Board an Agreement to Surrender which has been filed and kept under seal. (Exhibit A, “Agreement to Surrender”).

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 being fully advised, enters this Order Accepting Surrender of License.

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED by the Board that, for good cause shown, Dr. Garrison’s Agreement to Surrender has been **ACCEPTED**. Dr. Garrison is no longer permitted to practice osteopathic medicine in the State of Oklahoma pursuant to the terms of the Agreement to Surrender.

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 AND EFFECTIVE this 18th day of September, 2025.

Chelsey Gilbertson, D.O.

Chelsey Gilbertson, D.O. (Nov 26, 2025 11:13:54 CST)

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

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

RECEIVED/FILED

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

Petitioner,

v.

DANIEL GARRISON, D.O.,
Osteopathic Medical License No.
6306,

Respondent.

JAN 10 2024

OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

Case No. OSBOE-2023-009

**FINDINGS OF FACT, CONCLUSIONS OF LAW, AND
ORDER OF PROBATION WITH TERMS AND CONDITIONS**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners ("Board") at a regular meeting of the Board on December 14, 2023. The Board is represented by the Special Prosecutor for the Board, J. Patrick Quillian. Daniel Garrison, D.O. ("Dr. Garrison") appeared in person without counsel. Lowell Robertson, M.D., of the Oklahoma Health Professionals Program ("OHPP") appeared and offered sworn testimony. The Board's Chief Investigator, Richard Zimmer, also appeared and gave sworn testimony. The parties also submitted exhibits for the Board's consideration.

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, hearing testimony, and being fully advised enters this Order of Probation with Terms and Conditions, as set out below.

FINDINGS OF FACT

ORDER OF PROBATION WITH TERMS AND CONDITIONS
Daniel Garrison, D.O. (#6306)
Case No. OSBOE-2023-009
Page 1 of 5

After reviewing the pleadings, exhibits, and hearing testimony, and being fully advised specifically the Board finds the following Findings of Fact and Conclusions of Law to be true and correct and proven by clear and convincing evidence:

1. Dr. Garrison is the holder of a license to practice osteopathic medicine in the State of Oklahoma, license number 6306. At the time this action commenced, Dr. Garrison's license was suspended by agreement.
2. Dr. Garrison received proper notice of the hearing, and a true and correct copy of the Verified Complaint ("Complaint"), as required by Oklahoma law.
3. On or about January 6, 2023, the Board was made aware Dr. Garrison was featured in a KSWO article regarding animal abuse charges in Comanche County. Two men working in West Lawton had alleged they witnessed overhearing what sounded like a dog being struck, and later witnessed a man dressed in medical scrubs disposing of a small dog by throwing it into the woods.
4. On or about January 11, 2023, Dr. Garrison's employer, Comanche County Memorial Hospital ("CCMH"), terminated his employment after a suspension that resulted from the incident and arrest.
5. On or about March 13, 2023, Dr. Garrison admitted to Board investigators to killing the dog and voluntarily entered an Agreement Not to Practice with the Board. The Agreement Not to Practice resulted in Dr. Garrison's Oklahoma license being suspended.
6. Evidence at the hearing revealed that Dr. Garrison was arrested, charged, and pled guilty to one count of cruelty to animals in Comanche County.

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.* (“Osteopathic Act”), and the Oklahoma Administrative Procedures Act, 75 O.S. § 250 *et. seq.*
2. The Board concludes by clear and convincing evidence that Dr. Garrison violated the Oklahoma Osteopathic Medicine Act, specifically, Tit. 59 O.S. § 637 (A)(2), (A)(2)(f), (A)(8), (A)(13).
3. The Board also concludes that such actions are grounds for imposing any sanction against Dr. Garrison’s license to practice osteopathic medicine in the State of Oklahoma that is permitted by Oklahoma law as well as the rules and regulations of the Board.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED by the Board that Dr. Garrison’s license to practice osteopathic medicine in the State of Oklahoma is reinstated and the following terms and conditions shall apply:

1. That Dr. Garrison’s license is restricted under a five (5) year term of **PROBATION**. Said Probation may be extended or continued at the discretion of the Board.
2. That Dr. Garrison must stay in full compliance with all terms of their current contract with Oklahoma Health Professional Program (“OHPP”). Dr. Garrison shall sign a release for the Board to obtain any records from, or communicate with, OHPP regarding Dr. Garrison.
3. That Dr. Garrison must appear before the Board, in person, every three (3) months during the pendency of this matter or as requested by the Board. At said

- appearances, Order(s) may be amended.
4. That Dr. Garrison will maintain monthly contact with their Board Investigator.
 5. That Dr. Garrison shall bear the financial costs of any expenses incurred from this Order.
 6. That Dr. Garrison ensure all authorizations are fully and accurately completed and signed to release all reports, evaluations, assessments, and/or documents, directly to the Board.
 7. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. Garrison 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.
 8. That Dr. Garrison complete the Compliance Information Request Form within ten (10) days of signing this Order. (Exhibit A, Compliance Information Request Form).
 9. That Dr. Garrison complete the Monthly Supervision Self-Report by the tenth (10th) day of each month. (Exhibit B, Monthly Supervision Self-Report).
 10. That Dr. Garrison is assessed an ongoing monthly Administrative Maintenance fee of one hundred dollars (\$100), due by the first day of each month and continued monthly during the pendency of any active and ongoing Board Order.
 11. That Dr. Garrison may utilize their right to consult legal counsel in connection with this inquiry by the Board known as OSBOE-2023-009, this Order, or any other inquiry by the Board.
 12. That Dr. Garrison is required to notify the Board within fourteen (14) days of any changes to legal counsel.
 13. Dr. Garrison shall provide a copy of this Order in whole with any current or potential employer.
 14. That Dr. Garrison is required to notify the Board within fourteen (14) days of any changes to their residential or practice address.
 15. That Dr. Garrison is required to notify the Board within fourteen (14) days of any changes to their cell phone number.

16. That Dr. Garrison renews their license yearly as required by the Board's statutes and rules. Failure to renew their license could result in cancellation by the Board.
17. That Dr. Garrison maintains compliance with continuing medical education ("CME") Credits as required by the Board's statutes and rules.
18. In the event Dr. Garrison leaves the State of Oklahoma to practice medicine in another jurisdiction, and surrenders their license here in Oklahoma, the terms and conditions of this Order shall be tolled.

Any violation of this Order may result in further discipline of Dr. Garrison'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 ("NPDB") pursuant to federal law, including but not limited to, 45 CFR Part 60.

Moreover, as facts may indicate 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 AND EFFECTIVE this 10 day of January,
2024.

Bret Langerman, D.O.
Bret Langerman, D.O. (Jan 10, 2024 07:09 CST)
Bret S. Langerman, D.O.
Board President
State Board of Osteopathic Examiners

STEPHEN
TREADWELL,
D.O.

2909

ELIZABETH SCOTT, J.D.

**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. 2025-070
)	
)	
Stephen Treadwell, D.O.)	
Osteopathic Medicine License No. 2909)	
)	
Respondent.)	

TEMPORARY ORDER

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (the “Board”) at the regular meeting of the Board of March 12, 2026. The State of Oklahoma, ex rel. Oklahoma State Board of Osteopathic Examiners (“Petitioner” or the “Board”), by and through Executive Director, Steven Mullins. Stephen Treadwell, D.O. (“Respondent”), appears in person, and through counsel Libby Scott.

FINDINGS OF FACT

1. Stephen Treadwell, D.O., (hereinafter referred to as “Dr. Treadwell”) became licensed as an osteopathic physician in the State of Oklahoma on July 1, 1990, license number 2909.
2. Dr. Treadwell entered into a Consent Order approved by the Board on September 18, 2025.
3. The Consent Order paragraph 17(d) states that Dr. Treadwell agrees to complete a full assessment by Dr. Rojas and adhere completely to the findings and suggestions of the assessment.

4. Dr. Treadwell completed the assessment with Dr Rojas.
5. Dr. Rojas diagnosis included severe alcohol use disorder with a recommendation to enter an extended residential treatment program. Additional recommendations included Dr. Treadwell entering a provider monitoring contract for minimum of five years.
6. Dr. Treadwell entered Florida Recovery Center (FRC) program on November 6, 2025 and was discharged on February 12, 2026.
7. The preliminary discharge summary from FRC lists a diagnosis of severe alcohol use disorder, unspecified opioid-related disorder, chronic lumbar pain, and narcissistic personality traits.
8. The preliminary aftercare recommendations from FRC include maintaining compliance with a professional monitoring contract for toxicological testing and participating in individual therapy and mutual aid meetings.
9. The final report from FRC was received approximately 2 p.m. March 11, 2026. The Board's Compliance Monitoring program staff has not had sufficient time to thoroughly review or consult with the medical advisor on the report.
10. Board staff met with Dr. Treadwell on February 24, 2026. At that time a blood draw was done for a PEth test.
11. The PEth test results came back on March 4, 2026, and the result was positive at a quantity of 23ng/ML.
12. Board staff consulted with FRC regarding the PEth test result of 23ng/ML and FRC stated that they would testify that this result indicated approximately 4-5 alcohol drinks had been consumed.

13. Dr. Treadwell disputes the accuracy of the PEth test.

CONCLUSIONS OF LAW

14. 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.

15. 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.

16. The Board finds that Dr. Treadwell is not in compliance with his Consent Order, specifically for failing to maintain compliance with the monitoring program due to failing the PEth test on February 24, 2026.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED by the Board that Dr. Treadwell's license to practice osteopathic medicine in the state of Oklahoma shall be temporarily subject to the following terms and conditions:

17. The Respondent will comply with all recommendations from the FRC preliminary discharge summary.

18. Dr. Treadwell shall sign releases and authorizations necessary to release medical records and testing directly to the Board.

19. Dr. Treadwell shall comply with the terms and conditions set out in the Consent Order dated September 18, 2025, including all fees, fines, documentation, and contact with Board Staff.

20. Dr. Treadwell shall appear before the Board at the next scheduled meeting in June 2026 for further consideration.

21. This Order is not a final determination of this Board and is therefore not appealable as a final order.

22. The Board has not reached any final determination, and any violation of this Order may result in further discipline of Dr. Treadwell'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 ("NPDB") pursuant to federal law, including but not limited to, 45 CFR Part 60.

IT IS HEREBY ORDERED AND EFFECTIVE this 12th day of MARCH 2026.

Chelsey Gilbertson, D.O.

[Chelsey Gilbertson, D.O. \(Mar 18, 2026 14:22:45 CDT\)](#)

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

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

STATE OF OKLAHOMA, *ex rel.*,)
STATE BOARD OF OSTEOPATHIC)
EXAMINERS,)
)
Petitioners,)
)
vs.)
)
STEPHEN TREADWELL, D.O.)
Osteopathic Medicine License No. 2909)
)
Respondent.)

Case No.: OSBOE-2025-070

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, Sean M. Sanders, and Stephen Treadwell, D.O. (“Respondent”), Oklahoma license no. 2909, who appears in through counsel Elizabeth A. “Libby” Scott, (collectively, the “Parties”), offer this Consent Order (the “Order”) 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, Stephen Treadwell, 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 he has read and understands the terms and conditions stated herein, and the Order may be reviewed and discussed with him by legal counsel prior to execution.

If the Board does not accept this Order, the Parties stipulate it shall be regarded as null and void, and Petitioner shall not use any admission made by Respondent herein against him in any subsequent disciplinary hearing before the Board or otherwise. If the Board does not accept this Order, Respondent will be free to defend himself, and no inferences would be drawn from Respondent’s willingness to have this Order accepted by the Board. The Parties further stipulate that neither the presentation of this 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 constitute 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 Petitioner and Respondent each stipulate and agree as follows:

1. Stephen Treadwell, D.O., is the holder of a license to practice as an osteopathic physician in the State of Oklahoma, license number 2909.

2. Dr. Treadwell received his license to practice as an osteopathic physician in Oklahoma from the Board in July of 1990 and primarily engages in the practice of Family Medicine and acts as a Primary Care Physician in Healdton, Oklahoma.

3. At all times relevant to this proceeding, Dr. Treadwell practiced medicine and is the sole owner of "Physicians Clinic", in Healdton, Oklahoma.

4. On June 2, 2025, Oklahoma State Board of Osteopathic Examiners lead investigator, Elizabeth Fullbright, was informed of an anonymous complaint which stated Dr. Treadwell was allowing someone unlicensed to practice medicine in Oklahoma to treat patients without supervision at Dr. Treadwell's clinic.

5. An investigation into the complaint commenced that evening after multiple attempts had been made to reach Dr. Treadwell via phone to no avail.

6. Through investigative efforts it was discovered that Dr. Treadwell hired Jaine Queiroz in the latter part of May 2025.

7. Jaine Queiroz is a foreign doctor not licensed to practice in the United States of America.

8. Further, it was discovered that Dr. Treadwell made several knowingly false or deceptive statements regarding the qualifications and title of Jaine Queiroz on multiple platforms, including but not limited to the Physicians Clinic Website, which were deceptive or misleading to the public...regarding the training and license under which Jaine Queiroz was authorized to

practice.

9. Additionally, it was discovered that Dr. Treadwell made advertisements on his website which included knowingly false and deceptive statements with regard to his personal board certifications and status.

10. Dr. Treadwell improperly delegated professional responsibilities to Jaine Queiroz by allowing her to conduct activities she was not qualified by licensure to perform.

11. Dr. Treadwell acknowledges that a hearing before the Board could result in a finding that he has engaged in the use or employment of unethical conduct or unprofessional conduct... in the performance of the functions or duties of an osteopathic physician.

CONCLUSIONS OF LAW

12. 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.

13. Pursuant to the provisions of 59 O.S. §§ 637 and 637.1, the Board is authorized to institute appropriate disciplinary action against any licensed osteopathic physician who violates the provisions of the Act.

14. Pursuant to the provisions of the Oklahoma Administrative Procedure Act, “unless precluded by law, informal disposition may be made of any individual proceeding by stipulation, agreed settlement, or consent order.” 75 O.S. § 309(E).

15. Based on the foregoing, the Board finds as follows:

- a. Dr. Treadwell has made several knowingly false or deceptive statements regarding the qualifications and title of Jaine Queiroz on multiple platforms, including but not limited to the Physicians Clinic Website, which were deceptive or misleading to the public...regarding the training and license under which Jaine Queiroz was authorized to practice, violative of 59 O.S. § 752.2(G) et seq;

- b. Dr. Treadwell has made advertisements on his website which included knowingly false and deceptive statements with regard to his personal board certifications and status, violative of 59 O.S. § 637(A)(9);
- c. Dr. Treadwell improperly delegated professional responsibilities to Jaine Queiroz by allowing her to conduct activities she was not qualified by licensure to perform violative of 59 O.S. § 637(A)(2)(d);
- d. Dr. Treadwell acknowledges that a hearing before the Board could result in a finding that he has engaged in the use or employment of unethical conduct or unprofessional conduct... in the performance of the functions or duties of an osteopathic physician violative of 59 O.S. § 637(A)(2);
- e. Dr. Treadwell voluntarily agrees to waive his right to a hearing and enter this Consent Order;
- f. Dr. Treadwell and the Board Prosecutor agree to the terms of this Consent Order and move for the Board to adopt and enter the same.

ORDERS

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

- 16. The Board hereby adopts the agreement of the Parties in this Consent Order, including the Findings of Fact and Conclusions of Law stated herein.
- 17. Dr. Treadwell is Ordered and shall comply with the following terms and conditions:
 - a. In relation to the violation of 59 O.S. § 752.2(G) et seq, Dr. Treadwell will pay a fine of five-thousand dollars (\$5,000.00) payable in even monthly payments for a term of eighteen (18) months, beginning October 18, 2025;
 - b. In relation to the violation of 59 O.S. § 637(A)(9), Dr. Treadwell will pay a fine of one thousand dollars (\$1,000.00) payable in even monthly payments for a term of eighteen (18) months, beginning October 18, 2025;
 - c. In relation to the violation of 59 O.S. § 637(A)(2)(d), Dr. Treadwell agrees to attend "Delegation to medical assistants: Risks, rewards, and safety strategies" and "Delegation & Supervision: Case Studies and Hot Topics" which are CME courses totaling three (3) credit hours, hosted by the Texas Medical Liability Trust, within the next twelve (12) months. Upon completion, Dr. Treadwell shall submit reports/evidence of satisfactory completion and a certificate of attendance within fourteen (14) days of completion for each course individually;

- d. In relation to the acknowledgment that a hearing by the Board could find Dr. Treadwell to be in violation of 59 O.S. § 637(A)(2), Dr. Treadwell agrees to complete a full assessment by Dr. Rojas and adhere completely to the findings and suggestions of the assessment.
- e. Dr. Treadwell agrees to a period of five (5) years of monitoring, which includes but is not limited to quarterly unannounced audits, and the following conditions:
 - i. That Dr. Treadwell may be required to appear before the Board, in person during the pendency of this monitoring or as requested by the Board. At said appearances, Order(s) may be amended;
 - ii. Dr. Treadwell will be assessed an ongoing monthly Administrative Maintenance fee of one hundred dollars (\$100.00) due by the eighteenth (18th) day of each month and continued monthly during the pendency of the monitoring terms;
 - iii. Dr. Treadwell will complete the Compliance Information Request Form (CIF) and submit it to Board Staff within ten (10) days of issuance of this Order. In the event there is a change to the information contained in the CIF, Dr. Treadwell shall submit an updated CIF to the Board within ten (10) days of any such change;
 - iv. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. Treadwell to attend meetings, provide urine drug tests if requested, and 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;
 - v. That Dr. Treadwell may utilize their right to consult legal counsel in connection with this inquiry by the Board, this Order, or any other inquiry by the Board;
 - vi. That Dr. Treadwell is required to notify the Board within seven (7) days of any changes to legal counsel;
 - vii. That Dr. Treadwell is required to notify the Board within seven (7) days of any changes to his residential address, office email address, practice address, and/or his cell phone number;
 - viii. That Dr. Treadwell renews his license yearly as required by the Board's statutes and rules. Failure to renew your license could result in cancellation by the Board;
 - ix. That Dr. Treadwell maintain compliance with continuing medical education ("CME") credits as required by the Board's statutes and rules;

- x. In the event Dr. Treadwell surrenders his Oklahoma license to practice osteopathic medicine, the terms and conditions of this Order shall be tolled.
- f. Dr. Treadwell shall bear unforeseen financial costs of any expenses incurred from this Order.
- g. Dr. Treadwell shall be responsible and bear costs of Three-Thousand Five-Hundred Dollars and Eighty-Three cents (\$3,500.83) associated with the investigation. Total to be repaid eighteen (18) months from the date of this Order.
- 18. This Order imposes no period of probation on Dr. Treadwell's license.
- 19. A copy of this Order shall be provided to Respondent as soon as it is processed.
- 20. Any violation of this Order may result in further discipline of Dr. Treadwell'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 18 day of September, 2025.

Chelsey Gilbertson, D.O.

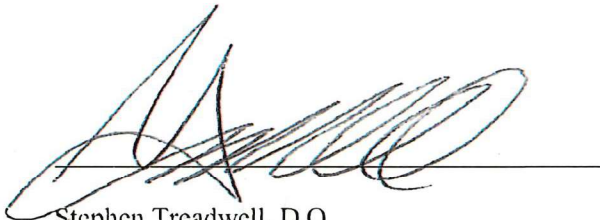
Chelsey Gilbertson, D.O. (Sep 22, 2025 18:29:52 CDT)

Chelsey D. Gilbertson, D.O.
OSBOE President



SEAN M. SANDERS, OBA #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



Stephen Treadwell, D.O.
(Respondent)



Elizabeth A. "Libby" Scott, OBA #12470
Crowe & Dunlevy
324 N Robinson Ave Ste 100
Oklahoma City, Oklahoma 73102
Telephone: (405) 235-7700
Email: Elizabeth.scott@crowedunlevy.com

ATTORNEY FOR RESPONDENT

**JOINTLY
PROPOSED
ORDER**

BRIAN
BERRYMAN,
D.O.

3710

STEVE PONTIUS, J.D.

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

STATE OF OKLAHOMA, ex rel.,)
STATE BOARD OF OSTEOPATHIC)
EXAMINERS,)
)
Petitioners,)
)
vs.)
)
Brian Berryman, D.O.)
Osteopathic Medicine License No. 3710)
)
Respondent.)

FILED

MAY 08 2026

Oklahoma State Board
of Osteopathic Examiners

Case No. OSBOE-2025-190

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. Brian Berryman, D.O., (hereinafter referred to as "Dr. Berryman") became licensed as an osteopathic physician in the State of Oklahoma on September 23, 1999, license number 3710.
2. Dr. Berryman primarily engages in the practice of Family Medicine in Oklahoma. At all times relevant to this Petition, Dr. Berryman was employed by Utica Park Clinic in Sand Springs, Oklahoma, which had been his employer for approximately three (3) years.
3. Dr. Berryman previously served as a physician in the military and is still in the reserves.
4. On Friday December 19, 2025, Utica Park Clinic (employer) conducted an interview regarding a reported allegation that Dr. Berryman was having an affair with his patient.

5. Dr. Berryman initially denied having a relationship with a patient. However, he admitted to having pictures posted in his office of himself and a patient. He stated he had not had an intimate relationship with the patient. Berryman denied having personal items such as lingerie delivered to him at the clinic.

6. Dr. Berryman eventually admitted to having an intimate relationship with the patient from March 2025 to May of 2025.

7. As part of the investigation by Utica Park Clinic, the investigators found Dr. Berryman had risqué photos of the patient of a boudoir nature on his office bookshelf.

8. The Utica Park investigation also revealed Dr. Berryman had been improperly prescribing the patient he was intimately involved with Vyvanse.

9. Additionally, the investigation confirmed lingerie had been delivered to the clinic under Dr. Berryman's name, which staff had opened thinking it was medical supplies.

10. Dr. Berryman was placed on suspension pending completion of the investigation.

11. Dr. Berryman received notice of "Immediate Termination of Physician Employment" from Utica Park Clinic on December 22, 2025.

12. Termination was based on inappropriate conduct involving a Group patient which was conduct they deemed, among other things, to be considered unethical and/or unprofessional.

13. On December 26, 2025, OSBOE received a complaint from Dr. Berryman in which he self-reported an "inappropriate relationship and unprofessional conduct with a patient." He informed us he was self-reporting per former employer's demand.

14. Sometime in February of 2025, Dr. Berryman started a relationship with one of his patients.

15. Dr. Berryman's wife discovered the affair and requested he seek counseling.

16. Dr. Berryman began seeing an LPC-S in June of 2025.
17. The LPC-S administered an assessment and made diagnoses related to alcohol use, mental health, and behavioral related issues.
18. Per the assessment Dr. Berryman admits to drinking 4-5 drinks of bourbon daily for the past year.
19. Upon information and belief, Dr. Berryman made knowingly false statements to Board Staff and those involved in the investigation into this matter when he told lead investigator, Elizabeth Fullbright, that he only engaged in the relationship with the patient for approximately two (2) months. Upon information and belief, Dr. Berryman engaged in the relationship for much longer than two (2) months.
20. Upon information and belief, Dr. Berryman was routinely seeing this patient at the clinic and failing to record any documentation of the visits occurring.
21. Upon information and belief, Dr. Berryman is voluntarily continuing counseling and seeking professional help related to his clinical diagnoses from the LPC-S.
22. Once Board staff received the complaint, we mounted an investigation including seeking records from Utica Park.
23. During that process we have uncovered a myriad of troubling prescribing practices including, but not limited to, improper prescribing related to opioids, inappropriate prescriptions of testosterone, stimulant medications being written prior to completion of an ADHD evaluation, excessive and/or inappropriate prescriptions of non-controlled medications, inappropriate prescriptions of multiple controlled substances to the same patient, and we believe there may be additional violations and concerns that we have yet to uncover.

24. Upon Dr. Berryman's termination, his office was investigated which uncovered a patient's pill bottle found in his desk drawer for a controlled substance (Lorazepam).

25. Additionally, the search revealed paper prescription pads from Dr. Berryman's previous employer, Harvard Family Physicians.

26. Furthermore, the search uncovered a bag of used women's panties in Dr. Berryman's desk drawer.

27. Upon information and belief, Dr. Berryman was storing sexual items in his office at the clinic.

28. Upon information and belief, Dr. Berryman has sent photos of himself in a bathrobe on his bed to a medical assistant.

29. Upon information and belief, Dr. Berryman has made a statement to a patient that she "looked sexy."

30. Upon information and belief, Dr. Berryman has displayed inappropriate behavior with staff at the clinic.

31. Upon information and belief, Dr. Berryman has knowingly falsified medical records to indicate a diabetes diagnosis for patients without lab support in order to have GLP-1 medications approved by insurance.

II. FIRST CAUSE OF ACTION

32. Petitioner hereby incorporates paragraphs 1 through 31 by reference as though fully set forth herein.

33. Dr. Berryman has violated Tit. 59 O.S. § 637(A)(2)(h) which 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 physician including, but not limited to...

§637(A)(2)(h).

Engaging in any sexual activity within a physician-patient relationship[.]

34. Dr. Berryman was involved in a sexual relationship with a patient whom he was routinely seeing, providing clinical care for (many times undocumented), and prescribing controlled substances as well as GLP-1 medication to this individual for approximately a calendar year.

35. Dr. Berryman made deceiving or knowingly false statements to Board staff and Utica Park investigators when asked about the length of his sexual relationship with the patient.

III. SECOND CAUSE OF ACTION

36. Petitioner hereby incorporates paragraphs 1 through 35 by reference as though fully set forth herein.

37. Dr. Berryman has violated Tit. 59 O.S. § 637(A)(2)(f) which 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 physician including, but not limited to...

§637(A)(2)(f).

Acting in a manner which results in final disciplinary action by [a] hospital...whether agreed to voluntarily or not, if the action was in any way related to professional conduct, professional competency, malpractice or any other violation of the Oklahoma Osteopathic Medicine Act [.]

38. Dr. Berryman was terminated from Utica Park Clinic on December 22, 2025. His termination was directly related to professional conduct and clinical issues as set forth in the aforementioned facts.

IV. THIRD CAUSE OF ACTION

39. Petitioner hereby incorporates paragraphs 1 through 38 by reference as though fully set forth herein.

40. Dr. Berryman has violated Tit. 59 O.S. § 637(A)(2) which 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 physician ...

41. Dr. Berryman has violated the act and shown unethical or unprofessional conduct in the performance of the functions or duties of an osteopathic physician by a seemingly all-

encompassing display of improper prescribing habits in almost every way imaginable as set forth in the aforementioned facts.

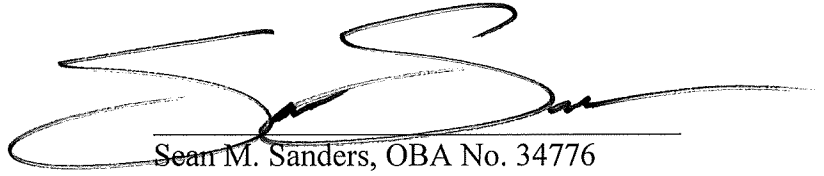
V. DEMAND FOR RELIEF

WHEREFORE, premises considered and pursuant to Tit. 59 O.S. § 637 et. seq., Deputy General Counsel, Sean M. Sanders, asks the board find Dr. Berryman has violated the Act, and as a result, requests the Board assess and levy relief as follows:

- A. For judgment on the First Cause of Action for Relief the Board Prosecutor requests Dr. Berryman be assessed a punitive administrative fine of Seven-Thousand Dollars (\$7,000.00); and he be required to attend an in-person CME course “Intensive Course in Medical Ethics, Boundaries and Professionalism” presented by Case Western Reserve University.
- B. For judgment on the Second Cause of Action for Relief the Board Prosecutor requests Dr. Berryman be assessed a punitive administrative fine of One-Thousand Dollars (\$1,000.00); he be required to enlist the services of Pine Grove Behavioral Health & Addiction Services and obtain an assessment; once assessed he be ordered to adhere to the suggested recommendations; and ultimately he be placed in the Board’s Compliance Program for a period as to be determined in accordance with the results of the assessment.
- C. For judgment on the Third Cause of Action for Relief the Board Prosecutor requests Dr. Berryman be required to obtain a competency evaluation, (KSTAR assessment) from Texas A&M University, and adhere to any recommendations as suggested after testing; he be required to attend “Intensive Course in Controlled Substance Prescribing” presented by Case Western Reserve University; and he be put on a two (2) year probationary period where he will enter into the Board Monitoring program which will include audit controls and oversight.

Furthermore, Counsel asks that Dr. Berryman be found responsible for the fees and costs associated with prosecution of these violations.

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

APPLICATIONS FOR REINSTATEMENT OF LICENSURE

CHRISTOPHER
MOSES, D.O.

1908



Oklahoma State Board of Osteopathic Examiners

MEMORANDUM

FROM: Jan Womack
TO: Board Members
DATE: May 18, 2026
SUBJECT: Moses, Christopher

In October of 2025 Dr. Christopher Moses called and asked how he could get his license back.

On October 14th, 2025, I sent an email to Dr. Moses instructing him to fill out our application online and cc'd investigations, Christi Aquino, and Kelsey Devinney.

Dr. Moses filled out an application with the board on November 6th, 2025.

Kelsey sent Dr. Moses the requirements for reinstatement on November 11th, 2025.

Dr. Moses completed all items on the application except the background check.

Dr. Moses came to the OSBOE office to speak with Steve on February 10th, 2026, to talk about what was needed and how he could possibly get his license back. He was directed to get a clinical assessment and do 80 hours of CME. I was not aware of any other details.

Dr. Moses was directed to my office to get updated on CE Broker. Kelsey had to update his profile in CE Broker.

On February 25th, 2026, Dr. Moses was informed that his account was active and he could now enter his CMEs and if he needed further clarification regarding the assessment, cost, or other details he would have to contact support.

To date there are no CMEs in CE Broker, and I have no details on him getting the assessment.

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.)
)
CHRISTOPHER V. MOSES, D.O.,)
Osteopathic Medical License No.)
1908,)
)
Respondent.)

RECEIVED/FILED

SEP 29 2020

OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

Case No. 1217-149 (JM)

ORDER ACCEPTING SURRENDER OF LICENSE

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners ("Board") at a regular meeting of the Board on September 17, 2020. Christopher V. Moses, D.O. ("Dr. Moses") was provided notice of the hearing. Prior to the hearing, Dr. Moses provided the Board with an Affidavit For Surrender of License. (Exhibit A, Affidavit For Surrender of License). Dr. Moses was excused from appearing at the September 17, 2020, Board Meeting.

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.*

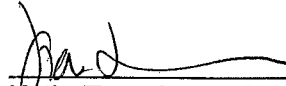
The Board, after reviewing Dr. Moses' Affidavit For Surrender of License, and being fully advised enters this Order Accepting Surrender of License.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED by the Board that, for good cause shown, that Dr. Moses's Affidavit of Surrender of License has been **ACCEPTED**. Dr. Moses is no longer permitted to practice osteopathic medicine in the State of Oklahoma.

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

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.

IT IS SO ORDERED this 29th day of September 2020.



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

RECEIVED/FILED

AUG 31 2020

OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

AFFIDAVIT

For Surrender of License

STATE OF OKLAHOMA)
)
COUNTY OF TULSA)

ss.

OSBOE 1217-149

I, Christopher Moses, D.O., the undersigned Licensee [Licensee], after being duly sworn and under oath, do hereby swear or affirm that I am the holder of an Oklahoma license to practice osteopathic medicine [License] issued by the Oklahoma State Board of Osteopathic Examiners [Board]. I am voluntarily submitting this Affidavit For Surrender of License [Affidavit] to cease practicing Osteopathic Medicine in the state of Oklahoma. I request that the Board cancel my license to practice osteopathic medicine in the state of Oklahoma pursuant to Title 59 O.S. § 642. It is understood that my License may be considered for reinstatement upon compliance pursuant to Title 59 O.S. §§ 637, 641, & 642. I acknowledge, upon cancellation, I will no longer be eligible to practice osteopathic medicine in the state of Oklahoma, and further state as follows:

1. I hereby surrender my Oklahoma osteopathic medical license no.: 1908.
2. I hereby surrender my Oklahoma osteopathic medical license effective: August 1, 2020.
3. I acknowledge that the purpose(s) of my request for cancellation in Oklahoma is/are:

I am aware and informed that I am currently on a five (5) year probation with the Board where my Oklahoma osteopathic medical license is restricted.

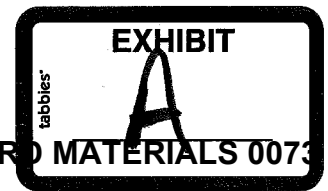
I am aware and informed that my five (5) year probation starting on June 14, 2018, will be tolled during the pendency of my surrendered license.

I am aware and informed that, as of the date of this Affidavit, I owe the Board cost and investigation/recovery fees in the amount of \$8,428.00 as the result of the actions taken by the Board against my Oklahoma osteopathic medical license.

I am aware and informed that, in exchange for the surrender of my osteopathic medical license, I will pay \$50.00 per month to the Board, due by the 1st of each month, for period of five (5) years, or a total of \$3,000, as a compromise to the amounts I owe in recover fees of \$8,428.00, as a result of the actions taken by the Board against my Oklahoma osteopathic medical license.

I am aware and informed that if I seek reapplication of my Oklahoma osteopathic medical license, that the Board has the right to require me to complete any remaining obligations of my tolled probation, including but not limited to, paying the full amount owed for recovery fees, or \$8,428.00, to the Board as a result of actions taken against my license minus any amounts paid.

I am further aware and informed that if I seek reapplication of my Oklahoma osteopathic medical license, that the Board has the right to mandate additional requirements, including but not limited to, CME, preceptorship, mentorship, etc., before being granted an Oklahoma osteopathic medical license.



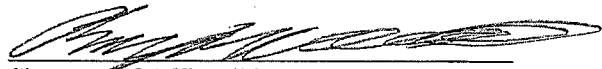


I am aware and informed that I have the right to consult legal counsel on this matter and any matter before the Board.



I am aware and informed that nothing in this Affidavit prohibits this document from being a public record and therefore I understand it may be subject to the Oklahoma Open Records Act.

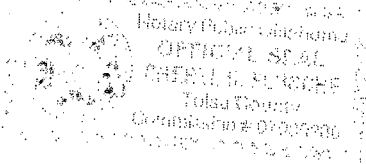
Further, Affiant sayeth not.


Signature of Affiant/Licensee

Subscribed and sworn to before me this 27 day of August, 2020.
My Commission Expires:

07000286 Exp. 1-8-23
(SEAL & NOTARY NUMBER)

Cheryl C. Futsche
NOTARY PUBLIC



**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.)
)
CHRISTOPHER V. MOSES, D.O.,)
Osteopathic Medical License No. 1908,)
)
Respondent.)

Case No. 1217-149

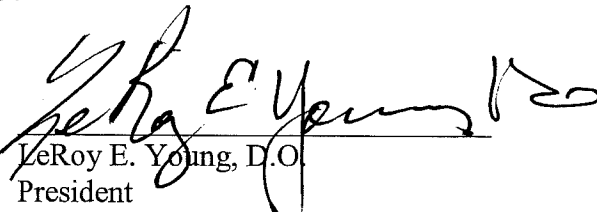
ORDER DENYING REQUEST FOR MODIFICATION

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners [Board] at a regular meeting of the Board on March 21, 2019. Christopher V. Moses, D.O. [Dr. Moses] appears in person without counsel at the hearing on this date requesting the Board's permission to modify the prescribing requirements imposed by his Modified Order of Probation of 5/4/18. The Board, having considered the matter and upon due consideration, denies the request at this time.

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.*

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

IT IS SO ORDERED this 21st day of March, 2019.



LeRoy E. Young, 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.)
)
CHRISTOPHER V. MOSES, D.O.,)
Osteopathic Medical License No. 1908,)
)
Respondent.)

Case No. 1217-149

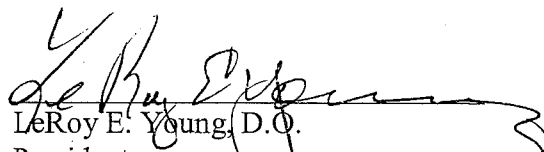
ORDER DENYING RESPONDENT REQUEST TO SUBSTITUTE CME PROGRAM

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners [Board] at a special meeting of the Board on September 20, 2018. Christopher V. Moses, D.O. [Dr. Moses] appears at the hearing on this date requesting the Board's permission to waive the requirement found in the Modified Order of Probation of 5/4/18, for a continuing medical education [CME] program on proper prescribing provided by Case Western Reserve University or its equivalent and substitute another program. The Board, having found the program proposed by Dr. Moses was not equivalent in number of hours, denies the request to substitute CME courses.

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.*

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

IT IS SO ORDERED this 20th day of September, 2018.


LeRoy E. Young, D.O.
President
State Board of Osteopathic Examiners

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

STATE BOARD OF OSTEOPATHIC)
EXAMINERS,)
STATE OF OKLAHOMA,)
)
 Petitioner,)
)
v.)
)
CHRISTOPHER V MOSES, D.O.,)
Osteopathic Medical License No. 1908.)
)
 Respondent.)

Case No. 1217-149

MODIFIED ORDER OF PROBATION WITH CONDITIONS

This matter comes on for hearing before the Oklahoma State Board of Osteopathic Examiners [Board] at a Special Meeting of the Board on May 4, 2018. The Board is represented by the Executive Director for the Board, Deborah J. Bruce acting as temporary prosecutor by agreement with Respondent. Christopher V. Moses, D.O. [Dr. Moses] appears in person accompanied by his counsel of record, Phil Frazier of Frazier & Phillips of Tulsa.

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, hearing the testimony, questioning witnesses at the hearing and considering all of the evidence and being fully advised finds by specific motion the following Findings of Fact and Conclusions of Law to be true and correct and proven by clear and convincing evidence.

FINDINGS OF FACT

After reviewing the Application for an Emergency Order, hearing the testimony of the Board's and Respondent's witnesses, and asking questions of all witness, the Board adopts, by clear and convincing evidence, the following Findings of Fact and Conclusions of Law.

1. Christopher V. Moses, D.O. [Dr. Moses] is the holder of license number 1908 issued by the Board. Dr. Moses attended Kirksville Medical College of Osteopathic Medicine in Kirksville, Missouri from 1973 through 1977. At the time of the Emergency Order, his license was in good standing. Dr. Moses' registrations with the Drug Enforcement Administration [DEA] and the Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] which allow him to write prescriptions for controlled substances are also in good standing. (Testimony of Board Investigator, John Mobley and permanent records of the Board judicially recognized.)

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

3. An Application for an Emergency Order of Suspension and a Citation and Notice were issued by the Board against Dr. Moses on February 14, 2018. The Application and Citation are hereby incorporated by reference as if set forth in full herein. Subsequently, an Emergency Order of Suspension Pending a Hearing was issued on February 15, 2018. That Order is hereby incorporated by reference as if it appeared in full herein.

4. Evidence at today's hearing included that a three (3) month printout of Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] Prescription Monitoring Program [PMP] reflects that from October 1, 2017, through January 1, 2018, two thousand seven hundred thirty eight (2738) prescriptions for Schedule II-IV CDS were issued or refilled by Dr. Moses. Two thousand one hundred or seventy seven per-cent (77%) was for Schedule II CDS. This equates to two hundred twenty three thousand four hundred eighty four (223,484) dosage units. Fifty six (56) prescriptions for CDS were written per working day which equates to seven (7) written per working hour. One hundred thirty eight (138) pharmacies were used to fill these prescriptions. (Exhibit 2 and Testimony of the Board's Investigator John Mobley.)

5. Testimony at the hearing also included that in November of 2017, Board Investigators sequestered eleven (11) patient charts from Dr. Moses' office and had them reviewed by a specialist, Board certified in Family Medicine, Hospice, and Palliative Medicine.

The reviewing physician works outside Dr. Moses' trade area. The specialist reported most of the patient charts as inadequate and overly templated. The majority of charts indicated to a degree of medical certainty, inappropriate use of CDS. The charts also lack sufficient compliance with the Board's Rules on Prescribing for Chronic Pain, OAC 510: 5-9-2.

(Exhibits 3A,B, 4A,B, 5A,B, 6A,B, 7A,B, 8A,B and Exhibit 9 (A-F) and testimony of the Board's Expert Witness, Dr. Gregg Eichman, D.O.)

6. Evidence at the Hearing also included that during a period from 2010 through September of 2017, the office of the Chief Medical Examiner linked ten (10) Probable Cause of Deaths to CDS prescribed by Dr. Moses. (Exhibits 3C, 4C, 5C, 6C, 7C and testimony of the Board's Investigator John Mobley.)

7. The Board by specific motion found that there was clear and convincing evidence to support the allegations against Dr. Moses for violation of Osteopathic Medicine Act, 59 O.S. §§ 637(A) (2) (g), (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* and Board Rules for Prescribing for Chronic Pain, OAC 510: 5-9-1.

8. Dr. Moses asserted that his due process rights had been violated. (Moses Exhibits 1-10.)

9. Dr. Moses called as his first expert witness, Sidney Williams, M.D., who testified contradicting Greg Eichman, the expert witness offered by the Board. Dr. Williams refuted Eichman's claims of over templating and noted specific contradictions with Eichman's testimony, as well as within his reports to the Board, Exhibits 9A through 9F. Dr. Williams also noted specific contradictions as to cause of death as stated by Eichman and the medical examiner. Dr. Williams found the testimony of Eichman with respect to overly templated and being inadequate to be without foundation. Dr. Williams' testimony followed his thorough review of all of the records of each of the six patients who were discussed by Dr. Eichman.

10. Jayen Patel, D.O., the second expert testifying on behalf of Dr. Moses, also testified as to conflicts within the exhibits offered by Eichman, as well as within his testimony. Dr. Patel also testified as to the discrepancies between the CDS attributed to death and the CDS prescribed by Dr. Moses, as shown within the records presented to the Board. Dr. Patel attributed the demise of each patient to disregarding dosage and frequency instructions given by Dr. Moses, or the patients taking CDS from sources other than Dr. Moses.

11. Dr. Moses testified on his own behalf denying any wrongdoing or impropriety with respect to excessive prescription of CDS. He also denied templating records or lack of compliance with the Board rules on prescribing for chronic pain. Dr. Moses testified to the Board that of the six patients whose records were discussed, he had provided medical care for two of them for over 10 years. The third patient for whom he had been helping with the drug problem was seeing other physicians and died three days after seeing two other healthcare providers following her visit to Moses. He testified as to the fourth patient who is suspected of obtaining drugs from other sources and expressed a desire to commit suicide after breaking up with his girlfriend. A fifth patient had been treated by Dr. Moses and, according to the coroner/medical examiner, died of a CDS not prescribed by Moses. The sixth patient whose death Eichman attributed to Moses through an improper CDS prescription is not dead.

The Board considered paragraphs 8-11 and found paragraphs 1-7 more persuasive.

CONCLUSIONS OF LAW

1. The Board has authority 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 specific motion there is clear and convincing evidence to support the allegations that Dr. Moses is in violation of the provisions of the Oklahoma Osteopathic Medicine Act, including specifically, 59 O.S. §§ 637(A) (2) (g), (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.*; and Prescribing for Chronic Pain, OAC 510: 5-9-1 *et seq.*

3. The Board also concludes that such actions are grounds for imposing any sanction against Dr. Moses' license authorized by statute and rules and regulations of the Board. However, the Board further concludes that the suspension of Dr. Moses' license shall be lifted under the terms and conditions as set forth in the Order below.

ORDER

IT IS THEREFORE ORDERED by the Board that the Suspension of Dr. Moses' license to practice osteopathic medicine in the State of Oklahoma is immediately lifted and his license is reinstated under the following terms and conditions:

1. Dr. Moses' license, number 1908, 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. Moses shall not administer, prescribe, or dispense any Scheduled Controlled Dangerous Substances [SCDS].

3. Within the next twelve (12) months, Dr. Moses 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. Moses.

4. Within the next twelve (12) months, Dr. Moses 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. Moses.

5. Dr. Moses is to pay the costs and investigation charges for this case in the amount of Ten Thousand Four Hundred and Twenty Eight Dollars (\$10,428.00). 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. Moses 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. Moses shall be closely monitored to determine if he is in full compliance with this Order. Dr. Moses 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. Board Staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. Moses to appear and provide all documents relevant to any appearance.

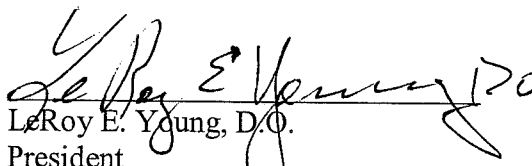
9. Dr. Moses is not eligible for termination of this Order until all terms and conditions of this Order have been fully satisfied.

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

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

IT IS SO ORDERED, ADJUDGED AND DECREED this 4th day of May, 2018.

Effective Date: 6/14/2018


LeRoy E. Young, D.O.
President
State Board of Osteopathic Examiners

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

STATE BOARD OF OSTEOPATHIC)
EXAMINERS,)
STATE OF OKLAHOMA,)
)
Petitioner,)
)
v.)
)
CHRISTOPHER V MOSES, D.O.,)
Osteopathic Medical License No. 1908.)
)
Respondent.)

RECEIVED/FILED

JUN 14 2018

OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

Case No. 1217-149

ORDER OF PROBATION WITH CONDITIONS

This matter comes on for hearing before the Oklahoma State Board of Osteopathic Examiners [Board] at a Special Meeting of the Board on May 4, 2018. The Board is represented by the Executive Director for the Board, Deborah J. Bruce acting as temporary prosecutor by agreement with Respondent. Christopher V. Moses, D.O. [Dr. Moses] appears in person accompanied by his counsel of record, Phil Frazier of Frazier & Phillips of Tulsa.

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, hearing the testimony and questioning witnesses at the hearing and considering all of the evidence and being fully advised finds by specific motion the following Findings of Fact and Conclusions of Law to be true and correct and proven by clear and convincing evidence.

FINDINGS OF FACT

After reviewing the Application for an Emergency Order, hearing the testimony of the Board's and Respondent's witnesses, and asking questions of all witness, the Board adopts, by clear and convincing evidence, the following Findings of Fact and Conclusions of Law.

1. Christopher V. Moses, D.O. [Dr. Moses] is the holder of license number 1908 issued by the Board. Dr. Moses attended Kirksville Medical College of Osteopathic Medicine in Kirksville, Missouri from 1973 through 1977. At the time of the Emergency Order, his license was in good standing. Dr. Moses' registrations with the Drug Enforcement Administration [DEA] and the Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] which allow him to write prescriptions for controlled substances are also in good standing. (Testimony of Board Investigator, John Mobley and permanent records of the Board judicially recognized.)
2. Proper notice of this hearing was served on Dr. Moses as required by law.
3. An Application for an Emergency Order of Suspension and a Citation and Notice were issued by the Board against Dr. Moses on February 14, 2018. The Application and Citation are hereby incorporated by reference as if set forth in full herein. Subsequently, an Emergency Order of Suspension Pending a Hearing was issued on February 15, 2018. That Order is hereby incorporated by reference as if it appeared in full herein.
4. Evidence at today's hearing included that a three (3) month printout of Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] Prescription Monitoring Program [PMP] reflects that from October 1, 2017, through January 1, 2018, two thousand seven hundred thirty eight (2738) prescriptions for Schedule II-IV CDS were issued or refilled by Dr. Moses. Two thousand one hundred or seventy seven per-cent (77%) was for Schedule II CDS. This equates to two hundred twenty three thousand four hundred eighty four (223,484) dosage units. Fifty six (56) prescriptions for CDS were written per working day which equates to seven (7) written per working hour. One hundred thirty eight (138) pharmacies were used to fill these prescriptions. (Exhibit 2 and Testimony of the Board's Investigator John Mobley.)
5. Testimony at the hearing also included that in November of 2017, Board Investigators sequestered eleven (11) patient charts from Dr. Moses' office and had them

The reviewing physician works outside Dr. Moses' trade area. The specialist reported most of the patient charts as inadequate and overly templated. The majority of charts indicated to a degree of medical certainty, inappropriate use of CDS. The charts also lack sufficient compliance with the Board's Rules on Prescribing for Chronic Pain, OAC 510: 5-9-2.

(Exhibits 3A,B, 4A,B, 5A,B, 6A,B, 7A,B, 8A,B and Exhibit 9 (A-F) and testimony of the Board's Expert Witness, Dr. Gregg Eichman, D.O.)

6. Evidence at the Hearing also included that during a period from 2010 through September of 2017, the office of the Chief Medical Examiner linked ten (10) Probable Cause of Deaths to CDS prescribed by Dr. Moses. (Exhibits 3C, 4C, 5C, 6C, 7C and testimony of the Board's Investigator John Mobley.)

7. The Board by specific motion found that there was clear and convincing evidence to support the allegations against Dr. Moses for violation of Osteopathic Medicine Act, 59 O.S. §§ 637(A) (2) (g), (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* and Board Rules for Prescribing for Chronic Pain, OAC 510: 5-9-1.

8. Dr. Moses asserted that his due process rights had been violated. (Moses Exhibits 1-10.)

CONCLUSIONS OF LAW

1. The Board has authority 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 specific motion there is clear and convincing evidence to support the allegations that Dr. Moses is in violation of the provisions of the Oklahoma Osteopathic Medicine Act, including specifically, 59 O.S. §§ 637(A) (2) (g), (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.*; and Prescribing for Chronic Pain, OAC 510: 5-9-1 *et seq.*

3. The Board also concludes that such actions are grounds for imposing any sanction against Dr. Moses' license authorized by statute and rules and regulations of the Board. However, the Board further concludes that the suspension of Dr. Moses' license shall be lifted under the terms and conditions as set forth in the Order below.

ORDER

IT IS THEREFORE ORDERED by the Board that the Suspension of Dr. Moses' license to practice osteopathic medicine in the State of Oklahoma is immediately lifted and his license is reinstated under the following terms and conditions:

1. Dr. Moses' license, number 1908, 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. Moses shall not administer, prescribe, or dispense any Scheduled Controlled Dangerous Substances [SCDS].
3. Within the next twelve (12) months, Dr. Moses 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. Moses.
4. Within the next twelve (12) months, Dr. Moses 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. Moses.

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

STATE BOARD OF OSTEOPATHIC)
EXAMINERS,)
STATE OF OKLAHOMA,)
)
Petitioner,)
)
v.)
)
CHRISTOPHER V MOSES, D.O.,)
Osteopathic Medical License No. 1908.)
)
Respondent.)

Case No. 1217-149

RECEIVED/FILED
FEB 16 2018
OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

EMERGENCY ORDER OF SUSPENSION PENDING A HEARING

This matter comes on for hearing before the Oklahoma State Board of Osteopathic Examiners [Board] at an Emergency Meeting of the Board on February 15, 2018. The Board is represented by the Executive Director for the Board, Deborah J. Bruce. Christopher V. Moses, D.O. [Dr. Moses] did not appear in person. A good faith attempt was made to provide Dr. Moses with notice of the Emergency Hearing held on this date. The Board's Investigator, John Mobley, 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. 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

After reviewing the Application for Emergency Order, hearing the testimony of the Board's witness, and asking questions of the Board's witness, the Board adopts, by clear and convincing evidence, the following Findings of Fact and Conclusions of Law.

1. Christopher V. Moses, D.O. [Dr. Moses] is the holder of license number 1908 issued by the Board. Dr. Moses attended Kirksville Medical College of Osteopathic Medicine in Kirksville, Missouri from 1973 through 1977. At the time of this Emergency Application, his license is in good standing. Dr. Moses' registrations with the Drug Enforcement Administration

license is in good standing. Dr. Moses' registrations with the Drug Enforcement Administration [DEA] and the Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] which allow him to write prescriptions for controlled substances are also in good standing. (Announcement by Board Staff.)

2. A good faith effort to provide notice of this proceeding to Dr. Moses was unsuccessful. (Announcement by Board Staff.)

3. An Application for an Emergency Order of Suspension and a Citation and Notice were issued by the Board against Dr. Moses on February 15, 2018. The Application and Citation are hereby incorporated by reference as if set forth in full herein. (Announcement by Board Staff.)

4. Evidence at the hearing included that a three (3) month printout of Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] Prescription Monitoring Program [PMP] reflects that from October 1, 2017, through January 1, 2018, two thousand seven hundred thirty eight (2738) prescriptions for Schedule II-IV CDS were issued or refilled by Dr. Moses. Two thousand one hundred or seventy seven per-cent (77%) was for Schedule II CDS. This equates to two hundred twenty three thousand four hundred eighty four (223,484) dosage units. Fifty six (56) prescriptions for CDS were written per working day which equates to seven (7) written per working hour. One hundred thirty eight (138) pharmacies were used to fill these prescriptions. (Exhibit 2 and Testimony of the Board's Investigator John Mobley.)

5. Testimony at the hearing also included that in November of 2017, Board Investigators sequestered eleven (11) patient charts from Dr. Moses' office and had them reviewed by a specialist, Board certified in Family Medicine, Hospice, and Palliative Medicine. The reviewing physician works outside Dr. Moses' trade area. The specialist reported most of the patient charts as inadequate and overly templated. The majority of charts indicated to a degree of medical certainty, inappropriate use of CDS. The charts also lack sufficient compliance with the Board's Rules on Prescribing for Chronic Pain, OAC 510: 5-9-2. (Exhibits 3B, 4B, 5B, 6B, 7B,

8B and Exhibit 9 (1-8) and testimony of the Board's Expert Witness, Dr. Gregg Eichman, D.O.)

6. Evidence at the Hearing also included that during a period from 2010 through September of 2017, the office of the Chief Medical Examiner linked ten (10) Probable Cause of Deaths to CDS prescribed by Dr. Moses. (Exhibits 3C, 4C, 5C, 6C, 7C and testimony of the Board's Investigator John Mobley.)

CONCLUSIONS OF LAW

1. The Board concludes that because Dr. Moses is in violation of the Oklahoma Osteopathic Medicine Act, 59 O.S. §§ 620 *et seq.*, that it has the authority to take emergency disciplinary action.

2. The Board has jurisdiction to hear this matter pursuant to the Oklahoma Osteopathic Medicine Act, 59 O.S. § 640 *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.*

3. Dr. Moses is in violation of the Oklahoma Osteopathic Medicine Act, 59 O.S. § 637 [Act] and specifically § 637(A) (2) (g), (3), (4) and (7), to wit:

A. The State Board of Osteopathic Examiners may refuse to admit a person or 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 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 furtherance 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 than medically accepted therapeutic or experimental or investigational purpose duly authorized by a state or federal agency, or not in good faith to relieve pain and suffering, or not to treat an 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,

and paragraphs 1-5 of the Conclusions of Law, imperatively threaten the public health, safety and welfare and constitute an emergency circumstance that requires emergency action by this Board.

5. The Board also concludes that such actions, having been proven by clear and convincing evidence, are grounds for further discipline of Dr. Moses' license. The Board further concludes that Dr. Moses' license shall be **suspended** and shall remain **suspended** until a full hearing of all matters has been adjudicated.

EMERGENCY ORDER

The Board, having adopted the above-described Findings of Fact and Conclusions of Law, adopts the following Emergency Order:

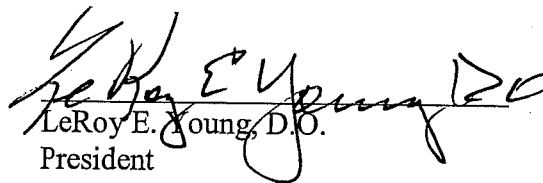
1. The license issued by the Board to Dr. Moses to practice osteopathic medicine in the State of Oklahoma is **SUMMARILY SUSPENDED** pending further Hearing and Order of the Board. Such Hearing will be set by the Board upon written request by Dr. Moses presented to the Board at the Board office. The hearing will be set within thirty days of the receipt of Dr. Moses' written request or as soon thereafter as reasonably possible pursuant to law and rules of the Board. The written request shall allow sufficient time for a special meeting to be scheduled by the Board. **The next available Hearing date within thirty days of this date is March 15, 2018.** Said Suspension shall continue until such time as the Board determines that Dr. Moses' practice of osteopathic medicine does not threaten the public health, safety and welfare.

2. Nothing in this Order shall preclude the Board or Board Staff from initiating another disciplinary action against Dr. Moses for actions that were not a part of this Order.

3. These Findings of Fact, Conclusions of Law and Emergency Order is a public record and subject to disclosure under the Oklahoma Open Records Act.

IT IS SO ORDERED, ADJUDGED AND DECREED this 15th day of February, 2018.

Effective Date: 2/16/18


LeRoy E. Young, 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,)	
)	No. 1217-149
v.)	
)	
CHRISTOPHER V. MOSES , D.O.,)	
Osteopathic Medical License No. 1908,)	
)	
Respondent.)	

CITATION AND NOTICE OF HEARING

TO: Christopher V. Moses, D.O.

YOU ARE HEREBY NOTIFIED that under the Oklahoma Osteopathic Medicine Act ("Osteopathic Act"), 59 O.S. 1991, § 620 *et seq.*, and the Oklahoma Administrative Procedures Act 75 O.S. 1991 § 301 *et seq.*, as amended, an emergency hearing will be held before the Oklahoma State Board of Osteopathic Examiners ("Board"), at the offices of the Board, 4848 North Lincoln Boulevard, Suite 100, Oklahoma City, Oklahoma 73105, on **February 15, 2018.** The hearing will begin at 5:15 p.m.

PURPOSE OF HEARING

The purpose of the hearing will be to show cause why your license to practice osteopathic medicine in the State of Oklahoma, issued by this Board, should be revoked, or suspended or such other disciplinary action imposed by the Board as may be authorized by law for violation of the Osteopathic Act as specified in the Emergency Application issued against you.

A copy of said Application is included with this Citation and Notice.

LEGAL AUTHORITY FOR HEARING

This hearing is ordered pursuant to the authority and jurisdiction conferred upon the Oklahoma State Board of Osteopathic Examiners by 59 O.S. 1991 §§ 637, as amended, and 637.1 and will be conducted according to the procedures set forth in the Oklahoma Administrative Procedures Act, 75 O.S. 1991 § 301 et seq., as amended, and the Rules and Regulations of the Oklahoma State Board of Osteopathic Examiners.

RIGHTS OF RESPONDENT

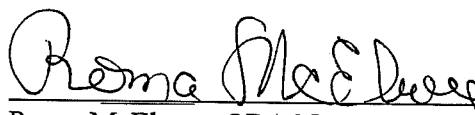
Please be advised of your rights, to-wit:

- (1) To be represented by counsel at this hearing;
- (2) To respond and present evidence on any relevant issue;
- (3) To subpoena witnesses and documentary evidence through the Board; and
- (4) Such other rights as are conferred by the Board and the Rules and Regulations of the Board.

In addition to the foregoing, you are hereby notified that a written answer to this notice must be filed under oath within twenty (20) days after service of this Citation and Notice of Hearing at the address of the office of the Board.

Dated this 14th day of February, 2018.

Respectfully submitted,



Roma McElwee, OBA No. 5977
4848 N. Lincoln Blvd., Suite 10
Oklahoma City, Oklahoma 73105
Telephone: (405) 819-3323
Facsimile: (405) 557-0653
SPECIAL PROSECUTOR FOR THE
BOARD

**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.)
)
CHRISTOPHER v. MOSES, D.O.,)
Osteopathic Medical License No. 1908 ,)
)
Respondent.)

No. 1217-149

RECEIVED/FILED
FEB 14 2018
OKLA. BOARD OF
OSTEOPATHIC EXAMINERS

APPLICATION FOR EMERGENCY SUSPENSION
PENDING A HEARING

The Special Prosecutor, Roma McElwee, for the Oklahoma State Board of Osteopathic Examiners [Board] files this application against the Respondent and states:

1. Christopher V. Moses, D.O. [Dr. Moses] is the holder of license number 1908 issued by the Board. Dr. Moses attended Kirksville Medical College of Osteopathic Medicine in Kirksville, Missouri from 1973 through 1977. At the time of this Emergency Application, his license is in good standing. Dr. Moses' registrations with the Drug Enforcement Administration [DEA] and the Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] which allow him to write prescriptions for controlled substances are also in good standing.

2. As alleged in this Emergency Application, Dr. Moses is in violation of the Oklahoma Osteopathic Medicine Act, 59 O.S. §§ 620 *et seq.* [Act] and specifically in violation of § 637(A) (2) (g), (3) and (4), 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 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:

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 nor 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 and

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

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

Dr. Moses is also in violation of the Board's Rules on Prescribing for Chronic Pain, OAC 510:5-9-2.

3. A three (3) month printout of Oklahoma Bureau of Narcotics and Dangerous Drugs [OBND] Prescription Monitoring Program [PMP] reflects that from October 1, 2017, through January 1, 2018, two thousand seven hundred thirty eight (2738) prescriptions for Schedule II-IV CDS were issued or refilled by Dr. Moses. Two thousand one hundred or seventy seven per-cent (77%) was for Schedule II CDS. This equates to two hundred twenty three thousand four hundred eighty four (223,484) dosage units. Fifty six (56) prescriptions for CDS were written per working day which equates to seven (7) written per working hour. One hundred thirty eight (138) pharmacies were used to fill these prescriptions.

4. In November of 2017, Board Investigators sequestered eleven (11) patient charts from Dr. Moses' office and had them reviewed by a specialist, Board certified in Family Medicine, Hospice, and Palliative Medicine. The reviewing physician works outside Dr. Moses'

trade area. The specialist reported most of the patient charts as inadequate and overly templated. The majority of charts indicated to a degree of medical certainty, inappropriate use of CDS. The charts also lack sufficient compliance with the Board's Rules on Prescribing for Chronic Pain, OAC 510: 5-9-2.

5. During a period from 2010 through September of 2017, the office of the Chief Medical Examiner linked ten (10) Probable Cause of Deaths to CDS prescribed by Dr. Moses.

6. Most of the Medical Examiner reports were accompanied by police reports on the unattended deaths.

THE ACTIONS OF DR. CHRISTOPHER V. MOSES, AS DESCRIBED IN PARAGRAPHS 1-6 OF THIS EMERGENCY APPLICATION FOR SUSPENSION PENDING A HEARING IMPERATIVELY CONSTITUTE A THREAT TO THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC THAT REQUIRES EMERGENCY ACTION BY THIS BOARD.

Respectfully submitted,



Roma McElwee, OBA No. 5977
4848 N. Lincoln, Suite 100
Oklahoma City, OK 73105
Tel: (405) 819-3323
Fax: (405) 557-0653
PROSECUTOR FOR THE BOARD

TYLER KING,

D.O.

8235

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.

No.

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.

No.

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.

Yes, I resigned from my residency program on June 30th, 2025 prior to lapse of medical license.

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.

Yes, I agreed to not renew my license pending outcome of court case, detailed below

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.

No.

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.**

No.

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.

- a. Yes
- b. I was arrested on 5/24/25 following a traffic stop/ warrant for unpaid speeding ticket in Ada, Oklahoma by the Pontotoc County Sheriff Office
- i. TR-2024-00481
- c. Subsequent inventory search of vehicle would result in an additional charge related to possession of CDS (mdma, ketamine, cocaine, methamphetamine)
- i. Possession of the mdma and ketamine was not contested
- ii. Field testing yielded a preliminary positive for methamphetamine but was a false positive, as subsequent laboratory testing was negative
- iii. A trace amount of cocaine belonging to a former girlfriend was also found in the car, of which I was not aware.
- d. Initial charge of possession of CDS with intent to distribute was dismissed and refiled as simple misdemeanor possession of CDS on 2/2/26
- i. CF-2025-00107, in the District Court of Pontotoc County, State of Oklahoma
1. Filed 5/29/25
2. Dismissed 2/2/26
- e. A no contest plea for misdemeanor possession of CDS of ketamine was entered on 3/12/26 with judgment deferred for one year
- i. CM-2026-00044, in the District Court of Pontotoc County, State of Oklahoma
1. Filed 2/2/26

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.

Yes.. See response to question no. 7 above.

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.

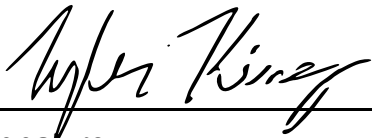
*List 16 hours of Continuing Medical Education (Course Name, Course Sponsor, Date Completed and Hours):

Documented exemption on CE Broker.

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

Documented exemption on CE Broker.

*Attestation Statement: I, (print name) Tyler King,
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

5-11-26

Date

Marilyn Hines DO
Program Director
Chickasaw Nation Family Medicine Residency
1921 Stonecipher Blvd
Ada, OK 74820

Dear Dr. Hines,

I am writing to formally submit my resignation from my position as a resident physician at the Chickasaw Nation Family Medicine Residency, effective June 30th, 2025.

I want to express my sincere gratitude to you and the program for the opportunity to practice medicine and the privilege to serve the Chickasaw people. I am extremely grateful for all the support throughout my time here and the invaluable learning and experiences gained. I have immensely enjoyed working with you all and will cherish the memories from my time here. It truly was an honor to be a part of the CNFMR family and serving the Chickasaw people.

Thank you again for everything. I wish the program and CNMC continued success in the future and in serving the Chickasaw people.

Sincerely,



Tyler King
3822 s. 98th east ave
Tulsa, OK 74146
918-900-1985



the
**Chickasaw
Nation** DEPARTMENT OF HEALTH

1921 STONECIPHER BOULEVARD | ADA, OK 74820 | (580) 436-3980

July 7, 2025

Bill Anoatubby
Governor

Chris Anoatubby
Lt. Governor

Dr. Tyler King
3822 S 98th East Avenue
Tulsa, OK 74146

Dear Dr. King,

This letter serves as formal notification that your contract with the Chickasaw Nation Family Medicine Residency Program lapsed effective July 1, 2025. Additionally, the Chickasaw Nation and the Chickasaw Nation Family Medicine Residency Program ("Program") became aware on July 1, 2025, that your license to practice medicine has lapsed. This information is publicly reported available on the Oklahoma State Board of Osteopathic Medical Examiners website. Maintaining an active medical training license is a condition of participation in the residency program and a condition of employment with the Chickasaw Nation Department of Health as a resident physician.

Based on the foregoing, your contract with the Chickasaw Nation Family Medicine Residency Program has lapsed and is non-renewable, effective July 1, 2025. You are hereby separated from the Program. This action remains subject to review under institutional policy. Details regarding the appeals process and applicable timelines are provided in Policy 07 FMR 7017, attached hereto.

Please return any and all Chickasaw Nation Department of Health property in your possession, including but not limited to your laptop, cell phone, and badge, to the Human Resources Department. Retrieval of any personal belongings remaining on-site may be coordinated with Human Resources staff.

If you have any questions regarding this process or your separation, please direct them to Human Resources or the program office.

Sincerely,

Marilyn Hines, DO
Program Director
CNDH Family Medicine Residency Program

ARDMORE CLINIC
2510 CHICKASAW BLVD.
ARDMORE, OK 73401
580-226-8181

PURCELL CLINIC
1438 HARDCASTLE BLVD.
PURCELL, OK 73080
405-527-4700

TISHOMINGO CLINIC
817 E. 6TH STREET
TISHOMINGO, OK 73460
580-371-2361

Cc: Mousumi Som, DO, DIO, OSU/OMEKO

John Krueger, MD, Undersecretary Medical Staff & Quality, CMO/CQO, CNDH

Richard McClain, MD, Chief of Obstetrics and Gynecology, Chair CNDH REC

Enclosure: Academic and Non-Academic Correction and Grievance Policy 07 FMR 7017

APPLICATION
FOR
RENEWAL

ANNA
HARTER, D.O.
8669

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.

[Source: Added at 39 Ok Reg 2050, eff 9-11-22; Amended at 42 Ok Reg, Number 20, effective 7-11-25]



Oklahoma State Board of Osteopathic Examiners

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TULSA

LAYNE E. SUBERA, D.O.
SKIATOOK

September 30, 2025

PERSONAL AND CONFIDENTIAL

VIA EMAIL: [REDACTED]

&

U.S. MAIL:

Anna Harter, D.O., (Lic. # 8669)

[REDACTED]

Re: Private Letter of Concern

Dear Dr. Harter:

Pursuant to provisions of the Osteopathic Medicine Act, 59 O.S. §637.1(C), the Secretary of the Oklahoma State Board of Osteopathic Examiners ("Board") may issue a Private Letter of Concern to a licensee, without a hearing, when evidence does not warrant formal proceedings, but indications exist of possible errant conduct that could lead to serious consequences and formal action. Such letters are considered remedial and not disciplinary.

This Private Letter of Concern is being issued to you as a result of a formal letter noticing the Board of your recent residency probation. The allegations in the Letter are as follows:

1. We received a letter dated August 6, 2025, from Oklahoma State University Center for Health Science. In that letter, we were informed you have violated professional and license standards by engaging in clinical moonlighting activities without obtaining prior written approval from the program director, as explicitly required by your signed annual training contract and institutional policy. Additionally, these activities are said to have occurred despite monthly written reminders to report in a log on any moonlighting hours, which you failed to disclose to your program.

This prompted a formal investigation through your residency program which determined that you knowingly disregarded established policy, failed to report outside work, and withheld documentation of moonlighting hours.

In lieu of formal Board action through a Petition, the Board recommends that you:

- a) Ensure you stay in compliance with your residency probationary terms;
- b) Ensure that you are no longer violating any rules or statutes, specifically, but not limited to any moonlighting rules or statutes prescribed by law or your residency program;
- c) Always provide any documents to the proper reporting personnel;
- d) If you are unsure of the correct measures to take, please contact either Board staff or residency staff to ensure that you are acting in an appropriate manner.

This letter will be placed in the non-public investigatory file with the Board. It is the intention of the Board that you be reminded future complaints concerning this type of unprofessional behavior can result in further Board actions. Additionally, for your knowledge, a final disciplinary action taken by this entity could result in a public prosecution and remedial action.

Please contact Steven K. Mullins, the Board's Executive Director, if you have questions or concerns.

Sincerely,

**OKLAHOMA STATE BOARD OF
OSTEOPATHIC EXAMINERS**

Duane Koehler, D.O.

Duane Koehler, D.O. (Sep 30, 2025 19:54:11 CDT)

Duane G. Koehler, D.O.
Board Secretary

CC: **VIA HAND-DELIVERY**

Steven K. Mullins
Executive Director
State Board of Osteopathic Examiners
5400 N. Grand Blvd., Ste 130
Oklahoma City, Oklahoma 73112
405/528-8625 (Office)
Steven.Mullins@osboe.ok.gov

Date: 1/20/2026

To: Oklahoma State Board of Osteopathic Examiners

Re: Report of Resident Dismissal from Emergency Medicine Residency - Anna Harter, DO
License # 8669

This letter provides formal notification regarding the dismissal of Dr. Harter from the OSU-CMS Lawton Emergency Medicine Residency Program effective January 16, 2026.

Competency-Based Deficiencies

Dr. Harter demonstrated serious deficiencies across multiple ACGME core competency domains including, Patient Care (PC 1-6, PC 8), Medical Knowledge (MK1-2), Systems Based Practice (SBP1 – patient safety), Practice Based Learning and Improvement (PLBI 1-2), Professionalism (PROF 1-3), and Interpersonal and Communication Skills (ICS 1-3).

Patient Safety Events

Dr. Harter was involved in multiple high-risk clinical events reviewed by the Emergency Department Medical Director. In at least 2 independent cases, reviewer's concluded that absent attending physician intervention, patient death would have been likely. These events involved unsafe clinical judgment, resistance to faculty supervision, and deviation from established protocols.

Factual Misrepresentation

Dr. Harter misrepresented clinical events, including a code debriefing statement. Multiple witnesses and objective records refuted her account. Objective records further demonstrate internal inconsistencies in Dr. Harter's report. These actions resulted in reputation of harm to faculty and erosion of professional trust.

Unauthorized Moonlighting

From April through July 2025, Dr. Harter engaged in unauthorized moonlighting without disclosure or approval, violating institutional policy and contradicting her signed attestations. This concealment represented a serious breach of professionalism and integrity.

Failure on Probation

Dr. Harter was placed on formal probation on August 14, 2025. During probation, further unprofessional conduct occurred, including inappropriate attire displaying profanity, and misleading explanations regarding moonlighting activities. Additionally, patient safety events occurred during this period, judged egregious by program leadership.

Clinical Competency Committee Review

Clinical Competency Committee (CCC) conducted an extensive review and determined that Dr. Harter failed to meet expected competency milestones including failure to achieve Level One milestones in multiple domains. A clear majority of committee members recommended dismissal from the residency.

Conclusion

After independent consideration of the CCC findings, probationary status, and responsibility to ensure patient's safety, Dr. Harter was dismissed from the residency program effective January 16, 2026.

Dr. Harter is still in her appeals period; our decision to dismiss her is not final until she has exhausted her due process. We will send an addendum to this letter once her appeal period is complete.

Respectfully,



William H. Bickell, MD,
OSU-CHS Lawton Emergency Medicine Residency Program Director

DATE: January 15, 2026

TO: Anna Harter, DO, Emergency Medicine Resident
Oklahoma State University – Center for Health Science Emergency Medicine Residency

RE: **Notice of Dismissal from the OSU-CHS Lawton Emergency Medicine Residency**

This letter serves as formal notice of your dismissal from the OSU-CHS Lawton Emergency Medicine Residency Program, effective immediately. This action is taken based on persistent and severe deficiencies that pose an unacceptable risk to patient safety and are incompatible with continued participation in graduate medical education.

Competency Based Deficiencies:

You have demonstrated serious deficiencies across multiple ACGME Core Competency domains including but not limited to: (Patient Care (PC 1-6, PC 8), Medical Knowledge (MK1-2), Systems Based Practice (SBP1-patient safety), Practice Based Learning and Improvement (PLBI1-2), Professionalism (PROF1-3), and Interpersonal and Communication Skills (ICS1-3)).

Patient's Safety Events:

You were involved in multiple high risk clinical events reviewed by the professionalism committee as well as the emergency department medical director. In at least 2 independent cases, reviewers concluded that absent attending physician intervention, patient death would have been likely. In these events, you demonstrate unsafe clinical judgment, resistance to direct faculty supervision, and explicit deviation from established clinical protocols, thereby compromising patient's safety and team function.

Factual Misrepresentation of the Clinical Environment:

You have engaged in misrepresentation of clinical events and misrepresentation of a code debriefing statement made by a faculty attending. Multiple witnesses, including attending physicians, residents, and nursing staff, refute your account. Objective records further demonstrate internal inconsistencies in your report. These actions resulted in reputational harm to faculty and erosion of professional trust.

Unauthorized Moonlighting:

From April through July 2025, you engage in moonlighting without authorization and failed to disclose or log these activities. This conduct violated institutional policy and directly contradicted written attestations you signed annually acknowledging your obligation to comply

with our institutional moonlighting policy. The concealment of this activity constitutes a serious breach of professionalism and integrity.

Failure While on Probation:

You were placed on formal probation on August 14, 2025. During probation, additional unprofessional conduct occurred, including inappropriate attire displaying profane language in a public professional setting.

Furthermore, when you discussed your unapproved moonlighting activity with the professionalism committee you created the scenario that you "did not submit the form because you forgot to do so." This is problematic in that the facts of the case demonstrate a more serious breach of policy and professionalism:

This was not simply an oversight but rather a concealment of unauthorized breach of policy, compounded by lack of candor with the professionalism committee by the explanation provided. Such behavior raises significant concerns regarding professionalism, accountability, and fitness for independent practice.

While on probation you were involved in a patient's safety issue in which your conduct was judged by the professionalism committee as well as the emergency department medical director and the CCC as egregious, demonstrating severe deficits across several core competencies.

During your suspension meeting with the ED Medical Director and Sharon Smith it was brought to your attention that there was another patient safety issue in which you failed to act appropriately for an opioid overdose. You made a claim that in this case it was your order to administer naloxone to the patient. The statement was inconsistent with the nursing notes.

Clinical Competency Committee Review:

These concerns were reviewed in detail by the Clinical Competency Committee (CCC). The CCC conducted an extensive review of your clinical performance, professionalism, and milestone evaluations across all ACGME core competencies, including Professionalism, Ethical Principles, Patient Care, Medical Knowledge, Practice Based Learning and Improvement, and Interpersonal and Communication Skills. Your milestone assessments demonstrated failure to meet expected levels of competency, including failure to attain Level One milestones in multiple domains: (Patient Care (PC 1-6, PC 8), Medical Knowledge (MK1-2), Systems Based Practice (SBP1-patient safety), Practice Based Learning and Improvement (PLBI1-2), Professionalism (PROF1-3), and Interpersonal and Communication Skills (ICS1-3)).

Based on the CCC's findings, it was determined that continuation or progression as a third-year resident is not an option. The CCC members were therefore asked to provide a confidential advisory recommendation regarding non-promotion versus dismissal. A clear majority recommended dismissal.

Conclusion:

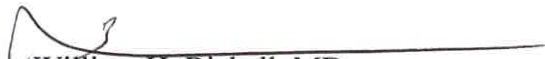
After careful and independent consideration of the CCC review and their confidential vote, your probationary status, documented performance deficiencies, and the program's responsibility to ensure patient safety and adhere to professional standards, I have determined that your appointment in the emergency medicine residency program will be dismissed effective immediately.

This determination reflects sustained and serious deficiencies in core competencies essential to the safe practice of emergency medicine and the conclusion that further remediation would not reasonably be expected to result in achievement of required competency standards within the structure of the program.

Appeal Rights:

You may appeal this decision in accordance with our Graduate Medical Education policy, Academic and Non-Academic Grievances, Academic Disciplinary Actions and Due Process. This policy is included with this letter.

Sincerely,



William H. Bickell, MD
Emergency Medicine Program Director

encl: Academic and Non-Academic Grievances, Academic Disciplinary Actions and Due Process

cc: ms
tf

SARAH
LANTZ, D.O.

9071

KAYLEE DAVIS-MADDY,
J.D.

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.

[Source: Added at 39 Ok Reg 2050, eff 9-11-22; Amended at 42 Ok Reg, Number 20, effective 7-11-25]

Sarah Lantz, D.O. – Applicant for Licensure. Applicant has had numerous clinical performance issues.

Timeline of Events

1. On May 1, 2021, Dr. Lantz graduated ARCOM.
2. On July 1st, 2021, Dr. Lantz started Psych residency at Tristar Centennial in Nashville, TN.
3. On September 16, 2021, Dr. Lantz was put on a formal learning plan. **(Pg 4)**
4. On January 1, 2022, Dr. Lantz was placed on a 90-day remediation plan. **(Pg 4)**
5. On April 13, 2022, the remediation plan was extended until the end of May 2022 due to lack of improvement. **(Pg 4)**
6. On July 1, 2022, the remediation plan was extended again by 180 days, as was her PGY 1 year. **(Pg 4)**
7. On December 12, 2022 and December 15, 2022, Dr. Lantz had a neurocognitive evaluation done by Dr. Brian Boatwright, Psy. D., ABPP-CN, who is board certified in clinical neuropsychology. **(Pg 14-17)**
8. On May 3, 2023, the CCC did a final evaluation and noted that Dr. Lantz demonstrated critical deficiencies in patient care, medical knowledge, system-based practice, practice-based learning and improvement, professionalism, interpersonal skills, and communication skills. **(Pg 3)**
9. On June 6, 2023, Dr. Lantz was terminated from residency for not meeting milestones. Dr. Lantz completed 4 months of primary care medicine and 2 months of neurology.
10. On March 26, 2024, Dr. Lantz had another evaluation by Dr. Boatwright. **(Pg 6-8)**
11. On April 5, 2024, Dr. Lantz submitted her resident training license application to repeat PGY1. Dr. Lantz answered “no” to all questions when she should have answered “yes” to questions 5, 6, and 13.
12. On June 14, 2024, Dr. Lantz informed the Board that she wished to waive her 20 days’ notice and appear on June 20, 2024. Dr. Lantz was informed of the 20 day waiver, received on June 18, 2024. **(Pg 11)**
13. On June 17, 2024, Dr. Lantz submitted a Crucial Conversations Training course certificate. Dr. Lantz also sent in a letter of recommendation from Dr. Michael Dubriwyn, MD. **(Pg 5)**
14. On June 18, 2024, Dr. F. Karl VanDevender, MD, wrote Dr. Lantz a letter of recommendation. Inv. Freeman also received the 20 Day Waiver. **(Pg 10-11)**
15. On June 19, 2024, Cheryl M. Thigpen, an attorney in Tulsa, wrote Dr. Lantz a letter of recommendation. **(Pg 12-13)**

- **OSBOE Staff Recommendation**

- The Staff recommends denial of licensure due to a pattern of clinical performance issues.



Oklahoma State Board of Osteopathic Examiners

MEMORANDUM

FROM: Christi Aquino, Director of Licensing & Josh Freeman, Investigator

TO: Board Members

DATE: June 17, 2024

SUBJECT: Sarah Lantz, D.O. – Applicant for a Resident License

Sarah Lantz is applying for a Resident License in Oklahoma and was accepted into McAlester Regional Residency. Dr. Lantz answered “no” on three questions, but she should have answered “yes” on them. Please see the timeline below.

#5 - Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or ever been requested to withdraw from any medical school, training facility, medical practice, hospital, nursing home, clinic, health maintenance organization, or other hospital care facility?

#6 - Have you ever been requested to resign, withdraw, or otherwise terminate your position with a medical school, training program, medical practice, medical partnership, hospital, professional association, corporation, health maintenance organization, or other medical practice organization, either public or private?

#13 - Within the last 2 years, have you had an interruption in your training or medical practice because of a physical, mental, emotional, or chemical impairment?

- 7/01/2017 - 5/01/2021 – Attended and graduated ARCOM
- 7/01/2021 - Started Psych residency at Tristar Centennial in Nashville, TN.
- 9/16/2021 – Dr. Lantz was put on a formal learning plan.
- 1/03/2022 – Dr. Lantz was placed on a 90-day remediation plan.
- 4/13/2022—Due to the lack of improvement, the remediation plan was extended until the end of May 2022.
- 7/01/2022 – The remediation plan was again extended 180 days, as was her PGY 1 year.
- 5/03/2023 – At the final evaluation by the CCC, they noted that Dr. Lantz demonstrated critical deficiencies in Patient Care, Medical Knowledge, and System-based practice and failed to progress in practice-based learning and improvement, professionalism, interpersonal, and communication skills.
- 6/06/2023 - Terminated from residency for not meeting milestones. She completed 4 months of primary care medicine and 2 months of neurology.
- 3/26/2024 - Dr. Lantz had a Neurocog Evaluation.

Due to the volume of verification requests we receive, we are able to provide you with this summary information in response to your inquiry regarding:

DR. Sarah Lantz

PROGRAM'S MAIN TRAINING SITE:

TriStar Centennial Medical Center TriStar Skyline Medical Center
 TriStar Summit Medical Center TriStar Southern Hills Medical Center

1. VERIFICATION: Our records show that this trainee served in the following capacity(ies) in the HCA Healthcare TriStar Division:

		from		to		ACGME Accredited?		Completed Program?	
						YES	NO	YES	NO
Internship in									
Residency in	Psychiatry	from	7/1/2021	to	6/6/2023*	X			X
Chief Residency in		from		to					
Fellowship in		from		to					

*Please note that Dr. Lantz recived 6 months of credit during her PGY-1 Psychiatry training.

2. EVALUATION of ACGME COMPETENCIES: Based on demonstrated performance and composite of supervisor evaluations, including specialty-specific Milestones used to ensure residents are able to practice core professional activities:

As compared to reasonable expectations for the level of training completed, this resident's/fellow's competence in these skills is rated as:	Satisfactory	Unsatisfactory	No Information
MEDICAL KNOWLEDGE			X
PATIENT CARE AND PROCEDURAL SKILLS			X
INTERPERSONAL AND COMMUNICATION SKILLS			X
PROFESSIONALISM			X
SYSTEMS-BASED PRACTICE			X
PRACTICE-BASED LEARNING AND IMPROVEMENT			X
OVERALL PERFORMANCE			X

3. PROFESSIONAL CONDUCT: These are commonly asked questions on requests for verification. We have answered them to the best of our knowledge for the time s/he spent in training in the HCA Healthcare TriStar Division. If our response is yes to any question, please refer to comments section below for explanation.

	YES	NO
Was the trainee the subject of any professional misconduct action?		X
Was the trainee subject to any disciplinary action?		X
Was the trainee subject to suspension, termination, or voluntary/involuntary limitation of privileges?	X	
Was the trainee involved in substance abuse?		X
Are you aware of any facts regarding the trainee that cause you to hesitate in any way in recommending membership to the medical staff of any institution?	X	
Are you aware of any pending investigations or actual findings of any professional medical conduct proceedings against the practitioner?		X

4. RECOMMENDATION (CHOOSE ONE ANSWER ONLY):

- _____ This trainee has successfully satisfied the requirements for training in his/her specialty and has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
- _____ This trainee successfully satisfied the requirements of a Preliminary Program or a Transitional Year Program and demonstrated knowledge, skills and behaviors necessary enter categorical training. Although satisfactorily completed, this preliminary training does not serve as terminal but rather as preparatory; therefore, the trainee did not demonstrate the knowledge, skills, and behaviors necessary to enter autonomous practice.
- This trainee has NOT demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
- _____ None of the above apply – please see Comments/Remarks/Explanations below.

5. COMMENTS, REMARKS, EXPLANATIONS Relating to sections 1,2,3 or 4, this narrative is required for **ALL**:

- **incomplete programs identified in Section 1**
- **"unsatisfactory" ratings in Section 2**
- **"Yes" answers in Section 3 and/or**
- **if 3rd or 4th choices are selected in Section 4)**


Dr. Lantz started residency on 7/1/21. She was placed on a formal learning plan on 9/16/21. On 1/3/22 Dr. Lantz

was placed on a 90 day remediation plan. On 4/13/22 the remediation plan was extended to the end of May due to

lack of improvement. On 7/1/22 this remediation plan was again extended 180 days as was her PGY1 year. At the

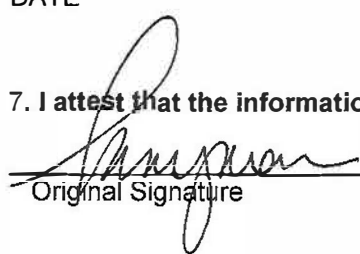
end of these 180 days Dr. Lantz's performance had not improved as assessed by the Clinical Competency Committee (CCC). At final evaluation on 5/30/23, the CCC noted that Dr. Lantz demonstrated critical deficiencies in Patient Care, Medical Knowledge and Systems-Based Practice and had failed to progress in Practice-Based Learning and Improvement, Professionalism and Interpersonal and Communication Skills. The program director agreed with the CCC's assessment and Dr. Lantz was terminated from the program on 6/6/23.

6. PROGRAM DIRECTOR ATTESTATION:

	Jeffrey Anderson
SIGNATURE	NAME (PRINTED/TYPED)

6/30/23	/ Program Director/	(615)342 - 4485
DATE	TITLE/POSITION	PHONE

7. I attest that the information supplied is a photocopy of an official original evaluation on file in the dept.

	Laura L. Weyman, MD	Designated Institutional	7/25/2023
Original Signature	Name	Title (GME Office) <i>Official</i>	Date

RATIFICATION OF APPROVED LICENSES

Approved Licenses for Ratification - 3/6/2026 to 6/5/2026

#	Licensee/Applicant	License Number	License Type	License Status	Issue Date	Expiration Date
1	Ali Mustafa	9527	Osteopathic Physician and Surgeon	Active	3/7/2026	6/30/2026
2	Zachary Blankenship	7444	Osteopathic Physician and Surgeon	Active	3/7/2026	6/30/2027
3	Justin Avena	9530	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2026
4	Keli McCalman	9529	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2027
5	Fahad Khan	9532	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2027
6	Kristy Bybee	5954	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2027
7	Kevin Li	9533	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2027
8	Asma Ahmed	9528	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2026
9	Daniel Goltz	9531	Osteopathic Physician and Surgeon	Active	3/9/2026	6/30/2026
10	Andrew Petersen	9535	Osteopathic Physician and Surgeon	Active	3/10/2026	6/30/2026
11	Sarah Martinez	9537	Osteopathic Physician and Surgeon	Active	3/10/2026	6/30/2026
12	Christopher Price	9536	Osteopathic Physician and Surgeon	Active	3/10/2026	6/30/2027
13	Lori Tucker	9534	Osteopathic Physician and Surgeon	Active	3/10/2026	6/30/2026
14	Ali Abtahi	7239	Osteopathic Physician and Surgeon	Active	3/10/2026	6/30/2026
15	Greg Rampey	3815	Osteopathic Physician and Surgeon	Restricted	3/12/2026	6/30/2027
16	James Zubernis	5856	Osteopathic Physician and Surgeon	Active	3/12/2026	6/30/2027
17	Carl Collins	9541	Osteopathic Physician and Surgeon	Active	3/16/2026	6/30/2026
18	Sean McFadden	9540	Osteopathic Physician and Surgeon	Active	3/16/2026	6/30/2026
19	Jorgen Eyabi	9543	Osteopathic Physician and Surgeon	Active	3/23/2026	6/30/2027
20	Annette De Leon	9544	Osteopathic Physician and Surgeon	Active	3/23/2026	6/30/2026
21	David Nah	9542	Osteopathic Physician and Surgeon	Active	3/23/2026	6/30/2027
22	Kayla Nebelsick	9545	Osteopathic Physician and Surgeon	Active	3/23/2026	6/30/2026
23	Margaret Huynh	9548	Osteopathic Physician and Surgeon	Active	3/24/2026	6/30/2026
24	Vatche Melkonian	9546	Osteopathic Physician and Surgeon	Active	3/24/2026	6/30/2027
25	Kelsey Hassig	9547	Osteopathic Physician and Surgeon	Active	3/24/2026	6/30/2027
26	Naomi Atkins	7226	Osteopathic Physician and Surgeon	Active	3/24/2026	6/30/2026
27	Louis Schneider	9549	Osteopathic Physician and Surgeon	Active	3/24/2026	6/30/2026
28	Cheryl Quinn	9551	Osteopathic Physician and Surgeon	Active	3/26/2026	6/30/2027
29	Charles Backus	9553	Osteopathic Physician and Surgeon	Active	3/26/2026	6/30/2026
30	Cynthia English	9552	Osteopathic Physician and Surgeon	Active	3/26/2026	6/30/2027

31	TeKeshia Henry	9550	Osteopathic Physician and Surgeon	Active	3/26/2026	6/30/2026
32	Patrick Hartmann	9555	Osteopathic Physician and Surgeon	Active	3/27/2026	6/30/2026
33	Michael Tiller	9554	Osteopathic Physician and Surgeon	Active	3/27/2026	6/30/2027
34	Grant Linnell	9556	Osteopathic Physician and Surgeon	Active	3/30/2026	6/30/2027
35	Bradley Fogel	9557	Osteopathic Physician and Surgeon	Active	3/30/2026	6/30/2026
36	Jaclyn Downs	9558	Osteopathic Physician and Surgeon	Active	3/30/2026	6/30/2026
37	Aron Splichal	9560	Osteopathic Physician and Surgeon	Active	3/31/2026	6/30/2026
38	Robert Harding	9559	Osteopathic Physician and Surgeon	Active	3/31/2026	6/30/2026
39	Nicholas Whalen	9561	Osteopathic Physician and Surgeon	Active	4/2/2026	6/30/2027
40	Jacob Robinson	9562	Osteopathic Physician and Surgeon	Active	4/6/2026	6/30/2026
41	Christina Ennabi Waller	9563	Osteopathic Physician and Surgeon	Active	4/6/2026	6/30/2027
42	James Bindrup	9566	Osteopathic Physician and Surgeon	Active	4/7/2026	6/30/2027
43	Lauren Edge	9564	Osteopathic Physician and Surgeon	Active	4/7/2026	6/30/2027
44	Michael Steiner	9565	Osteopathic Physician and Surgeon	Active	4/7/2026	6/30/2027
45	Marcus Wing	9567	Osteopathic Physician and Surgeon	Active	4/8/2026	6/30/2027
46	Ekwensi Griffith	9568	Osteopathic Physician and Surgeon	Active	4/9/2026	6/30/2027
47	Mohammed Suhail	9570	Osteopathic Physician and Surgeon	Active	4/10/2026	6/30/2027
48	Kyle Bockelman	9569	Osteopathic Physician and Surgeon	Active	4/10/2026	6/30/2027
49	Glen Rebman	9571	Osteopathic Physician and Surgeon	Active	4/10/2026	6/30/2027
50	Iris Ford	9573	Osteopathic Physician and Surgeon	Active	4/13/2026	6/30/2027
51	Shahzeb Niazi	9572	Osteopathic Physician and Surgeon	Active	4/13/2026	6/30/2027
52	Shujah Choudhry	9574	Osteopathic Physician and Surgeon	Active	4/14/2026	6/30/2027
53	Melanie Pickering	9575	Osteopathic Physician and Surgeon	Active	4/15/2026	6/30/2027
54	Scott Tanghe	9576	Osteopathic Physician and Surgeon	Active	4/17/2026	6/30/2027
55	Melanie LaVoie	9577	Osteopathic Physician and Surgeon	Active	4/17/2026	6/30/2027
56	Danny Choy	9578	Osteopathic Physician and Surgeon	Active	4/17/2026	6/30/2027
57	Erin Hammett	9580	Osteopathic Physician and Surgeon	Active	4/20/2026	6/30/2027
58	Aaron Murrell	9579	Osteopathic Physician and Surgeon	Active	4/20/2026	6/30/2027
59	Amanda McMellon	9581	Osteopathic Physician and Surgeon	Active	4/21/2026	6/30/2027
60	Ragini Sastry	9582	Osteopathic Physician and Surgeon	Active	4/22/2026	6/30/2027
61	Josephine Finazzo	9583	Osteopathic Physician and Surgeon	Active	4/24/2026	6/30/2027
62	Brittany Barker Booth	9585	Osteopathic Physician and Surgeon	Active	4/27/2026	6/30/2027
63	Christine Severance	9584	Osteopathic Physician and Surgeon	Active	4/27/2026	6/30/2027

64	Muhammad Danial	9590	Osteopathic Physician and Surgeon	Active	4/28/2026	6/30/2027
65	Darren Patel	9591	Osteopathic Physician and Surgeon	Active	4/28/2026	6/30/2027
66	Gregory Hammett	9589	Osteopathic Physician and Surgeon	Active	4/28/2026	6/30/2027
67	Karan Bhakta	9586	Osteopathic Physician and Surgeon	Active	4/28/2026	6/30/2027
68	Omar Amayem	9587	Osteopathic Physician and Surgeon	Active	4/28/2026	6/30/2027
69	Zachariah Zaaza	9588	Osteopathic Physician and Surgeon	Active	4/28/2026	6/30/2027
70	Gregory Gafni-Pappas	9593	Osteopathic Physician and Surgeon	Active	4/30/2026	6/30/2027
71	Ganna Breland	9592	Osteopathic Physician and Surgeon	Active	4/30/2026	6/30/2027
72	Lee Barker	9595	Osteopathic Physician and Surgeon	Active	5/1/2026	6/30/2027
73	Hannah Wendelbo	9594	Osteopathic Physician and Surgeon	Active	5/1/2026	6/30/2027
74	John DiMuro	9599	Osteopathic Physician and Surgeon	Active	5/4/2026	6/30/2027
75	Anthony Moon	9596	Osteopathic Physician and Surgeon	Active	5/4/2026	6/30/2027
76	Timothy Holbrook	9598	Osteopathic Physician and Surgeon	Active	5/4/2026	6/30/2027
77	Katherine Leicht	9597	Osteopathic Physician and Surgeon	Active	5/4/2026	6/30/2027
78	Jesse Shaw	9600	Osteopathic Physician and Surgeon	Active	5/5/2026	6/30/2027
79	Maro Ohanian	9601	Osteopathic Physician and Surgeon	Active	5/5/2026	6/30/2027
80	Joseph Dawa	9602	Osteopathic Physician and Surgeon	Active	5/6/2026	6/30/2027
81	John De Mott	9603	Osteopathic Physician and Surgeon	Active	5/6/2026	6/30/2027
82	Susan Jones	0024V	Osteopathic Volunteer Physician	Active	5/7/2026	6/30/2027
83	Allan Zhang	9605	Osteopathic Physician and Surgeon	Active	5/7/2026	6/30/2027
84	Raina Shanks	9604	Osteopathic Physician and Surgeon	Active	5/7/2026	6/30/2027
85	Bridget Thackeray	9606	Osteopathic Physician and Surgeon	Active	5/7/2026	6/30/2027
86	Thomas McCoy	9607	Osteopathic Physician and Surgeon	Active	5/8/2026	6/30/2027
87	Gregory Adams	9608	Osteopathic Physician and Surgeon	Active	5/8/2026	6/30/2027
88	Christopher Corrales	9612	Osteopathic Physician and Surgeon	Active	5/12/2026	6/30/2027
89	Megan Schrader	9613	Osteopathic Physician and Surgeon	Active	5/12/2026	6/30/2027
90	Nima Jahanforouz	9610	Osteopathic Physician and Surgeon	Active	5/12/2026	6/30/2027
91	Frank Savage	9611	Osteopathic Physician and Surgeon	Active	5/12/2026	6/30/2027
92	Jennifer Austin	9609	Osteopathic Physician and Surgeon	Active	5/12/2026	6/30/2027
93	Corey McCart	9615	Osteopathic Physician and Surgeon	Active	5/13/2026	6/30/2027
94	Amery Chen	9614	Osteopathic Physician and Surgeon	Active	5/13/2026	6/30/2027
95	Anna Augustin	9616	Osteopathic Physician and Surgeon	Active	5/14/2026	6/30/2027
96	Casey Fisher	9617	Osteopathic Physician and Surgeon	Active	5/18/2026	6/30/2027

97	Nathanial Hansen	9618	Osteopathic Physician and Surgeon	Active	5/19/2026	6/30/2027
98	Precious Barnes	9619	Osteopathic Physician and Surgeon	Active	5/19/2026	6/30/2027
99	Desiree Lerro	9620	Osteopathic Physician and Surgeon	Active	5/20/2026	6/30/2027
100	Robert Snow	9621	Osteopathic Physician and Surgeon	Active	5/21/2026	6/30/2027
101	Deepak Reddy	9622	Osteopathic Physician and Surgeon	Active	5/21/2026	6/30/2027
102	Jeanette Christensen	9624	Osteopathic Physician and Surgeon	Active	5/22/2026	6/30/2027
103	Nicholas Pflgebraar	9627	Osteopathic Physician and Surgeon	Active	5/22/2026	6/30/2027
104	Shannon Henning	9623	Osteopathic Physician and Surgeon	Active	5/22/2026	6/30/2027
105	Michael Ahmann	9625	Osteopathic Physician and Surgeon	Active	5/22/2026	6/30/2027
106	Robert Chandler	9626	Osteopathic Physician and Surgeon	Active	5/22/2026	6/30/2027
107	Clayton McCuiston	9631	Osteopathic Physician and Surgeon	Active	5/26/2026	6/30/2027
108	Ethan Powell	9629	Osteopathic Physician and Surgeon	Active	5/26/2026	6/30/2027
109	MADELEINE Robertson	9628	Osteopathic Physician and Surgeon	Active	5/26/2026	6/30/2027
110	Alpesh Desai	9630	Osteopathic Physician and Surgeon	Active	5/26/2026	6/30/2027
111	Syed Yusuf	9633	Osteopathic Physician and Surgeon	Active	5/27/2026	6/30/2027
112	Mareena Hanna	9635	Osteopathic Physician and Surgeon	Active	5/27/2026	6/30/2027
113	Daniel Fuchs	9634	Osteopathic Physician and Surgeon	Active	5/27/2026	6/30/2027
114	Mohamad Asfour	9632	Osteopathic Physician and Surgeon	Active	5/27/2026	6/30/2027
115	JoBeth Augustyniak	9636	Osteopathic Physician and Surgeon	Active	5/28/2026	6/30/2027
116	Davis Kuriakose	9637	Osteopathic Physician and Surgeon	Active	5/29/2026	6/30/2027
117	Morgan Neale	9639	Osteopathic Physician and Surgeon	Active	6/1/2026	6/30/2027
118	Elie Feghali	9638	Osteopathic Physician and Surgeon	Active	6/1/2026	6/30/2027
119	Shana Radomski	9642	Osteopathic Physician and Surgeon	Active	6/2/2026	6/30/2027
120	Lauren Peruski	9640	Osteopathic Physician and Surgeon	Active	6/2/2026	6/30/2027
121	Patrick Ryan	9641	Osteopathic Physician and Surgeon	Active	6/2/2026	6/30/2027
122	Tyler Fontaine	9643	Osteopathic Physician and Surgeon	Active	6/3/2026	6/30/2027
123	Macey Brandeberry	9644	Osteopathic Physician and Surgeon	Active	6/4/2026	6/30/2027
124	Christine Huynh	9645	Osteopathic Physician and Surgeon	Active	6/5/2026	6/30/2027

**POLICY
REVIEW
OSBOE-P011**

Policy Number:	OSBOE-P011
Adopted by Board:	June 11, 2026
To be Reviewed:	2028

Purpose:

This policy is intended to provide standards for Oklahoma-licensed Osteopathic Physicians who wish to prescribe or recommend Medical Marijuana. Within the boundaries of Oklahoma, marijuana use is only authorized as recommended by a physician. A physician who makes a prescription or recommendation for cannabis use must follow the minimum standard of care guidelines for their profession. The Oklahoma State Board of Osteopathic Examiners have outlined the following minimum standard of care guidelines for those who prescribe or recommend the use of cannabis products.

Relevant Citations:

59 O.S. § 638.1 A.

The State Board of Osteopathic Examiners is hereby authorized to issue guidance to all osteopathic physicians in this state on the recommending of medical marijuana to patients.

Procedure:

Physicians prescribing or recommending medical marijuana shall comply with the below minimum standard of care guidelines:

Minimum Standard of Care Guidelines

1. Determine that you are competent to recommend cannabis use.

Like all medical practice, you must first determine if you have sufficient and current expertise to treat the patient. For example, have you shown knowledge, training, or certification in addiction medicine? Do you have demonstrable knowledge of the physiologic effects of cannabis, its side effects, and its interaction with other drugs before recommending it?

2. Establish a Physician-Patient Relationship

As with all patient interactions, a licensed physician must see the patient on the initial visit to establish a physician-patient relationship. The physician-patient relationship is defined,

at a minimum, that a patient record is maintained including, but not limited to, at the minimum, a current history and physical. Consistent to standard of care, physicians should not prescribe or recommend medical marijuana for themselves or a family member.

3. Qualifying Condition and dosage recommendation must be recorded

In Oklahoma physicians can recommend, but not prescribe, cannabis products only after determining it's an appropriate treatment for a patient's qualifying condition. Oklahoma does not have a list of qualifying conditions. Instead, a doctor, before recommending cannabis must determine whether medical marijuana may, in the judgment of the physician, based on data suggesting efficacy, improve a specific health condition. This medical opinion must be recorded in the medical chart of the patient. In addition to recording the medical condition the physician must document the actual recommended product name or formulation, dose, route, frequency, and amount to purchase per month, similar to any other prescription or OTC medication. It is recommended that this "prescription" should be provided in writing or electronically to the patient for use at the dispensary.

If the health condition is a pain related complaint, OAC 510:5-9-1 and 510:5-9-2, 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 must comply with all current federal and state law.

4. The initial assessment and medical record must include an assessment and conversation regarding all of the following:

1. Drug misuse must be examined during the history portion of the examination. It is highly recommended that a current PMP check be done and conversation about past or current use of marijuana or other psychoactive and addictive drugs be conducted.
2. Physicians must assess the risks/benefits of the use of cannabis. A physician's decision to recommend medical marijuana should be based on a thorough evaluation of the patient's overall health, including their medical history, current medications, and potential benefits and risks of cannabis use.

A discussion of the medical risks of the use of cannabis should at a minimum include, impairment of driving or other high-risk activities, development of tolerance leading to dependence, risk of panic attacks from excessive doses, exacerbation of psychotic disorders and adverse cognitive effects for children and young adults, and the risks associated with the use of marijuana during pregnancy or breast feeding, and the risk of cannabis use disorder. Additional

risks of atrial fibrillation and heart failure should be discussed in patients with history of same.

3. Physicians must consider and discuss alternative treatments. Is there documentation that the patient has had failure of all other conventional medications to treat his or her ailment? Physicians should consider if cannabis is a more appropriate treatment option compared to other medications or therapies.
4. Physicians must document a plan for ongoing monitoring of the patient's use and efficacy of cannabis. After recommending cannabis, physicians should regularly monitor the patient's response to the treatment, assessing the efficacy, any side effects, and overall impact on their health and daily functioning. Physicians should schedule a medical follow-up within six (6) months of an initial cannabis authorization, sooner if medically indicated. After the first year of cannabis use follow ups should be scheduled a minimum of every six (6) months.
5. Informed Consent discussion must be recorded. At a minimum, discussion of potency of the marijuana flower must be conducted, recorded, and contained within the "prescription" provided.
6. If the patient has a history of substance use disorder or a co-occurring mental health condition, they may require specialized assessment and treatment. The physician should seek consultation with, or refer the patient to, a pain management, psychiatric, addiction or mental health specialist, as needed.
7. A copy of a signed intake form, providing the patient with information for informed consent, including instructions on safekeeping and instructions on not sharing, should be added to the medical record.
8. Driving or Activity Restrictions must be discussed and recorded. Patients should be advised against driving or operating heavy machinery while under the influence of marijuana.

5. Ensure there are no conflicts of interest

Physicians who prescribe or recommend medical marijuana should not have a professional office located at a dispensary or cultivation center or receive financial compensation from or hold an interest in a dispensary or cultivation center. Physicians should also not be a director, officer, member, incorporator, agent, employee, or retailer of a dispensary or cultivation center.

STAFF REPORTS

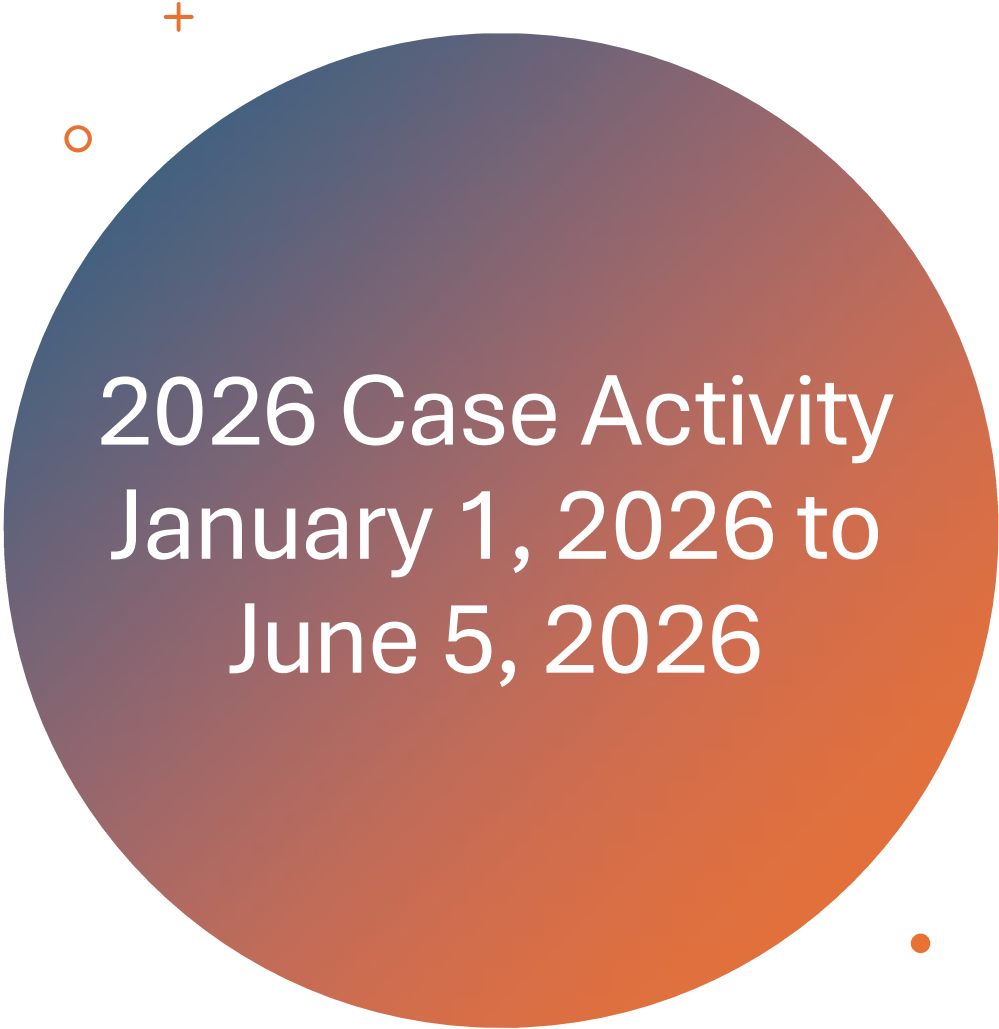
DIRECTOR MULLINS



Investigative Update

as of June 5, 2026





2026 Case Activity
January 1, 2026 to
June 5, 2026

57 Cases Received

86 Cases Closed

17 Cases Open

2026 Case Activity



11 Resolutions Reached

12 Subpoenas Issued

12 Board Orders Issued

6 Records Assigned for Review

Tulsa Hotel Options

<u>Hotel</u>	<u>Distance to OSU</u>	<u>Parking</u>	<u>Link</u>
Ambassador	7 mins	Complimentary valet or on-site	Ambassador Hotel Tulsa, Autograph Collection - Complimentary Shuttle (marriott.com)
The Mayo	6 mins	Valet \$30	The Mayo Hotel & Residences Downtown Tulsa Hotels
Hyatt Regency	6 mins	Valet \$30 / Self-Park \$21	Downtown Tulsa Hotel near BOK Center – Hyatt Regency®

Annual Report

Oklahoma Board of Osteopathic Examiners

Steven K. Mullins, Executive Director

Period of Review: 7-1-2024 to 6-30-2025

Report Format:

As Director, my goal is to maintain and grow a culture of professionalism in the agency. During the past year the agency, through the dedication of its' employees to high professional standards, has become the premier licensing agency in the state.

In this report I chronicle the significant activity and accomplishments of each of the core functions of the agency. The report is not intended to outline the full extent of the day-to-day management of each core activity, but to demonstrate the growth and dedication of our employees and contractors.

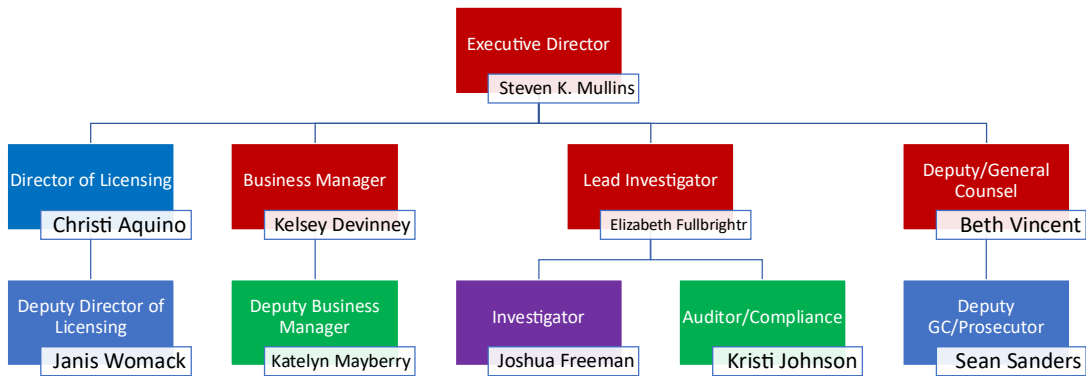
The four core functions of the agency are:

1. Administration of the Agency
2. Licensing of Osteopathic Physicians
3. Investigation and Regulation of Osteopathic Physicians
4. Educate and Improve our Licensed Professionals through Training and Personalized Audits of Osteopathic Physician practices

Administration of the Agency

The Oklahoma State Board of Osteopathic Examiners (OSBOE) is authorized by statute to employ seven (7) full-time workers (FTE – Full-Time Equivalent). The agency staff also includes two full-time contract employees. Additionally, one investigator, who is employed by the Dental Board, works for OSBOE through an annual interagency shared services agreement. That shared services employee works for OSBOE four days a week. These ten individuals make up the day-to-day work staff of the Oklahoma City office.

Oklahoma State Board of Osteopathic Examiners Staff



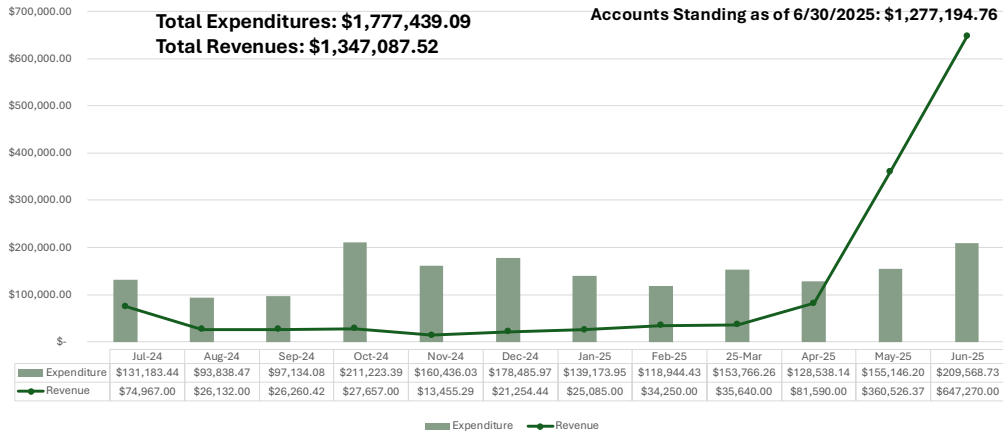
Although the chart demonstrates work-flow, all positions are directly supervised by the Executive Director. **Red Boxes** indicate Management Team. **Green Boxes** indicate Contractor Status. **Purple Box** indicates Shared Services Employee. **Blue and Red Boxes** indicate FTE employee.

The agency is entirely self-sustaining and requires **no** appropriated tax money from the Oklahoma legislature. The entire operation of the agency is financed through licensing and other fees. The proper management of the budget is a key component of the administrative division who drafts a complete budget analysis each month and submits the monthly analysis to the state accounting officials for review and monitoring to ensure proper fiscal management.

The OSBOE budget for this reporting period reflects a significant rise in expenditure from previous years. The rise in budget expenditure reflects the cost of building out, and moving to, new office space as well as the employment of new contract employees. The year ended with non-budgeted cash reserves for the agency of about \$500,000. It is projected that budget expenditures will reflect a significant drop during the upcoming fiscal year to ensure the agency always maintains an emergency fund of non-budgeted cash reserves equal to at least one-month operating costs.


The chart below outlines budget expenditures. The significant rise in receipts at the end of the fiscal year reflects the fact that the annual operating fees for the agency are mostly collected at the end of each fiscal year to finance the upcoming fiscal year's operations.


FY25 Receipts and Expenditures





The chart below reflects the significant contract and services requirements of agency operations.

FY25 Administrative Statistics

 Salary Processed - \$917,175

 Professional Services Processed - \$230,207

 17 Medical Reviewers and 3 Attorney's Contracted

 76 Purchase Orders Managed

Significant Actions of Administrative Division During Year:

1. During the reporting period, the OSBOE office was moved to a newly remodeled office space providing approximately twice the workspace as was previously occupied. The move was

accomplished in November 2024. As part of the move the administrative staff also coordinated the build-out of a new boardroom in the new office building. The lease that was negotiated provides for priority use of the new boardroom by OSBOE. However, the priority use of the boardroom does not increase the annual lease cost.

2. To facilitate better legal coordination, personnel management, budget oversight, and general agency management, four full-time staff positions were created. OSBOE created the two FTE positions designated as Deputy Director/General Counsel (November 2024) and Deputy General Counsel/Prosecutor (May 2025). OSBOE created two full-time contractor positions designated as Deputy Business Manager (January 2025) and Auditor/Compliance (January 2025). In addition to the creation of these positions, one full-time investigator position was transferred to the Oklahoma Dental Board and a new shared services agreement allowed the sharing of that employee by both Boards.
3. During the February 2025 Legislative session, OSBOE successfully obtained legislation that provided significant updates to the authorizing statutes and agency rules.
4. During the reporting period, the budgeting process was updated and provided for more transparent accounting for expenditure of licensing and other fees.
5. The administrative division of the agency coordinated a complete overhaul of the licensing software system (Thentia). This upgraded system now provides a full online license application portal and more secure cloud storage system with integrated document uploads and real-time status tracking.
6. The administrative division of the agency coordinated the implementation of a new continuing education tracking system for licensed physicians (CE Broker). This new system eliminates the need for annual compliance audits and provides for more efficient reporting for the physicians.

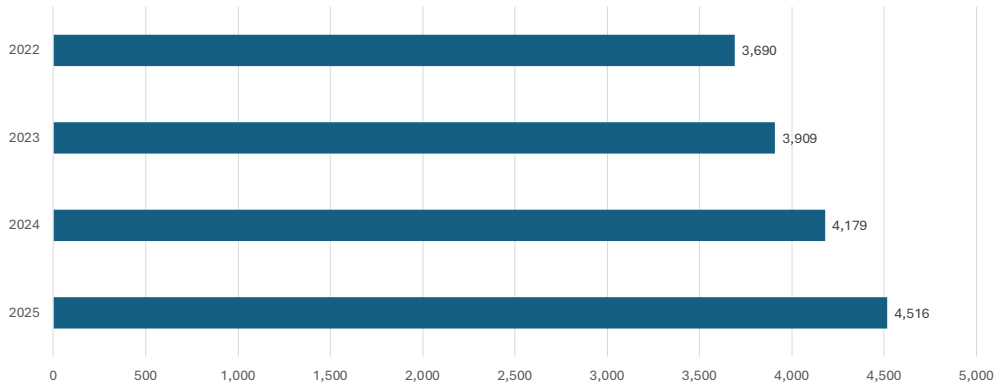
7. During the reporting period, OSBOE completed its transition to a fully digitized record keeping system and paperless filing system. To finalize this transition, the administrative division coordinated the purchase and implementation of a full-functioned cloud-based investigative/legal tracking system (Legal Files). This enhanced record keeping system allows complete tracking of all administrative, legal, policy, audit, and investigative records of the agency. The new system allows real-time sharing of all records across multiple users and offers a document creations module for instant form generation.

Licensing of Osteopathic Physicians

The Osteopathic Profession continues to be the fastest growing physician group in the United States. Although the number of trained M.D.'s produced by medical schools each year is largely static, the number at osteopathic schools has ballooned in recent years. Fourteen campuses for the training of D.O.'s have opened in the last five years alone, creating thousands of new training slots. Our profession has also gained traction in rural areas, where M.D.s are in short supply. Osteopathic schools are often in "medically underserved" areas like Kirksville, Mo.; Harrogate, Tenn.; and Tahlequah , Oklahoma. Nearly 60 percent of these new D.O.s are choosing to practice as primary care doctors.

The growth of the profession is reflected in the licensing statistics of the OSBOE. **See,** charts below.

License Increase – June 2022 – June 2025



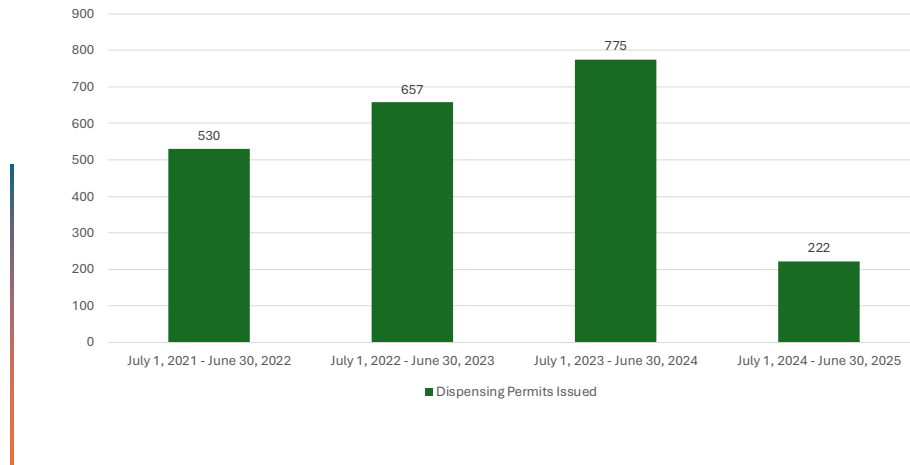
725 New Licenses Issued 7/1/2024- 6/30/2025



Although OSBOE has seen an increase in licensed physicians in the state, the number of office drug dispensing permits has decreased in the past year. During the previous year, the board was concerned that about one in five osteopathic physicians were purchasing a permit to dispense drugs in their offices. This seemed to be inconsistent with actual medical practice in Oklahoma. An investigation by the board staff revealed that the licensing software was likely to result in the purchase of unnecessary permits and resulting in licensing overcharges for our Oklahoma doctors. The licensing software was changed, and the board staff believes the dispensing permits

purchased by Oklahoma physicians more accurately reflects current medical practice and many physicians have saved unnecessary fees at time of renewal. **See**, chart.

2021-2025 Permits Issued



Significant Actions of Licensing Division During Year:

1. A significant area of growth reflected by the licensing division is the increased use of multi-state compact licensed physicians that are seeking to supplement their practice with Oklahoma patients. During the reporting period, OSMOE issued 179 IMLC licenses compared to 117 the previous year. Similarly, Oklahoma physicians are supplementing their practice with out of state patients. During the reporting period, OSBOE issued 57 IMLC State of Principal Licenses (SPL) compared to 35 the previous year.
2. Oklahoma physicians are largely extremely competent and professional. Of over 4,500 licensed physicians, only 169 renewals had negative answers reported on their renewal forms indicating professionalism concerns. The licensing division fully investigated all 169 of these physicians and referred them for possible action or resolution by board investigators. The OSBOE licensing division is the only state medical board to fully investigate all renewal reports of

- professional discipline or legal inquiries of both regular license applicants, renewal applicants and IMLC applicants.
3. OSBOE is committed to a standard of excellence not required of any other state medical board. A requirement of working in the licensing division of the OSBOE is that all employees that are qualified by years of experience must obtain certification as a Certified Medical Board License Specialist (CMBLS) to retain their jobs. During this year both of our licensing employees became qualified by experience to obtain this certification and were both accepted for certification training. All training classes were completed during this reporting period, and in September 2025, both will obtain their certifications.
 4. During this calendar year, the licensing division was tasked with providing training for all nineteen (19) resident programs in the state. Multiple training programs were offered in the state. The close coordination between the licensing division and all medical resident programs is essential to timely processing of resident licenses.

Investigation and Regulation of Osteopathic Physicians

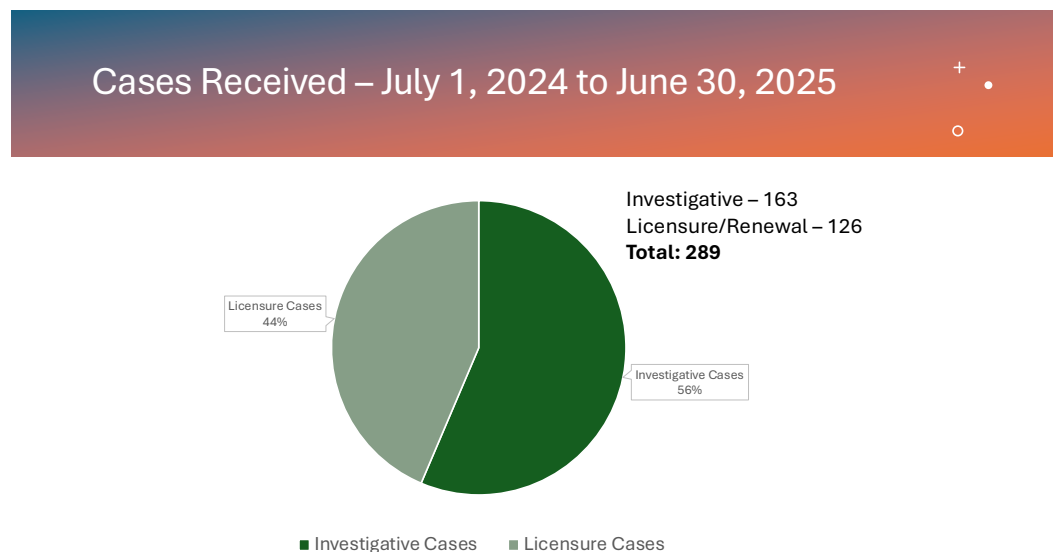
The core mission of the agency is reflected in 59 O.S. § 624C which reads:

The mission of the Board shall be to:

1. Safeguard public health by ensuring the highest standards of osteopathic medical practice and ethical standards;
2. Uphold the integrity of the profession through continuing education, diligent licensing and regulation, and continuous oversight of osteopathic physicians and surgeons; and
3. Promote the principles of osteopathic medicine, enhance the access and quality of patient care, particularly in rural and underserved areas, and protect the residents of this state through effective governance, sound public policy, and enforcement of ethical and professional standards.

The investigative division of the agency is critical to the fulfillment of this statutory mission. Although all aspects of the agency are involved in the regulation of licensed physicians, the principle focus of investigation and regulation of Oklahoma physicians is performed by the two CLEET (Council on Law Enforcement Education & Training) certified investigators and the two members of the legal staff of the agency.

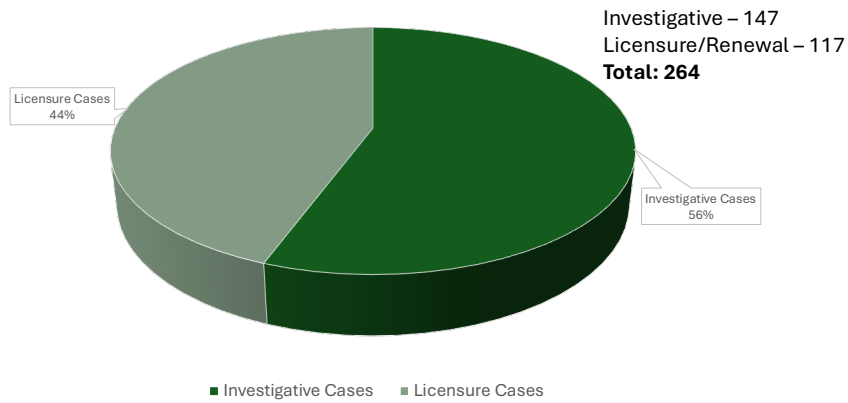
During the reporting period, the investigative division conducted a complete investigative review of **289** separate investigations of possible violations of the ethical and legal responsibilities of our licensed professionals. The origin of these investigations comes from third-party formal complaints filed with the agency and actions discovered by the licensing division through the National Practitioners Data Base (NPDB) inquiries and self-reporting by license applicants. **See, Chart.**



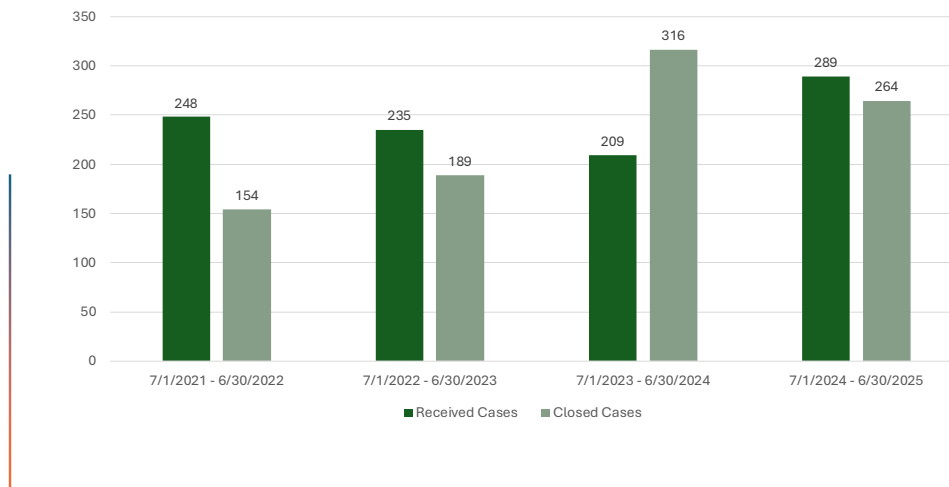
The investigative division has a performance standard that all investigations must be resolved or the subject of a filed Board petition within one year of the opening of an investigation. During the reporting period, the investigative division resolved and/or fully litigated to resolution a total of **264** active investigations. The investigative division over the last two years has fully performed under the new resolution standards unless the case has

special circumstances that demand delay (for example, a joint investigation).
See, charts below.

Cases Closed – July 1, 2024 to June 30, 2025



2021-2025 Case Trends



Thirty-six (36) investigative division matters were resolved through formal board action during the reporting period.

FY25 Case Resolution Statistics

7 Agreements Reached

6 Private Letters of Concern Issued

4 Consent Orders

1 Revocation Order

18 Additional Orders Issued

15 Physicians Monitored for Compliance

Significant Actions of Investigation Division During Year:

1. The employment of a full-time prosecuting attorney has had a major positive impact on the professionalism and management of OSBOE investigations. A past problem with contract attorneys was the limitation of time and money on the involvement with investigative efforts. With a full-time prosecutor the agency has noticed a significant increase in the professionalism and efficiency of investigative efforts.
2. Investigator educational development is a major goal of the agency. During the reporting period, one investigator completed his associate degree and began his bachelor's degree educational plan. The lead investigator received her Certification as a Medical Professional Investigator in May 2025.
3. Networking is vital to the role of agency investigator. To facilitate the ability to cross-train and pursue complex joint agency investigations, during the past reporting year, the lead investigator has started a multiagency periodic and regular investigators meeting to discuss training needs, case overlap, and case development. This effort has been very successful and has resulted in the opening of multiple joint agency investigations.

Educate and Improve the Profession through Training and Personalized Audits of Osteopathic Physicians.

The mission of OSBOE, as stated above, includes the charge to “uphold the integrity of the profession through continuing education” and to “promote the principles of osteopathic medicine” and the “quality of patient care, particularly in rural and underserved areas.”

As the agency began this reporting period, it was determined that this part of our mission was lacking. The agency made it a goal to begin a training program to enhance the education and training of the physicians of Oklahoma through non-disciplinary audits.

In the Spring of 2025, OSBOE hired a trained contract medical professional to develop and implement a training audit program with a goal to identify poor procedural practices and with personalized interaction to help correct practice deficiencies and enhance patient care. This program would not be designed to generate enforcement cases but to educate and enhance medical practice procedures.

Although we have only begun the program, it is bearing significant results. Physicians receiving audits have welcomed help with their practices and have benefited from the electronic record enhancements that have been provided by this pilot audit program.

The audit program has developed educational checklists, reviewed medical records of individual practices and suggested corrections and improvements, developed individualized electronic record templates, and scheduled evaluation follow-ups to ensure implementation of practice improvements. The audit program includes evaluation surveys for feedback from audit participants.

To date, the program has mainly been a directed audit based on OBN prescription data to ensure best practices by providers with the most vulnerable patient populations. However, as the word of the program spreads in the Osteopathic community, the audit program has begun receiving voluntary requests for audit assistance.



18 Audits Completed

7 needed no additional follow up
11 are subject to follow-up audits



5 Audits Scheduled

As part of the audit program, OSBOE has transferred the compliance monitoring program of the agency to the auditor. The compliance program consists of those doctors who are regularly monitored by the board staff due to past deficiencies as identified by past Board orders.

The auditor has been charged with oversight of these doctors with a view toward enhancing their return to full practice through targeted educational and professional development. This non-threatening approach has been well received by those physicians who are in the compliance program and their professional development through an individualized oversight and training program is working.

Summary

Fiscal year 2025 has been a good year for the agency. It cannot be emphasized enough that the success of OSBOE is due to the dedication of the nine subject-matter experts that make up the board staff. I am proud to lead this agency and thank you for the opportunity to serve.

Steven K. Mullins
Executive Director

CONTINUED MATTERS

PROPOSED EXECUTIVE SESSION

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT