



**Quarterly Board Meeting**  
**Thursday, March 12, 2026, 09:00 a.m.**  
Grand Centre – OSBOE Board Room  
5400 N Grand Blvd., Suite 125  
Oklahoma City, OK 73112  
Phone (405) 528-8625

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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: 237 206 218 084 55***

***Passcode: rG7pS6Lq***

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 12-11-2025

**p. 8**

\_\_\_ **ACKNOWLEDGEMENT OF PAST SERVICE**  
Duane G. Koehler, D.O.

\_\_\_ **APPOINTMENT OF FSMB 2027 ANNUAL CONFERENCE LIASION**

**MID-LEVEL EXCEPTION REQUESTS**

**[Director Mullins]**

- **Team Health, Deborah Reed** **p. 21**  
(Martin McBee, D.O., Monte Veal, D.O., Alfred Husen, D.O., Matthew Wood, D.O.)  
Limit Exception Request
- **Gage, Mark, D.O., # 3028** **p. 26**  
Limit Exception Request

**COMPLIANCE**

**[Compliance Officer Johnson]**

- **Bradshaw, Christopher, D.O., # 5189** **p. 54**  
Case No. 2023-101  
Compliance Appearance
- **Cross, Bradley, D.O., # 6387** **p. 66**  
Case No. 2023-153  
Compliance Appearance
- **de Gaston, Daniel, D.O., # 6640** **p. 78**  
Case No. 2021-213  
Compliance Appearance
- **Garrison, Daniel, D.O., # 6306**  
Case No. 2023-009  
Compliance Appearance Continued to June 2026

**NOTIFICATION OF NONCOMPLIANCE**

**[Director Mullins]**

Notification of Noncompliance will be presented by Director Mullins who will offer evidence and argument to support the recommendation from Board Staff. The Board can take appropriate action as necessary and may modify current Orders.

- **Treadwell, Stephen, D.O., # 2909** **p. 85**  
Case No. 2025-070  
Notification of Noncompliance
- Elizabeth Scott, J.D.

**JOINTLY PROPOSED ORDER**

**[Director Mullins & Prosecutor Kay Sewell]**

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.

**PROVIDER RECOVERY OKLAHOMA (PRO) PROPOSAL**  
**[Director Mullins]**

Director Mullins will introduce OSBOE staff members, Kris Johnson and Kate Mayberry, to present this program for Board approval. The Board can approve, modify, deny, or table this request.

— **See page. 104**

**TERMINATE OHPP CONTRACT**  
**[Director Mullins]**

This is a formal decision by the Board to terminate the contract with OHPP. Legal notice was provided to OHPP in December 2025. The Board can approve, modify, deny, or table this request.

— **See page. 149**

**MOTIONS TO MODIFY COMPLIANCE ORDERS**  
**[Compliance Officer Johnson]**

Motions to Modify Compliance Orders by the Board will be presented by Compliance Officer Johnson who will offer evidence and argument to support the recommendation from Board Staff.

— **Ho, Dennis, D.O., # 6672**  
Case No. 2021-119  
Motion to Modify Order

**p. 154**

— **Howell, Clayton, D.O., # 5398**  
Case No. 2022-139  
Motion to Modify Order

**p. 163**

**MOTION TO APPROVE RE-ENTRY PLAN**  
**[Director Mullins]**

Motion to Approve Re-Entry Plan will be presented by Director Mullins. Investigator Fullbright and Compliance Officer Johnson may be called to provide testimony. The Board can either approve, modify, table, or reject the presented motion.

— **Rampey, Greg, D.O., # 3815**

**p. 176**

**MOTION TO CHANGE LICENSE TYPE**  
**[Director Mullins]**

The Board can either approve, modify, table, or reject the presented motion to change license type.

\_\_\_ **Schafer, Richard, D.O., # 3218**  
Motion to Change License Type

Jim Johnson, J.D.

**p. 191**

**APPLICATION FOR REINSTATEMENT OF LICENSURE**  
**[Director Mullins]**

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

\_\_\_ **Zubernis, James, D.O., # 5856**

**p. 195**

**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 December, 2025.

\_\_\_ **See page. 266**

**POLICY FOR ADOPTION**  
**[Deputy Director Vincent]**

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

<u>Policy Name</u>	<u>Number</u>
Policy for Safe Harbor Agreements	OSBOE-P013

\_\_\_ **See page. 270**

**STAFF REPORTS**

**Director Mullins:**

\_\_\_ Financial Report **p. 274**

\_\_\_ Agency Investigative Report **p. 280**

\_\_\_ Educational Audit Report **p. 285**

\_\_\_ Licensure Report **p. 288**

**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 June 2026 docket to allow appropriate time for completion of discovery and time to prepare for Individual proceedings in June 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**

**PROPOSED EXECUTIVE SESSION**  
**[Director Mullins]**

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

\_\_\_ Legislative Update

\_\_\_ GL Solutions – 25 O.S. § 307(B)(11)

\_\_\_ Notification of Staff Resolution Agreements (2025-102, 2025-126, 2025-139, 2025-171, 2025-175)

\_\_\_ 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)

\_\_\_ **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**            December 11, 2025

**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.  
LeRoy Young, D.O.

**MEMBERS ABSENT**        D. Matt Wilkett, D.O.

**ROLL CALL TO ESTABLISH QUORUM**

Katie Templeton, J.D., *Vice President*, called the meeting to order at 9:00 a.m. and announced that a quorum was established. She also announced that Chelsey Gilbertson, D.O., *President*, would be in attendance shortly.

**APPROVAL OF PAST MINUTES**

Ms. Templeton asked the members of the Board if they had reviewed the minutes from the Regular Board Meeting of September 18, 2025.

Dr. Young moved to approve the minutes as presented. Dr. Koehler seconded the motion.
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Ms. Templeton called for the votes on the motion and a roll call.

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

**MOTION TO MODIFY**

**Bradley Cross, D.O.**

Dr. Gilbertson called the matter of Bradley Cross, D.O., to order. Dr. Cross appeared in person. Executive Director, Steven Mullins, appeared in person to present Dr. Cross’s request to modify his current probation order. Board Compliance Officer, Kristi Johnson, also appeared in person

OSBOE Regular Meeting, December 11, 2025  
to provide testimony. Mr. Mullins and Ms. Johnson provided testimony and answered questions from the Board.

Dr. Young moved to approve Dr. Cross's Motion to Modify as presented.  
Dr. Carter seconded the motion.

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

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

The motion passed.

### **MOTION TO REMOVE RESTRICTIONS**

#### **Trisza Ray, D.O.**

Dr. Gilbertson called the matter of Trisza Ray, D.O., to order. Dr. Ray did not appear in person. Executive Director, Steven Mullins, appeared in person to present Dr. Ray's request to remove restrictions on her behalf. Mr. Mullins provided testimony and answered questions from the Board.

Dr. Carter moved to approve Dr. Ray's request, provided she complete an additional twelve (12) days of training. If these 12 days were completed according to her current schedule, the restrictions on Dr. Ray's license could be removed on February 2, 2026.  
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, abs; Dr. Young, yes.

The motion passed.

### **APPLICATIONS FOR REINSTATEMENT OF LICENSURE**

#### **Melvin Robison, D.O.**

Dr. Gilbertson called the matter of Melvin Robison, D.O., to order. Dr. Robison appeared in person with counsel of record, Elizabeth Scott. Executive Director, Steven Mullins, appeared in person to present Dr. Robison's application for reinstatement of licensure. Testimony was provided by all parties and questions from the Board were answered.

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

OSBOE Regular Meeting, December 11, 2025

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, abs; 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, yes; Ms. Templeton, yes; Dr. Wilkett, abs; Dr. Young, yes.

The motion passed.

Ms. Templeton moved to deny reinstatement of Dr. Robison's license pending completion of a clinical evaluation. Once this has been completed, Dr. Robison may request to appear before the Board for further consideration.  
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, yes; Ms. Templeton, yes; Dr. Wilkett, abs; Dr. Young, yes.

The motion passed.

### **Bret Whatcott, D.O.**

Dr. Gilbertson called the matter of Bret Whatcott, D.O., to order. Dr. Whatcott appeared in person without counsel. Executive Director, Steven Mullins, appeared in person to present Dr. Whatcott's application for reinstatement of licensure. Testimony was provided by both parties and questions from the Board were answered.

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

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

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

The motion passed.

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

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

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

The motion passed.

Ms. Templeton moved to deny reinstatement of Dr. Whatcott's license.  
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, abstain; Dr. Gilbertson, yes; Dr. Koehler, yes; Ms. St. Cyr, yes; Dr. Subera, yes; Ms. Templeton, yes; Dr. Wilkett, abs; Dr. Young, yes.

The motion passed.

### **JOINTLY PROPOSED ORDER**

#### **Brandon Wilson, D.O.**

Dr. Gilbertson called the matter of Brandon Wilson, D.O., to order. Dr. Wilson did not appear in person. Deputy General Counsel, Sean Sanders, appeared in person to present Dr. Wilson's proposed Consent Order. Testimony and background on the matter were provided by Mr. Sanders and questions from the Board were answered.

Dr. Young moved to approve Dr. Wilson's Consent Order as presented.  
Ms. Templeton seconded the motion.

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

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

The motion passed.

### **RATIFICATION OF APPROVED LICENSES**

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

Dr. Koehler moved to ratify all licenses issued since the September 2025 Board meeting.  
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, abs; Dr. Young, yes.

The motion passed.

## **REVISION OF ADOPTED POLICIES**

### **OSBOE-P002**

Director Mullins asked that the Board consider editing OSBOE-P002 to include the provision that physicians who complete an educational audit be granted credit for the one (1) hour of Pain Management, Opioid Use, or Addiction CME.

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

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

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

The motion passed.

### **OSBOE-P008**

Director Mullins asked that the Board consider revisiting OSBOE-P008 so that a market analysis can be completed that shows the fees charged by physicians to Advanced Practice Registered Nurses (APRN).

Dr. Carter moved to approve revisiting OSBOE-P008 in September 2026.  
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, abs; Dr. Young, yes.

The motion passed.

### **OSBOE-P012**

OSBOE Regular Meeting, December 11, 2025  
The Board reviewed Dr. Subera's proposed revisions to OSBOE-P012.

Dr. Young moved to approve the revisions to OSBOE-P012 as presented.  
Dr. Koehler seconded the motion.

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

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

The motion passed.

## **ADOPTION OF PROPOSED RULES**

### **Chapter 1**

Deputy Director Vincent provided the Board with an update on the status of OAC 510 Chapter 1. There were no public comments on these revisions.

Dr. Young moved to approve Title 510 Chapter 1 as submitted to the Secretary of State.  
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, abs; Dr. Young, yes.

The motion passed.

### **Chapter 5**

Deputy Director Vincent provided the Board with an update on the status of OAC 510 Chapter 5. There were no public comments on these revisions.

Dr. Young moved to approve Title 510 Chapter 5 as submitted to the Secretary of State.  
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, abs; Dr. Young, yes.

The motion passed.

### **Chapter 10**

OSBOE Regular Meeting, December 11, 2025  
Deputy Director Vincent provided the Board with an update on the status of OAC 510 Chapter 10. There were no public comments on these revisions.

Dr. Carter moved to approve Title 510 Chapter 10 as submitted to the Secretary of State.  
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, abs; Dr. Young, yes.

The motion passed.

### **MOTION TO ENFORCE**

#### **Daniel Garrison, D.O.**

Dr. Gilbertson called the matter of Daniel Garrison, D.O., to order. Dr. Garrison appeared in person without counsel. Executive Director, Steven Mullins, appeared in person to present an introduction and background for this matter. Deputy General Counsel, Sean Sanders, presented the Motion to Enforce and provide the Board with documentation. Testimony and documentation was provided by both parties and questions from the Board were answered.

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, yes; Ms. Templeton, yes; Dr. Wilkett, abs; Dr. Young, yes.

The motion passed.

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

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

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

The motion passed.

Dr. Young moved to approve enforcement of the two (2) previous Order from the Board and the terms included. Dr. Garrison is to be evaluated by a dual diagnosis clinic approved by Board staff.

Dr. Subera 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, abs; Dr. Young, yes.

The motion passed.

## **STAFF REPORTS**

### **Director Mullins:**

#### **Financial Report**

Mr. Mullins informed the Board that spending this fiscal year is on track with the budget as approved. The agency is doing well financially.

#### **Agency Investigative Report**

Mr. Mullins informed the Board that by year end, Board staff estimates approximately 320 cases opened for 2025. The case load is still moving forward efficiently.

#### **Educational Audit Report**

Mr. Mullins informed the Board that 30 audits had been completed with 16 of those needing additional follow-up.

#### **Licensure Report**

Mr. Mullins stated OSBOE has 4,670 active licensees. He also announced that the licensing department had received their Certified Medical Board Licensure Specialist (CMBL) certificates in September 2025.

## **CONTINUED MATTERS**

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

**Case No. 2025-L118**

**Case No. 2025-171**

## **PROPOSED EXECUTIVE SESSION**

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

OSBOE Regular Meeting, December 11, 2025

- Legislative Update
- NBOME National Faculty
- OHPP Status Update
- Notification of Staff Resolution Agreements
- Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual or employee pursuant to 25 O.S. § 307 (B)(1).

Dr. Koehler moved to go into Executive Session.  
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, abs; Dr. Young, yes.

The motion passed.

Dr. Koehler moved to come out of Executive Session.  
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, abs; Dr. Young, yes.

The motion passed.

### **OLD BUSINESS**

No old business was discussed.

### **NEW BUSINESS**

No new business was discussed.

### **ADJOURNMENT**

The meeting was adjourned by consensus at 2:20pm

# ACKNOWLEDGE- MENT OF PAST SERVICE

APPOINTMENT OF  
FSMB 2027 ANNUAL  
CONFERENCE  
LIASION

# MID-LEVEL EXCEPTION REQUESTS

**TEAMHealth,**

**KIM MOORE**

**DEBORAH REED**

**From:** [Deborah Reed](#)  
**To:** [Kelsey Devinney](#); [Steven Mullins](#)  
**Cc:** [Kim Moore](#)  
**Subject:** [EXTERNAL] TeamHealth Physician's APC Supervisory Agreement Exemption Request  
**Date:** Thursday, March 5, 2026 4:03:58 PM  
**Attachments:** [Team Health EM Physicians APC Supervisory Agreement Exemption Request.xlsx](#)

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Director Mullins,

Thank you for the opportunity to meet with you last week and get a better understanding of the Board's requirements and expectations for physician supervisory agreements with our APCs. As you are aware, several of our TeamHealth physicians have recently requested exemptions to the 1:6 ratio for our rural EDs where we have limited physician access. I have reworked our staffing grid to allow for up to 10 APCs per physician. Each of the facilities staffs only one APC per day, so there are not multiple APCs to manage simultaneously, only multiple APCs credentialed per facility to allow for scheduling flexibility.

Internally, Team Health is very dedicated to ensuring competent APC practice and provides 100s of hours of education content specific to APC practice; multiple procedure and SIM labs yearly; supervision guidelines for physician collaboration based on patient acuity, presenting symptoms and high-risk subsets of patient complaints. We review and co-sign 100% of APC managed charts.

Attached are the four individual physician requests that we will ask of the board. Mr. Kim Moore and I will be prepared to present our situation and process to the board on behalf of TeamHealth on March 12<sup>th</sup>. Is there anything else you recommend we address?

Thank you,  
Deb

**TEAMHealth.**  
Providing Exceptional  
Patient Care, Together.

**Deborah Reed, PA-C**

APC Director, West Group

2900 S. Telephone Road, Suite 250, Moore, OK 73160

cell: 405.226.9589 | email: [deborah\\_reed@teamhealth.com](mailto:deborah_reed@teamhealth.com)

*Newsweek "America's Greatest Workplaces" - 2024*

*Newsweek "America's Greatest Workplaces for Inclusion and Diversity" - 2024, 2025*

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MARK GAGE,  
D.O.,  
# 3028



PsychiatricWellness.org

# Psychiatric Wellness

Your Journey, Our Focus.

1491 S Sunnyslane Rd  
Del City, OK 73115

609 S Main St  
Elk City, OK 73644

Ph: (405) 437-2235

120 Broadway Ave  
Thomas, OK 73669

24 NE 53<sup>rd</sup> St  
Oklahoma City, OK 73105

Fax: (661) 231-3153

## EXECUTIVE COVER LETTER

**Mark Gage, DO**

Psychiatric Wellness  
1491 S. Sunnyslane  
Del City, OK 73115

**February 15, 2026**

### **Oklahoma State Board of Osteopathic Examiners**

4848 N. Lincoln Blvd, Suite 100  
Oklahoma City, OK 73105

### **RE: Written Exception Request for Supervision Limits – OSBOE-P003**

To the Members of the Board,

Please accept this formal written request for an exception to the mid-level supervision limits established in **OAC 510:10-4-3(b)**. This request is submitted per Board Policy **OSBOE-P003** to allow for the additional supervision of practitioners at **Psychiatric Wellness**. Our clinic specializes in trauma-informed care and EMDR therapy for patients aged 8 and older; comprehensive provider information is available at [psychiatricwellness.org](http://psychiatricwellness.org)

#### **I. Strategic Alignment with Rural Primary Care Priorities**

In alignment with the Board's priority for rural primary care, we seek to include **Sarah Senger, APRN** (Elk City) and **Carley Lemoine, APRN** (Thomas) under my supervision. Both practitioners operate in rural offices shared with broader mental health groups and primary care providers to ensure integrated care in underserved areas.

#### **II. Low-Volume Clinical Model & Practitioner Workload Data**

Psychiatric Wellness operates a low-volume model because most providers provide integrated therapy in addition to medication management. This requires longer encounter times and naturally limits daily patient counts. Even our highest-volume practitioners maintain patient counts significantly lower than traditional high-throughput psychiatric settings.



PsychiatricWellness.org

# Psychiatric Wellness

Your Journey, Our Focus.

1491 S Sunnyslane Rd  
• Del City, OK 73115

609 S Main St  
• Elk City, OK 73644

Ph: (405) 437-2235

120 Broadway Ave  
• Thomas, OK 73669

24 NE 53<sup>rd</sup> St  
Oklahoma City, OK 73105

Fax: (661) 231-3153

## Practitioner Workload Data (Based on January 2026 Report):

- **Jeannie Tallbear, APRN:** 82 unique monthly patients; 32.3 average visits/week.
- **Sarah Senger, APRN:** 70 unique monthly patients; 23.3 average visits/week.
- **Jennifer Davis, APRN:** 46 unique monthly patients; 27.5 average visits/week.
- **Jeri Essary, APRN:** 38 unique monthly patients; 16.3 average visits/week.
- **Jason White, APRN:** 29 unique monthly patients; 14.5 average visits/week.
- **Jordan Permaul, APRN:** 18 unique monthly patients; 9.0 average visits/week.
- **Elisabeth Mustachia, APRN:** 15 unique monthly patients; 7.5 average visits/week.
- **Melissa Kenny, APRN:** 14 unique monthly patients; 6.3 average visits/week.
- **Kendra Stormo, APRN:** 10 unique monthly patients; 5.0 average visits/week.

### III. Rigorous Controlled Substance Safeguards

Our practice maintains an exceptionally conservative approach to controlled substances:

- **Schedule II Volume:** For January 2026, the entire practice issued only **18 total Schedule II prescriptions**.
- **Benzodiazepine Policy:** We strictly avoid prescribing benzodiazepines except in very rare, clinically exceptional circumstances.
- **Direct Oversight:** Patients must have an initial appointment with me, the supervising physician, prior to starting any stimulant therapy.
- **Enhanced Toxicology:** We have implemented mandatory Urine Drug Screening (UDS) for all controlled substance patients, including random testing twice per year.
- **PMP Compliance:** The Oklahoma Prescription Monitoring Program (PMP) is reviewed and documented at **every visit** involving controlled substances.

### IV. Supervision and Geographic Considerations

For **Jordan Permaul**, who works virtually in Tulsa, I will conduct monthly physical visits to his home office location to satisfy the requirements of **510:10-4-3(f)**. We respectfully request a **remote supervision exemption** for our **Elk City and Thomas** rural locations to ensure continuity of care. We maintain a strict **24-hour review mandate** for any high-risk patients reporting suicidal or homicidal ideation.-----I am fully prepared to appear in person to discuss this plan and my qualifications in Psychiatry and Addiction Medicine.

Respectfully,

**Mark Gage, DO**



PsychiatricWellness.org

# Psychiatric Wellness

Your Journey, Our Focus.

1491 S Sunnyslane Rd  
Del City, OK 73115

609 S Main St  
Elk City, OK 73644

Ph: (405) 437-2235

120 Broadway Ave  
Thomas, OK 73669

24 NE 53<sup>rd</sup> St  
Oklahoma City, OK 73105

Fax: (661) 231-3153

## FORMAL EXCEPTION PACKET (Per OSBOE-P003)

### GENERAL SECTION OF PACKET

1. **Practice Statement:** The physician and practitioners practice at **Psychiatric Wellness**. The primary location is 1491 S. Sunnyslane, Del City, OK 73115.
2. **Rural Statement:** The practice of **Sarah Senger, APRN** (Elk City) and **Carley Lemoine, APRN** (Thomas) is designated as rural.
3. **Primary Care Statement:** The practice manages primary care mental health needs with a focus on trauma, EMDR, and mood disorders.
4. **Family Statement:** None of the supervised mid-level practitioners are immediate family members of Dr. Gage within the second degree of consanguinity or affinity.
5. **Required Physician Credentials (EXHIBIT A):** Attached are copies of the physician's full and unrestricted Oklahoma Medical License, DEA permit(s), and OK Bureau of Narcotics (OBND) permit(s).

### CURRENT MID-LEVEL SECTION

1. **Listing of Current Mid-Level Practitioners:**
  - **Jennifer Davis, APRN:** 24 NE 53rd Street, OKC, OK 73105. Duties: Integrated therapy/med management.
  - **Jason White, APRN:** 1491 S. Sunnyslane, Del City, OK 73115. Duties: Integrated therapy/med management.
  - **Jeri Essary, APRN:** 1491 S. Sunnyslane, Del City, OK 73115. Duties: Integrated therapy/med management.
  - **Kendra Stormo, APRN:** 1491 S. Sunnyslane, Del City, OK 73115. Duties: Integrated therapy/med management.
  - **Jordan Permaul, APRN:** Tulsa Home Office (Virtual). Duties: Virtual integrated clinical treatment.
  - **Jeannie Tallbear, APRN:** 508 W Vandament Ave, Suite 305, Yukon, OK 73099. Duties: Virtual and in-person therapy/med management.
2. **Prescriptive and Clinical Review:** The supervising physician regularly and routinely reviews the prescriptive practices and clinical treatment patterns of each practitioner.
3. **Physician Qualification:** Dr. Gage is board-certified in **Psychiatry** and **Addiction Medicine** with extensive experience in adolescent and geriatric psychiatry, mirroring the practitioners' clinical focus.
4. **Visit Frequency:** The physician visits each physical location at least once per month. For Jordan Permaul (Tulsa), monthly visits are conducted at his virtual home office.
5. **Chart Review:** The physician reviews at least fifteen percent (15%) of patient charts recording treatment by each supervised practitioner monthly.



PsychiatricWellness.org

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6. **High-Risk Procedures:** High-risk patients are defined as those reporting suicidal or homicidal ideation. These cases are reviewed by Dr. Gage within twenty-four (24) hours of treatment.
7. **Written Agreements (EXHIBIT C):** Attached are the current written agreements for all six mid-level practitioners.

## PROPOSED MID-LEVEL SECTION

1. **Listing of Proposed Mid-Level Practitioners:**
  - o **Sarah Senger, APRN:** 214 W. Broadway Ave, Elk City, OK 73644. Rural office shared with other mental health providers and a PA.
  - o **Carley Lemoine, APRN:** 120 W. Broadway Ave, Thomas, OK 73669. Rural office (shares space with another mental health agency).
  - o **Melissa Kenny, APRN:** 24 NE 53rd Street, OKC, OK 73105.
  - o **Elisabeth Mustachia, APRN:** Floats between 1491 S. Sunnyslane, Del City and 24 NE 53rd Street, OKC. (Temporary request pending independent authority).
2. **Proposed Review Outline:** Dr. Gage will routinely review prescriptive and clinical treatment patterns per established protocols.
3. **Proposed Qualification Outline:** Dr. Gage's certifications in Psychiatry and Addiction Medicine qualify him for the oversight of these specialists focusing on EMDR and PTSD.
4. **Proposed Visit Frequency:** Dr. Gage will maintain monthly physical visits to the OKC location. A **remote supervision exemption** is requested for the rural Elk City and Thomas sites.
5. **Proposed Chart Review:** 15% of charts for proposed practitioners will be reviewed monthly.
6. **Proposed High-Risk Procedures:** All reports of suicidal/homicidal ideation will be reviewed within 24 hours of treatment.

## TABLE OF ATTACHMENTS (EXHIBITS)

Exhibit	Document Description	OSBOE Policy Reference
<b>Exhibit A</b>	Physician Credentials: Mark Gage, DO - OK License, DEA, and OBNDD permits.	Section 5
<b>Exhibit B</b>	Curriculum Vitae: Detailed CV documenting Board Certifications in Psychiatry/Addiction Med.	Section 8
<b>Exhibit C</b>	Written Agreements: Executed supervision agreements for all current and proposed practitioners.	Section 12

THE AMERICAN OSTEOPATHIC ASSOCIATION

upon recommendation  
of the

American Osteopathic Board of  
Neurology and Psychiatry

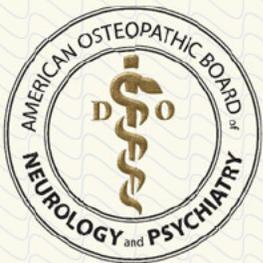
certifies that

Mark D. Gage, DO

demonstrates excellence through compliance with all requirements for  
Osteopathic Continuous Certification for certification in

Psychiatry

January 1, 2022



American Osteopathic Association

  
Chief Executive Officer

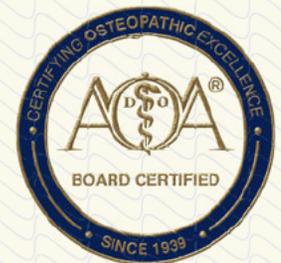
Certificate Number: 999

Ongoing certification is contingent upon meeting the requirements of Osteopathic Continuous Certification

American Osteopathic Board of  
Neurology and Psychiatry

  
Chair

  
Secretary



## CERTIFICATE VALIDATION

This certificate is evidence of board certification at the time of issuance.

To validate this certificate, visit [certification.osteopathic.org/validate](https://certification.osteopathic.org/validate), type in the CeDiD found at the top left of the certificate to confirm a match in the AOA system.

## DIGITAL SIGNATURE

A blue ribbon signifies that the document has not been tampered with.



**Valid and certified!**

Authenticity and  
Integrity are verified

**TRUST**



**Error!**

The document has been  
modified since it was signed

**DO NOT TRUST**



**Error!**

The author cannot  
be verified

**DO NOT TRUST**

**CHECK INTERNET CONNECTIVITY**

## PRIMARY SOURCE VERIFICATION

For an official Physician Profile Report, visit [aoaprofiles.org](https://aoaprofiles.org), the primary source for verifying osteopathic physician credentials from the American Osteopathic Information Association.

## CME Report

Don't forget to take advantage of your AOA membership by accessing your CME transcript whenever you need it. As a board-certified DO, the CME report clearly outlines your specialty credits. Your individualized report is available for download at [AOA CME Report](#).

## AOA Online Learning Center

Need CME credits? Visit the [AOA Online Learning Center](#) where there are a variety of courses to choose from.

*Note to Mac and Linux users: to view a CeCredential, you must use Adobe Reader or Adobe Acrobat 7.0 or higher.*

*The digital signature may not display on tablets or Mobile Phones and cannot be properly viewed with other PDF viewers.*

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG3224463	09-30-2028	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-12-2025
GAGE, MARK D DO 6915 E 106TH ST TULSA, OK 74133		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG3224463	09-30-2028	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-12-2025
GAGE, MARK D DO 6915 E 106TH ST TULSA, OK 74133		

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

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

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG3224463	09-30-2028	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	08-12-2025
GAGE, MARK D DO 6915 E 106TH ST TULSA, OK 74133		

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

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

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

Form DEA-223/511 (9/2016)



**REPORT  
CHANGES  
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR  
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at [deadiversion.usdoj.gov](http://deadiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:  
**Drug Enforcement Administration  
P.O. Box 2639  
Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

-----  
You have been registered to handle the following chemical/drug codes:  
-----



# Bureau of Narcotics and Dangerous Drugs Control

OKLAHOMA

REGISTRANT

**Mark Gage**

REGISTRATION #

**15200**

ISSUE DATE

**08/09/2025**

EXPIRATION DATE

**10/31/2026**

ADDRESS

OMPS  
6915 E 106th st  
Tulsa Oklahoma 74133

SCHEDULES

2, 3, 4, 5

BUSINESS ACTIVITY/REGISTRATION TYPE

Prescribe

Discipline: **None**

DONNIE ANDERSON, Director

Section 304 (63 OS 3-304) of the Uniform Controlled Dangerous Substances Act provides that the Director may limit, condition, deny, suspend, or revoke a registration to manufacture, distribute, dispense, prescribe, administer, or use for scientific purposes a controlled dangerous substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, OR BUSINESS ACTIVITY AND IT IS NOT VALID AFTER THE EXPIRATION DATE. CERTIFICATE MUST BE READILY RETRIEVABLE AT ALL TIMES.**

Mark D. Gage, D.O.

iPhone [REDACTED]

- 2026 Curriculum Vitae
- Professional Experience
  - Emergency Room Physician Independent Contractor, Henryetta Medical Center 7/1992-6/1996
  - Private Practice Psychiatry, 7/1996-Present
  - President Oklahoma Medical & Psychiatric Services, Inc 1997-present
  - Managing Member, Nationwide Psychiatric consultants LLC
  - Medical Director, Senior Care Geropsychiatric Unit, Henryetta Medical Center, Henryetta, OK 7/1/1996-10/1/01/1998
  - Medical Director, Senior Care Geropsychiatric Unit, Doctors' Hospital, Tulsa OK, 1/1998-4/2002
  - Medical Director, Adolescent Residential Unit, Children's' Medical Center at Tulsa Regional Medical Center 10/2000-10/2009
  - Medical Director, OK State University Medical Center (OSUMC) Senior Care Unit 6/30/2001-6/30/2008
  - Medical Director, Parkside Psychiatric Hospital and Clinic 5/2002-12/2004
  - Chairman, Department of Psychiatry, Tulsa Regional Medical Center/Oklahoma State University Medical Center 3/01/06-6/30/2008
  - Chief Medical Officer, Brookhaven Neurorehabilitation Network 1/1/2009-Present
  - Collaborating Physician APRNs of Psychiatric Wellness OP psychiatry clinic, mid 2025-present
- Committees And Appointments
  - Member, Pharmacy Committee, TRMC/OSUMC Sep 2005-9/2009
  - Member, Peer Review Committee, OSUMC 11/2006-9/2009
  - Member, Medical Executive Committee, OSUMC 4/2006 – 9/2009
  - Member, Behavioral Health Service Line Committee, OSUMC, Inception (Circa 2006) – 9/2009
  - Chairman, Medical Executive Committee, Pharmacy Committee, Peer Review Committee, Brookhaven Specialty Hospital, 2/2007 – Present
  - Member, ABMS Psychiatric MOC Caucus (2020, inactive)
- Teaching Experience
  - Volunteer Faculty, University of Oklahoma Community Medicine, Tulsa
  - University of Oklahoma Medical Students on Psychiatric Rotation – 1992-1996
    - Nominated for best Resident Teaching award
  - Oklahoma State University College of Osteopathic Medicine and Surgery
    - Volunteer Faculty
      - Psychiatric extern training for Medical Students
  - Provided psychiatric training for both PC and Psychiatric Specialty Training for APRNs

Mark D. Gage, D.O.

iPhone [REDACTED]

2012-2024

- Military Experience
  - Flight Surgeon, OKANG 6/1997-6/2008
    - Retired, LTC (O5)
  - USAF, Active Duty 7/1976 – 1/1986
    - Staff Sergeant (E5)
    - Jet Aircraft Maintenance Specialist
    - Surgical Services Technician
  - Awards and Decorations (Partial listing)
    - Meritorious Service Medal
    - Air Force Commendation Medal
    - Outstanding Unit Award
    - National Defense Medal with Star Device
    - Good Conduct Medal, 3 Oak Leaf Clusters
    - Longevity Service Ribbon
    - Air Force NCO PME Ribbon
    - Air Force Training Ribbon
    - Small Arms Marksman with Oak Leaf Cluster (M16 and M9)
- Licensure, Certificates, Certification
  - Unrestricted License, Osteopathic Physician & Surgeon, State of OK, expires 6/30/2026
  - Board certified, Psychiatry, American Osteopathic Board of Neurology and Psychiatry, participating in MOC
  - Board Certified, American Board of Psychiatry and Neurology, Not participating in MOC
  - Board Certified, Addiction Medicine subspecialty, American Osteopathic Board of Neurology and Psychiatry, participating in MOC
  - Board Certified in Addiction Medicine, American Society of Preventative Medicine, not participating in MOC
  - DEA and BNDD Current
  - Professional Liability Insurance, Professional Risk Management Services, Limits \$1,000,000/\$3,000,000
  - Life Fellow of The American Psychiatric Association
  - Emory/Emeritus – Chief Medical Officer Certification Course, completed Oct 2024
- Education
  - Norco High School, Graduated 1976
  - Community College of the Air Force, AA in Surgical Technology 1984



Mark D. Gage, D.O.

iPhone [REDACTED]

- Chapman College, Orange, CA BA degree in psychology, 1985
  - Gray Key Honor Society
  - Graduated Cum Laude
    - Deans Honor list
- College of Osteopathic Medicine of The Pacific, Pomona CA 8/1987 – 6/1991 D.O. Degree
  - Sigma Sigma Phi, National Osteopathic Honor Society
- Internal Medicine Internship, Tulsa Regional Medical Center 7/1/1991 – 6/30/1992
- Residency in Psychiatry OUCMT 7/1/1992-6/30/1996
- Co-Chief Resident in Psychiatry, OU College of Medicine, Tulsa (OUCMT) 7/1/1994-7/1/1995
- Professional Society Memberships
  - American Osteopathic Association
  - Oklahoma Osteopathic Association
  - Life Fellow, American Psychiatric Association
  - Oklahoma Psychiatric Physicians Association
  - Tulsa Psychiatric Association
  - American Osteopathic Association
- Personal
  - Single
  - Children
    - Daughter - Christina Lugo
    - Son - Brandon Gage
  - Interests
    - Golf
    - Music (vocal and instrumental)
    - GarageBand Recording
    - Pickle Ball
    - Aviation
    - Cooking
- Non-Professional Associations and community activities
  - Church choirs at Church of Battle Creek and Redeemer Church (inactive)
  - Member of Tulsa Chorale, 2023 – Present
  - Backup singer for Andrea Bocelli, BOK Center, 2025
  - Carnegie Hall Performance – John Rutter’s Requiem, under direction of Sir John Rutter, 2025
  - Master Mason, Member of Delta Lodge #325



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, email to [support@osboe.ok.gov](mailto:support@osboe.ok.gov) in addition to the written agreement between yourself and the mid-level.

**510:10-4-2. Definitions**

The following words and terms used in this Subchapter, shall have the following meaning unless the context clearly indicates otherwise:

**"Board"** means the State Board of Osteopathic Examiners.

**"Mid-level practitioners"** includes physician assistants and advanced practice nurses.

**"Proper physician supervision"** means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level practitioners is essential.

**510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners' specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The written agreement shall comply with Oklahoma law.

**Physician Information:**

Last Name: Gage First Name: Mark M.I.: D

License No: 3028 Email: Mdgage@me.com

Cell Phone: 9186719274 Home Phone: \_\_\_\_\_

Home/Mailing Address: 6915 E 106th St

City: Tulsa State: OK Zip Code: 74133

**Mid-Level Practitioner Information:**

Last Name: White First Name: Jason M.I.: \_\_\_\_\_  
License Type: APRN License No: 222269 Phone: 4054372235  
Specialty: Psychiatry Facility Type: Office  
Practice Location: 1491 S Sunnyslane Rd  
City: Del City State: OK Zip Code: 73115  
Fee charged for supervision?: Yes If yes, amount: 500

**Scope of Practice:**

Describe the scope of practice of the mid-level practitioner.

Their scope of practice includes performing comprehensive psychiatric assessments, diagnosing mental health and substance use disorders, developing and implementing treatment plans, ordering and interpreting diagnostic tests, and providing psychotherapy. Additionally, they are authorized to prescribe and manage pharmacologic agents—including legend drugs and controlled substances—consistent with their national certification and the standards established by the Oklahoma Board of Nursing.

**Method of Supervision:**

Provide a detailed narrative of how you intend to supervise. This shall include an explanation of how you are trained and fully qualified in the field of the mid-level practitioner’s specialty and an outline of the extent of your supervision. If you need additional room, please continue on a separate document.

As a physician board-certified in Psychiatry, I am fully qualified to oversee the PMHNP’s scope of psychiatric assessment and medication management. I will provide supervision through continuous telecommunications availability and monthly on-site visits. In compliance with OAC 510:10-4-3, I will conduct a monthly review of at least 15% of patient charts and prescriptive patterns to ensure clinical accuracy and safety. This collaborative oversight ensures all diagnostic and therapeutic interventions meet state standards and the osteopathic medical model.

I, Mark D Gage, D.O., hereby attest that I possess a full and unrestricted license to practice osteopathic medicine, an active Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permit, and an active Drug Enforcement Agency (DEA) permit

Signature: Mark D. Gage Digitally signed by Mark D. Gage Date: 2026.01.20 12:14:54 -06'00' Date: \_\_\_\_\_



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, email to [support@osboe.ok.gov](mailto:support@osboe.ok.gov) in addition to the written agreement between yourself and the mid-level.

**510:10-4-2. Definitions**

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**510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

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(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners' specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The written agreement shall comply with Oklahoma law.

**Physician Information:**

Last Name: Gage First Name: Mark M.I.: D

License No: 3028 Email: Mdgage@me.com

Cell Phone: 9186719274 Home Phone: \_\_\_\_\_

Home/Mailing Address: 6915 E 106th St

City: Tulsa State: OK Zip Code: 74133

**Mid-Level Practitioner Information:**

Last Name: Tallbear First Name: Jeannie M.I.: \_\_\_\_\_  
License Type: APRN License No: 210525 Phone: 4054372235  
Specialty: Psychiatry Facility Type: Office  
Practice Location: 508 W Vandament Ave  
City: Yukon State: OK Zip Code: 73099  
Fee charged for supervision?: Yes If yes, amount: 500

**Scope of Practice:**

Describe the scope of practice of the mid-level practitioner.

Their scope of practice includes performing comprehensive psychiatric assessments, diagnosing mental health and substance use disorders, developing and implementing treatment plans, ordering and interpreting diagnostic tests, and providing psychotherapy. Additionally, they are authorized to prescribe and manage pharmacologic agents—including legend drugs and controlled substances—consistent with their national certification and the standards established by the Oklahoma Board of Nursing.

**Method of Supervision:**

Provide a detailed narrative of how you intend to supervise. This shall include an explanation of how you are trained and fully qualified in the field of the mid-level practitioner's specialty and an outline of the extent of your supervision. If you need additional room, please continue on a separate document.

As a physician board-certified in Psychiatry, I am fully qualified to oversee the PMHNP's scope of psychiatric assessment and medication management. I will provide supervision through continuous telecommunications availability and monthly on-site visits. In compliance with OAC 510:10-4-3, I will conduct a monthly review of at least 15% of patient charts and prescriptive patterns to ensure clinical accuracy and safety. This collaborative oversight ensures all diagnostic and therapeutic interventions meet state standards and the osteopathic medical model.

I, Mark D Gage, DO, hereby attest that I possess a full and unrestricted license to practice osteopathic medicine, an active Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) permit, and an active Drug Enforcement Agency (DEA) permit

Signature: Mark D. Gage Digitally signed by Mark D. Gage  
Date: 2026.01.20 12:15:29 -06'00' Date: \_\_\_\_\_



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, email to [support@osboe.ok.gov](mailto:support@osboe.ok.gov) in addition to the written agreement between yourself and the mid-level.

**510:10-4-2. Definitions**

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**"Proper physician supervision"** means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level practitioners is essential.

**510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners' specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The written agreement shall comply with Oklahoma law.

**Physician Information:**

Last Name: Gage First Name: Mark M.I.: D

License No: 3028 Email: Mdgage@me.com

Cell Phone: 9186719274 Home Phone: \_\_\_\_\_

Home/Mailing Address: 6915 E 106th St

City: Tulsa State: OK Zip Code: 74133

**Mid-Level Practitioner Information:**

Last Name: Davis First Name: Jennifer M.I.: \_\_\_\_\_  
License Type: APRN License No: 202343 Phone: 4054372235  
Specialty: Psychiatry Facility Type: Office  
Practice Location: 24 NE 53rd Street  
City: Oklahoma City State: OK Zip Code: 73105  
Fee charged for supervision?: Yes If yes, amount: 500

**Scope of Practice:**

Describe the scope of practice of the mid-level practitioner.

Their scope of practice includes performing comprehensive psychiatric assessments, diagnosing mental health and substance use disorders, developing and implementing treatment plans, ordering and interpreting diagnostic tests, and providing psychotherapy. Additionally, they are authorized to prescribe and manage pharmacologic agents—including legend drugs and controlled substances—consistent with their national certification and the standards established by the Oklahoma Board of Nursing.

**Method of Supervision:**

Provide a detailed narrative of how you intend to supervise. This shall include an explanation of how you are trained and fully qualified in the field of the mid-level practitioner’s specialty and an outline of the extent of your supervision. If you need additional room, please continue on a separate document.

As a physician board-certified in Psychiatry, I am fully qualified to oversee the PMHNP’s scope of psychiatric assessment and medication management. I will provide supervision through continuous telecommunications availability and monthly on-site visits. In compliance with OAC 510:10-4-3, I will conduct a monthly review of at least 15% of patient charts and prescriptive patterns to ensure clinical accuracy and safety. This collaborative oversight ensures all diagnostic and therapeutic interventions meet state standards and the osteopathic medical model.

I, Mark D Gage, DO, hereby attest that I possess a full and unrestricted license to practice osteopathic medicine, an active Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permit, and an active Drug Enforcement Agency (DEA) permit

Signature: Mark D. Gage Digitally signed by Mark D. Gage Date: 2026.01.20 12:16:01 -06'00' Date: \_\_\_\_\_



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, email to [support@osboe.ok.gov](mailto:support@osboe.ok.gov) in addition to the written agreement between yourself and the mid-level.

**510:10-4-2. Definitions**

The following words and terms used in this Subchapter, shall have the following meaning unless the context clearly indicates otherwise:

**"Board"** means the State Board of Osteopathic Examiners.

**"Mid-level practitioners"** includes physician assistants and advanced practice nurses.

**"Proper physician supervision"** means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level practitioners is essential.

**510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners' specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The written agreement shall comply with Oklahoma law.

**Physician Information:**

Last Name: Gage First Name: Mark M.I.: D

License No: 3028 Email: Mdgage@me.com

Cell Phone: 9186719274 Home Phone: \_\_\_\_\_

Home/Mailing Address: 6915 E 106th St

City: Tulsa State: OK Zip Code: 74133

**Mid-Level Practitioner Information:**

Last Name: Essary First Name: Jeri M.I.: \_\_\_\_\_  
License Type: APRN License No: 220014 Phone: 4054372235  
Specialty: Psychiatry Facility Type: Office  
Practice Location: 1491 S Sunnyslane Rd  
City: Del City State: OK Zip Code: 73115  
Fee charged for supervision?: Yes If yes, amount: 500

**Scope of Practice:**

Describe the scope of practice of the mid-level practitioner.

Their scope of practice includes performing comprehensive psychiatric assessments, diagnosing mental health and substance use disorders, developing and implementing treatment plans, ordering and interpreting diagnostic tests, and providing psychotherapy. Additionally, they are authorized to prescribe and manage pharmacologic agents—including legend drugs and controlled substances—consistent with their national certification and the standards established by the Oklahoma Board of Nursing.

**Method of Supervision:**

Provide a detailed narrative of how you intend to supervise. This shall include an explanation of how you are trained and fully qualified in the field of the mid-level practitioner's specialty and an outline of the extent of your supervision. If you need additional room, please continue on a separate document.

As a physician board-certified in Psychiatry, I am fully qualified to oversee the PMHNP's scope of psychiatric assessment and medication management. I will provide supervision through continuous telecommunications availability and monthly on-site visits. In compliance with OAC 510:10-4-3, I will conduct a monthly review of at least 15% of patient charts and prescriptive patterns to ensure clinical accuracy and safety. This collaborative oversight ensures all diagnostic and therapeutic interventions meet state standards and the osteopathic medical model.

I, Mark D Gage, DO, hereby attest that I possess a full and unrestricted license to practice osteopathic medicine, an active Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permit, and an active Drug Enforcement Agency (DEA) permit

Signature: Mark D. Gage Digitally signed by Mark D. Gage Date: 2026.01.20 12:13:17 -06'00' Date: \_\_\_\_\_



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, email to [support@osboe.ok.gov](mailto:support@osboe.ok.gov) in addition to the written agreement between yourself and the mid-level.

**510:10-4-2. Definitions**

The following words and terms used in this Subchapter, shall have the following meaning unless the context clearly indicates otherwise:

**"Board"** means the State Board of Osteopathic Examiners.

**"Mid-level practitioners"** includes physician assistants and advanced practice nurses.

**"Proper physician supervision"** means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level practitioners is essential.

**510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners' specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The written agreement shall comply with Oklahoma law.

**Physician Information:**

Last Name: Gage First Name: Mark M.I.: D

License No: 3028 Email: Mdgage@me.com

Cell Phone: 9186719274 Home Phone: \_\_\_\_\_

Home/Mailing Address: 6915 E 106th St

City: Tulsa State: OK Zip Code: 74133

**Mid-Level Practitioner Information:**

Last Name: Permaul First Name: Jordan M.I.: A  
License Type: APRN License No: 218976 Phone: 4054372235  
Specialty: Psychiatry Facility Type: Office  
Practice Location: 1491 S Sunnyslane Rd  
City: Del City State: OK Zip Code: 73115  
Fee charged for supervision?: Yes If yes, amount: 500

**Scope of Practice:**

Describe the scope of practice of the mid-level practitioner.

Their scope of practice includes performing comprehensive psychiatric assessments, diagnosing mental health and substance use disorders, developing and implementing treatment plans, ordering and interpreting diagnostic tests, and providing psychotherapy. Additionally, they are authorized to prescribe and manage pharmacologic agents—including legend drugs and controlled substances—consistent with their national certification and the standards established by the Oklahoma Board of Nursing.

**Method of Supervision:**

Provide a detailed narrative of how you intend to supervise. This shall include an explanation of how you are trained and fully qualified in the field of the mid-level practitioner's specialty and an outline of the extent of your supervision. If you need additional room, please continue on a separate document.

As a physician board-certified in Psychiatry, I am fully qualified to oversee the PMHNP's scope of psychiatric assessment and medication management. I will provide supervision through continuous telecommunications availability and monthly on-site visits. In compliance with OAC 510:10-4-3, I will conduct a monthly review of at least 15% of patient charts and prescriptive patterns to ensure clinical accuracy and safety. This collaborative oversight ensures all diagnostic and therapeutic interventions meet state standards and the osteopathic medical model.

I, Mark D Gage, D.O., hereby attest that I possess a full and unrestricted license to practice osteopathic medicine, an active Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) permit, and an active Drug Enforcement Agency (DEA) permit

Signature: Mark D. Gage Digitally signed by Mark D. Gage Date: 2026.01.20 12:12:24 -06'00' Date: \_\_\_\_\_

**Advanced Practice Registered Nurses: APRNs****Use this document for the following:**

1. Complete and upload to your Nurse Portal account for each current Supervising Physician **when renewing prescriptive authority every two years (during your 90-day renewal period).**
2. Complete and upload **when adding or deleting supervising physician(s) for previously granted prescriptive authority.** **Note:** Must be submitted within thirty (30) days of the addition or deletion.  
**TWO STEP PROCESS:**
  - a. When adding a supervising physician, submit the “Request for Change in Physician(s) Supervising Advanced Practice Authority (for the CNP, CNM, and CNS)” as found in the Other Applications link through your Nurse Portal account and submit the required fee.
  - b. Next, upload a completed “Agreement for Physician Supervising Advanced Practice Registered Nurse Prescriptive Authority” form.
3. Complete and upload Agreement(s) for all requested supervising physician(s) when submitting your application through your Nurse Portal account **for initial or endorsed-in prescriptive authority recognition.**
4. Complete and upload Agreement(s) for all supervising physicians during the submission of your application **for Reinstatement of Prescriptive Authority recognition** as found in your Nurse Portal account.

**Complete Part I, distribute to your supervising physician for their completion of Parts II and III, including the physician’s signature on page 3 of the Agreement. **Note:** The APRN must sign the Attestation on Page 3 of the physician-completed Agreement and provide a copy of the fully executed Agreement to the supervising physician.**

**This Agreement is NOT required if the APRN is working in a Veteran’s Administration (VA) facility, has submitted written verification that VA has granted full practice authority, AND is NOT prescribing Controlled Dangerous Substances (38 C.F.R. § 17.415).**

**This Agreement is NOT required if the APRN has been granted independent prescriptive authority by the Oklahoma Board of Nursing.**

**Medical Doctors/Physicians: M.D.s**

**Complete Part II, and complete and sign Part III, then return to the APRN.**

*The APRN must sign the Attestation on page 3 of the Agreement.*

Email the completed Agreement to: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)

**Doctors of Osteopathy/Physicians: D.O.s**

**Complete Part II, and complete and sign Part III, then return to the APRN.**

*The APRN must sign the Attestation on page 3 of the Agreement.*

Upload a copy of the completed Agreement to your Board profile. See the Oklahoma State Board of Osteopathic Examiners (OSBOE) website for additional information: [Oklahoma State Board of Osteopathic Examiners \(525\).](#)



# Agreement for Physician Supervising Advanced Practice Registered Nurse Prescriptive Authority

## Part I: To be Completed by the Advanced Practice Registered Nurse (APRN)

- Name (as it appears on APRN license): Kendra Leah Stormo
- OK APRN License Number: 225515 Expiration Date: 02/29/2028
- Role of APRN held in OK (Check one)  CNP  CNS  CNM
- Specialty (population focus) of APRN license/role held in OK (ex: Family; Neonatal) for which you are requesting this supervising physician to be added:  
Psychiatry
- Purpose for Submission of Agreement for Physician Supervising Advanced Practice Registered Nurse Prescriptive Authority**  
(check one):
  - Addition of a physician for previously granted prescriptive authority** (upload the *Agreement* during submission of the *Change of Supervising Physician* form and fee as found in your Nurse Portal account)
  - Application for prescriptive authority** (upload the *Agreement* during submission of your application via your Nurse Portal account)
  - Renewal of prescriptive authority** (upload the *Agreement* after completing the renewal in your Nurse Portal account)
  - Reinstatement of prescriptive authority** (upload the *Agreement* during submission of the reinstatement application and its associated fee via your Nurse Portal account)

## Part II: To be Completed by the Physician (M.D. and D.O.)

- Physician Name (please print/type):  

<u>Mark</u>	<u>Gage</u>	
First Name	Middle/Initial	Last Name
- Physician Type: (check one)  M.D.  D.O.
- OK License Number: 3028 Expiration Date: 6/30/2026

Questions 4. through 8. are required by M.D. and D.O. Boards.

- Physician's Contact Information: 918-671-9274  
Telephone Number(s)
- |                        |              |           |              |
|------------------------|--------------|-----------|--------------|
| <u>6915 E 106th St</u> | <u>Tulsa</u> | <u>OK</u> | <u>74133</u> |
| Street Address         | City         | State     | Zip Code     |
- Practice Specialty: Psychiatry
- National Board Certification: AOBNP Psychiatry and Addiction Medicine  None  
(Check if none)

6. Do you have an **unrestricted** license from the Oklahoma State Board of Medical Licensure and Supervision or from the Oklahoma State Board of Osteopathic Examiners?

Yes  No

7. Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD):

A. Do you have a **current** permit from the OBNDD?  Yes  No

B. Do you have an **unrestricted** permit from the OBNDD?  Yes  No\*

\*If No, please describe the restriction(s): \_\_\_\_\_

8. Drug Enforcement Administration (DEA):

A. Do you have a **current** permit from the DEA?  Yes  No

B. Do you have an **unrestricted** permit from the DEA?  Yes  No\*

\*If No, please describe the restriction(s): \_\_\_\_\_

### Part III: Prescriptive Authority Supervision

APRN Name: ~~Kendra Leah Stormo~~ Kendra Leah Stormo

APRN License Number: ~~225515~~ 225515

Supervising Physician Name: ~~Mark Gage~~ Mark Gage

Physician License Number: 3028  Primary Physician  Alternate Physician

### METHOD(S) OF SUPERVISION AND COLLABORATION

1. **Plan for review/conference regarding prescriptive authority:**

(check all that apply)

Face-to-face  Virtual discussions  Chart reviews  Joint Rounding

Conference calls  Performance evaluations  Other (Describe) \_\_\_\_\_

2. **Frequency of review meetings/conferences\*:**

(check all that apply)

Daily in Person  Weekly in Person  Daily Via Telecommunication

Weekly Via Telecommunication  Other (Describe): Telecom as needed

\*The supervising physician must have continuous availability of direct communications either in person or by electronic communications with the Advanced Practice Registered Nurse.



# Agreement for Physician Supervising Advanced Practice Registered Nurse Prescriptive Authority

- 3. **APRN prescriptive authority:** All APRNs are able to prescribe medical supplies, non-scheduled medications, and Schedule III–V Controlled Dangerous Substances subject to the [Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority](#). The APRN must have separate prescriptive authority for each certification/population focus.
- 4. **Fees charged to the APRN for supervision services:** \$500
- 5. **Procedures for notice to the APRN for periods of absence:**  
Method of notice: telecom Time frame for notice: as soon as possible
- 6. **Alternate physician(s) for periods of Primary Physician absence\*:** Psychiatric Wellness associa

\*APRNs must submit a Request for Change in Physician(s) Supervising Advanced Practice Registered Nurse Prescriptive Authority (for the CNP, CNM, and CNS) to add or delete a supervising physician, with a completed Agreement for Physician Supervising Advanced Practice Registered Nurse Prescriptive Authority, to the Oklahoma Board of Nursing within thirty (30) days of the addition/deletion for all supervising physicians, including alternates.

### SUPERVISING PHYSICIAN'S ATTESTATION

Supervision of Advanced Practice Registered Nurses with prescriptive authority means overseeing and accepting responsibility for the ordering and transmission of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies, subject to a defined formulary [O.S. 567.3a(11) and (12)].

I, Mark D Gage, D.O. agree to supervise the prescriptive authority practice of  
Print Name of supervising physician

Kendra Leah Stormo effective 1 Marck 2026  
Print Name of Advanced Practice Registered Nurse Date

I further agree to be available for consultation, collaboration, assistance with medical emergencies, and patient referral through direct contact, telecommunications or other appropriate electronic means. I am not in training as an intern, resident or fellow. I have reviewed the [Exclusionary Formulary](#) approved by the Oklahoma Board of Nursing. I agree to remain in compliance with the Rules and Regulations promulgated by the Oklahoma State Board of Medical Licensure and Supervision (for M.D.s) or Oklahoma State Board of Osteopathic Examiners (for D.O.s). I attest that this supervision Agreement complies with 59 O.S. § 479.1. Further, I certify that the statements contained in this Agreement are true and correct.

**Mark D. Gage**

Digitally signed by Mark D. Gage  
Date: 2026.02.11 13:04:10  
-06'00'

Signature of Physician: \_\_\_\_\_  M.D.  D.O. (check one)

### ADVANCED PRACTICE REGISTERED NURSE'S ATTESTATION

I attest that I have reviewed the physician-completed sections of this Agreement, the information contained in this Agreement is true and correct, and the terms of this Agreement with the above supervising physician regarding supervision of my prescriptive authority are accurate.

Signature of APRN: Kendra Stormo Date: 02/10/2026

# COMPLIANCE

CHRISTOPHER  
BRADSHAW,  
D.O., # 5189

3/4/2026

Oklahoma State Board of Osteopathic Examiners  
5400 N Grand Blvd, Ste 130  
Oklahoma City, Oklahoma 73112

RE: Dr. Christopher Bradshaw, DO

To Whom It May Concern,

I am writing on behalf of Total Health & Wellness regarding Dr. Christopher Bradshaw, DO, and his work within our organization and the rural communities we serve.

Since joining Total Health & Wellness, Dr. Bradshaw has demonstrated a strong commitment to patient care, professional growth, and adherence to evolving clinical standards. He has embraced new processes and guidelines implemented within our practice and has consistently worked to improve the quality and safety of care delivered to our patients.

Dr. Bradshaw brings a depth of knowledge and clinical insight that has been particularly valuable in our rural service areas, where access to specialized care can be limited. His procedural skills have been effective and well received by patients, and he approaches each case with careful consideration, research, and a willingness to ensure that the care provided is appropriate and beneficial.

One of Dr. Bradshaw's most admirable qualities is his willingness to continue learning and to explore evidence-based approaches to patient care. When questions arise regarding treatments or services, he does not hesitate to research and present additional information to ensure that we are making well-informed decisions that ultimately benefit our patients and our communities.

Beyond clinical care, Dr. Bradshaw has shown a strong dedication to the people we serve. He has demonstrated compassion for patients from all backgrounds, including those facing significant socioeconomic challenges. His willingness to assist patients in need, including going beyond the walls of the clinic when necessary, reflects his commitment to serving vulnerable populations in rural Oklahoma.

Dr. Bradshaw has also contributed significantly to our team by helping educate and train staff in areas where additional support or knowledge was needed. His collaborative approach has helped strengthen our team and improve the overall care experience for our patients.

Over time, Dr. Bradshaw has grown into an integral part of the Total Health & Wellness team. He consistently listens to patient concerns, works diligently to address their needs, and aligns with our mission of providing high-quality, compassionate care to individuals regardless of their social or economic circumstances.

We appreciate the dedication and professionalism Dr. Bradshaw has shown while working with our organization and the positive impact he has had on the communities we serve.

Please feel free to contact me if any additional information is needed.

Sincerely,

*April L. Gunter*

April Gunter

CEO

Total Health & Wellness

611 W Cherokee Street, Suite D

Wagoner, Oklahoma 74467

Phone: 918-201-4147

Fax: 800-528-7501

**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-2023-101
v.	)	
	)	
CHRISTOPHER BRADSHAW, D.O.	)	
Osteopathic Medicine License No.	)	
5189,	)	
Respondent.	)	

**ORDER MODIFYING BOARD ORDER OF REINSTATEMENT OF LICENSE WITH  
RESTRICTIONS DATED MARCH 13, 2025**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a meeting of the Board on June 19, 2025. Christopher Bradshaw, D.O. (“Dr. Bradshaw”), appeared in person at the hearing on this date. He was not represented by legal counsel.

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. Dr. Bradshaw requests modifications to the Order of Reinstatement of License with Restrictions, dated March 13, 2025. Specifically, Dr. Bradshaw states he has completed the training outlined in Paragraph 9 and 10 of the aforementioned Order. The Board staff has received supporting documentation confirming the training has been completed. Further, Respondent requests to modify his treatment provider information as outlined in paragraph 5, 6, 7, and new paragraph 9. The requested changes are as follows:

Paragraph 5 states that Respondent will contract with Oklahoma Health Professionals Program (OHPP) and toxicological testing will be conducted under the OHPP contract. Respondent requests to modify this to reflect that he will enter a monitoring contract with Lobdock Impairment Detection (Lobdock), such contract will include his toxicological testing.

Paragraph 6 states that Respondent will continue to participate in individual therapy to be determined by his provider. Respondent requests to modify this to clarify that his addiction psychiatrist will refer him to an individual therapy provider and together they will determine the frequency of his individual therapy.

Paragraph 7 states that Respondent must continue to engage in mutual-aid meetings at the frequency of three meetings weekly as recommended by OHPP. Respondent requests this be modified to require engaging in mutual-aid meetings at a frequency determined by his addiction psychiatrist.

Paragraph 9 states that Respondent shall complete an OHPP approved prescription writing course by June 15, 2025 and Paragraph 10 states that Respondent shall be enrolled in or complete an 8 hour course offered by DEA/OBN on prescribing controlled substances by June 15, 2025. Respondent has completed both trainings. Respondent requests that Paragraph 9 be modified to reflect the required trainings were completed and that Paragraph 10 be modified to state that Respondent may utilize sleep aid medication and/or ADHD medication under the supervision and management of his addiction psychiatrist.

### **ORDER**

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED by the Board that the following full list of restrictions and conditions shall apply to Respondent, and includes any modifications ordered:

1. Respondent is hereby placed on probation for a term of five (5) years and shall comply with the probationary terms and conditions outlined in this Order.
2. Respondent may not work more than forty (40) hours per week.
3. Respondent may not prescribe controlled medication.
4. Respondent is to appear at the December 2025 meeting so the Board may assess status.
5. Respondent will transition from an OHPP contract to maintaining a professional monitoring contract with Lobdock Impairment Detection (Lobdock). Toxicological testing will be conducted per the Lobdock monitoring contract. Respondent will sign a release with Lobdock to send testing results and other reports to the Board.

ORDER MODIFYING BOARD ORDER OF REINSTATEMENT OF LICENSE WITH RESTRICITONS  
DATED MARCH 13, 2025  
Christopher Bradshaw, D.O. (5189)  
OSBOE-2023-101

Page 2 of 5

6. Respondent must continue to participate in individual therapy, frequency to be determined by his addiction psychiatrist in conjunction with his individual therapy provider. Documentation of the recommended frequency will be provided to the Board. Respondent will submit documentation of therapy attendance to the Board Compliance Officer monthly. Further, Respondents addiction psychiatrist shall provide a report to the Board which includes their training, qualifications, Curriculum Vitae, and an explanation of their expertise.
7. Respondent must continue to engage in mutual-aid meetings at a frequency to be determined by his addiction psychiatrist and documentation of frequency will be provided to the Board. Respondent will submit documentation to Board Compliance Officer verifying meeting attendance monthly.
8. Respondent shall utilize Vivitrol injections or oral Naltrexone and may manage this medication through his Primary Care Physician ("PCP"). Respondent may pursue testosterone replacement through his PCP as well.
9. Respondent has completed an OHPP approved Prescription Writing course and an 8-hour course offered by the DEA/OBN on prescribing controlled substances by June 15, 2025 in compliance with the original Paragraph 9 and 10 of his Board Order.
10. Respondent may utilize sleep aid medication and/or ADHD medication under the supervision and management of his addiction psychiatrist.
11. That Respondent must appear before the Board, in person, once a year during the pendency of this matter or as requested by the Board. At said appearances, Order(s) may be amended.
12. That Respondent 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, Respondent shall submit an updated CIF to the Board within 10 days of any such change.
13. That Respondent will initiate monthly contact with the Board Compliance Officer by the tenth (10th) day of each month.
14. That Respondent must complete the Monthly Supervision Self-Report by the tenth (10th) day of each month.

15. Upon employment, the Respondent will be 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.
16. Respondent shall bear the financial costs of any expenses incurred from this Order.
17. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Respondent 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.
18. That Respondent may utilize their right to consult legal counsel in connection with this inquiry by the Board known as OSBOE-2023-101, this Order, or any other inquiry by the Board.
19. That Respondent is required to notify the Board within seven (7) days of any changes to legal counsel.
20. Respondent shall provide a copy of this Order in whole with any current or potential employer.
21. That Respondent is required to notify the Board within seven (7) days of any changes to their residential address, practice address, and/or their cell phone number.
22. That Respondent renews their license yearly as required by the Board's statutes and rules. Failure to renew your license could result in cancellation by the Board.
23. That Respondent maintains compliance with continuing medical education ("CME") credits as required by the Board's statutes and rules.
24. In the event Respondent surrenders their Oklahoma license to practice osteopathic medicine, the terms and conditions of this Order shall be tolled.

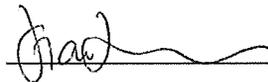
Any violation of this Order may result in further discipline of Dr. Bradshaw's license to practice osteopathic medicine in the State of Oklahoma.

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.

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

**IT IS HEREBY ORDERED AND EFFECTIVE this 19th day of June 2025.**



---

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

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

<b>STATE OF OKLAHOMA, ex rel.</b>	)	
<b>OKLAHOMA STATE BOARD OF</b>	)	
<b>OSTEOPATHIC EXAMINERS,</b>	)	
	)	
<b>Petitioner,</b>	)	
	)	<b>Case No. OSBOE-2023-101</b>
<b>v.</b>	)	
	)	
<b>CHRISTOPHER BRADSHAW, D.O.</b>	)	
<b>Osteopathic Medicine License No.</b>	)	
<b>5189,</b>	)	
<b>Respondent.</b>	)	

**ORDER OF REINSTATEMENT OF LICENSE WITH RESTRICTIONS**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a special meeting of the Board on March 13, 2025. Christopher Bradshaw, D.O. (“Dr. Bradshaw”), appeared in person at the hearing on this date. He was not represented by legal counsel.

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.

Dr. Bradshaw requests reinstatement of his license due to compliance with his June 20, 2024 Order of Suspension. Specifically, Dr. Bradshaw states he has completed most of the conditions outlined as required in Paragraph 2 of aforementioned Order. The Board staff has received documentation supporting that most of the conditions outlined in the Order dated June 20, 2024 have been complied with. After consultation with OHPP, the Board’s administrative staff supports Dr. Bradshaw’s request to return to practice with a restricted license with conditions as outlined below. The Board hereby enters the following Order.

**ORDER**

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

1. Respondent is hereby placed on probation for a term of five (5) years and shall comply with the probationary terms and conditions outlined in this Order.
2. Respondent may not work more than forty (40) hours per week.
3. Respondent may not prescribe controlled medication.
4. Respondent is to appear at the June 2025 meeting so the Board may assess status.
5. Respondent will maintain a professional monitoring contract with Oklahoma Health Professionals Program (OHPP). Toxicological testing will be conducted per the OHPP monitoring contract.
6. Respondent must continue to participate in individual therapy, frequency to be determined by his provider. Respondent will submit documentation of therapy attendance to the Board Compliance Officer monthly.
7. Respondent must continue to engage in mutual-aid meetings at a frequency of three meetings weekly as recommended by OHPP. Respondent will submit documentation to Board Compliance Officer monthly verifying meeting attendance.
8. Respondent shall utilize Vivitrol injections or oral Naltrexone and may manage this medication through his Primary Care Physician ("PCP"). Respondent may pursue testosterone replacement through his PCP as well.
9. Respondent shall complete an OHPP approved Prescription Writing course by June 15, 2025.
10. Respondent shall be enrolled in, or have completed, an 8-hour course offered by the DEA/OBN on prescribing controlled substances by June 15, 2025.
11. That Respondent must appear before the Board, in person, once a year during the pendency of this matter or as requested by the Board. At said appearances, Order(s) may be amended.
12. That Respondent 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, Respondent shall submit an updated CIF to the Board within 10 days of any such change.
13. That Respondent will initiate monthly contact with the Board Compliance Officer by the tenth (10th) day of each month.

14. That Respondent must complete the Monthly Supervision Self-Report by the tenth (10th) day of each month.
15. Upon employment, the Respondent will be 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.
16. Respondent shall bear the financial costs of any expenses incurred from this Order.
17. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Respondent 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.
18. That Respondent may utilize their right to consult legal counsel in connection with this inquiry by the Board known as OSBOE-2023-101, this Order, or any other inquiry by the Board.
19. That Respondent is required to notify the Board within seven (7) days of any changes to legal counsel.
20. Respondent shall provide a copy of this Order in whole with any current or potential employer.
21. That Respondent is required to notify the Board within seven (7) days of any changes to their residential address, practice address, and/or their cell phone number.
22. That Respondent renews their license yearly as required by the Board's statutes and rules. Failure to renew your license could result in cancellation by the Board.
23. That Respondent maintains compliance with continuing medical education ("CME") credits as required by the Board's statutes and rules.
24. In the event Respondent surrenders their Oklahoma license to practice osteopathic medicine, the terms and conditions of this Order shall be tolled.

Any violation of this Order may result in further discipline of Dr. Bradshaw'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.

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

**IT IS HEREBY ORDERED AND EFFECTIVE this 13th day of March 2025.**



[Katie L. Templeton, J.D. \(Mar 17, 2025 18:31 CDT\)](#)

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

**BRADLEY  
CROSS, D.O.  
# 6387**

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

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

**SECOND ORDER MODIFYING BOARD ORDER DATED MARCH 26, 2024**

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. Bradley Cross, D.O. (“Dr. Cross”), appeared in person at the hearing on this date. He was not represented by legal counsel.

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.

Dr. Cross requests a second modification of his Board Order dated March 26, 2024.

The Board, after reviewing Dr. Cross’s Motion to Modify, and being fully advised, enters this Second Order Modifying Board Order Dated March 26, 2024.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED by the Board that, for good cause shown, Dr. Cross’s Motion to Modify is **APPROVED** and that Paragraph 2 shall be modified to the following:

2. Bradley Cross, D.O. is hereby placed on Monitoring for a term of three (3) years and shall comply with the following terms and conditions:
  - a. Dr. Cross shall submit to one (1) monthly random breathalyzer screening at his work site, as ordered and directed by the OSBOE Compliance Officer, at his expense.
  - b. Dr. Cross shall submit to one (1) monthly random Urine Analysis

("UA") screening, as ordered and directed by the OSBOE Compliance Officer, at his expense.

c. Dr. Cross shall submit to one (1) quarterly hair follicle and nail test, as ordered and directed by the OSBOE Compliance Officer, at his expense.

d. Dr. Cross shall attend three (3) Alcoholics Anonymous ("AA") meetings per week.

e. Dr. Cross shall engage in regular communication with an AA sponsor, with a minimum of two (2) contacts per week.

f. Dr. Cross shall continue his therapeutic relationship with his therapist and participate in regular individual therapy sessions. Frequency of therapy sessions shall be at the discretion of the therapist. Any change in therapist shall be preapproved by the Board or staff.

g. Dr. Cross shall submit a monthly list of all meetings and appointments attended to the OSBOE Compliance Officer; this includes but is not limited to AA meetings and therapy appointments.

h. Dr. Cross will be allowed to supervise a maximum of four (4) mid-level practitioners in accordance with established regulations for Osteopathic Physician supervision located in OAC 510:10-4-1 et.seq.

h. Dr. Cross must appear before the Board, in person during the pendency of this matter or as requested by the Board. At said appearances, Order(s) may be amended.

i. Dr. Cross will initiate monthly contact with the Board Compliance Officer by the tenth (10th) day of each month.

j. Dr. Cross must complete the Monthly Supervision Self-Report by the tenth (10th) day of each month. (Exhibit A, Monthly Supervision Self-Report).

k. If the probation is supervised by the Board staff, Dr. Cross 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.  
of any such change.

l. Dr. Cross shall bear the financial costs of any expenses incurred

from this Order.

m. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Respondent 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.

n. Dr. Cross 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.

o. Dr. Cross is required to notify the Board within seven (7) days of any changes to legal counsel.

p. Dr. Cross shall provide a copy of this Order in whole with any current or potential employer.

q. Dr. Cross is required to notify the Board within seven (7) days of any changes to his residential address, official email address, practice address, and/or cell phone number.

r. Dr. Cross 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.

s. Dr. Cross maintains compliance with continuing medical education ("CME") credits as required by the Board's statutes and rules.

t. In the event Dr. Cross surrenders his Oklahoma license to practice osteopathic medicine, the terms and conditions of this Order shall be tolled.

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

Any violation of this Order may result in discipline of Dr. Cross'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.

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 10:23:39 CST)

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

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

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

**ORDER MODIFYING BOARD ORDER DATED MARCH 26, 2024**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a special meeting of the Board on December 12, 2024. Bradley Cross, D.O. (“Dr. Cross”), appeared in person at the hearing on this date. He was not represented by legal counsel.

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.

Dr. Cross requests modification of his Board Order dated March 26, 2024. Specifically, Dr. Cross requests Paragraph 2.s. of the Order portion of the March 26, 2024 Board Order be modified, which currently provides Dr. Cross “will not supervise allied health professionals, physician assistants, or advanced nurse practitioners, that require surveillance of a licensed medical practitioner”. Dr. Cross requests that this paragraph be modified to allow him to supervise mid-level practitioners in accordance with already established Osteopathic Physician regulations in the state of Oklahoma found in the Oklahoma Administrative Code (“OAC”) 510:10-4-1 et.seq.

**The Board Herby Orders, Paragraph 2.s. of the March 26, 2024 Board Order shall hereby be modified to reflect:**

2.s. Respondent will be allowed to supervise a maximum of four (4) mid-level

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

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

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

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

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

*Chelsey Gilbertson, D.O.*

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

Chelsey Gilbertson, D.O.

Board President

State Board of Osteopathic Examiners

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

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

**CONSENT ORDER**

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

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

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

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

Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

### **FINDINGS OF FACT**

The Parties stipulate and agree as follows:

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

### **CONCLUSIONS OF LAW**

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

CONSENT ORDER  
Bradley Cross, D.O., (#6387)  
OSBOE-2023-119  
Page 2 of 5

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

### ORDER

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

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

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

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

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

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

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

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

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

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

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

DANIEL DE  
GASTON, D.O.

# 6640

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

<b>STATE OF OKLAHOMA, ex rel.,</b>	)	
<b>STATE BOARD OF OSTEOPATHIC</b>	)	
<b>EXAMINERS,</b>	)	
	)	
<b>Petitioners,</b>	)	
	)	
<b>v.</b>	)	<b>OSBOE Case No. 2021-213</b>
	)	
<b>DANIEL DE GASTON, D.O.</b>	)	
<b>Osteopathic Medicine License No. 6640.</b>	)	
	)	
<b>Respondent.</b>	)	

**CONSENT ORDER**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Osteopathic Examiners (“Petitioner” or the “Board”), by and through the undersigned counsel for the Board, as represented by J. Patrick Quillian, and Daniel de Gaston, D.O. (“Respondent” or “Dr. de Gaston”), Oklahoma license no. 6640, who appears in person, and through counsel Niku Bayatfar, PC (collectively, the “Parties”), offer this Consent Order (herein, “Order” or “Agreement”) for acceptance by the Board.

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

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

If the Board does not accept this Order, the Parties stipulate that it shall be regarded as null and void. Admissions by Respondent herein, if any, shall not be regarded as evidence against him in a subsequent disciplinary hearing. Respondent will be free to defend himself and no inferences will be made from his willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of this Order nor the Board’s consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and,

therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

### **FINDINGS OF FACT**

1. Dr. Daniel de Gaston, D.O., is the holder of a license to practice as an osteopathic physician in the State of Oklahoma, license number 6640. Dr. de Gaston received his license to practice as an osteopathic physician in Oklahoma from the Board on July 1, 2019, and primarily practices in family medicine.
2. Dr. de Gaston began OSU College of Health Sciences Family Medicine Residency (the "OSU-CHS Residency") on July 1, 2018. Due to repeated issues with respect to professionalism, inattentiveness, and frequent mistakes throughout the OSU-CHS Residency, hospital staff required Dr. de Gaston to undergo three (3) focused reviews and placed him on two (2) separate periods of probation. Dr. de Gaston took courses in areas such as Risk Management, Diversity and Inclusion, and volunteering with pertinent causes to remedy these issues. However, OSU-CHS Residency staff ultimately placed Dr. de Gaston on a zero-tolerance plan in a final attempt to remediate continued observed deficiencies.
3. In early 2021, hospital staff gave Dr. de Gaston the option of resigning from the OSU-CHS Residency in lieu of being dismissed due to Dr. De Gaston's inability to remediate continued observed deficiencies. Dr. de Gaston initially opted to resign but then withdrew his resignation. Hospital staff then dismissed Dr. de Gaston from the OSU-CHS Residency on February 23, 2021.
4. Dr. de Gaston has worked as a staff physician at John Lilley Correctional Facility in Boley, Oklahoma ("JLCC") since being terminated from the OSU-CHS Residency. JLCC Staff have reported no observed deficiencies regarding Dr. de Gaston's professionalism or knowledge and have indicated that he has excelled in his current position.

### **CONCLUSIONS OF LAW**

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

- a. 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. 59 O.S. §637(A)(2).
- b. Acted in a manner which results in final disciplinary action by any ... hospital or medical staff of such hospital in this or any other state ... if the action was in any way related to professional conduct, professional competence, malpractice or any violation of the Oklahoma Osteopathic Medicine Act. 59 O.S. §637(A)(2)(f).
- c. Has engaged in repeated acts of negligence, malpractice or incompetence during the OSU-CHS Residency. 59 O.S. §637(A)(4).

### **ORDER**

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

1. The Board hereby adopts the Agreement of the Parties in this Consent Order, including the Findings of Fact and Conclusions of Law stated herein.
2. Daniel de Gaston, D.O. is hereby placed on Probation for a term of five (5) years and shall comply with the following probationary terms and conditions:
  - a. Dr. de Gaston shall at all times maintain gainful employment as an osteopathic physician. Dr. de Gaston shall notify the Board in writing within fourteen (14) days in the event Dr. de Gaston is terminated or resigns from employment as an osteopathic physician.
  - b. Upon request, Dr. de Gaston shall make himself available for one or more personal appearances before the Board or its authorized designee.
  - c. Dr. de Gaston will maintain quarterly contact with his assigned Board Investigator.
  - d. Dr. de Gaston shall bear the financial costs of any expenses incurred from this Order.
  - e. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. de Gaston 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.
  - f. Dr. de Gaston shall complete the Compliance Information Request Form sent by Board staff within ten (10) days of receipt.

- g. Dr. de Gaston shall complete Quarterly Supervision Self-Reports provided by Board Staff by the tenth (10th) day of each month.
  - h. Dr. de Gaston 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.
  - i. Dr. de Gaston may utilize his right to consult legal counsel in connection with this inquiry by the Board known as OSBOE-2021-213, this Order, or any other inquiry by the Board.
  - j. Dr. de Gaston shall notify the Board within fourteen (14) days of any changes to legal counsel.
  - k. Dr. de Gaston shall provide a copy of this Order in whole with any current or potential employer.
  - l. Dr. de Gaston shall notify the Board within fourteen (14) days of any changes to their residential, practice, or email address as well as any change to his cell phone number.
  - m. Dr. de Gaston shall renew his license yearly as required by the Board's statutes and rules. Failure to renew could result in cancellation by the Board.
  - n. Dr. de Gaston shall maintain compliance with continuing medical education ("CME") Credits as required by the Board's statutes and rules.
  - o. In the event Dr. de Gaston leaves the State of Oklahoma to practice medicine in another jurisdiction, and surrenders his license here in Oklahoma, the terms and conditions of this Order shall be tolled.
  - p. The Board shall have the ability and discretion to terminate the period of probation prior to the expiration of five (5) years in the event Dr. de Gaston completes an accredited residency program in osteopathic medicine and seeks early termination in writing.
3. A copy of this Order shall be provided to Respondent as soon as it is processed.

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

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

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

Dated this 26 day of March, 2024.

*Bret Langerman, D.O.*

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

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

NOTIFICATION  
OF  
NON  
COMPLIANCE

STEPHEN  
TREADWELL,  
D.O. # 2909

**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 (18<sup>th</sup>) 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.

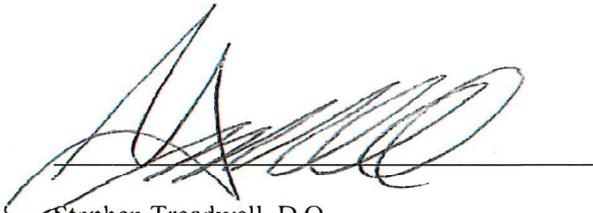
Chelsey Gilbertson, D.O. (Sep 22, 2025 18:29:52 CDT)

Chelsey D. Gilbertson, D.O.  
OSBOE President



SEAN M. SANDERS, OBA #34776  
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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**

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

STATE OF OKLAHOMA, ex rel.,	)	
STATE BOARD OF OSTEOPATHIC	)	
EXAMINERS,	)	
	)	
Petitioners,	)	
	)	
vs.	)	Case No. OSBOE-2025-070
	)	
STEPHEN TREADWELL, D.O.	)	
Osteopathic Medicine License No. 2909	)	
	)	
Respondent.	)	

**PETITION**

**COMES NOW**, Deputy General Counsel, Sean M. Sanders, for the State Board of Osteopathic Examiners (hereinafter referred to as “the Board”), and states as follows:

**I. FACTUAL HISTORY**

1. 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. At all times relevant to this Petition, Dr. Treadwell worked as a Family Medicine and Primary Care Physician in Healdton, Oklahoma at his self-owned “Physicians Clinic”.
3. On June 2, 2025, Oklahoma State Board of Osteopathic Examiners lead investigator, Elizabeth Fullbright, was alerted that an individual unlicensed to practice medicine in Oklahoma was being allowed to treat patients at Dr. Treadwell’s clinic unsupervised.
4. It was alleged the unlicensed individual was doing procedures requiring incisions.
5. Attempts were made to contact Dr. Treadwell via phone to no avail.

6. As a result, investigator Fullbright traveled to Healdton, Oklahoma that evening. Dr. Treadwell was given notice of the allegations and informed of his required attendance at the June 2025 Board Hearing.

7. During the conversation between Dr. Treadwell and investigator Fullbright, Dr. Treadwell made various incriminating statements that appear to be in violation of the Act.

8. An investigation was initiated regarding the allegations in the initial complaint.

## **II. CAUSES OF ACTION**

9. Dr. Treadwell has violated Tit. 59 O.S. § 637(A)(2); Tit. 59 O.S. § 637(A)(2)(d); Tit. 59 O.S. § 637(A)(9); and Tit. 59 O.S. § 725.2 (G) which state:

§637(A).

*The State Board of Osteopathic Examiners may institute disciplinary action, enforce sanctions, ... may suspend or revoke any license issued or reinstated by the Board upon proof that the applicant or holder of such a license:*

...

§637(A)(2).

*Has engaged in the use or employment of...unethical conduct or unprofessional conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physicians including, but not limited to, the following:*

...

§637(A)(2)(d).

*delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform them, noting that delegation may only occur within an appropriate physician-patient relationship, wherein a proper patient record is maintained including, but not limited to, at the minimum, a current history and physical.*

...

§637(A)(9).

*Has been guilty of advertising by means of knowingly false or deceptive statements [.]*

§ 752.2 (G) et seq.

*It shall be unlawful for any medical doctor, doctor of osteopathic medicine, ... to make any deceptive or misleading statement, or engage in any deceptive or misleading act, that deceives or misleads the public... regarding the training and the license under which the person is authorized to practice.*

**A. 59 O.S. § 637 (A)(2)**

10. Upon information and belief, Dr. Treadwell has shown a pattern of engaging in unethical or unprofessional conduct.

11. Dr. Treadwell's personal behavior interferes with his ability to soundly practice medicine and provide quality care for patients.

**B. 59 O.S. § 637 (A)(2)(d)**

12. Upon information and belief, Dr. Treadwell has allowed a non-licensed professional to provide care for patients in his clinic.

13. Dr. Treadwell has allowed students to provide care to patients without proper supervision.

14. Dr. Treadwell has allowed a non-licensed physician to conduct testosterone pellet procedures in his clinic without oversight.

**C. 59 O.S. § 637 (A)(9)**

15. Dr. Treadwell has falsely claimed on multiple occasions to possess five (5) board certifications in various areas of practice.

16. Dr. Treadwell does not possess board certifications in any area of practice.

**D. 59 O.S. § 752.2 (G) et seq.**

17. Dr. Treadwell mislead the public by purporting to add “Dr. Jaine Queiroz... another general practitioner...” to his clinic in Healdton, Oklahoma.

18. Dr. Treadwell intended to deceive the public by deceptively advertising through his website the addition of an “M.D.” to the staff.

### **III. VIOLATIONS OF THE ACT**

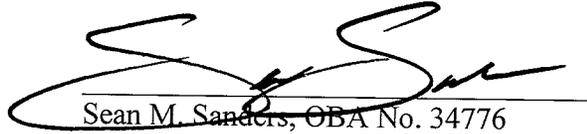
19. Dr. Treadwell has violated the Act by:

- a) *“Has engaged in the use or employment of...unethical conduct or unprofessional conduct,...”* Tit. 59 O.S. § 637(A)(2);
- b) *“delegating professional responsibilities to a person... not qualified...”* Tit. 59 O.S. § 637(A)(2)(d);
- c) *“advertis[ed] by means of knowingly false or deceptive statements”*; Tit. 59 O.S. § 637(A)(9); and
- d) *“mak[ing]... deceptive or misleading statement[s]... that deceives or misleads the public... regarding the training and the license under which the person is authorized to practice.”* Tit. 59 O.S. § 752.2 (G) et seq.

**WHEREFORE**, premises considered and pursuant to Tit. 59 O.S. § 637 et. seq., Deputy General Counsel, Sean M. Sanders, asks the board find Dr. Treadwell has violated the Act, and as a result, requests he be required to attend a proper assessment related to his unethical or unprofessional conduct, CME classes be required related to acceptable delegation of responsibilities, fees be assessed and levied with regard to the false statements in violation of the Act, and the statutory maximum be levied for violations of Tit. 59 O.S. § 752.2 (G).

Furthermore, Counsel asks that Dr. Treadwell be found responsible for the fees and costs associated with prosecution of these violations, and/or any other relief the Board finds equitable and just.

Respectfully submitted by:

A handwritten signature in black ink, appearing to read 'Sean 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***

**JOINTLY  
PROPOSED  
ORDER**

VICTORIA  
MILLS, D.O. #  
4216  
ALEXANDER VOSLER,  
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-L118
	)	
Victoria Mills, D.O.	)	
Osteopathic Medicine License No. 4216	)	
	)	
Respondent.	)	

**PETITION**

**COMES NOW**, Kay Sewell, for the State Board of Osteopathic Examiners (hereinafter referred to as “the Board”), and states as follows:

**I. FACTUAL HISTORY**

1. Victoria Mills, D.O., (hereinafter referred to as “Dr. Mills”) became licensed as an osteopathic physician in the State of Oklahoma on July 1, 2004, license number 4216.
2. At all relevant times Dr. Mills practiced medicine in Oklahoma County, Oklahoma in the specialty of Obstetrics and Gynecology.
3. Patient C.C. established prenatal care with Dr. Mills in March of 2021.
4. On October 17, 2021, at approximately 1416, patient C.C. was admitted to Integris Baptist Medical Center under the care of Dr. Mills at thirty-nine (39) weeks and two (2) days gestation with spontaneous rupture of membranes and for induction of labor.
5. The induction began at approximately 1530 with the use of Pitocin. Patient C.C. labored throughout the night and into the next morning.

6. Overnight there were recurrent late decelerations beginning around 0330 on October 18, 2021. At approximately 0730 the patient's fetal heart tones began to reflect persistent minimal variability. Around 0800, the fetus began having prolonged periods of absent variability. At 0820, there was an absent variability with recurrent late decelerations.

7. At 0812 Dr. Mills was called by the Integris nurses and asked to come to patient C.C. bedside to evaluate the patient in person.

8. Dr. Mills arrived at bedside at 0847 and a sterile vaginal examination was performed showing patient C.C. was 10 cm dilated and 100% effaced, with baby's head still at -1 station and unengaged. Dr. Mills ordered at this time to reposition patient C.C. on hands and knees for 30 minutes and continue labor.

9. Patient C.C. continued to have prolonged decelerations as well as recurrent late decelerations with absent variability after the repositioning.

10. At 0921 Dr. Mills was notified of the category III fetal heart tones with prolonged decelerations, recurrent late decelerations and absent variability and called to attend delivery. Dr. Mills at that time ordered an emergency caesarean section ("C-section") and that she would meet them in the operating room.

11. Patient C.C. was taken to the operating room and the emergency C-section began at 0936 and the baby was delivered by Dr. Mills at 0938. Records indicate the emergency C-section was performed due to non-reassuring fetal heart tones, persistent category II fetal heart tones, Category III fetal heart tones, and fetal intolerance of labor.

12. The neonate's, Baby L.L., APGARs at the time of delivery were 2, 4, and 6 at 1, 5 and 10 minutes, respectively. Baby L.L. was transferred to Oklahoma Children's Hospital for therapeutic hypothermia.

13. The Baby L.L. has cerebral palsy, quadriplegia, is epileptic, and has a feeding tube. These conditions will be life long and require 24 hour care.

14. According to the American College of Obstetrics and Gynecology (ACOG), category III fetal heart tracings require expediated delivery if not responsive to initial attempts at intrauterine resuscitation.

15. Dr. Mills breached the ACOG standard of care when she was made aware of the patient scenario, evaluated the patient at the bedside, and did not proceed immediately to delivery with C-section during persistent category III fetal heart tones.

## **II. CAUSES OF ACTION**

16. Dr. Mills has violated the Act by delaying treatment of identified fetal distress.

17. It is alleged Dr. Mills violates the Act, specifically provisions in Tit. 59 O.S. § 637 (A)(2) and (A)(3), which states:

*A. The State Board of Osteopathic Examiners may ... suspend or revoke any license issued or reinstated by the Board upon proof that the applicant or holder of such a license:*

*2. Has engaged in the use or employment of dishonesty, fraud, misrepresentation, false promise, false pretense, unethical conduct or unprofessional conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physician...*

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

## **III. VIOLATIONS OF THE ACT**

18. Dr. Mills has violated the Act by:

- a) Engaging in unethical and unprofessional conduct in the performance of the functions or duties of an osteopathic physician through her breach of the standard of medical care provided to the aforementioned Patient C.C.;
- b) Engaging in gross malpractice and gross incompetence by her delay in treatment of patient C.C.'s identified fetal distress.

**WHEREFORE**, the premises considered, Counsel Kay Sewell, asks the Board find Dr. Mills violated the Act, and as a result of these violations, and pursuant to Tit. 59 O.S. § 637 et. seq., asks that Dr. Mills be placed on probation for a period of three (3) years, attend additional clinical training regarding fetal distress as determined by the Board, and other standard terms and conditions.

Furthermore, Counsel asks that Dr. Mills be found responsible for the fees and costs associated with prosecution of her licensure, and/or any other relief the Board finds equitable and just.

Respectfully submitted by:

---

Kay Sewell, OBA# 10778  
State Board of Osteopathic Examiners  
5400 N Grand Blvd, Ste 130  
Oklahoma City, OK 73112  
Phone: (405) 528-8625  
Email: [kay.sewell.ctr@osboe.ok.gov](mailto:kay.sewell.ctr@osboe.ok.gov)

*PROSECUTOR FOR PETITIONER*

PROVIDER  
RECOVERY  
OKLAHOMA  
(PRO)  
PROPOSAL



**OKLAHOMA**  
State Board of  
Osteopathic Examiners

# Physicians Recovery Oklahoma (PRO) Participant Handbook

5400 N. Grand Boulevard, Suite 130  
Oklahoma City, Oklahoma 73112

**Phone: 405.528.8625**

Note: The guidelines outlined in this Handbook are subject to change any time. ([Link to website.](#))

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## Mission Statement

Provider Recovery Oklahoma (PRO) empowers health care providers in recovery to rebuild their health and professional lives. PRO upholds patient safety, ethical practice and dignity by combining structure, monitoring and accountability, because recovery strengthens both providers and the community they serve.

## Message to Participants

Provider Recovery Oklahoma (PRO) was created to monitor osteopathic physicians in order to assure the Board and the public that you are doing what is necessary to receive the necessary treatment and then follow the recommendations made to you in order to return to the practice of medicine.

As you embark upon your monitoring experience with PRO, please take a little time to consider that the program is here for you, the Professional. Whether you may have a psychiatric disorder, physical disability, boundary issue or substance use disorder, it is our job to make sure you have every opportunity to be successful in your recovery program.

The monitoring provided by PRO is designed to assist you in achieving a successful outcome for recovery by holding you accountable to the requirements of your contract. While we realize that no one likes to be told what to do, we realize that many of you have a disease which, left untreated, may be fatal. Your illness is not your fault; however, your recovery is your responsibility!

As outlined in this Participant Orientation Handbook, PRO will provide you with the tools necessary for your monitoring; will report, as necessary, on your progress during Board meetings (when applicable); and will encourage you in your recovery process.

This Handbook was prepared to give Participants, treatment providers, work site monitors and others involved in the monitoring process an overview of PRO guidelines and procedures. Our goal is to provide clear and distinct instruction to avoid confusion throughout the course of monitoring. All Participants are responsible to read, understand and follow these guidelines in this Handbook. "I don't know" will not be an excuse for non-compliance with program requirements, if stated.

After completing the intake process, you will be assigned to the Program Director, who will be overseeing your participation in the program. Your Program Director will review a Monitoring Agreement ("MA") that has been developed to be individualized to meet your monitoring needs. This contract will change over the course of your participation depending on your circumstances and situation. Decisions regarding changes in your contact or program requirements are made as a team at PRO with input from your treatment providers, as well as others involved with your monitoring.

Though PRO recognizes and considers the input from all individuals involved with your monitoring, the right is reserved for the team to come to a decision that may not be congruent with these other individuals.

All communication concerning the program and your participation will be primarily with the Compliance Officer, though there may be a need for communication with the Program Director.

**Non-compliance with any area of the PRO MA is often indicative of relapse behavior. It is our goal to identify relapse in its early stages and assist our Participants in achieving sustained recovery. In addition, we want to assure that all PRO Participants are practicing their profession safely and completely. Our hope is for a successful outcome for every one of you.**

## **OSBOE & PRO Hours of Operation**

**OSBOE & PRO hours of operation are Monday through Friday, 8:00 am to 4:30 pm.**

1. Voice messages left outside of the hours of operation will not be considered valid attempts for scheduled check ins; however, voice messages will be responded to at PRO's earliest convenience.
2. If the Program Director is out of the office and you have an urgent problem, there are personnel available to assist you. Notify the staff of the urgency.
3. PRO is closed on the following holidays: New Year's Day, Martin Luther King, Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Black Friday, Christmas Eve and Christmas Day.
  - Participants are not required to check in the following days: New Year's Day, Martin Luther King, Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Black Friday, Christmas Eve and Christmas Day. There may be other holidays where collection sites are closed. If that is the case, **Global 7** notifies PRO and will move testing to another day. **When in doubt, check in as usual and call the collection site to confirm they are open and conducting testing.**
4. Meetings with the Program Director will be by appointment only.
5. In order to protect the privacy of our Participants, only PRO Participants are allowed to enter the office. If you would like to have someone else involved in an individual meeting with your Program Director, please notify the Program Director prior to the meeting date and time. A signed release of information will be required for any person(s) you choose to include.

## **PRO Staff Responsibilities / Commitment**

### **PRO Staff is responsible for:**

- Helping to ensure the safety of the citizens of Oklahoma by providing monitoring services to impaired osteopathic physicians and to assist the physicians in the recovery process.
- Providing each Participant with information about the program including all expectations of monitoring, treatment recommendations, guidelines for practice and support with Board issues.
- Providing each Participant with an initial meeting which includes specific information about the screening process, expectations for submission of self-reports, as well as reports from treatment providers.
- Providing Participant preparation for Pre-Hearing conferences and formal board appearance, as necessary, as well as providing the Board with relevant documents and testimony regarding compliance.
- Providing clear information to all Participants regarding return to practice including worksite, access / non-access, hours of work and Work Site Monitor responsibilities.
- Assisting Participants with their recovery, including informing Participants when they are out of compliance with their agreement, and to present recommendations which will assist the Participant in making the changes necessary to fully comply with their Monitoring Agreement ("MA").
  - Your MA has been developed specifically for you. While certain portions of it may be the same as other Participants, it is very important that you know **your** MA requirements and comply with them. During the course of your participation in PRO, the terms of your MA will change as you progress. Unless a different date is selected, your MA and Addendum(s) are in effect on the date signed. Failure to comply with your MA or Addendum(s) may result in an extension of your time in or termination from PRO.

**PRO staff is committed to providing a respectful, safe and structured monitoring program in order to assist osteopathic physicians obtain and maintain successful recovery and continue or return to the practice of medicine with dignity.**

## **Participant Guidelines and Procedures**

The following is a list of compliance related topics. Please carefully review the procedures outlining the action(s) that will follow in each area if you are out of compliance.

- PRO Participant Responsibilities
- Phase System
- Guidelines Regarding Use of Medications
- Cannabis, CBD & Stimulant Policy
- Toxicology Screening
- Policy Regarding Monitoring Forms
- Participant Progress, Therapy and Work Site Monitor Reports
- PRO Meeting Requirements
- Acknowledgement of Receipt of Participant Handbook (Signature Required)

### **Confidentiality**

Records are protected under Federal and State Confidentiality Regulations and cannot be disclosed without your written consent unless otherwise provided for in Federal regulations (42 CFR part 2). Records will be made public only by Subpoena and Court Order. Confidential treatment of records will be canceled if you are noncompliant with the requirements of PRO.

You are required to maintain current releases of information in the PRO office for all healthcare providers, employers, probation officers, laboratories and collection sites. You are also encouraged to sign releases for any other individual or group to whom you might want PRO to provide information on your participation and progress. While your records in PRO are confidential, your participation is not.

## PRO Participant Responsibilities

Participants are responsible for the following:

- Regular contact with the Program Director, as specified in the PRO MA. Failure to do so will be considered non-compliant behavior.
- Providing copies of your MA to your employer, Work Site Monitor, therapist, primary care physician (“PCP”), treatment provider(s) and any others specified by the MA.
- Notifying all treatment providers about the nature of the impairing illness / condition(s) for which you are being monitored.
- Any substance use, ingestion or possession. Participants are responsible for any medication, skin product or food that they take, use or ingest. They are also responsible for ensuring their environment is free of any illicit substances.
- Ensuring all required PRO reports are received by their deadlines. (*See Rules Regarding Monitoring Forms*)
- Promptly providing PRO with any address change and current telephone number for themselves or any individual identified in their MA.
- Knowing and understanding the MA, including any approved changes in agreement specifics, such as treatment providers, Work Site Monitors and work or practice restrictions. The Participant needs to make sure their MA is updated and signed.
- Ensuring costs incurred to comply with the MA, such as toxicology screening costs and any associated monthly monitoring fee if on board order, are promptly paid.
- Being forthright and honest in preparing monthly reports, submitting required toxicology screens and reporting any relapse to their Program Director promptly.
- Keeping license current, meeting your annual Continuing Medical Education (“CME”) requirements and abiding by all regulations of OSBOE.
- You must provide honest and accurate information when applying or reapplying for your annual renewal or licensure. Failure to do so will be grounds for suspension from PRO and possible sanctions from the Board.
- You are expected to remain free of all impairing or potentially addictive substances unless prescribed for a documented medical condition. **This includes alcohol.**
  - A test which tests positive for alcohol as a result of using products containing alcohol is a positive test. The Medication Safe to Use in Recovery from Chemical Dependence includes a list of products containing alcohol. This is not a complete list, and you are advised to read the content labels of products before use.

## **Non-Compliance Policy**

Failure to maintain compliance with any of these responsibilities or any aspect of your MA will be considered as non-compliance, therefore, jeopardizing your participation in the program. Please be aware that all resulting actions of non-compliance detailed in this manual are subject to the Participant having no previous non-compliance.

**PRO is required to report any unprofessional conduct by an osteopathic physician that may potentially endanger the public to the appropriate party at OSBOE.**

If a Participant is non-compliant, they may be required to appear before the Board. This appearance could result in a fine per violation of the Osteopathic Medicine Act, as well as any additional sanction imposed by the Board. If a Participant currently in a Safe-Harbor agreement is non-compliant, their agreement may be terminated and their investigation resumed.

**Non-Compliance Reports:** Consists of reasons for non-compliance and supporting documentation to OSBOE, Participant employer, and / or any other entity involved in the monitoring of the PRO Participant.

## **PRO Phase System**

PRO's Phase System, as presented, is subject to change at PRO's discretion. Participants without a history of substance abuse disorders will not be subject to all the requirements in the Phase System. Recovery Support Meetings may consist of Alcoholics Anonymous ("AA"), Narcotics Anonymous ("NA"), Celebrate Recovery, SMART Recovery and Sex Addicts Anonymous ("SAA"). Any others require PRO approval. Your MA specifies the **minimum** frequency for your testing. Missed and late testing is considered positive and will extend your time in PRO or result in termination from PRO.

- **Phase I**
  - Up to 52 Urine Drug Screens ("UDS") annually
  - Up to 12 Peth (blood) tests annually
  - Up to 6 hair follicle or nail tests annually
  - Option of on-site breathalyzer as needed
  - Recovery Support Meetings 3 times a week, or as required
- **Phase II – Completion of 1<sup>st</sup> year with full compliance**
  - Up to 26 UDS annually
  - Up to 12 Peth tests annually
  - Up to 3 hair follicle or nail tests annually
  - Option of on-site breathalyzer as needed
  - Recovery Support Meetings 3 times a week, or as required
- **Phase III – Completion of 2<sup>nd</sup> year with full compliance**
  - Up to 18 UDS annually (12 monthly; 5 random)
  - Up to 12 Peth tests annually
  - Up to 3 hair follicle or nail tests annually
  - Recovery Support Meetings 2 times a week, or as required
- **Phase IV – Completion of 3<sup>rd</sup> year with full compliance**
  - Up to 18 UDS annually (12 monthly; 5 random)
  - Up to 12 Peth tests annually
  - Up to 3 hair follicle or nail tests annually
  - Recovery Support Meetings 2 times a week, or as required
- **Phase V – Completion of 4<sup>th</sup> year with full compliance**
  - Up to 18 UDS annually (12 monthly; 5 random)
  - Up to 12 Peth annually
  - Up to 3 hair follicle or nail tests annually
  - Recovery Support Meetings 2 times a week, or as required
- **Senior Monitoring**: The Participant, upon successful completion of the program, has the option to continue monitoring and can stipulate the frequency for drug screens and if they want PRO to continue tracking meeting attendance, etc. Many Participants find the accountability to be key in the recovery efforts and recognize the need for continued advocacy to credentialing agencies, etc.

## **Guidelines Regarding Use of Medications**

### **All Participants:**

- \_\_\_\_\_ (initials) Upon intake, you must notify the Program Director of all the medications you are currently taking, including prescription drugs, over-the-counter (“OTC”) medications and dietary supplements. These are required to be uploaded to Global 7 account within two (2) days of signing your PRO MA.
- \_\_\_\_\_ (initials) All prescription medications require a legitimate prescription. You must have a bona fide patient-provider relationship with the prescribing clinician. This means that you will obtain all prescriptions from the providers listed in your MA (except in an emergency).
- \_\_\_\_\_ (initials) If you obtain a prescription in an emergency, you must see your PCP within seven (7) days of obtaining the prescription. Obtaining prescriptions from other providers is not acceptable unless your identified PCP has made the referral.
- \_\_\_\_\_ (initials) Any OTC medications or supplements also require documentation of recommendation from your prescribing clinician. You will need to submit images of the medication or supplement, including images of the ingredients, along with the documentation from your provider.
- \_\_\_\_\_ (initials) If a new, non-addictive medication is prescribed, have a physician report emailed to the Program Director within two (2) days.
- \_\_\_\_\_ (initials) If prescribed a potentially impairing medication, a physician report must be emailed within two (2) days of the appointment.
- \_\_\_\_\_ (initials) If the Program Director requests medical records for your doctor visit, the actual medical record should include, but not limited to, all medications administered and prescribed (not computerized discharge instructions or “Doctor’s Summary Note”) must be provided to the Program Director with seven (7) days of the request. Participant is responsible for signing all necessary releases of information and confirming receipt by PRO within seven (7) days.

### **Participants with Substance Use Disorders (“SUD”) or Undergoing Drug Testing:**

- \_\_\_\_\_ (initials) Using prescribed medications considered potentially impairing on a non-emergent basis without prior notification of the Program Director may be considered a relapse.
- \_\_\_\_\_ (initials) No one being monitored for a SUD can work in a health profession while under the influence of a potentially impairing medication (i.e., benzodiazepines, opioids, stimulants, sedatives, CBD and medical marijuana). If you are prescribed such substances for acute medical problems, you will be required to refrain from practice for at least two (2) days following your last dose of medication, or for a duration determined by PRO.
- \_\_\_\_\_ (initials) Participants who are taking potentially impairing medications for the treatment of chronic conditions will be assessed on a case-by-case basis.
- \_\_\_\_\_ (initials) You are responsible for anything you ingest, as well as being mindful of your surroundings and / or being in the presence of those abusing alcohol or other substances.
- \_\_\_\_\_ (initials) Please refer to the Safe Medication Table at the back of this Handbook for more specific information on acceptable / unacceptable medications.

- \_\_\_\_\_ (initials) **When in doubt about a medication, call the Program Director or do not take the substance.**

**The following behaviors are unsafe, prohibited and could result in a positive toxicology screen:**

- Using prescriptions or OTC medications / supplements given to you by someone other than your prescribing professional;
- Eating foods containing or prepared with alcohol;
- Using mouthwash containing alcohol;
- Using medication containing alcohol (cough syrup, etc.);
- Using hand sanitizer and other cleansers containing alcohol;
- Consuming Kombucha tea;
- Using CBD oil or products containing or derived from CBD;
- Medical marijuana / THC;
- Using vape pens or other methods of vaping;
- Eating foods containing poppy seeds;
- Consuming any food, liquid or medication if you are unsure of the contents;
- Mixing your medications with someone else's;
- Using medication containing ephedrine;
- Using muscle relaxers (including, but not limited to, Soma or Flexeril);
- Taking sleeping medications, including, but not limited to, Ambien, Sonata or benzodiazepines;
- Using prescription diet pills or OTC diet pills;
- Using Tramadol (including, but not limited to, Ultram);
- Taking cough medicine (pills and syrup) with narcotics, dextromethorphan or alcohol; and / or
- Taking medications considered unsafe for persons in recovery from a SUD, whether scheduled or unscheduled (*see Safe Medication Table*). An evaluation conducted by PRO and an OK Board-Certified psychiatrist licensed in Addiction Medicine will be required for any disorders potentially requiring scheduled medications. Failure to obtain the required evaluation will result in advocacy being withdrawn or suspended, until which the time evaluation is completed, a discharge summary is provided to PRO and coordination of care is established with the approved provider.

## **Cannabis, CBD and Stimulant Policy**

### **Cannabis / Medical Marijuana**

The practice of medicine and health care is considered a safety-sensitive occupation. Most health employers have drug-free workplace policies and / or zero-tolerance policies. As marijuana may remain in the body up to thirty (30) days after the last use, there are no scientifically developed reliable measures to confirm the time of actual use, or whether the use is “as directed.” There have been no valid measures to determine what serum levels of THC correlate with safety to practice. Until there are further developments in science and law, PRO does not allow for the use of medical marijuana or cannabis by medical or health care professionals who are actively engaged in the practice of medicine. Alternative treatment options should be explored. If the Participant suffers from a condition for which the only effective treatment alternative is marijuana or cannabis products, the Participant will be required to refrain from practice and continue to submit to random drug tests. The Participant may be allowed to return to practice when the Participant is determined to be medically fit to practice and has two to four (2-4) consecutive urine drug tests negative for marijuana and marijuana metabolites.

### **CBD Products**

If Participant desires to use a CBD product, a letter from the Participant’s health care provider is required documenting the need for use of CBD and that **there are no other equally effective treatments**. Also, one must obtain a pure form of CBD (e.g., CBD Isolate) to avoid positive tests for THC. If one tests positive for THC while using CBD they will be required to refrain from the practice of medicine until their retests become negative. If Participant chooses **NOT** to refrain from practice, they will be considered non-compliant and appropriate action will be taken.

### **Stimulants**

If Participant has been diagnosed with a condition requiring the use of stimulants, the following applies:

- Participant is required to obtain an evaluation and a fitness to practice determination, while on the medication, conducted by an OK Board-Certified psychiatrist licensed in Addiction Medicine;
- Participant will be required to provide a baseline drug screen;
- Random drug screens, frequency to be determined by evaluation recommendations and PRO;
- Quarterly updates are required from treating psychiatrist (*See Rules Regarding Monitoring Forms*); and
- Psychiatrist must be made aware of Participant’s enrollment in PRO and any SUD and a coordination of care must be established with the treating physician.

**\*Failure to comply with these recommendations will be considered non-compliance, which will be grounds for alerting the Licensure Board of reasons for non-compliance and supporting documentation, as well as possible dismissal from the program. Readmission to PRO will be determined on a case-by-case basis and at the discretion of PRO, taking into consideration Board Orders or other mandates.**

## Toxicology Screening Program

For those individuals who are monitored for substance abuse issues or have a history of misusing medications, substances or alcohol, the toxicology screening program is a critical aspect of participation. Regarding SUDs, PRO recognizes that random toxicology screening does not substitute for a strong recovery program, but negative screens are objective evidence of abstinence and disease remission which are necessary for a Participant to return to practice safely and competently. From PRO's perspective, body fluid analysis is performed to detect relapse early so that Participants can be referred to the appropriate level of treatment. Most chronic diseases in medicine are followed with laboratory testing and SUDs are not different.

PRO has selected a Third-Party Administer ("TPA"), Global 7, to manage the random toxicology screening program. We have required that all specimens be submitted utilizing a chain of custody procedure on the day of selection to ensure the security of the screening process. When you go to the collection site, be prepared to provide a specimen, once there, you will not be allowed to leave until the collection is complete. Leaving the collection site before completing the collection process will result in a positive test.

Unfortunately, there are a few Participants who attempt to subvert the screening process by adulterating or substituting their samples. This has an impact not just on the participation of the Participant but on all the other Participants involved in the screening program and on the credibility of the program itself. For this reason, we reserve the right to request that a Participant undergo an observed urine screen, blood test or nail / hair test. These alternative methods of testing are also part of the random selections.

### **The following list WILL NOT be considered valid explanations for a positive test:**

- Passive exposure to substances (e.g., marijuana, cocaine, etc.), regardless of circumstances;
- Unknown ingestion of substances (e.g., alcohol, marijuana [brownies or other food items], cocaine, etc.);
- Medical marijuana, Marinol, CBD oil or products containing CBD;
- Unknown poppy seed ingestion;
- Foreign medications;
- Unknown skin exposure to substances (e.g., cocaine, heroin, methamphetamine, etc.);
- Homeopathic medications or dietary supplements;
- Food, medication, skin products, hand sanitizer, mouthwash, drinks (e.g., Kombucha tea) containing alcohol; and / or
- Vape pens, or other methods of vaping containing unknown substances (e.g., alcohol, marijuana, methamphetamine, cocaine, etc.). These devices are used at the Participant's own risk.

The **ONLY** acceptable explanation for a positive screen is a valid and **recent** prescription by a physician or practitioner with whom you have a bona fide patient-practitioner relationship and PRO has been in receipt of a signed and current ROI for said physician or practitioner. All other explanations are considered a relapse. (See *Cannabis, CBD and Stimulant Policy*)

1. **Positive Toxicology Screen: Action taken for positive and confirmed, (with no valid or acceptable medical explanation or approved prescription), adulterated, or substituted samples:**
  - a. Participant **may be** required to refrain from practicing.
  - b. Employer / Work Site Monitor will be notified **if** Participant must refrain from practicing.
  - c. A Non-Compliance Report will be generated for review by the PRO Director and Compliance Officer. If the Participant has a Board Order or is under investigation, this report will be forwarded to the appropriate party at OSBOE.
  - d. Participant may be required to undergo an evaluation, at the discretion of PRO, following which PRO will provide recommendations required for continued program participation.
  - e. Participant may be required to meet with the Program Director to discuss program requirements and their responsibilities in the program.
  - f. Participant can expect an increase in the frequency of toxicology screens:
    - i. Return to Phase I testing requirements for a period of one (1) year, to be re-evaluated at one-year review from date of setback.
    - ii. It may be necessary to extend the length of the MA for a period determined by PRO.
  - g. The MA will be revised to include new treatment recommendations, work restrictions and / or other necessary requirements.
  - h. Subversion by adulteration or substitution of the toxicology screen process is grounds for **immediate suspension** from the program and report of this behavior to the appropriate party at OSBOE, which could result in sanctions from the Board. Readmission to PRO will be determined on a case-by-case basis and at the discretion of PRO, taking into consideration Board Orders or other mandates.
2. **Positive Toxicology Screen: Action taken for positive toxicology screen with valid prescription, but Participant did not notify PRO of prescription prior to drug screen:**
  - a. The Participant **must** submit requested documentation related to the prescribed drug to PRO **within two (2) days**.
  - b. The Participant must refrain from practicing while taking mood-altering and / or controlled substances. (*See Rules Regarding Use of Medications*)
  - c. Participant's toxicology screen may be increased.
  - d. Participant may be required to meet the PRO Program Director to discuss program requirements and their responsibilities in the program.
  - e. If medical records **are not** provided within the allotted time frame, the screen will be handled as a positive screen with no valid or acceptable medical explanation.
3. **Missed Check-Ins: During a 3-month period and no other non-compliance.**
  - a. **First Missed Check-In:**
    - i. If Participant contacts Program Director, Participant will receive a verbal warning and discussion about ways to improve compliance with monthly check-ins; however, if there was a screen scheduled, Participant will receive a written Warning.

- ii. If Participant **does not** contact the Program Director, Participant will receive a written Warning.
    - iii. If screen was scheduled and missed, Participant may have their toxicology screen frequency increased and / or alternate testing may be required.
  - b. **Second Missed Check-In** (during the same 3-month period):
    - i. If Participant contacts the Program Director, Participant will receive a written Warning; however, if a screen was scheduled, Participant will receive a Non-Compliance Report.
    - ii. If Participant does not contact the Program Director, Participant will receive a Non-Compliance Report.
    - iii. If screen was scheduled and missed, Participant may have their toxicology screen frequency increased and / or alternate testing may be required.
  - c. **Third Missed Check-In** (during the same 3-month period):
    - i. It may be handled similarly to a positive screen (*See Toxicology Screening Program – 1. Positive Toxicology Screen*) and Participant may be required to appear before the Board for non-compliance and sanctions may be ordered by the Board, to include a fine.
- 4. **Missed Screenings** (per calendar year):
  - a. First occurrence:
    - i. Participant will receive a written Warning and toxicology screen may be rescheduled and / or alternative test may be required. Test is treated as a positive test without a valid and documented reason. Any documentation to support the missed test must be submitted to PRO within 48 hours.
  - b. Second occurrence:
    - i. Participant will be issued a Non-Compliance Report, toxicology screen frequency may be increased, and / or alternate testing may be required. Any documentation to support missed test must be submitted to PRO within 48 hours. Test is treated as a positive test without a valid and documented reason, and the appropriate party at OSBOE will be notified if under Board Orders. Non-compliance could result in a board appearance. (*See Non-Compliance Reports*)
- 5. **Dilute / Abnormal Urine Specimen**
  - a. First urine specimen with creatinine levels less than 20 mg/dL or greater than 300 mg/dL:
    - i. Participant will receive a Warning Letter about dilute / abnormal screens.
  - b. Second urine specimen with creatine levels less than 20 mg/dL or greater than 300 mg/dL:
    - i. Participant will receive a Warning Letter about dilute / abnormal screens and may have frequency of toxicology screens increased, depending on significance of test levels (under 20 mg/dL or above 300 mg/dL)
  - c. If dilute / abnormal screens persist beyond two (2) consecutive tests and with the 3<sup>rd</sup> consecutive dilute test:

- i. Participant will be required to provide a hair, nail and /or specimen for testing after each dilute screen;
      - ii. A request may be made that Participant see their PCP for a medical evaluation regarding dilute or high creatine levels; and
      - iii. Participant may be dismissed from the program, due to the inability to monitor, if unable to produce normally concentrated urine, without a medical diagnosis contributing to the abnormal test results.
    - d. **In the event Participant is dismissed:**
      - i. Test is treated as a positive test without a valid and documented reason and the Board will be notified if under Board Orders. (*See Non-Compliance Reports*)
    - e. **Dilute urine specimens can be avoided by:**
      - i. Restricting fluid intake to 8-16 oz. for four (4) hours prior to testing;
      - ii. Drinking V-8, milk, protein drinks, or other liquids **other than** coffee, water, tea or caffeinated beverages; and / or
      - iii. Screening in the morning.
    - f. **Shy Bladder**
      - i. Definition: Donor is unable to produce 45 mL of urine within three (3) hours within ingestion of up to 40 oz of fluid.
        - 1. Actions:
          - a. PRO will call the collection site to verify three (3) hours were allowed with fluids;
          - b. Participant must arrange to be seen by a physician (Urologist) acceptable to PRO for evaluation;
          - c. If an adequate medical explanation does not exist, the test is handled as a failure to screen. (*See 4. Missed Screenings*)
6. **Observed Toxicology Screens**
- a. An observed UDS may be required at any time by the PRO Director. **It is the Participant's responsibility to verify their collection site has a gender specific observer.**
  - b. The Participant will screen at one site unless authorized to screen at an alternate site **prior** to screening. Both Global 7 and PRO must be contacted, and approval from PRO must be obtained prior to changing collection sites.
  - c. If it is not possible to obtain a witnessed screen (e.g., a gender specific collector is not available), then the Participant must contact Global 7 the same day so they can confirm the situation with the collection site, and the Program Director must be notified.
  - d. The Participant must confirm the lab technician marks section of the form that the collection was "observed."
  - e. If the form does not indicate "observed" and Global 7 has not been called by the Participant regarding the unavailability of a gender specific witness at the site, the test may be considered positive.

- f. **Going out of town, Vacation and Illness:** If you are going out of town, notify your Program Director **at least one (1) week** in advance. Your Program Director will provide instructions regarding this protocol.
    - i. **\*\*Toxicology testing may not be excused if within the first two (2) years of monitoring for any reason other than documented medical illness that would preclude the Participant from screening (e.g., hospitalization, mandatory quarantine or absolute bed rest). If you plan to travel, you will need to make provisions for testing in advance. If tests are missed due to anything other than a documented medical illness or condition, an exception must be approved by the Program Director. If you are traveling out of the country, a hair follicle, blood or alternate testing will be required upon return.**
  - g. At any time during your participation in the program, if you are unable to test, you may not be approved to practice.
7. **Hair and Nail Testing**
- a. All hair and nail tests will be ordered by the Program Director.
  - b. Participant is expected to complete the hair or nail test within the given timeframe. Any exception **must** be approved by the Program Director.
  - c. Hair and nail testing, following a positive urine result, will not negate the confirmed positive urine result. The significance of the positive test will be confirmed by Global 7's Medical Review Officer ("MRO") at the expense of the Participant.
8. **Blood Testing**
- a. All blood tests will be ordered with the approval of the Program Director.
  - b. Blood testing may be required when there are concerns about possible alcohol use.
  - c. The Participant will need to contact Global 7 to arrange for payment and collection site appointment.
  - d. The Participant is expected to complete the blood test within the given timeframe. Any exception **must** be approved by the Program Director.
  - e. Blood testing, following a positive urine result, will not negate the confirmed positive test result. The significance of the positive test will be confirmed with Global 7's MRO at the expense of the Participant.
9. **Recovery Support Group Meeting Attendance and Reports**
- a. Meeting attendance is an important sign of accountability. The Participant's accountability will be addressed in reports to various entities.
  - b. Participant will attend meetings as designated in their MA and provide reports as ordered on attendance.
  - c. If attendance and reporting requirements are not met, Participant could be considered Non-Compliant.

## Policy Regarding Monitoring Forms

### Monthly Reports

- All monthly reports are due to the PRO Director **no later** than the **5<sup>th</sup> of the month** for the preceding month. If the 5<sup>th</sup> of the month falls on a weekend or holiday, reports are due the following business day.

### Quarterly Reports

- All quarterly reports are due to the PRO Director **no later** than the **5<sup>th</sup> of the month** and in accordance with the quarterly schedule provided below:

<b>For the months of:</b>	<b>Reports must be received by:</b>
January / February / March	April 5 <sup>th</sup>
April / May / June	July 5 <sup>th</sup>
July / August / September	October 5 <sup>th</sup>
October / November / December	January 5 <sup>th</sup>

- If the 5<sup>th</sup> of the month falls on a weekend or holiday, reports are due the following business day.
- All reports may be mailed, emailed or completed electronically. Participants should complete only the Participant Progress Report and Group Attendance Form. Participants should **not** complete any part of the therapist, physician or Work Site Monitor's reports. Report forms from physicians are due within seven (7) days of the visit, or within two (2) days if a potentially addictive medication is prescribed.

### Participant Provider and Monitor Reports

#### **Provider (Therapy / Treatment Program / Psychiatrist / Physician) and Monitor (Work Site / Employer) Reports:**

- The Participant is responsible to ensure the timely submission of all forms from reporting individuals. Confirm all providers / monitors have the proper forms. The Participant should remind all providers / monitors each month **before** the 5<sup>th</sup> of the month in which reports are due to PRO.
- If reports are not received, the Participant will be contacted. If the reports are not received within one (1) week of the reminder, the provider / monitor will be contacted directly by the Program Director or Compliance Officer and could be considered Non-Compliant.
- If more than two (2) reports are late, or no report is received:
  - Appropriate party at OSBOE will be notified if under Board Order or investigation (*See Non-Compliance Reports*);
  - Participant may be required to have an evaluation; and
  - Toxicology screening frequency may be increased.

\_\_\_\_\_ (initials) It is the responsibility of the Participant to ensure all reports are submitted in a timely manner. Forged or falsified Participant Progress Reports, group attendance reports, Work Site Monitoring / employer reports, peer monitoring reports, physician reports and therapy / treatment provider reports are grounds for immediate suspension or dismissal. In addition, PRO may consider a Participant who forges or falsifies report forms ineligible for readmission to the program. Readmission to PRO will be determined on a case-by-case basis and at the discretion of PRO, taking into consideration Board Orders or other mandates.

## **PRO Meeting / Progress Review Requirements**

### **PRO Meetings**

All Participants will be required to meet with the Director and / or Compliance Officer regularly, as indicated below:

- Initial Meeting, in person, prior to being referred for a Professional Evaluation;
- Complete an Initial Letter of Agreement;
- Post Evaluation / Post Treatment follow up meeting, in person;
- Complete intake paperwork and sign PRO Monitoring Agreement;
- 1-month follow up meeting, either in person or via Teams;
- 6-month follow up meeting, either in person or via Teams;
- Annual review (*See Phase System*);
- On an "as needed" basis to address non-compliance or Orientation review; and
- Exit Interview.

### **Acknowledgement of Receipt of PRO Participant Handbook:**

I have read and understood the contents of this Handbook and will act in accordance with these policies and procedures as a condition of my signed MA with PRO. I understand that the contents of the PRO Participant Handbook are simply policies and guidelines, not a contract or implied contract with Participants. The contents of the PRO Participant Handbook may change at any time.

Participant Printed Name	Participant Signature	Date
PRO Program Director Printed Name	PRO Program Director Signature	Date

# Appendicies

Physicians Recovery Oklahoma (PRO)

5400 N. Grand Boulevard, Suite 130  
Oklahoma City, Oklahoma 73112

**Phone: 405.528.8625**

## Medication Safe to Use in Recovery from Chemical Dependence

Medication Classification	Mood-Altering Ingredient to Avoid	Specific Medications to Avoid	Safe Medication List
<b>Allergy / Decongestants (Systemic)</b>	Brompheniramine	Dimetane®, Dimetapp®	Claritin® (Loratadine), Clarinex® (Desloratadine), Allegra® (Fexofenadine), Zyrtec® (Cetizine)
	Chlorpheniramine	Chlor-Trimeton®, Efidac®, Teldrin®	
	Dexchlorpheniramine	Polaramine-RX®	
	Diphenhydramine	Benadryl®, Tylenol PM®, Benylin Cough®	
	Tripolidine	Actifed®	
	Cyproheptadine	Periactin-RX®	
	Phenylephrine	AH-chew D®, Entex LA®, Nalex-A®, Prolex-D®, Sinutuss DM®, Tussafed-EX®	
	Promethazine	Phenergan-RX®	
	Pseudoephedrine	Sudafed®, Novafed, Profen, Allegra D®, Claritin D®, Zyrtec D®	
<b>Analgesics (Pain Relief)</b>	Hydromorphone HCl	Dilaudid®	<p><b>OTC</b> Advil®, Aleve®, Aspirin®, Bufferin®, Tylenol®</p> <p><b>RX</b> Disalcid®, Salfex®, Dolobid®, Trilisate®</p> <p><b>Nonsteroidal Anti-Inflammatory Agents</b> Anaprox®, Ansaid®, Arthrotec®, Bextra®, Cataflam®, Celebrex®, Clinoril®, Daypro®, Feldene®, Indocin®, Lodine®, Meclomen®, Mobic®, Motrin®, Nalfon®, Naprelan®, Naprosyn®, Orudis®, Oruvail®, Ponstel®, Relafen®, Tolectin®, Toradol®, Vioxx®, Voltaren®</p>
	Levorphanol Tartrate	Levo-Dromoran®	
	Methadone HCl	Dolophine®	
	Meperidine HCl	Demerol®, Mepergan Fortis®	
	Morphine Sulfate	Avinza®, Duramorph®, MS Contin®, MSIR®, Roxanol®	
	Opium	Paregoric®	
	Alfentanil HC	Alfenta®	
	Fentanyl	Sublimaze®, Duragesic®	
	Oxymorphone HCl	Numorphan®	
	Propoxyphene	Wygesic®, Darvon®, Darvocet®	
	Sufentanil Citrate	Sufenta®	

	Carisoprodol	Soma, Soma Compound with Codeine	Lioresal®, Robaxin®, Skelaxin®
	Levomethadyl	ORLAAM®	
	Buprenorphine HCl	Buprenex®, Suboxone®, Subutex®	Imitrex® (migraines), Zomig® (migraines)
	Codeine	Empirin #3,4®, Fiorcet with Codeine®, Fiorinal with Codeine®	
	Hydrocodone Bitartrate	Anexsia®, Bancap®, Hycodan®, Hydrocet®, Lorcet®, Lorcet-HD®, Lortab®, Maxidone®, Norco®, Vicodin®, Vicoprofen®, Zydone®	
	Methotrimeprazine	Levoprome®	
	Nalbuphine HCl	Nubain®	
	Pentazocine	Talwin NX®, Talacen®	
	Tramadol HCl	Ultram®, Ultracet®	
	Analgesics with Barbiturates	Esgic®, Fioricet®, Triad®, Phrenilin®, Axocet®, Bucet®, Fiorinal®, Axotal	
	Butorphanol Tartrate	Stadol®	
	Caffeine	Vanquish®, Excedrin®, Goody's Powder®, Midol®, BC Powder®, Cope®	
	Dihydrocodeine Bitartrate	DHC Plus® Caps, Panlor SS®, Synalgos-DC® Caps	
	Oxycodone HCl	OxyContin®, Oxyir®, Percodan®, Percocet®, Roxicet®, Tylox®	
<b>Asthma</b>	Ephedrine	Primatene® Tablets	<b>RX</b>
	Epinephrine	Primatene® Mist	Advair®, Alupent®, Brethine®, Combivent®, Duoneb®, Maxair®, Proventil, Pulimart®, Qvar®, Vanceril®, Volmax®
<b>Cough / Cold (Preparation)</b>	Codeine	Ambenyl®, Brontex®, Novahistine DH®, Nucofed®, Phenergan with Codeine, Robitussin AC®	<b>OTC</b> Organidin NR® Tablet, Mucinex®, Breonesin® Capsule, Halls®
	Dextromethorphan	Benylin®, Delsym®, Dimetapp Cough®, Comtrex®, Contact®, Duratuss® Plain or DM, NyQuil®, Novihistine DMX®, Novafed®, Profen®, Robitussin DM®, Vicks Formula 44D®	Lozenges, N'ice® Logenzes, Sucrets® Lozenges, Vicks® Cough Drops, Vicks® Throat Discs
	Hydrocodone Compound	Hycodan® Tabs and Syrup, Hycamine®	<b>RX</b> Organidin NR®, Duratuss G®, Fenesin® Tablets, Humibid LA®, Tessalon Perles®
	Hydrocodone Syrup (Multiple generics and trade names)	Anaplex HD®, Bitartrate/Guaifenesin Syrup, Duratuss HD®, Hycotuss® Expectorant, Hydrocodone,	

		Protuss/Protuss D, Vicodan Tuss® Expectorant, Others	
	Alcohol	Vicks NyQuil Cough® Syrup, Vicks Formula 44®, Terpin Hydrate Elixir, Organidin Elixir, Novahistine Elixir *Check with your pharmacist about the alcohol content of cough and cold elixirs.	
<b>Diarrhea / Gastrointestinal</b>	Alcohol	Imodium AD Liquid®, Paregoric®, Pepto Diarrhea Control®, Donnatal® Elixir	Diasorb®, Donnagel® Tabs, Kaopectate®, Kaopetolin®, Kaodene®, Lactinex®, Imodium® AD Capsules and Tablets, Pepto-Bismol®, Rheaban®, Bently® Tablets
	Diphenozylate HCl, Atropine Sulfate	Lomotil®, Logen®, Lonox®	
	Tincture of Opium	Donnagel Liquid®	
<b>Mouthwash / Mouthcare / Dental Hygiene</b>	Alcohol	Advanced Formula N'ice® Throat Spray, Cepacol®, Cheracol Sore Throat Spray®, Listerine®, Listermint®, Peridex®, Perioguard®, Plax®, Scope, Sucrets® Spray, Anbesol®, Double Action Kit, Dalidyne, Dewitt Coldsore	Cepastat®, Chloraseptic, Gly-Oxide®, Halls® Lozenges, Mycintette®, N'ice® Logenzes, Orajel®, Sucrets® Lozenges, Plax®, Scope, Vicks® Couth Drops, Vicks® Throat Discs
<b>Nasal Decongestant Sprays</b>	Ephedrine	Pretz-D®	<b>OTC</b> Ayr Saline®, Humist®, Ocean®, NaSal®, Salinex®  <b>RX</b> Aerobid®, Astelin®, Atrovert®, Azmacort®, Beconase®, Flonase®, Nasacort®, Nasalcrom®, Nasalide®, Nasarel®, Nasonex®, Rhinocort®, Vancanase®
	Epinephrine HCl	Adrenalin Chloride Solution	
	L-Desoxyephedrine	Vicks® Inhaler	
	Naphazoline HCl	Privine®	
	Oxymetazdine HCl	Afrin®, Allerest®, Dristan®, Duration®, 4-Way®, Sinarest	
	Phenylephrine HCl	Neo-Synephrine®, Sinex®, Alconefin®, Nostril®	
	Propylhexedrine	Benzedrex®	
	Tetrahydrozoline HCl	Tyzine®	
	Xylometazoline HCl	Otrivin®	
<b>Nausea (Antiemetic / Antivertigo Agents)</b>	Cyclizine	Marezine®	<b>OTC</b> Emetrol®, Emecheck®, Pepto-Bismol®, Nausetrol®  <b>RX</b> Anzemet®, Compazine®, Kytril®, Metoclopramide: Rreglan®, Moxolon®, Octamide®, Norzine®, Thorazine®, Tigen®, Torecan®, Trilafon®, Zofran®
	Chlorpromazine Buclizine HCl	Bucladen®	
	Dimenhydrinate	Dramamine®, Triptone®, Vertab®	
	Diphenhydramine	Benadryl®	
	Diphenidol	Vontrol®	
	Dronabinol	Marinol®	
	Meclizine	Antivert®, Bonine®, Dramamine®, Vergon®	
	Promethazine	Phenergan® Tablets	
	Scopolamine Transdermal	Transderm-Scop®	
<b>Personal Products / Handwashes</b>	Alcohol	Lysol® Hand Gel and Disinfectant Spray, Avon Perfumes, Colognes, Lotions, Body Sprays, Bath and Body Antibacterial Hand Gel, Deep	Soap / Water, Antimicrobial Soaps, Betadine

		Woods OFF!®, Kim Care® Instant Hand Sanitizer, Soft Soap® Hand Sanitizer *Check labels for products containing <b>ethanol</b> . Products with isopropyl alcohol without ethanol are safe.	
<b>Sleep Aids / Sedatives</b>	Benzodiazepines	Ativan® (Lorazepam), Xanax® (Alprazolam), Klonopin® (Clonazepam), Valium® (Diazepam), Halcion® (Triazolam), Dalmane (Flurazepam) and others	
	Benzodiazepine-like Sleeping Pills	Ambien® (Zolpidem), Lunesta® (Eszopiclone) Sonata® (Zaleplon)	
	Barbiturates	Fioricet® (Butalbital), Fiorinal® (Butalbital)	
	Antihistamines <b>OTC</b>	Benadryl® (Diphenhydramine), Vistaril® (Hydroxyzine)	Claritin® (Loratadine), Allegra® (Fexofenadine) <b>These are safer antihistamines for allergy symptoms because they are not sedating (“non- drowsy”). In general, sedating drugs are not safe for persons in recovery.</b>

**Disclaimer:** This guide is intended to serve as a resource for the recovering chemically dependent patient and the medical professional prescribing treatment. It is not meant to be used exclusively or as the sole means for providing advice regarding medications. Indeed, this guide would be best utilized in conjunction with other current reference materials. Decisions about prescription medication(s) should be tailored to the needs of the individual patients under the director of a health professional. This monograph is not intended to be exhaustive, nor an endorsement of any brand name medications. It is intended to provide relevant pharmacological information to the recovering patient and the health care providers treating those in recovery.

**PRO Staff Directory**

**Program Director**

Katelyn Mayberry

[Katelyn.Mayberry@osboe.ok.gov](mailto:Katelyn.Mayberry@osboe.ok.gov)

**Program Compliance Officer**

Kristi Johnson

[Kristi.Johnson.ctr@osboe.ok.gov](mailto:Kristi.Johnson.ctr@osboe.ok.gov)

**Program Investigator**

Elizabeth Fullbright

[Elizabeth.Fullbright@osboe.ok.gov](mailto:Elizabeth.Fullbright@osboe.ok.gov)



# Provider Recovery Oklahoma (PRO) Monitoring Agreement

**Safe Harbor (Self-Report)**

**Board**

This Monitoring Agreement (“MA”) is entered into between Provider Recovery Oklahoma (“PRO”), and the following “Participant”:

Name / License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**In case of emergency or the Participant is unreachable, PRO may contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ (initials) Participant agrees to notify PRO within 24 hours of any update(s) to the information on this page.

**Narrative from Participant regarding enrollment into PRO’s Monitoring Program:**

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This MA memorializes the Participant's enrollment in PRO program. Participant's failure to comply with this MA, **may constitute a violation or violations of the applicable laws and may be reportable to the applicable Licensure Board.**

PRO agrees to advocate on behalf of the Participant during required OSBOE Board appearances, ***provided the Participant is in full compliance with all provisions of this MA and the program.***

The terms set forth in this MA do not supersede or otherwise alter PRO's authority to terminate this MA and dismiss the Participant from the program at any time if the Participant is not satisfactorily progressing, at PRO's sole discretion.

The terms set forth in this MA, including any future Addendum(s), including its duration, may be subject to change if PRO, in its sole discretion, concludes that additional, or higher otherwise different types and levels of monitoring and other agreement obligations are necessary to ensure the Participant is able to participate with skill and safety and otherwise progress through the program.

If the Participant fails to comply with this MA, or to any such future modifications of this MA, PRO may suspend or dismiss the Participant from the program. If any Participant is dismissed, suspended or leaves the program against PRO's advice, PRO shall notify the General Counsel and Lead Investigator at OSBOE. Any of the above could result in board sanction.

This MA will become effective on the date signed by the Participant (the "Effective Date") on the form provided by PRO. Regardless of the MA duration, this MA will remain in full force and effect until the Participant completes PRO's formal exit process (including an exit evaluation and interview) and receives a letter from PRO indicating the Participant has successfully completed and has been released from the program.

If Participant is on probation, monitoring or any other agreement with OSBOE, their PRO MA will remain in effect until which time they are released from the Board Order **OR** up to the full term of MA, whichever is later. It may be necessary for Participant to sign an Addendum to their PRO MA to extend the duration to be in accordance with their Board Orders.

Following initial evaluation from the Medical Director of PRO, the specific terms of this MA will be created by PRO and sent to Participant for review and execution.

Once this MA becomes effective, any modifications to this MA are effective **ONLY** when made in writing and signed by the PRO Director and Participant.

**A. Specific Terms and Conditions**

**Participant further understands and agrees to the following (check all that apply):**

- Individual Therapy \_\_\_\_\_ / per month
- Psychiatrist \_\_\_\_\_ / per month
- Intensive Outpatient Program (IOP)
- Boundaries Meetings \_\_\_\_\_ / per month
- Work Site Monitor
- Medication Assisted Treatment (MAT) **Needs an Additional Agreement**
- Required Course(s) \_\_\_\_\_ by date: \_\_\_\_\_

1. \_\_\_\_\_ (initials) I agree to enroll and keep my required Participant information updated by contacting PRO.
2. \_\_\_\_\_ (initials) I agree that I may be required to provide a urine, hair, breath, nail or blood specimen regardless of the nature of this MA for reasonable suspicion or for cause. I agree to provide specimens upon request or within an allotted timeframe of 24-48 hours, unless otherwise allowed by PRO. I agree to release all written results of such screens to PRO to validate by continuing progress.

**Testing Requirements (check all that apply):**

- Breath Alcohol Test \_\_\_\_\_ / per day
- Urine Drug Screen \_\_\_\_\_ / per month
- Hair / Nail Follicle Test \_\_\_\_\_ / per month
- PEth (Blood) Test \_\_\_\_\_ / per month
- Not Applicable

3. \_\_\_\_\_ (initials) I have received the Participant Handbook (“Handbook”) and agree to follow all the directives in said Handbook.
4. \_\_\_\_\_ (initials) I understand the PRO Program Director is:

**Katelyn Mayberry Phone: 572.268.3813 Email: [Katelyn.Mayberry@osboe.ok.gov](mailto:Katelyn.Mayberry@osboe.ok.gov)**

5. \_\_\_\_\_ (initials) I agree that PRO may contact me at the following:  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

6. \_\_\_\_\_ (initials) I have selected the following Primary Care Physician (PCP):\*\*  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**\*\*I understand that if I do not presently have a PCP, I must obtain a PCP and notify PRO of their contact information within thirty (30) days of signing this MA or I will be in non-compliance.\*\***

7. \_\_\_\_\_ (initials) I agree to input all prescription information and upload pictures of all prescriptions written for me within one (1) business day of the time such prescription is written. Upon signing my MA with PRO, all medications will be required to be entered for review.

8. \_\_\_\_\_ (initials) I agree to obtain approval from PRO **prior** to the use of **any** medication that has the potential of testing positive (actual or false-positive), including OTC medications, unless used during an emergency. In the case of such emergency, I agree to notify PRO of the use of such medication within one (1) business day. Please refer to the list of medications indicated as “safe” in the Handbook.
9. \_\_\_\_\_ (initials) A positive urine / hair screen, following an acute medical event, will be handled by PRO as a positive test that has no valid or acceptable medication explanation, unless and until I provide documentation to PRO from my medical providers or others, as required by PRO, sufficient for PRO to conclude the MA was not violated by my actions relative to such acute medical event. I understand this MA is not violated when my test results indicate my use of medication that has been approved by PRO.
10. \_\_\_\_\_ (initials) I agree to remain abstinent from all illicit substances, legal or illegal, and alcohol. The use of marijuana both medical and recreational, CBD products, Kratom, as well as any OTC potentially mind-altering drugs and substances are prohibited.
11. \_\_\_\_\_ (initials) I understand that PRO may require one or more evaluations of me during the term of this MA, in addition to any evaluations of me done prior to this MA.
12. \_\_\_\_\_ (initials) I agree to notify PRO of any changes in my physical or mental health, contact information, or employer within twenty-four (24) hours of said change(s).
13. \_\_\_\_\_ (initials) I agree to consent to the release of drug screen results, evaluator and treatment provider records, therapist reports and other written and verbal information, as required by, and for PRO.
14. \_\_\_\_\_ (initials) I agree to be appropriately courteous and cooperative in all contacts with PRO staff, and representatives and other Participants. **I agree to return PRO calls or emails within twenty-four (24) hours.**
15. \_\_\_\_\_ (initials) I understand this MA will be reviewed by PRO for possible modification or continuation if I have or develop a chronic illness or disorder that could potentially impact my ability to practice with reasonable skill and safety and could potentially impact my recovery from chemical dependency.
16. \_\_\_\_\_ (initials) If I fail to comply with this MA, it may result in PRO reporting me to OSBOE and other appropriate entities, along with specific reasons and all related documentation to support failure to comply, as well as the withdrawal of PRO’s advocacy of me before the applicable agencies and entities.
17. \_\_\_\_\_ (initials) I agree to send **signed** attendance logs by the 5<sup>th</sup> of each month, reflecting attendance at support meetings weekly, as well as any approved sponsored activities (recovery support retreats and conferences). Upon request by PRO, the validation of such meeting attendance will be made available.
18. \_\_\_\_\_ (initials) I agree to obtain a **sponsor** within two (2) months of enrollment, with at least two (2) years abstinent recovery, with whom I will maintain at least weekly contact. This does not apply to Participants without a history of substance abuse disorders.
19. \_\_\_\_\_ (initials) I agree to notify PRO immediately if a case or complaint is initiated by any licensing authority involving me. I will obey all local, state and federal laws and will immediately report my arrest, conviction or questions of me by law enforcement to PRO.
20. \_\_\_\_\_ (initials) I understand that if I appear before OSBOE, the length and conditions of this MA may change according to the formal Board Orders. Any changes will be made by adding an Addendum to be completed and signed by the PRO Director and myself.
21. \_\_\_\_\_ (initials) I understand I am responsible for ensuring all required reports and updates (psychiatrist, psychotherapist, work performance, etc.) are reviewed by their deadline. Reports are

due quarterly starting with this MA's effective date. My reports are due on the 5<sup>th</sup> day of the month.  
**My quarterly cycle begins:** \_\_\_\_\_

***\*See Policy Regarding Monitoring Forms in Participant Handbook.***

23. \_\_\_\_\_ (initials) I agree I will not knowingly treat any other PRO Participant during the term of this MA. This provision does not obligate me to ask all those I treat whether they are in PRO; however, it does obligate me to not treat those I know are in the program (e.g., those in the same facilitate group meetings). I agree to immediately notify PRO if I learn I have treated another program Participant during the term of this MA. Any exceptions of this requirement must be approved by the PRO Director.
24. \_\_\_\_\_ (initials) If being monitored for a substance abuse disorder, I agree I should refrain from use or ingestion of any OTC medications, skin products, or food / beverage or use in any way that may result in a positive drug screen (including incidental use of alcohol-based products, poppy seeds in food, pure vanilla, CBD or THC infused products, etc.) I am responsible for ensuring my environment is free of any illicit substances. Failure to do so, in conjunction with a positive drug screen, may require an evaluation and could result in immediate withdrawal from practice.

**B. Psychiatric Component**

1. \_\_\_\_\_ (initials) I agree to obtain psychiatric treatment from the following individual and to provide free and unlimited release of all information concerning my health and participation in treatment to PRO. **(Must be PRO approved)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_ (initials) I understand the need for and have requested that my psychiatrist named above send PRO monthly / quarterly reports as specified in the MA and notify PRO immediately of:
- a. Failure to progress in psychiatric treatment;
  - b. Any change in medication, including duration, frequency and doses;
  - c. Discontinuation of therapy;
  - d. Change in treating professional;
  - e. Failure to appear for appointments;
  - f. Failure to take medications, as prescribed; and / or
  - g. Failure to cooperate in the therapeutic process

3. \_\_\_\_\_ (initials) I agree to obtain psychotherapy treatment from the following individual and to provide free and unlimited release of all information concerning my health and participation in treatment to PRO. **(Must be PRO approved)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4. \_\_\_\_\_ (initials) I understand the need for and have requested that my therapist named above send PRO monthly / quarterly reports as specified in the MA and notify PRO immediately of:
- a. Failure to progress in therapy;

- b. Discontinuation of therapy;
  - c. Change in treating professional;
  - d. Failure to appear for appointments; and / or
  - e. Failure to cooperate in the therapeutic process.
5. \_\_\_\_\_ (initials) I understand it is my responsibility to ensure therapist reports are submitted by the 5<sup>th</sup> day of each month.

**C. Worksite Monitor Component**

1. \_\_\_\_\_ (initials) I have selected the following individual to serve as my work site monitor:
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
2. \_\_\_\_\_ (initials) I agree and allow my work site monitor to provide free and unlimited release of all information concerning my progress and participation in work to PRO.
3. \_\_\_\_\_ (initials) I understand the need for and have requested my work site monitor send PRO monthly / quarterly reports, in addition to any other information that may be necessary or appropriate.

**D. Other**

1. \_\_\_\_\_ (initials) I agree to provide a signed release, in the forms provided, for my treatment providers including but not limited to PRO, individual therapist(s), psychiatrist(s), PCPs and any other specialist in order to coordinate my care. I also agree to provide a signed release for OSBOE for verification of enrollment and compliance reports.
2. \_\_\_\_\_ (initials) By reference, any Addendums are specifically attached hereto and by this reference made a specific part thereof.
3. \_\_\_\_\_ (initials) I agree I will make return visits to applicable treatment or evaluation facilities if recommended by PRO to help consolidate gains and address any concerns that may arise.

**E. Term and Duration**

1. \_\_\_\_\_ (initials) This MA becomes effective on the date it is signed by me and the PRO Director. If I and the PRO Director sign on different dates, the date of the final signature is the effective date of this MA.
2. \_\_\_\_\_ (initials) I understand that by signing below I am under this MA with PRO. I further understand that this MA is legally binding on me and that my failure to comply may result in action against me, including disciplinary action against my professional license(s).
3. \_\_\_\_\_ (initials) The duration of this MA is **five (5) years** from the effective date. I understand there will be a review, to include endorsement of all treating providers and any others that have held a role in my monitoring requirements, to determine appropriateness in order to exit from the program. If I have failed to remain in compliance and there are concerns regarding my recovery, PRO reserves the right to extend the duration of this MA.
4. \_\_\_\_\_ (initials) Participant hereby releases and hold harmless the physician(s), hospital(s), treatment center(s) or other health care provider(s), their members, agents or employees from and against any and all claims for liability or damages, of whatever kind or nature, arising out of or in any manner related to the fulfillment of this contract. This includes, but is not limited to, any harm that occurs from a relapse not identified by the routine monitoring implemented as conditions of this MA.

Participant further agrees to release and hold harmless PRO and the entities to the release of information as referred to in this agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
PRO Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Provider Recovery Oklahoma (PRO) Participant Information Sheet

**Safe Harbor (Self-Report)**

**Board**

Name / License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_ Specialty: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer / Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency or the Participant is unreachable, PRO may contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ (initials) Participant agrees to notify PRO within 24 hours of any update(s) to the information on this page.

List **all** states of Licensure, License Numbers and Status of Licensure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any state ever denied you a license? (Identify state(s) and license status):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently being investigated by the Oklahoma Osteopathic Board or any state Board? (Where, when, reason, status):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had action on your license in Oklahoma or any state in the past seven (7) years? (Where, when, reason, status)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony or are you currently charged with the commission of a felony? (circle)

**Yes                      No**

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employment History:**

What is your current work status? (circle)

**Full-time      Part-time      Limited Duty      Unable to Work      Without Employment**

The last date I worked was: \_\_\_\_\_ I have been on disability since: \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Type of Employment: (circle)

Agency                      Hospice                      Private Duty                      Clinic  
Hospital                      Surgery Center                      Doctor's Office                      Military  
Teaching                      Home Health                      Nursing Home                      Treatment Center

Position: (circle)

Administrator                      General Duty / Staff                      Instructor                      Consultant  
Manager                      Supervisor

Area of Practice: (circle)

Anesthesia                      Surgical                      Pediatrics                      Emergency Care  
Neonatal                      General Practice                      OB / GYN                      Public Health  
Geriatrics                      Oncology                      Rehabilitation                      Home Health  
Hospice                      Operating Room                      PACU                      Intensive Care  
Critical Care                      Behavioral Medicine                      Substance Abuse

What shift / hours have you primarily worked? \_\_\_\_\_

Approximately how many hours do / did you work per week? \_\_\_\_\_

How many years of work experience do you have? \_\_\_\_\_

When and where were you first licensed? \_\_\_\_\_

Have you ever been not to return to a previous place of employment for any reason? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical History:** Please circle any medical problems that you have now or have had in the past.

- |                     |              |                   |            |                |
|---------------------|--------------|-------------------|------------|----------------|
| High Blood Pressure | Diabetes     | Emphysema / COPD  | Asthma     | TB             |
| Stroke              | TIA          | Heart Disease     | Angina     | Kidney Disease |
| High Cholesterol    | Aneurysm     | Stomach Ulcer     | Hepatitis  | Acid Reflux    |
| Thyroid Disease     | Osteoporosis | Seizure Disorder  | Rheumatoid | Fibromyalgia   |
| Currently Pregnant  | Depression   | Bleeding Disorder |            |                |

Other Psychiatric Illness (type): \_\_\_\_\_

Cancer (type): \_\_\_\_\_

Other Medical Illness (describe): \_\_\_\_\_

**Past Surgical History:** Please list any surgery you have had in the past with the approximate date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** List the medications and dose that you take.

Name	Dose	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medication Allergies:** List any medication allergy you have experienced.

Name	Reaction
_____	_____
_____	_____
_____	_____

**Family History:** Please circle any medical problems that exist in your family.

- |                     |                   |                        |                  |
|---------------------|-------------------|------------------------|------------------|
| High Blood Pressure | Diabetes          | Heart Disease          | Emphysema / COPD |
| Stroke              | Bleeding Disorder | Reaction to Anesthesia |                  |

Cancer (type): \_\_\_\_\_

Other Medical Illness (describe): \_\_\_\_\_

**Substance Abuse / Treatment History:**

Is there a history of anyone with substance abuse / chemical dependency in your family? If so, what is their relationship to you and what substance did they abuse? \_\_\_\_\_

Have you previously been treated for Chemical Dependency / Substance Abuse? (circle) **Yes No**

Was this a relapse? (circle) **Yes No** If yes, ,what is your longest period of sobriety? \_\_\_\_\_

Do you have insurance benefits for treatment? (circle) **Yes No**

Last time you used drugs: \_\_\_\_\_ Last time you used alcohol: \_\_\_\_\_

Have you ever been treated for a mental health issue? (circle all that apply)

**Depression Bi-Polar Anxiety Schizophrenia Other** \_\_\_\_\_

List any treatment you have received for Substance Abuse or Mental Health beginning with any current treatment providers and work back.

Facility and Location	Type of Treatment (detox, residential, IOP, outpatient, relapse prevention, individual counseling)	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Drug Source:**

What is the source of the drugs you used? (circle all that apply)

Legal      Recreational / Street      Drugs from Workplace      Prescription Drugs

**Drugs Used:** I have used / abused the following drugs in my lifetime (circle all that apply):

Legal / Street Drugs:

- |                            |               |                       |                     |
|----------------------------|---------------|-----------------------|---------------------|
| Alcohol                    | Amphetamines  | Methamphetamines      | Cocaine             |
| Crack                      | Marijuana     | Kratom                | Heroin              |
| <u>Narcotic Analgesics</u> |               |                       |                     |
| Codeine Based              | Dilaudid      | Hydrocodone           | Percocet / Percodan |
| Tylox                      | Darvocet      | Fentanyl / Sufentanil | Methadone           |
| Oxycontin                  | Demerol       | Heroin                | Morphine            |
| Talwin                     | Buprenorphine |                       |                     |

Non-Narcotic Analgesics

Nubain                      Stadol                      Soma                      Ultram

Hypnotics

Choral Hydrate                      Halcion                      Restoril                      Ambien

Lunesta  
Barbiturates

Fioricet / Esgic                      Phenobarbital                      Pentobarbital Sodium

Anti-Anxiety

Ativan                      Xanax                      Tranxene                      Librium  
Valium                      Klonopin

Hallucinogens

LSD                      PCP                      Ecstasy                      Dextromethorphan

Others

\_\_\_\_\_

If given a choice, which substance (including alcohol) would you have used before any other?

\_\_\_\_\_

Rout of Administration: (circle)                      **PO**                      **IM**                      **IV**                      **Inhalation**

Amount and Frequency used: \_\_\_\_\_

How long have chemicals been a problem for you? \_\_\_\_\_

Do you have a problem with any other addictions? Please specify: \_\_\_\_\_

\_\_\_\_\_

**Legal History:**

Have you ever been arrested? Please list all arrests, approximate dates and any changes or convictions and current status. \_\_\_\_\_

\_\_\_\_\_

Are you: (circle)                      **On Probation**                      **Participating in Drug Court**                      **None**

Do you currently have any other legal issues which might impact your ability to participate in this program?

\_\_\_\_\_

\_\_\_\_\_

**Social History:**

Do you have any type of walking aid; crutches, cane or walker? \_\_\_\_\_

What is your current marital status? (circle)                      **Single**                      **Married**                      **Divorced**                      **Widowed**

Do you smoke / chew tobacco? (circle) **Yes No** How many packs a day? \_\_\_\_\_ How long? \_\_\_\_\_

Do you consume alcohol? (circle) **Yes No** How much? \_\_\_\_\_ How often? \_\_\_\_\_

Have you ever used illegal drugs? (circle) **Yes No** When? \_\_\_\_\_

Have you ever had an addiction problem with narcotic pain medications? (circle) **Yes No** When? \_\_\_\_\_

Do you currently have a medical marijuana license? (circle) **Yes No**

**Review of Systems for the last six months:** Circle "yes" or "no" for each sign / symptom:

<u>Constitutional:</u>	<u>Gastrointestinal:</u>	<u>Musculoskeletal:</u>
Yes / No Weight Gain	Yes / No Abdominal Pain	Yes / No Leg Cramps
Yes / No Weight Loss	Yes / No Diarrhea	Yes / No Swelling
Yes / No Fever	Yes / No Constipation	Yes / No Painful Joints
Yes / No Chills	Yes / No Bowel Incontinence	Yes / No Muscle Loss
Yes / No Sexual Dysfunction	Yes / No Blood in Stool	Yes / No Bruising
<u>Eyes:</u>	<u>Urinary:</u>	<u>Skin:</u>
Yes / No Blurred Vision	Yes / No Difficulty Urinating	Yes / No Cancer
Yes / No Double Vision	Yes / No Urinary Incontinence	Yes / No Rash
Yes / No Loss of Vision	Yes / No Urgency	Yes / No Ulcer
<u>Head / Ears / Nose / Throat:</u>	<u>Neurological:</u>	<u>Allergy:</u>
Yes / No Headache	Yes / No Seizure	Yes / No Seasonal
Yes / No Nasal Drainage	Yes / No Memory Loss	Yes / No Tape
Yes / No Hearing Loss	Yes / No Confusion	Yes / No Food
		Yes / No Other: _____
<u>Cardiovascular / Respiratory:</u>	<u>Psychiatric:</u>	
Yes / No Chest Pain (angina)	Yes / No Depression	
Yes / No Palpitations	Yes / No Manic	
Yes / No Heart Arrhythmia	Yes / No Other: _____	
Yes / No Shortness of Breath		

For "yes" responses, which physician(s) is / are treating those condition(s)?

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Is there any other information you think PRO should know, including anything which might be reportable to the Board? \_\_\_\_\_

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**Affidavit**

I certify that the above information is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal from PRO.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
PRO Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**Provider Recovery Oklahoma (PRO)  
Authorization and Consent to  
Release Information From / To PRO**

Name of Requestor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Facility / Provider: \_\_\_\_\_ (the "Recipient")

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Facility / Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby authorize PRO to release, disclose, furnish and provide to the above-named individuals, Boards, hospitals, licensing agency(s), treatment centers, insurance carriers or their respective representatives, pursuant to this Authorization and Consent to Release Information From / To PRO (the "Authorization"), all information as specifically listed below (the "Information"), for any and all purposes related to my participation in PRO, including adherence to the Monitoring Agreement, the terms and conditions of which are incorporated herein:

- Assessment / Evaluation Findings
- Alcohol Screening / Testing
- Entire Medical Records / History
- Prescriptions / Medications
- Diagnostic Evaluation
- Drug Screen Reports
- Discharge Summary
- Entire Psychiatric / Psychological Records
- Treatment Records
- Compliance History
- Prognosis Opinions
- Other (Specify): \_\_\_\_\_

Requestor hereby releases and hold harmless the physician(s), hospital(s), treatment center(s) or other health care provider(s), their members, agents or employees from and against any and all claims for liability or damages, of whatever kind or nature, arising out of or in any manner related to the release of information specified above. Requestor acknowledges that this Release is given voluntarily. Requestor further acknowledges that as and when PRO receives information from third parties relating to Requestor's participation in PRO, PRO may re-disclose the information to those Recipients named in this Authorization and PRO's agents, employees and others working or serving with PRO.

Requestor understands and acknowledges that Requestor may, by written document signed by, delivered and acknowledge by PRO, revoke and withdraw this Authorization at any time; however, this Authorization shall automatically, without Requestor's consent or approval, expire after five (5) years from the Effective Date as set forth below, provided that any information disclosed prior to date of revocation and withdrawal shall not be considered subject to such revocation or withdrawal. Requestor acknowledges that an electronic or photostatic copy of this Authorization is to be given the same force and effect as the original.

This information will be disclosed from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit any individual from making any further disclosure of this information unless further disclosure is expressly permitted with the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Requestor specifically acknowledges and understands that failure to adhere to or comply with the Monitoring Agreement, referred to herein, will result in the appropriate Board of licensure receiving notification of non-compliance with the Monitoring Agreement, said notice to contain the specific reasons for the notification and resultant actions to be taken by PRO, including, but not limited to termination of monitoring and advocacy.**

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date (the "Effective Date")

DISCLAIMER: PRO is not a health care provider and will sign a HIPAA Business Associate Agreement if requested to do so.

Oklahoma State Board of Osteopathic Examiners  
Attn: Provider Recovery Oklahoma (PRO)  
5400 North Grand Boulevard, Suite 130  
Oklahoma City, Oklahoma 73112  
Phone: 405.528.8625

Name: \_\_\_\_\_

Reporting Period (Month / Year): \_\_\_\_\_



## Provider Recovery Oklahoma (PRO) Monthly Supervision Self-Report

Please complete this report and return to the office of the Board, 5400 N Grand Boulevard, Suite 130, Oklahoma City, OK 73112 by the 10<sup>th</sup> of the month following the reporting period. Failure to do so may result in a Non-Compliance Report. Please use additional paper as necessary.

1. Has your home, practice address or telephone number changed since your last report? (circle)

**Yes**   **No**   If yes, please list your current address and telephone number.

**Home:** \_\_\_\_\_

**Practice:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

2. How many hours do you typically work per week? \_\_\_\_\_

3. If you are planning to take vacation, please provide the dates and location: \_\_\_\_\_

4. **Since your last report:** List any hospitals, licensing authorities, governmental agencies or other entities that have taken action to limit, suspend, revoke or modify privileges: \_\_\_\_\_

5. What is the current status of your OBN / DEA narcotics permits? \_\_\_\_\_

6. **Since your last report:** Describe any previously unreported legal actions pending or actions resolved (criminal and civil): \_\_\_\_\_

7. **Since your last report:** If you have been treated by a health care provider, who provided the care and what was the reason? \_\_\_\_\_

8. If any medications were prescribed for your use, what were the medications, the quantities and dosage? \_\_\_\_\_

9. Please communicate any progress you've made in addressing the terms and conditions of your Board Order(s): \_\_\_\_\_

10. If your Board Order requires attendance in OHPP meetings or therapy, attach attendance sheets showing meetings attended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**OKLAHOMA**  
State Board of  
Osteopathic Examiners

# Provider Recovery Oklahoma (PRO) Non-Compliance Report

- Positive Testing**
- Missed Check-In**
- Failure to Send Report**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Details Regarding Non-Compliance Report: \_\_\_\_\_

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Disciplinary Action Taken: \_\_\_\_\_

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Comments: \_\_\_\_\_

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\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRO Director Signature

\_\_\_\_\_  
Date

**TERMINATE  
OHPP  
CONTRACT**



# Oklahoma State Board of Osteopathic Examiners

## BOARD MEMBERS

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SHEILA K. ST. CYR, M.S., R.N.  
JONES

12/31/2025

J. Andy Sullivan, MD  
Oklahoma Health Professionals Program, President  
313 NE 50th St  
Oklahoma City, OK 73105

Doctor Sullivan,

Thank you for your thoughtful letter and proposed statement of work sent to me on December 18, 2025. The professionalism with which you handled our discussions over the last nine months is very much appreciated. Regardless of the differences regarding some matters, I want to recognize that the Board has a long and continuing history of outstanding outcomes for our physicians who have voluntarily associated with the Oklahoma Health Professionals Program, Inc., (OHPP).

Currently, we have a two-pronged effort to working with OHPP. First, OHPP is a preferred and approved provider of recovery services for physicians with addiction or substance abuse issues who voluntarily seek assistance. We have a robust Safe-Harbor policy that allows physicians who voluntarily enter into OHPP contracts to receive deferred investigations while they remain compliant with their OHPP requirements. This arrangement has been very successful for both the Board and our physicians. In these instances of voluntary participation, OHPP has no contractual duties to the Board other than the statutory-mandated duty to report physicians who fail to satisfy the requirements of their respective contracts. This voluntary program is confidential, and the Board expects no routine flow of information regarding these individuals. Although this program is vital to the effective functioning of this Board, the Safe-Harbor program is not part of the Statement of Work for the Oklahoma State Board of Osteopathic Examiners but funded by the private payments of the volunteer physician or outside donors.

The second joint effort between the board and OHPP is the board-ordered participation of a physician in OHPP. To compensate for these services by OHPP, the Board of Osteopathic Examiners has a "Supplier Contract" for collaborative services. This contract is used by the Board to provide monitoring services, obtain periodic reports, and collaboratively evaluate progress of physicians who are ordered by the Board to

participate in the OHPP process. For example, the current Statement of Work for this contract requires the following obligations during the term of the contract:

1. Regular meetings with Board Staff to discuss the recovery progress of all physicians under Board Order for the provision of OHPP services,
2. Quarterly formal reporting of generic statistics regarding physicians in the OHPP program,
3. Annual formal report to the Oklahoma Board of Osteopathic Examiners regarding assessment theories and treatment of individuals caught up in substance abuse, mental illness, physical impairments, disruptive behavior and sexual misconduct,
4. Testimony regarding professional impairment and recovery for any physician referred to OHPP by board order, and
5. The use of “best efforts” by OHPP to meet requirements imposed by the Board.

This contract is best described as a requirements document that enables OHPP to provide collaborative services to the Board of Osteopathic Examiners to assist in the management of physicians placed in the OHPP following the issuance of a formal board order. It is in this area that we have had continuing difficulties. Despite the many efforts by you and the Board, we have not been able to resolve the continuing difficulties in obtaining records or even the receipt of periodic updates regarding our contract-referred physicians. I know you are willing to continue these efforts, but I simply cannot justify the continuing expense of paying for services that are inadequately rendered pursuant to a services supplier contract. I know you are willing to make the supplier contract more specific in the coming year, but with the lack of compliance with the current terms, I cannot be confident your staff will comply with more stringent requirements.

I thought the problem was the lack of adequate funding for the services contract, so in July 2025, I agreed to raise our contract amount from \$15,000 per year to \$25,000 per year. But frankly, even though we paid more, we got no better cooperation.

I think the problem may be that OHPP is not equipped to act in a supplier of services role to a state agency. It has from its inception only functioned well as a healthcare resource to professionals. In fact, I can easily say that it continues to do that role in an outstanding manner.

However, after nine months of a failing effort to work out the use of OHPP in a collaborative enforcement roll for the Board, I think the best course for us is to now proceed only in the limited use of OHPP in a Safe-harbor capacity. Our Safe-harbor program is of critical importance to this agency and OHPP has always been a valued resource in that role.

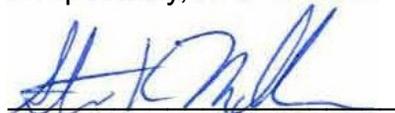
Therefore, pursuant to the **Period of Performances** provision of the Statement of Work, dated July 11, 2025, I hereby give written notice that the Oklahoma Board of Osteopathic Examiners shall terminate the OHPP provision of services contract effective March 31, 2026.

On or before, April 1, 2026, the Board will modify all pending orders regarding mandatory OHPP participation. At that time, either the Board will take over monitoring services or will contract with other vendors based on individualized determinations of monitoring needs. OHPP should at that time void all monitoring contracts that were entered into due to mandatory orders of the Board.

The physician may of course contract with OHPP on a volunteer basis if they choose, but they would have to voluntarily enter into a new OHPP contract to continue to receive healthcare or monitoring services after March 31, 2026. The agency would no longer fund all or a portion of the OHPP funding requirements for these physicians.

Thank you again for all your efforts to work with us to resolve the various collaborative disagreements regarding monitoring services ordered by the Board pursuant to our provision of services contract. However, I think it is best if we simply proceed in our relationship as an agency that can wholeheartedly recommend OHPP as an effective provider of physician assistance for individuals who voluntarily enter your program.

Respectfully,



Steven K. Mullins  
Executive Director

SKM/kd

**MOTIONS TO  
MODIFY  
COMPLIANCE  
ORDERS**

DENNIS HO,  
D.O. # 6672



returns to practicing anesthesia with an active DEA registration.

**The Board Herby Orders, Paragraph 2.i. of the April 12, 2024 Board Order shall hereby be modified to reflect:**

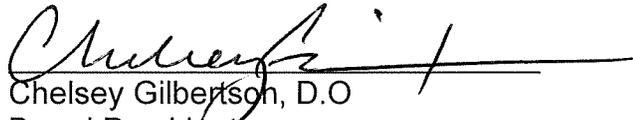
2.i. Respondent will be allowed to discontinue Vivitrol injections until such time as he resumes the practice of anesthesia with Board approval.

All other provisions of the April 12, 2024, Order shall remain in effect.

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

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

**IT IS HEREBY ORDERED AND EFFECTIVE this 19th day of June 2025.**

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

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

<b>STATE OF OKLAHOMA, <i>ex rel.</i></b>	)	
<b>OKLAHOMA STATE BOARD</b>	)	
<b>OF OSTEOPATHIC EXAMINERS,</b>	)	
	)	
<b>Petitioner,</b>	)	
	)	
<b>v.</b>	)	<b>Case No. 2021-119</b>
	)	
<b>DENNIS HO, D.O.,</b>	)	
<b>Osteopathic Medical License No.</b>	)	
<b>6672,</b>	)	
	)	
<b>Respondent.</b>	)	

**CONSENT ORDER**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Osteopathic Examiners (“Petitioner” or the “Board”), by and through the undersigned counsel for the Board, as represented by J. Patrick Quillian, and Dennis Ho, D.O. (“Respondent” or “Dr. Ho”), Oklahoma license no. 6672, who appears in person, and through counsel Elizabeth A. Scott, of Crowe & Dunlevy, PC (collectively, the “Parties”), offer this Consent Order (herein, “Order” or “Agreement”) for acceptance by the Board.

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

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

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

Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

### **FINDINGS OF FACT**

The Parties stipulate and agree as follows:

1. In July 2019, Dr. Ho was issued Oklahoma Osteopathic Medical License No. 6672. Dr. Ho is an anesthesiologist and most recently practiced in Lawton, Oklahoma.
2. In July 2021, Dr. Ho contacted former Executive Director Michael Leake and self-reported his use of fentanyl without a legitimate prescription since May 2021. Dr. Ho advised that he was addicted to fentanyl and had obtained the medications from his employer, Comanche County Medical Center ("CCMC"). Dr. Ho stated that he had been using fentanyl due to his depression from being away from his severely ill wife.
3. From July 15, 2021, until September 30, 2021, Dr. Ho obtained inpatient treatment for substance abuse at Bradford Health Services.
4. On August 16, 2021, while still in residential treatment at Bradford, Dr. Ho executed an Agreement Not to Practice with the Board wherein he agreed not to practice until he appeared before the Board.
5. Upon release from Bradford, on October 12, 2021, Dr. Ho signed a five (5) year monitoring contract with the Oklahoma Health Professional Program ("OHPP") and has remained in compliance since that time.
6. On June 6, 2022, the Department of Health and Human Services ("DDHS") officially excluded Dr. Ho from participating in all federal health care programs as defined in Section 1128B(f) of the Social Security Act.
7. On April 3, 2023, Dr. Ho was charged in the Western District of Oklahoma, Case No. CR-23-150-SLP with One (1) Felony Count of Obtaining a Controlled Dangerous Substance by Subterfuge, in violation of Tit. 21 U.S.C, Section 843(a)(3).
8. On April 19, 2023, Dr. Ho plead guilty to the charge, stating in open Court to District Judge Scott Palk that he was addicted to fentanyl and had illegally obtained fentanyl on the job while working at CCMC.

9. On December 12, 2023, Dr. Ho was sentenced to 36 months' probation, a \$2,500.00 fine, and a \$100.00 special assessment.

### CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of osteopathic physicians in the State of Oklahoma. 59 O.S. § 620 *et seq.* and Okla. Admin. Code §§ 510: 1-1 -1 *et seq.*
2. The Board is authorized to suspend, revoke or order any other appropriate conditions against the license of any osteopathic physician holding a license to practice medicine in the State of Oklahoma for unprofessional conduct. 59 O.S. §§ 637.1.
3. Based on the foregoing, Dr. Ho is guilty of unprofessional conduct as follows:
  - a. Has engaged in the use or employment of dishonest, fraud, misrepresentation ... unethical conduct or unprofessional conduct, as determined by the Board, in the performance of functions or duties of an osteopathic physician, including but not limited to dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment or violating any state or federal law on controlled dangerous substances. 59 O.S. §637(A)(2)(g).
  - b. Has entered a guilty plea in a criminal proceeding for any offense reasonably related to the qualifications, functions, or duties of an osteopathic physician. 59 O.S. §637(A)(5).
  - c. Has had the authority to engage in the activities regulated by the Board revoked by a federal agency. 59 O.S. §637(A)(5).
  - d. Has been guilty of habitual addiction to the use of habit-forming drugs. 59 O.S. §637(A)(12).

### ORDER

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

1. The Board hereby adopts the Agreement of the Parties in this Consent Order, including the Findings of fact and conclusions of law stated herein.
2. **Dennis Ho, D.O.** is hereby placed on Probation for a term of five (5) years beginning on October 12, 2021, and shall comply with the following probationary terms and conditions:

CONSENT ORDER  
Dennis Ho, D.O. (#6672)  
OSBOE 2021-119  
Page 3 of 6

- a. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Respondent to provide any and all reports, evaluations, assessments, and/or documents, relevant to this matter, including but not limited to, the signing of any authorizations necessary for the release of any and all evaluations/reports directly to the Board.
- b. Respondent shall continue to comply with his current five (5) year contract with Oklahoma Health Professionals Program (“OHPP”).
- c. Respondent shall abide by all recommendations of OHPP, including but not limited to attendance at Caduceus meetings.
- d. Respondent shall ensure OHPP provides quarterly reports to the Board and/or the Board’s Compliance Officer regarding Respondent’s progress and participation in OHPP, including but not limited to meeting attendance records.
- e. Respondent will maintain monthly contact with his assigned Board Investigator.
- f. Respondent shall complete Monthly Supervision Self-Reports provided by Board Staff by the tenth (10th) day of each month.
- g. Respondent shall establish a therapeutic relationship with a therapist and participate in regular individual therapy sessions with such therapist. The therapist shall be preapproved by the OHPP. Respondent shall execute appropriate releases and ensure the therapist provides updates to the Board’s Compliance Officer as requested.
- h. Respondent shall obtain a primary care physician.
- i. Respondent shall remain on Vivitrol injections as long as he is a practicing physician. Respondent’s injections shall be administered by his primary care physician or at a location as approved by OHPP.
- j. Respondent shall conduct his practice in compliance with the Oklahoma Osteopathic Medicine Act (“Act”) as interpreted by the Board. Any question of interpretation regarding the Act or this Order shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Respondent until clarification of interpretation is received by Respondent from the Board or its authorized designee. 59 O.S. § 620, *et seq.*
- k. Respondent shall furnish a file-stamped copy of this Order stipulating terms imposed by the Board, to each and every state in which he holds licensure or applies for licensure and to all hospitals, clinics or other facilities in which he holds or anticipates holding any form of staff privileges or employment.

- l. Respondent will keep the Board informed of his current home, work, and email address, as well as cell phone number.
  - m. Respondent shall maintain compliance with continuing medical education credits as required by the Board's statutes and rules.
  - n. In the event Respondent leaves the State of Oklahoma to practice medicine in another jurisdiction, and surrenders his license here in Oklahoma, the terms and conditions of this Order shall be tolled.
  - o. Respondent shall notify the Board in writing within fourteen (14) days in the event he is terminated or resigns from employment as an osteopathic physician.
  - p. Respondent will keep current payment of all assessments by the Board for prosecution, investigation, and monitoring of his case, which shall include, but is not limited to, a fee of one hundred dollars (\$100.00) per month during the term of probation, unless Respondent affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board.
  - q. Until such time as all indebtedness to the Board has been satisfied, Respondent will reaffirm said indebtedness in any bankruptcy proceeding.
  - r. Respondent will not supervise allied health professionals, physician assistants, or advanced nurse practitioners, that require surveillance of a licensed medical practitioner. Okla. Admin. Code § 510:10-4-3
  - s. Upon request, Respondent shall make himself available for one or more personal appearances before the Board or its authorized designee.
  - t. Respondent will execute such releases of medical and psychiatric records during the entire term of this Order as necessary for use by the Board and/or Compliance Officer to obtain copies of medical records and assessments and authorize the Board and/or Compliance Officer to discuss Respondent's case with Respondent's treating physicians and/or any physicians holding Respondent's records.
3. A copy of this Order shall be provided to Respondent as soon as it is processed.

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

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

IT IS SO ORDERED AND EFFECTIVE this 12 day of April, 2024.

*Bret Langerman, D.O.*

Bret Langerman, D.O. (Apr 12, 2024 20:44 CDT)

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

CLAYTON  
HOWELL, D.O.  
# 5398

**From:** [Kristi Johnson](#)  
**To:** [Steven Mullins](#)  
**Cc:** [Beth Vincent](#); [Kelsey Devinney](#)  
**Subject:** Fw: Dr. Clayton Howell, DO - NP Collaboration  
**Date:** Friday, January 16, 2026 1:48:33 PM  
**Attachments:** [Outlook-2utlay30.png](#)

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**Kristi Johnson**

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



---

**From:** Julie Downey <[juliedowney@careatc.com](mailto:juliedowney@careatc.com)>  
**Sent:** Friday, January 16, 2026 1:21 PM  
**To:** Kristi Johnson <[Kristi.Johnson.CTR@osboe.ok.gov](mailto:Kristi.Johnson.CTR@osboe.ok.gov)>  
**Subject:** [EXTERNAL] Dr. Clayton Howell, DO - NP Collaboration

Dear Members of the Board,

I am writing to formally request your approval for Dr. Clayton Howell to serve as the collaborating physician for 1-2 nurse practitioners at one of our Tulsa clinic locations.

As we prepare for the upcoming departure of our current collaborating physician, it is vital that we maintain continuity of care for our patients. To ensure we continue to meet community needs and provide uninterrupted medical services, we are requesting that Dr. Howell be authorized to supervise and collaborate with 1-2 nurse practitioners at this site. I ask for 1-2 because we currently have one NP but are considering adding a second later this year.

Dr. Howell's transition into this role will allow the clinic to maintain its current patient volume and high standards of clinical oversight.

Thank you for your time and for your dedication to the health of our community. I look forward to your favorable response regarding this transition.

Sincerely,

**Julie Downey, M.D.**  
Zone VP Medical, Shared Sites

**CareATC, Inc.**  
4500 S 129th E Ave, Ste 191  
Tulsa, OK 74134  
O: 800.993.8244  
[www.CareATC.com](http://www.CareATC.com)



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

<b>STATE OF OKLAHOMA, ex rel.</b>	)	
<b>OKLAHOMA STATE BOARD OF</b>	)	
<b>OSTEOPATHIC EXAMINERS,</b>	)	
	)	
<b>Petitioner,</b>	)	
	)	<b>Case No. OSBOE-2022-139</b>
<b>v.</b>	)	
	)	
<b>CLAYTON HOWELL, D.O.</b>	)	
<b>Osteopathic Medicine License No.</b>	)	
<b>5398,</b>	)	
<b>Respondent.</b>	)	

**ORDER TABLING REQUEST TO SUPERVISE MID-LEVEL PRACTITIONERS**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a meeting of the Board on March 13, 2025. Clayton Howell, D.O. (“Dr. Howell”), appeared in person at the hearing on this date. He was not represented by legal counsel.

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.

Dr. Howell requests a second modification of his Board Order dated January 17, 2024. Specifically, Dr. Howell requests the Board to allow him to supervise mid-level practitioners. Under the Oklahoma Administrative Code (OAC) 510:10-4-3 a physician must have a full unrestricted license to be eligible to supervise. However, OAC 510:10-4-3(c) allows the Board to make an exception to any limit upon request of the physician.

Dr. Howell requests that the Board insert a paragraph 20 into the Order section of the Board Order Dated January 17, 2024 affirmatively stating the Board allows him to supervise mid-level practitioners in accordance with already established DO regulations in the state of Oklahoma found in the Oklahoma Administrative Code (“OAC”) 510:10-4-1 et.seq.

The Board, after reviewing Dr. Howell’s Motion to Supervise mid-level practitioners and being fully advised, enters this Order Tabling Request to Supervise Mid-Level

ORDER TABLING REQUEST TO  
SUPERVISE MID-LEVEL PRACTITIONERS  
Clayton Howell, D.O. (5398)  
OSBOE-2022-139

Practitioners.

**The Board Hereby Orders, the Motion to supervise mid-level practitioners be tabled until the Board meeting on December 11, 2025 and Dr. Howell shall comply with the following:**

1. Dr. Howell shall provide a letter from his Employer regarding the need for him to supervise mid-levels.
2. The Board investigator shall review the situation and request any additional information they deem necessary and appropriate.
3. Dr. Howell shall appear at the Board meeting scheduled on December 11, 2025 for further consideration.

All provisions of the January 17, 2024 Order and Order Modifying Board Order Dated January 17, 2024 shall remain in effect.

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

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

**IT IS HEREBY ORDERED AND EFFECTIVE this 13th day of MARCH 2025.**

*Chelsey Gilbertson, D.O.*  
Chelsey Gilbertson, D.O. (Mar 17, 2025 12:08 CDT)

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

ORDER TABLING REQUEST TO  
SUPERVISE MID-LEVEL PRACTITIONERS  
Clayton Howell, D.O. (5398)  
OSBOE-2022-139

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

<b>STATE OF OKLAHOMA, ex rel.</b>	)	
<b>OKLAHOMA STATE BOARD OF</b>	)	
<b>OSTEOPATHIC EXAMINERS,</b>	)	
	)	
<b>Petitioner,</b>	)	
	)	<b>Case No. 2022-139</b>
<b>v.</b>	)	
	)	
<b>CLAYTON HOWELL, D.O.,</b>	)	
<b>Osteopathic Medical License</b>	)	
<b>No.5398 ,</b>	)	
	)	
<b>Respondent.</b>	)	

**ORDER MODIFYING BOARD ORDER DATED JANUARY 17, 2024**

This matter comes on for consideration before the Oklahoma State Board of Osteopathic Examiners (“Board”) at a special meeting of the Board on September 26, 2024. Clayton Howell, D.O. (“Dr. Howell”), appeared in person at the hearing on this date. He was not represented by legal counsel.

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.

Dr. Howell requests modification of his Board Order dated January 17, 2024. Specifically, Dr. Howell requests that Paragraph 2 of the Order portion of the January 17, 2024 board order, which currently provides for treatment by the Professional Renewal Center (PRC) be modified. Dr. Howell requests that this paragraph be changed in compliance with the report of Julio I. Rojas, Ph.D., dated August 16, 2024, which was provided confidentially to the Board pursuant to legal privacy protections.

**The Board Hereby Orders, Paragraph 2 of the January 17, 2024 Board Order shall hereby be modified to reflect:**

*2. Treatment by PRC is no longer required. However, Dr. Howell must continue to be monitored by the Oklahoma Health Professionals Program (OHPP) along with aftercare therapy as directed by OHPP. Further, Dr. Howell’s work restriction of 40 hours*

*per week shall be modified to allow moonlighting of twenty-four (24) additional hours per calendar month, provided there is no evidence it is leading to any slippage in his recovery meetings, therapy, or testing compliance.*

All other provisions of the January 17, 2024 Order shall remain in effect.

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

IT IS HEREBY ORDERED AND EFFECTIVE this 26<sup>th</sup> day of September, 2024.



Katie Templeton, J.D. (Sep 30, 2024 16:46 CDT)

Katie Templeton, J.D.  
Acting 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. )  
 )  
CLAYTON HOWELL, D.O., )  
Osteopathic Medical License No. )  
5398, )  
 )  
Respondent. )

JAN 17 2024

OKLA. BOARD OF  
OSTEOPATHIC EXAMINERS

Case No. OSBOE-2022-139

**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. Clayton Howell, D.O. ("Dr. Howell") appeared in person at the hearing on this date represented by legal counsel, Kaylee Davis-Maddy, J.D. 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. Exhibits were submitted 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**

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. Howell is the holder of a license to practice osteopathic medicine in the State of Oklahoma, license number 5398. At the time this action commenced, Dr. Howell's license was suspended by agreement.
2. Dr. Howell received proper notice of the hearing, and a true and correct copy of the Verified Complaint ("Complaint"), as required by Oklahoma law.
3. That the Board moved to strike paragraph number 7 of the Complaint and did not submit evidence in support thereof at the Hearing.
4. That evidence at the hearing revealed Dr. Howell was T.E., patient, Primary Care Physician (PCP) from April 2019 to January 2022. Dr. Howell engaged in a sexual relationship with patient T.E from November 2021 to January 2022 while T.E. was his patient. Dr. Howell terminated T.E. as a patient in January 2022.
5. On or about November 16, 2022, the Board filed a Complaint and Citation and Notice of Hearing to Dr. Howell regarding his engagement in sexual activity within the physician/patient relationship.
6. On or about December 20, 2022, Dr. Howell voluntarily entered an Agreement Not to Practice with the Board.

### **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. Howell violated the Oklahoma Osteopathic Medicine Act, specifically, Tit. 59 O.S. § 637 (A)(2), and (A)(2)(h).
3. The Board also concludes that such actions are grounds for imposing any sanction against Dr. Howell'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. Howell's license to practice osteopathic medicine in the State of Oklahoma is reinstated and the following terms and conditions apply:

1. That Dr. Howell'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. Howell shall complete all twenty (20) of the recommendations listed in their Professional Renewal Center ("PRC") Treatment Report from their discharge on June 8, 2023.
3. That Dr. Howell 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. Paragraph number 7 of the Complaint is stricken and shall not be considered as a part of the Board's Findings of Fact or the basis of its decision herein.
5. That Dr. Howell will maintain monthly contact with their Board Investigator.
6. That Dr. Howell shall bear the financial costs of any expenses incurred from this Order.
7. That Dr. Howell ensure all authorizations are fully and accurately completed and signed to release all reports, evaluations, assessments, and/or documents, directly

to the Board. The Board's Executive Director will provide Dr. Howell's legal counsel a copy of any documents received by the Board regarding same.

8. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. Howell 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.
9. That Dr. Howell complete the Compliance Information Request Form within ten (10) days of signing this Order. (Exhibit A, Compliance Information Request Form).
10. That Dr. Howell complete the Monthly Supervision Self-Report by the tenth (10th) day of each month. (Exhibit B, Monthly Supervision Self-Report).
11. That Dr. Howell 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.
12. That Dr. Howell may utilize their right to consult legal counsel in connection with this inquiry by the Board known as OSBOE-2022-139, this Order, or any other inquiry by the Board.
13. That Dr. Howell is required to notify the Board within fourteen (14) days of any changes to legal counsel.
14. Dr. Howell shall provide a copy of this Order in whole with any current or potential employer.
15. That Dr. Howell is required to notify the Board within fourteen (14) days of any changes to their residential or practice address.
16. That Dr. Howell is required to notify the Board within fourteen (14) days of any changes to their cell phone number.
17. That Dr. Howell 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.
18. That Dr. Howell maintains compliance with continuing medical education ("CME") Credits as required by the Board's statutes and rules.
19. In the event Dr. Howell 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. Howell'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 16 day of January,  
2024.

Bret Langerman, DO  
Bret Langerman, DO, Jan 16, 2024 13:19 CST

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

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

Ms. Kaylee P. Davis-Maddy, J.D.  
Doerner Sunders Daniel & Anderson  
210 Park Avenue, Suite 1200  
Oklahoma City, OK 74102  
405-319-3513  
405-319-3524 (Facsimile)  
[kmaddy@dsda.com](mailto:kmaddy@dsda.com)

Attorney for Respondent,  
Clayton Howell, D.O.

MOTION TO  
APPROVE RE-  
ENTRY PLAN

GREG  
RAMPEY, D.O.  
# 3815

Dear Members of the Osteopathic Medical Board,

I never thought that I would be in this position. As can be seen in my included resume, I excelled throughout my life and career, receiving multiple honors and recognitions from the Air Force and from each Emergency Department where I worked. I routinely averaged at least 60 hours per week, often flipping back and forth between night and day shifts. Even after suffering a motor vehicle collision that resulted in a traumatic brain injury, I continued this demanding schedule for years, using zolpidem only sporadically to help with sleep.

During a prolonged and difficult multi-year divorce, my use of zolpidem became more regular. Before long, I found myself in full-blown addiction. At the time, zolpidem was widely described as “nonaddictive,” and I rationalized my increasing use. Compounding this was a separation agreement stipulating that I was to have my three young children “every moment” I was not working. I convinced myself that I would do “whatever it took” to maintain that schedule for them.

As a physician, I recognized the signs of addiction in myself. Yet I justified and rationalized my behavior, telling myself, “I’ll do whatever it takes for my kids.” My thinking was distorted. I was so wrong. I will live with the consequences of my irrational and frankly foolish decisions for the rest of my life. I take full responsibility for the path I allowed myself to go down.

One of the primary barriers preventing me from fulfilling the Board’s current requirements is the cost of the CPEP program. I simply cannot afford it given my financial circumstances. My only reliable monthly income is \$1,650 that I receive from the VA for, among other things, insomnia. From that amount, I pay \$304 per month in child support for my youngest child, who is currently deciding whether he would like to live with me full time. I also provide my daughter, who is in nursing school on scholarship, \$100 per month to help with food expenses.

I currently have 100% custody of my oldest son. We share one vehicle, and my parents graciously pay for our car insurance. My son and I live in a converted garage apartment at my parents’ home. In addition to the above expenses—including gas, food, and basketball travel expenses—I spend a little over \$1,000 per month.

To offset the costs of living on their property, I maintain approximately 60 acres, including finish mowing five acres and brush hogging another ten. I repair fences and gates, feed and hay calves, and spray roughly 20 acres. I am restoring and maintaining a rental home on the property, performing flooring installation, drywall work, interior and exterior painting, and chimney and roof repair. I also assist in the care of my elderly parents, who remain active in their 80s but still benefit from my help.

I remain committed to service. I volunteer by training athletes in fast-twitch muscle development, explosive movement, vertical jump metrics, and hand speed. I also maintain my church's five-acre property through weed eating and spraying.

I share these details not as excuses, but as context. I am not avoiding accountability. I am asking for a financially feasible pathway to demonstrate continued recovery, competence, and safety to practice.

I solemnly request the opportunity that Elizabeth Fullbright has laid out—one that I can financially afford—and to safely return to the God-given ability to serve others as a family physician. As an eighth grader, I felt called to become a small-town family physician. God gave me the will and determination to realize that dream. I veered from that path due to the excitement and financial rewards of Emergency Department practice. As much as I resisted it, I believe this difficult journey—including rehabilitation—has shaped me into a more empathetic physician and a more understanding father.

I humbly request the opportunity to return to what was placed in my heart years ago: serving as a rural family physician. I ask for the chance for my children to see their father not defined by his worst mistake, but by his accountability, perseverance, faith, and commitment to growth. I want them to see that when you fall, you take responsibility, seek help, and stand back up.

Thank you for your time, your consideration, and your dedication to protecting the public. I am willing to comply with supervised practice, additional CME, mentorship, or any reasonable conditions the Board deems appropriate. I am prepared to provide documentation or appear before the Board at your convenience.

Respectfully,

Greg Rampey, DO

# Learning Goals

Dr. Rampey's re-entry plan will emphasize the following ten areas:

## 1. Medical Knowledge (Family Medicine Core Topics)

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

## 2. Behavioral Health Management

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

## 3. Controlled Substance Prescribing

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

## 4. Cardiovascular Care & ECG Interpretation

- Refine evaluation and management of atrial fibrillation, chest pain, congestive heart failure, and other cardiovascular conditions.

Strengthen skills in outpatient ECG interpretation, emphasizing recognition of subtle but clinically significant findings.

## 5. Endocrinology & Metabolism

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

## **6. Documentation / Record-Keeping**

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

## **7. Physician–Patient Communication**

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

## **8. Pediatric & Geriatric Protocols**

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

## **9. Preventive Care & Screening**

- a. Apply USPSTF and ACIP guidelines for cancer screening, immunizations, cardiovascular risk reduction, and osteoporosis screening.
- b. Incorporate preventive health strategies into routine visits.
- c. Provide evidence-based patient education to support long-term health

## **10. Endocrinology & Metabolism**

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

## **11. Documentation / Record-Keeping**

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

## **12. Physician–Patient Communication**

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

## **13. Pediatric & Geriatric Protocols**

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

## **14. Preventive Care & Screening**

- a. Apply USPSTF and ACIP guidelines for cancer screening, immunizations, cardiovascular risk reduction, and osteoporosis screening.
- b. Incorporate preventative health strategies into routine visits.
- c. Provide evidence-based patient education to support long-term health outcomes.

## 15. Systems Awareness & Professional Support

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

## Background and Credentials

- **Date last engaged in active clinical practice:**

2017

- **Summary of absence from practice:**

Family issues that ultimately led to addiction and prescribing issues.

- **Prior clinical practice and specialty/practice area:**

Emergency Medicine, aesthetics, Family Medicine

- **Education:**

OSU, Stillwater, B.S. Physiology, 01/1991-05/1994

OSU-COM, 08/1995-05/1999

Internship University of Texas, St. Elizabeth Hospital, Beaumont, TX, 07/1999-06/2000

Residency OSU-COM, 2001-2004

## Proposed Scope of Practice Upon Reentry

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

## Structured Clinical Re-Entry Plan (April 01–December 01, 2026)

### Timeline

- **Start date for supervised practice:** April 1, 2026
- **Duration:** 8 months (Dec 1, 2026)
- **Proposed date for return to unrestricted practice:** December 12, 2026 (pending successful completion and Board approval).

### Preceptor Information

- **Name:** Dr. Patrick O'Neill, DO
- **Specialty:** General Practice
- **Address:** 611 W. Cherokee Suite D Wagoner, OK 74467
- **Phone:** (580) 665-5414
- **Role:** Provide direct observation, chart review, case discussions, and progress reporting to the OSBOE.

### Phase 1: April 1–June 1, 2026

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

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

### Phase 2: June 1–August 1, 2026

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

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

### **Phase 3: August 1–October 1, 2026:**

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

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

### **Phase 4 October 1 – December 1, 2026):**

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

- Independent patient care with a Preceptor immediately available for consultation.
- Twice-monthly 2-hour Preceptor meetings with chart and case review.
- Complete required **documentation** and **communication** courses; submit certificates.
- Final preceptor evaluation and report to OSBOE due December 1, 2026.

### **Preceptor-Supervised Clinical Activities**

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

- **Direct Observation & Supervised Encounters:** 100% observation (Phase 1), graduated responsibility (Phases 2–3), ≥15% of charts reviewed.
- **Case-Based Learning:** Weekly case discussions (chronic disease, pediatrics, geriatrics, preventive care, behavioral health).
- **Documentation Practice:** Transition from urgent care notes to full family medicine SOAP notes with Preceptor review.
- **Communication & Professional Skills**
  - Direct feedback on patient-centered communication, use of open-ended questions, and teach-back methods.
  - Structured sessions on setting expectations for continuity of care.
  - Emphasis on interprofessional communication within the clinic setting.
- **Systems-Based Practice Integration**

- Training in outpatient clinic workflow, including EHR navigation, referral pathways, and interdisciplinary coordination.
- Utilization of evidence-based resources (UpToDate, Prescriber's Letter, USPSTF, ACIP).
- Case discussions on cost-effective care, chronic disease management, and community resource utilization.

## Compliance, Monitoring & Reporting

- **Monthly Preceptor Reports:**
  - The preceptor will submit monthly reports to OSBOE during the program. **Appendix D**
  - Structured form with case counts, chart review findings, competency assessment, and narrative progress.
- **Case/Chart Review Forms:** Completed during each chart review session. **Appendix E**
- **Compliance:** Monthly physician self-report to OSBOE and contact with Compliance Officer by the 10th.
- The CME log will be maintained, and certificates will be submitted with the final report.
- **Final Report:**
  - A **final attestation and evaluation** will be submitted by **December 1, 2026**, ensuring the Board has all materials in advance of the December 10, 2026, meeting.

## Continuing Medical Education Plan –

- **Planned CME activities prior to/through reentry:** will obtain all necessary CMEs for year 2026 including but not limited to Proper Prescribing.

## Appendix D – Preceptor Monthly Progress Report

### Preceptor Monthly Progress Report

Physician in Reentry: Dr. Greg Rampey, DO

Preceptor: Dr. Patrick O’Neill, DO

Month/Year: \_\_\_\_\_

#### Clinical Activities This Month

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

#### Competency Assessment

Please rate Dr. Rampey’s progress in each domain (circle one):

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



## Appendix E – Preceptor Case/Chart Review Feedback Form

### Preceptor Case/Chart Review Feedback Form

**Physician in Reentry:** Dr. Greg Rampey, DO

**Preceptor:** Dr. Patrick. O'Neill, DO

**Date:** \_\_\_\_\_

#### Case/Chart Review Summary

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

#### Documentation Review

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

#### Clinical Judgment & Reasoning

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



**MOTION TO  
CHANGE  
LICENSE TYPE**

RICHARD  
SCHAFER, D.O.

# 3218

**From:** [Elizabeth Fullbright](#)  
**To:** [Kelsey Devinney](#)  
**Subject:** FW: [EXTERNAL] Re: Kansas Eval and KSTAR  
**Date:** Wednesday, March 4, 2026 12:48:35 PM  
**Attachments:** [certificate-124th-annual-convention-mind-body-spirit-thursday.pdf](#)  
[certificate-2024-winter-cme-seminar-saturday.pdf](#)  
[certificate-2024-winter-cme-seminar-sunday.pdf](#)  
[certificate-common-foot-ankle-problems-primary-care.pdf](#)  
[certificate-menopause-current-concepts-treatment-options.pdf](#)  
[certificate-innovations-cardiology-2023.pdf](#)  
[certificate-2024-winter-cme-seminar-friday.pdf](#)  
[certificate-dermatology-internist-differentiating-emergencies-routine-rashes.pdf](#)  
[certificate-breast-cancer-diagnosis-treatment-primary-care-clinician-know.pdf](#)  
[osu\\_11452\\_Transcript.pdf](#)  
[certificate-skin-cancer-essentials-screening-diagnosis-treatment-strategies.pdf](#)  
[certificate-diagnosis-treatment-lung-cancer-2025 \(1\).pdf](#)  
[certificate-whats-migraine-treatment.pdf](#)  
[certificate-current-practices-addiction-medicine.pdf](#)  
[certificate-earth-wind-fire-climate-change.pdf](#)  
[certificate-sports-medicine-topic-pain.pdf](#)  
[certificate-damage-control-resuscitation.pdf](#)  
[certificate-pain-techniques-people-omt.pdf](#)  
[lbp-techniques.pdf](#)  
[image001.png](#)  
[lbp.pdf](#)  
[certificate-ultrasound-workshop-msk-common-landmarks.pdf](#)  
[certificate-updates-wound-care.pdf](#)  
[certificate-cutaneous-drug-eruptions.pdf](#)  
[certificate-gary-gordon-pharmacology-lecture-review-opioid-pharmacology.pdf](#)  
[certificate-opioid-pain-management.pdf](#)  
[certificate-journal-club-top-articles-primary-care.pdf](#)  
[certificate-aoa-updates.pdf](#)  
[certificate-compound-pharmacies-offer-primary-care-provider.pdf](#)  
[certificate-preventions-medical-errors.pdf](#)  
[certificate-controlled-substances-prescribing-including-florida-specific-laws.pdf](#)  
[certificate-gary-gordan-pharmacology-lecture-updates-copd-guidelines.pdf](#)  
[certificate-ageism-leadership-keynote.pdf](#)  
[certificate-diagnosis-treatment-lung-cancer-2025.pdf](#)  
[certificate-obesity-treatment-pyramid-expanding-base.pdf](#)  
[certificate-124th-annual-convention-mind-body-spirit-saturday-inpatient \(1\).pdf](#)  
[certificate-124th-annual-convention-mind-body-spirit-sunday \(1\).pdf](#)  
[certificate-124th-annual-convention-mind-body-spirit-sunday.pdf](#)  
[MOMA \(Mississippi\) 44th Annual Coast Conference 2025 \(1\).ics](#)

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**From:** Richard Schafer <rwschafer@yahoo.com>  
**Sent:** Saturday, January 17, 2026 9:20 PM  
**To:** Elizabeth Fullbright <Elizabeth.Fullbright@osboe.ok.gov>; James R. (Jim) Johnson <jim@resolutionlegal.com>  
**Subject:** [EXTERNAL] Re: Kansas Eval and KSTAR

Liz and the entire board:

I have now completed all requirements of KSTAR for my reinstatement of my medical license. I have included the 50 CME Certificates that are required. I ask to be seen at the March meeting.

Sincerely,

Richard W Schafer DO,FACOFP

On Thursday, August 28, 2025 at 09:42:03 AM CDT, Elizabeth Fullbright  
<[elizabeth.fullbright@osboe.ok.gov](mailto:elizabeth.fullbright@osboe.ok.gov)> wrote:

Liz Fullbright, CMBI

Lead Investigator

Oklahoma State Board of Osteopathic Examiners

5400 N. Grand Blvd. Ste. 130

Oklahoma City, OK 73112

Cell: (405) 550-8416



APPLICATION FOR  
REINSTATEMENT OF  
LICENSURE

JAMES  
ZUBERNIS,  
D.O.  
# 5856



# Oklahoma State Board of Osteopathic Examiners

## MEMORANDUM

**FROM:** Christi Aquino, Director of Licensing

**TO:** Board Members

**DATE:** Feb. 5, 2026

**SUBJECT:** James Zubernis, D.O. – Reinstatement of License #5856

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Dr. Zubernis is applying to have his license #5856 reinstated. He was licensed from July 1, 2015, to June 30, 2016. He is board-certified in OBGYN from Jan. 1, 2022, through Dec. 31, 2027. He has active licenses in GA, MT, NV, and WY.

May 1990 – Graduated from PCOM

7/01/1990-6/30/1991 - PCOM/St. Joseph's Hospital Internship

7/01/1991-6/30/1994 – PCOM Obstetrics & Gynecology Residency

6/06/2001 – PA Consent Agreement And Order

6/30/2003 – PA license reinstated

March 1994 – May 2007 – 8 Malpractice suits, with 5 being dismissed and 3 closed/settled

Licenses:	State	Date Granted	Expiration Date	Status	Date Last Reported to the AOA	** Contact Board for More Information
	GA	03/06/2009	07/31/2026	Active	05/21/2025	
	MI	08/20/2004	12/31/2013	Inactive	12/15/2025	
	MN	09/07/2013	07/31/2016	Inactive	12/24/2025	
	MT	07/24/2013	03/31/2027	Active	04/08/2025	
	ND	11/19/2004	07/27/2018	Inactive	11/13/2025	
	NV	08/09/2022	12/31/2026	Active	01/22/2026	
	OK	07/01/2015	06/30/2016	Inactive	07/17/2025	
	PA	09/30/1991	10/31/2006	Inactive	11/05/2025	
	WY	11/02/2013	06/30/2026	Active	12/18/2025	

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Osteopathic Specialty Board Certification(s):**

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)  
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit [www.osteopathic.org](http://www.osteopathic.org)

<b>American Osteopathic Board of:</b>					
<b>General Certification(s) :</b>	Obstetrics and Gynecology	<b>Issue Date:</b>	10/12/2003	<b>Valid Through:</b>	12/31/2009
<b>OCC Participating:</b>	Yes				
<b>Recertification Date:</b>	01/01/2022	<b>Valid Through:</b>	12/31/2027		

**Federal Drug Enforcement Administration:**

As of 06/23/2025 Federal DEA registration is valid.  
*Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.*

## **Dr. Zubernis – Pre-Licensure Questions – Jan. 2026**

**3. Have you ever been denied a license to practice osteopathic medicine, withdrawn your application or have had your application tabled?**

**If Yes, please provide full details. Include state(s), date(s), and reason(s).**

Good Afternoon,

I was reviewing my application and realized that I missed something on question 3 "Have you ever been denied a license to practice osteopathic medicine, withdrawn your application or have had your application tabled". Specifically I missed the "withdrawal" part.

In July of 2015 I initiated a license application for a medical license in Iowa in anticipation of a job opportunity in Iowa. After filing the application in Iowa I was offered position at Marcus Daly Memorial Hospital in Hamilton MT and signed a contract with them. I did not follow through with the Iowa application and their process had stopped because we never got through the first review because I stopped supplying them with the required documentation.

I received an email on October 6, 2015 in this regard and I informed them of my change of plans. On November 17, 2015 I received an email from them indicating my application had become inactive. Since I no longer needed to have an Iowa license I withdrew my application their request. See email dated November 17th, 2015 from Amanda Woltz.

I have attached the emails I have described.

In the spirit of complete accuracy I wanted to provide this to the board in case there were and questions. I apologize for my confusion and if this withdrawal of the Iowa application should have required a "yes" answer on question 3, I respectfully request that the application be amended to a "yes" answer on this question.

Thank You.

James J. Zubernis, DO, FACOOG

Banner Churchill Community Hospital

Obstetrics and Gynecology

Fallon NV 89406

406-499-2808 (personal cell)

**7. Has any state or federal licensing authority or disciplinary agency, including but not limited to other state or federal licensure boards, limited, placed on probation or conditions, restricted, suspended, or revoked a license or permit you have held?**

**If Yes, please provide full details. Include state(s), date(s), and reason(s).**

See attached. This was also disclosed in my license application when granted Oklahoma license in 2015



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/25/1986	06/03/1990	Medical Education	Philadelphia College of Osteopathic Medicine Philadelphia Pennsylvania UNITED STATES
06/27/1990	06/26/1991	Postgraduate Training	NPHS - St Joseph's Hospital Philadelphia Pennsylvania UNITED STATES
07/01/1991	06/30/1994	Postgraduate Training	Philadelphia College Osteopathic Med Philadelphia Pennsylvania UNITED STATES
07/01/1994	12/13/1996	Work	Vanguard OB/GYN Episcopal Hospital Front Street and Lehigh Ave Philadelphia, Pennsylvania UNITED STATES
12/16/1996	05/14/1999	Work	Physicians For Women Crozer Chester Medical Center 1 Medical Center Boulevard Upland, Pennsylvania UNITED STATES
05/24/1999	03/17/2000	Work	Indian Health Service Forth Defiance Indian Hospital PO Box 649 Fort Defiance, Arizona UNITED STATES
04/30/2000	12/17/2004	Work	Mercy Health Network 1500 Lansdown Avenue Darby, Pennsylvania UNITED STATES
01/03/2005	05/05/2006	Work	Dakota Clinic 401 Third Ave SE Jamestown, North Dakota UNITED STATES
06/08/2006	06/05/2009	Work	Medcenter One 300 Second Ave NE Jamestown, North Dakota UNITED STATES
06/15/2009	02/05/2010	Work	The OB/GYN specialists of West Georgia 303 Smith Street Suite 405 LaGrange, Georgia UNITED STATES
03/01/2010	06/30/2010	Work	Emory Clark Holder Clinic/ Independent Contractor 303 Smith Street LaGrange, Georgia UNITED STATES
07/01/2010	12/20/2013	Work	Emory Clark Holder Clinic 303 Smith Street LaGrange, Georgia UNITED STATES



01/06/2014	10/09/2015	Work	College Hill Health Center 3000 College Drive Rock Springs, Wyoming UNITED STATES
10/19/2015	09/29/2019	Work	Marcus Daly Memorial Hospital 1200 Westwood Drive Hamilton, Montana UNITED STATES
10/15/2019	11/15/2022	Work	Upson Regional Medical Center 917 West Gordon Street Thomaston, Georgia UNITED STATES
12/15/2022		Work	Banner Healthcare 801 E. Williams Ave Fallon, Nevada UNITED STATES

End of Chronology of Activities report for: Zubernis, James Joseph



**Graduate Medical Education**

Medical Professional Name:                      Zubernis, James Joseph

Accreditation ID:                                    126221

Institution:    Philadelphia College Osteopathic Med

Specialty:    Obstetrics & Gynecology

**Unusual Circumstances**

**Training Period: 7/1/1991 - 6/30/1994                      Residency**

**Did you have any interruption(s) or extension(s) in your medical education?**                      **No**

**Were you ever placed on probation?**                      **No**

**Were you ever disciplined or placed under investigation?**                      **No**

**Were any negative reports for behavioral reasons ever filed by instructors?**                      **No**

**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?**                      **No**

End of Applicant Reported Unusual Circumstances report for: Zubernis, James Joseph

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**PRACTITIONER PROFILE**

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Prepared for: Oklahoma State Board of Osteopathic Examiners As of Date: 1/9/2026

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**PRACTITIONER INFORMATION**

Name: Zubernis, James Joseph  
Alternate Name(s): Zubernis, James J  
DOB: 7/27/1954  
Medical School: Philadelphia College of Osteopathic Medicine  
Philadelphia, Pennsylvania, UNITED STATES  
Year of Grad: 1990  
Degree Type: DO  
NPI: 1609974385

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**BOARD ACTIONS**

Reporting Entity: Pennsylvania State Board of Osteopathic Medicine  
Date of Order: 10/10/2001  
Form of Order: Consent Order/Agreement  
Action(s): MEDICAL LICENSE PLACED ON PROBATION  
Term: 3 Year(s)  
Basis: Unable to Practice with Reasonable Skill and Safety

Reporting Entity: Pennsylvania State Board of Osteopathic Medicine  
Date of Order: 6/30/2003  
Action(s): PROBATION TERMINATED  
License reinstated to unrestricted, non-probationary status.  
Basis: Not Applicable

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1609974385	Individual			10/18/2022

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**PRACTITIONER PROFILE**

Prepared for: Oklahoma State Board of Osteopathic Examiners As of Date: 1/9/2026

Practitioner Name: Zubernis, James Joseph

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
GEORGIA	62302	03/06/2009	07/31/2026	01/09/2026
		FSMB License Status: Active		
MICHIGAN OSTEO	5101016269	08/20/2004	12/31/2013	09/19/2017
		FSMB License Status: Lapsed		
MINNESOTA	57156	09/07/2013	07/31/2016	01/06/2026
		FSMB License Status: Canceled		
MONTANA	26750	07/24/2013	03/31/2027	01/07/2026
		FSMB License Status: Active		
NEVADA OSTEO	DO3250	08/09/2022	12/31/2026	12/11/2025
		FSMB License Status: Active		
NORTH DAKOTA	9887	11/19/2004	07/27/2018	12/16/2025
		FSMB License Status: Inactive		
OKLAHOMA OSTEO	5856	07/01/2015	06/30/2016	12/16/2025
		FSMB License Status: Lapsed		
PENNSYLVANIA OSTEO	OS007647L	09/30/1991	10/31/2006	12/13/2024
		FSMB License Status: Inactive		
PENNSYLVANIA OSTEO	OT003132T	02/11/1993	06/30/1994	12/13/2024
		FSMB License Status: Inactive		
SOUTH DAKOTA			03/01/2016	05/05/2017
		FSMB License Status: Inactive		
WYOMING	9535A	11/02/2013	06/30/2026	01/05/2026
		FSMB License Status: Active		
WYOMING	TL7106	03/01/2022	04/22/2022	01/05/2026
		FSMB License Status: N/A		



ZUBERNIS, JAMES JOSEPH

DCN: 5500000319142719

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

**B. CONTINUOUS QUERY ENROLLMENT INFORMATION**

**Enrollment Status:** Enrolled - 1/9/2026 - 1/31/2027\*  
\* Unless enrollment is canceled by the entity prior to this date

**Statutes Queried:** Title IV, Section 1921, Section 1128E

**Entity Name:** Oklahoma Board of Osteopathic Examiners

**Authorized Agent:** Federation of State Medical Boards, (817) 868 - 4000

**Customer Use:** 210009874

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 1/9/2026**

The following report types have been searched:

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

**PRINCETON INSURANCE COMPANY**

**MEDICAL MALPRACTICE PAYMENT**

**Basis for Action** OBSTETRICS: IMPROPERLY PERFORMED C-SECTION

**Initial Action:** **Date of Action:** 7/23/2002

**DCN:** 5500000027057754

**PA STATE BOARD OF OSTEOPATHIC MEDICINE**

**STATE LICENSURE OR CERTIFICATION**

**Basis for Action** OTHER - NOT CLASSIFIED, SPECIFY

**Initial Action:** - SUSPENSION OF LICENSE **Date of Action:** 10/10/2001

**DCN:** 5500000023309993

**Subsequent Action:** - LICENSE RESTORED OR REINSTATED, COMPLETE **Date of Action:** 6/30/2003

**DCN:** 5500000053743563

**PA PROP & CAS INS GUAR ASSN**

**MEDICAL MALPRACTICE PAYMENT**

**Basis for Action** DIAGNOSIS: FAILURE TO DIAGNOSE

**Initial Action:** **Date of Action:** 4/17/2000

**DCN:** 5500000018740000

ZUBERNIS, JAMES JOSEPH

DCN: 5500000319142719

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

**PA MED PROF LIAB CATASTROPHE LOSS FUND****MEDICAL MALPRACTICE PAYMENT****Basis for Action** OBSTETRICS: IMPROPER CHOICE OF DELIVERY METHOD - OBSTETRICS: DELAY IN DELIVERY  
(INDUCTION OR SURGERY)**Initial Action:** - SETTLEMENT**Date of Action:** 12/31/1999**DCN:** 5500000016142641**WESTERN INDEMNITY INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT****Basis for Action** OBSTETRICS: FAILURE TO MANAGE PREGNANCY**Initial Action:** - SETTLEMENT**Date of Action:** 4/7/1999**DCN:** 5500000025525727

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

ZUBERNIS, JAMES JOSEPH

DCN: 550000027057754

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 30000030810986

Process Date: 9/6/2002

**PRINCETON INSURANCE COMPANY**

**MEDICAL MALPRACTICE PAYMENT**

**Date of Action: 7/23/2002**

**Initial Action**

**Basis for Initial Action**

- OBSTETRICS: IMPROPERLY PERFORMED C-SECTION (525)

**A. REPORTING ENTITY**

Entity Name: PRINCETON INSURANCE COMPANY

Address: 746 ALEXANDER ROAD

CLAIMS DEPT

City, State, Zip: PRINCETON, NJ 08543 - 5322

Name or Office: MARY C. FEELY

Title or Department: CLAIMS CONSULTANT

Telephone: (609) 452-9404 x835

Entity Internal Report Reference:

Type of Report: INITIAL

The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 6/24/2025

Entity Name: PRINCETON INSURANCE COMPANY

Address: 21 ROSZEL RD STE 100

CLAIMS OPERATIONS

City, State, Zip: PRINCETON, NJ 08540 - 6679

Entity Status: ORIGINAL REPORTING ENTITY IS ACTIVE

**B. SUBJECT IDENTIFICATION INFORMATION**

Subject Name: ZUBERNIS, JAMES

Other Name(s) Used:

Gender: MALE

Date of Birth: [REDACTED]

Organization Name: FORT DEFIANCE INDIAN OB/GYN CLINIC

Work Address: BONITA DRIVE  
PO BOX 649

City, State, Zip: FORT DEFIANCE, AZ 86504

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000027057754**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

Organization Type:

Home Address:

City, State, Zip:

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: PHILADELPHIA COLLEGE OF OSTEOPATHIC MED (1990)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: OS007647-L, PA

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 09/06/2002

Relationship of Entity to This Practitioner: INSURANCE COMPANY

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment for This Practitioner: \$112,000.00

Date of This Payment: 7/23/2002

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$112,000.00

Practitioner:

Payment Result of:

Date of Judgment or Settlement, if Any:

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any SINGLE PAYMENT.

Conditions, Including Terms of Payment:

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Number of Practitioners for Whom This Payer Has Paid 1

or Will Pay in This Case:

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000027057754**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Acts or Omissions: OBSTETRICS: IMPROPERLY PERFORMED C-SECTION (525)

Date of Event Associated With Allegation or Incident: 3/30/1994

Description of Act(s) or Omission(s): DURING C-SECTION NEWBORN FACE CUT CAUSING SCARRING.

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

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

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

Date of Original Submission: 9/6/2002

Date of Most Recent Change: 9/6/2002

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

The following supplemental information associated with the subject was not provided by the reporting entity. This information was submitted to the NPDB from other sources and is intended to supplement the information contained in this report.

Name(s): ZUBERNIS, JAMES J

Supplemental Date of Birth : [REDACTED]

Supplemental Social Security Number : \*\*\*-\*\*- [REDACTED]

Supplemental National Provider Identifier : 1609974385

ZUBERNIS, JAMES JOSEPH

DCN: 5500000027057754

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 062302, GA

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 5101016269, MI

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Osteopathic  
Physician (DO) (020), 5101016269, MI

Supplemental Drug Enforcement Administration (DEA) Number : BZ2903359

**This report is maintained under the provisions of:** Title IV

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

**END OF REPORT**

ZUBERNIS, JAMES JOSEPH

DCN: 5500000023309993

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Process Date: 11/2/2001

**PA STATE BOARD OF OSTEOPATHIC MEDICINE**

**STATE LICENSURE OR CERTIFICATION**

Date of Action: 10/10/2001

**Initial Action**

**Basis for Initial Action**

- SUSPENSION OF LICENSE (1135)

- OTHER - NOT CLASSIFIED, SPECIFY (99)

This action has related reports

<b>Initial Action:</b>	<b>[This Action]</b>
<b>Subsequent Action:</b>	- LICENSE RESTORED OR REINSTATED, COMPLETE
<b>Date of Action:</b>	6/30/2003
<b>DCN:</b>	5500000053743563

**A. REPORTING ENTITY**

Entity Name: PA STATE BOARD OF OSTEOPATHIC MEDICINE

Address: 124 PINE STREET

City, State, Zip: HARRISBURG, PA 17101

Name or Office: PRISCILLA TUREK

Title or Department: OSTEOPATHIC MEDICINE BOARD ADMINISTRATOR

Telephone: (717) 346-1188

Entity Internal Report Reference:

Type of Report: CORRECTION

Previous DCN: 5500000023238774 - (INITIAL) (Please destroy all copies of the previous report)

Corrected Fields: Subject Work Address

Subject Home Address

Basis for Action

Basis for Action Description(s)

The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 12/4/2024

Entity Name: PA STATE BOARD OF OSTEOPATHIC MEDICINE

Address: 2525 N 7TH ST

City, State, Zip: HARRISBURG, PA 17110 - 2511

Entity Status: ORIGINAL REPORTING ENTITY IS ACTIVE

**B. SUBJECT IDENTIFICATION INFORMATION**

Subject Name: ZUBERNIS, JAMES JOSEPH

ZUBERNIS, JAMES JOSEPH

DCN: 5500000023309993

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Other Name(s) Used:

Gender: MALE

Date of Birth: [REDACTED]

Organization Name: JAMES JOSEPH ZUBERNIS DO

Work Address:

City, State, Zip:

Organization Type: MEDICAL GROUP/PRACTICE

Home Address: 117 W COUNTY LINE ROAD

City, State, Zip: ARDMORE, PA 19003

Deceased: NO

Federal Employer Identification Numbers (FEIN):

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

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: PCOM (1990)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) (020)

State License Number, State of Licensure: OS007647L, PA

Specialty: UNSPECIFIED (99)

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

**C. INFORMATION REPORTED**

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION

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

Other, If Specified: IMPROPER PRESCRIBING OR DISPENSING

Name of Agency That Took the Adverse Action: PA STATE BOARD OF OSTEOPATHIC MEDICINE

Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Was Taken: 10/10/2001

Date Action Became Effective: 10/10/2001

Length of Action: INDEFINITE

Total Monetary Penalty, Assessment, and/or Restitution:

Automatically Reinstated After Action Period is NO

Completed?:



**ZUBERNIS, JAMES JOSEPH**

**DCN: 550000023309993**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 30000030810986**

Description of Subject's Act(s) And Description of Action INDEFINITE SUSPENSTION FOR AT LEAST THREE YEARS, STAYED IN  
(s) Taken By Reporting Entity: FAVOR OF AT LEAST THREE YRS PROBATION SUBJECT TO  
CONDITIONS. BASED ON INABILITY TO PRACTICE WITH  
REASONABLE SKILL AND SAFETY BY REASON OF ILLNESS,  
ADDICTION TO DRUGS OR ALCOHOL, OR MENTAL IMPAIRMENT.

Is the Adverse Action Specified in This Report Based on YES  
the Subject's Professional Competence or Conduct,  
Which Adversely Affected, or Could Have Adversely  
Affected, the Health or Welfare of The Patient(s):

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

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

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

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

Date of Original Submission: 10/26/2001  
Date of Most Recent Change: 11/2/2001

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

ZUBERNIS, JAMES JOSEPH

DCN: 550000023309993

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 30000030810986

The following supplemental information associated with the subject was not provided by the reporting entity. This information was submitted to the NPDB from other sources and is intended to supplement the information contained in this report.

Name(s): ZUBERNIS, JAMES J

Supplemental Date of Birth : [REDACTED]

Supplemental Social Security Number : \*\*\*-\*\*-\*\*\*\*

Supplemental National Provider Identifier : 1609974385

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD) (010), 062302, GA

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD) (010), 5101016269, MI

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Osteopathic Physician (DO) (020), 5101016269, MI

Supplemental Drug Enforcement Administration (DEA) Number : BZ2903359

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

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

**END OF REPORT**



ZUBERNIS, JAMES JOSEPH

DCN: 5500000053743563

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Process Date: 11/6/2008

**PA STATE BOARD OF OSTEOPATHIC MEDICINE**

**STATE LICENSURE OR CERTIFICATION**

**Date of Action: 6/30/2003**

**Subsequent Action**

- LICENSE RESTORED OR REINSTATED, COMPLETE (1280)

This action has related reports

**Initial Action:** - SUSPENSION OF LICENSE      **Date of Action:** 10/10/2001      **DCN:** 5500000023309993

**Subsequent Action:** [This Action]

**A. REPORTING ENTITY**

Entity Name: PA STATE BOARD OF OSTEOPATHIC MEDICINE

Address: 2601 NORTH THIRD STREET

City, State, Zip: HARRISBURG, PA 17110

Name or Office: PRISCILLA TUREK

Title or Department: OSTEOPATHIC MEDICINE BOARD ADMINISTRATOR

Telephone: (717) 346-1188

Entity Internal Report Reference:

Type of Report: REVISION TO ACTION

Previous DCN: 5500000023309993 - (CORRECTION)

The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 12/4/2024

Entity Name: PA STATE BOARD OF OSTEOPATHIC MEDICINE

Address: 2525 N 7TH ST

City, State, Zip: HARRISBURG, PA 17110 - 2511

Entity Status: ORIGINAL REPORTING ENTITY IS ACTIVE

**B. SUBJECT IDENTIFICATION INFORMATION**

Subject Name: ZUBERNIS, JAMES JOSEPH

Other Name(s) Used:

Gender: MALE

Date of Birth: [REDACTED]

Organization Name: JAMES JOSEPH ZUBERNIS DO

Work Address:

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000053743563**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

City, State, Zip:

Organization Type: MEDICAL GROUP/PRACTICE

Home Address: 117 W COUNTY LINE ROAD

City, State, Zip: ARDMORE, PA 19003

Deceased: NO

Federal Employer Identification Numbers (FEIN):

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

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: PCOM (1990)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) (020)

State License Number, State of Licensure: OS007647L, PA

Specialty: UNSPECIFIED (99)

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

**C. INFORMATION REPORTED**

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION

Name of Agency That Took the Adverse Action: STATE BOARD OF OSTEOPATHIC MEDICINE

Classification Code(s): LICENSE RESTORED OR REINSTATED, COMPLETE (1280)

Date Action Was Taken: 6/30/2003

Date Action Became Effective: 6/30/2003

Length of Action:

Total Monetary Penalty, Assessment, and/or Restitution:

Automatically Reinstated After Action Period is YES  
Completed?:

Description of Subject's Act(s) And Description of Action 6/30/2003 COMPLETED TERMS OF PROBATION. LICENSE  
(s) Taken By Reporting Entity: REINSTATED TO UNRESTRICTED, NON-PROBATIONARY STATUS.

Is the Adverse Action Specified in This Report Based on YES  
the Subject's Professional Competence or Conduct,  
Which Adversely Affected, or Could Have Adversely  
Affected, the Health or Welfare of The Patient(s):

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

**ZUBERNIS, JAMES JOSEPH**

**DCN: 550000053743563**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 30000030810986**

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

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

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

Date of Original Submission: 11/6/2008

Date of Most Recent Change: 11/6/2008

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

The following supplemental information associated with the subject was not provided by the reporting entity. This information was submitted to the NPDB from other sources and is intended to supplement the information contained in this report.

Name(s): ZUBERNIS, JAMES J

Supplemental Date of Birth : ██████████

Supplemental Social Security Number : \*\*\*-\*\*-██████

Supplemental National Provider Identifier : 1609974385

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD) (010), 062302, GA

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD) (010), 5101016269, MI

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Osteopathic Physician (DO) (020), 5101016269, MI

**ZUBERNIS, JAMES JOSEPH****DCN: 5500000053743563****FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners****Continuous Query ID: 300000030810986**

Supplemental Drug Enforcement Administration (DEA) Number : BZ2903359

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

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**END OF REPORT**

ZUBERNIS, JAMES JOSEPH

DCN: 5500000018740000

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Process Date: 9/13/2000

**PENNSYLVANIA PROPERTY & CASUALTY INSURANCE GUARANTY  
ASSOCIAT**

**MEDICAL MALPRACTICE PAYMENT**

Date of Action: 4/17/2000

**Initial Action**

**Basis for Initial Action**

- DIAGNOSIS: FAILURE TO DIAGNOSE (010)

**A. REPORTING ENTITY**

Entity Name: PA PROP & CAS INS GUAR ASSN

Address: 1617 J F KENNEDY BOULEVARD

SUITE 1620

City, State, Zip: PHILADELPHIA, PA 19103

Name or Office: LORI KLINGER, ESQUIRE

Title or Department: CLAIM REPRESENTATIVE

Telephone: (215) 568-1007

Entity Internal Report Reference:

Type of Report: INITIAL

The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 8/20/2024

Entity Name: PENNSYLVANIA PROPERTY & CASUALTY INSURANCE GUARANTY  
ASSOCIAT

Address: 1617 JOHN F KENNEDY BLVD STE 1850

City, State, Zip: PHILADELPHIA, PA 19103 - 1832

Entity Status: ORIGINAL REPORTING ENTITY IS ACTIVE

**B. SUBJECT IDENTIFICATION INFORMATION**

Subject Name: ZUBERNIS, JAMES J

Other Name(s) Used:

Gender: MALE

Date of Birth: [REDACTED]

Organization Name:

Work Address: 123 CARRIAGE LANE

City, State, Zip: SWEDESBORO, NJ 08085

Organization Type:

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

**OSBOE MARCH 12, 2026 BOARD MATERIALS 217**

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000018740000**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

Home Address:

City, State, Zip:

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: PCOM (1990)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) (020)

State License Number, State of Licensure: OS007647L, PA

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 09/13/2000

Relationship of Entity to This Practitioner: OTHER - GUARANTY FUND

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment for This Practitioner: \$25,000.00

Date of This Payment: 4/17/2000

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$25,000.00

Practitioner:

Payment Result of:

Date of Judgment or Settlement, if Any:

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: A SINGLE PAYMENT IN THE AMOUNT OF \$25,000 WAS MADE ON BEHALF OF DR. ZUBERNIS.

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Number of Practitioners for Whom This Payer Has Paid 1  
or Will Pay in This Case:

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000018740000**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

Acts or Omissions: DIAGNOSIS: FAILURE TO DIAGNOSE (010)

Date of Event Associated With Allegation or Incident: 10/28/1994

Description of Act(s) or Omission(s): ALLEGED FAILURE TO DIAGNOSE MENINGITIS PRIOR TO DISCHARGE.

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

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

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

Date of Original Submission: 9/13/2000

Date of Most Recent Change: 9/13/2000

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

The following supplemental information associated with the subject was not provided by the reporting entity. This information was submitted to the NPDB from other sources and is intended to supplement the information contained in this report.

Name(s): ZUBERNIS, JAMES J

Supplemental Date of Birth : ██████████

Supplemental Social Security Number : \*\*\*-\*\*-██████

Supplemental National Provider Identifier : 1609974385

ZUBERNIS, JAMES JOSEPH

DCN: 5500000018740000

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 062302, GA

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 5101016269, MI

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Osteopathic  
Physician (DO) (020), 5101016269, MI

Supplemental Drug Enforcement Administration (DEA) Number : BZ2903359

**This report is maintained under the provisions of:** Title IV

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**END OF REPORT**



ZUBERNIS, JAMES JOSEPH

DCN: 5500000016142641

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Process Date: 2/9/2000

**MCARE FUND**

**MEDICAL MALPRACTICE PAYMENT**

Date of Action: 12/31/1999

Initial Action	Basis for Initial Action
- SETTLEMENT (S)	- OBSTETRICS: IMPROPER CHOICE OF DELIVERY METHOD (510)
	- OBSTETRICS: DELAY IN DELIVERY (INDUCTION OR SURGERY) (530)

**A. REPORTING ENTITY**

Entity Name: PA MED PROF LIAB CATASTROPHE LOSS FUND

Address: 30 N.3RD STREET

10TH FL,SUITE 1000

City, State, Zip: HARRISBURG, PA 17108

Name or Office: BETH PERSUN AND JOYCE HELFRICH

Title or Department: MCARE

Telephone: (717) 783-3770

Entity Internal Report Reference:

Type of Report: INITIAL

The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 4/29/2025

Entity Name: MCARE FUND

Address: 1010 N 7TH ST STE 201

City, State, Zip: HARRISBURG, PA 17102 - 1400

Entity Status: ORIGINAL REPORTING ENTITY IS ACTIVE

**B. SUBJECT IDENTIFICATION INFORMATION**

Subject Name: ZUBERNIS, JAMES JOSEPH

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: [REDACTED]

Organization Name: CROZER CHESTER MED CENTER

Work Address: 15TH & UPLAND AVE.  
ACP SUITE 333

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000016142641**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

City, State, Zip: UPLAND, PA 19013

Organization Type:

Home Address:

City, State, Zip:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: PHILA COLLGE OF OSTEO MED (1990)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) (020)

State License Number, State of Licensure: OS007647L, PA

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 02/09/2000

Relationship of Entity to This Practitioner: OTHER - GUARANTY FUND

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment for This Practitioner: \$175,000.00

Date of This Payment: 12/31/1999

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$175,000.00

Practitioner:

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 2/1/1999

Adjudicative Body Case Number: 26272A

Adjudicative Body Name: CT OF COMMON PLEAS DELAWARE, CO., PA.

Court File Number: 97-02846

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: TOTAL SETTLEMENT OF \$750,000; PRIMARY CARRIER PAID \$200,000 AND CAT FUND PAID \$175,000 (INCL ANNUITY) FOR THIS PHYSICIAN ONLY

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

**ZUBERNIS, JAMES JOSEPH**

**DCN: 5500000016142641**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 300000030810986**

Number of Practitioners for Whom This Payer Has Paid 1  
or Will Pay in This Case:

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Acts or Omissions: OBSTETRICS: IMPROPER CHOICE OF DELIVERY METHOD (510)

Date of Event Associated With Allegation or Incident: 10/14/1996

Acts or Omissions: OBSTETRICS: DELAY IN DELIVERY (INDUCTION OR SURGERY) (530)

Date of Event Associated With Allegation or Incident: 3/18/1997

Description of Act(s) or Omission(s): ALLEGED FAILURE TO RECOGNIZE SIZE OF LARGE FETUS &  
FAILURE TO PERFORM A C-SECTION IN TIMELY FASHION  
RESULTING IN SHOULDER DYSTOCIA IN N/B FEM

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

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

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

Date of Original Submission: 2/9/2000

Date of Most Recent Change: 2/9/2000

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

The following supplemental information associated with the subject was not provided by the reporting entity. This information was submitted to the NPDB from other sources and is intended to supplement the information contained in this report.

ZUBERNIS, JAMES JOSEPH

DCN: 5500000016142641

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Name(s): ZUBERNIS, JAMES J

Supplemental Date of Birth : ██████████

Supplemental Social Security Number : \*\*\*-\*\*-██████

Supplemental National Provider Identifier : 1609974385

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 062302, GASupplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 5101016269, MISupplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Osteopathic  
Physician (DO) (020), 5101016269, MI

Supplemental Drug Enforcement Administration (DEA) Number : BZ2903359

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**This report is maintained under the provisions of:** Title IV

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

**END OF REPORT**



ZUBERNIS, JAMES JOSEPH

DCN: 5500000025525727

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Process Date: 5/7/2002

**WESTERN INDEMNITY INS. CO., IN RECEIVERS**

**MEDICAL MALPRACTICE PAYMENT**

**Date of Action: 4/7/1999**

**Initial Action**

**Basis for Initial Action**

- SETTLEMENT (S)

- OBSTETRICS: FAILURE TO MANAGE PREGNANCY (505)

**A. REPORTING ENTITY**

Entity Name: WESTERN INDEMNITY INSURANCE COMPANY

Address: CLAIMS DEPARTMENT

820 GESSNER, SUITE 1000

City, State, Zip: HOUSTON, TX 77024

Name or Office: MARY MARRERO

Title or Department: ATTORNEY

Telephone: (512) 482-9291

Entity Internal Report Reference:

Type of Report: INITIAL

The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 9/27/2010

Entity Name: WESTERN INDEMNITY INS. CO., IN RECEIVERS

Address: RESOLUTION OVERSIGHT CORPORATION

15600 SAN PEDRO AVENUE, SUITE 401

City, State, Zip: SAN ANTONIO, TX 78232

Entity Status: ORIGINAL REPORTING ENTITY IS INACTIVE WITH NO SUCCESSOR

**B. SUBJECT IDENTIFICATION INFORMATION**

Subject Name: ZUBERNIS, JAMES JOSEPH

Other Name(s) Used:

Gender: MALE

Date of Birth: [REDACTED]

Organization Name:

Work Address:

City, State, Zip:

Organization Type:

ZUBERNIS, JAMES JOSEPH

DCN: 5500000025525727

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Home Address: 117 W. COUNTY LINE ROAD

City, State, Zip: ARDMORE, PA 19803

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: PHILADELPHIA COLLEGE OF OSTEO MED (1990)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) (020)

State License Number, State of Licensure: OS007647L, PA

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 05/07/2002

Relationship of Entity to This Practitioner: INSURANCE COMPANY

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment for This Practitioner: \$200,000.00

Date of This Payment: 4/7/1999

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$400,000.00

Practitioner:

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 3/30/1999

Adjudicative Body Case Number: 97-2846

Adjudicative Body Name: COURT OF COMMON PLEAS, DELAWARE COUNTY, PA

Court File Number:

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: \$200,000 PAID IN FULL AND FINAL SETTLEMENT ON BEHALF OF OUR INSURED AGAINST ANY AND ALL CLAIMS RELATED TO THIS MATTER. SETTLEMENT DOES NOT REFLECT ANY ADMISSION OF WRONG DOING.

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Number of Practitioners for Whom This Payer Has Paid 2

or Will Pay in This Case:

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY****OSBOE MARCH 12, 2026 BOARD MATERIALS 226**

**ZUBERNIS, JAMES JOSEPH**

**DCN: 550000025525727**

**FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners**

**Continuous Query ID: 30000030810986**

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Acts or Omissions: OBSTETRICS: FAILURE TO MANAGE PREGNANCY (505)

Date of Event Associated With Allegation or Incident: 10/14/1996

Description of Act(s) or Omission(s): ALLEGED FAILURE TO PROPERLY MONITOR PREGNANCY RESULTING IN PHYSICAL AND NEUROLOGICAL INJURIES TO INFANT.

**D. SUBJECT STATEMENT**

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

**E. REPORT STATUS**

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

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

Date of Original Submission: 5/7/2002

Date of Most Recent Change: 5/7/2002

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

The following supplemental information associated with the subject was not provided by the reporting entity. This information was submitted to the NPDB from other sources and is intended to supplement the information contained in this report.

Name(s): ZUBERNIS, JAMES J

Supplemental Date of Birth : [REDACTED]

Supplemental Social Security Number : \*\*\*-\*\*- [REDACTED]

ZUBERNIS, JAMES JOSEPH

DCN: 5500000025525727

FOR AUTHORIZED USE BY: Oklahoma Board of Osteopathic Examiners

Continuous Query ID: 300000030810986

Supplemental National Provider Identifier : 1609974385

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 062302, GA

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Physician (MD)  
(010), 5101016269, MI

Supplemental Occupation/Field of Licensure (Code), State License Number, State of Licensure : Osteopathic  
Physician (DO) (020), 5101016269, MI

Supplemental Drug Enforcement Administration (DEA) Number : BZ2903359

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**This report is maintained under the provisions of:** Title IV

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

**END OF REPORT**

**James J. Zubernis, DO, FACOOG**



January 3, 2026

To Whom It May Concern:

On October 18, 2001 pursuant to a Consent Agreement and Order between the Pennsylvania State Board of Osteopathic Medicine and myself, my medical license (No. OS-007647-L) was suspended for at least three (3) years with an immediate stay and probation with conditions to be served in lieu of the suspension.

The suspension and probation were due to improper prescribing of a controlled substance to my former spouse in an attempt to treat her migraine headaches.

As there was an immediate stay, I continued to practice under the consent agreement and at no time did I stop practicing and I have practiced continuously since completing my residency in 1994.

The wording of the action in the National Practitioner Data Bank is:

“Indefinite suspension for at least three years, stayed in favor of at least three years probation subject to conditions. Based on inability to practice with reasonable skill and safety by reason of illness, addiction to drugs or alcohol, or mental impairment.”

Basis for Action: Improper prescribing or dispensing.

In June of 2000 I had entered into a voluntary agreement with the Physician’s Health Program (PHP) of the Pennsylvania Medical Society. My former spouse was a physician’s assistant and I had sought help for her chemical dependency through PHP. PHP requested my participation as the physician spouse of a chemically dependent health care provider and to provide advocacy and documentation for me as the non-chemical dependent partner.

I was evaluated by the PHP who determined me to be codependent in providing narcotic prescriptions for my former spouse but not suffering from chemical dependency myself. The PHP enrolled me in a monitoring agreement, had me participate in psychological counselling for my codependence and did random urine toxicology screening to document my drug free status.

My diagnosis of codependency was the basis for the stipulation of mental impairment in the license sanction.

My participation with the PHP from June of 2000 led the PA State Board of Osteopathic Medicine to rescind my probation on June 30, 2003, sixteen months early.

My Pennsylvania license is currently inactive but was in good standing at the time I inactivated it.

My participation with PHP ended in December 2004 in good standing.

The DEA did not express any concern or impose any action against me. This action has not proven to be a barrier to licensing in any state or obtaining privileges/credentialing with any healthcare organization, malpractice carrier or insurer.

If you have any additional concerns or questions, please feel free to contact me at [REDACTED].

Sincerely,

James J. Zubernis, DO, FACOOG

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

PROTHONOTARY

2003 JUN 30 PM 3:16

Department of State

Commonwealth of Pennsylvania, :  
Bureau of Professional and : Docket No. 0839-53-03  
Occupational Affairs :  
 :  
v. :  
 :  
James J. Zubernis, D.O. :  
Respondent :  
 :

File No. 03-53-05696

ORDER REINSTATING LICENSE

AND NOW, this 30<sup>th</sup> day of June, 2003, upon consideration of the Respondent's Petition for Reinstatement, and the Commonwealth's recommendation that probation be terminated, and finding the Respondent is in compliance with the Board's October 18, 2001 Order, the State Board of Osteopathic Medicine finds that the Respondent has completed the terms of probation outlined in the Board's Order of October 18, 2001, at File No. 00-53-00769. The Board therefore **ORDERS** that the Respondent's license to practice osteopathic medicine, license number OS-007647-L, is hereby **REINSTATED** to unrestricted, non-probationary status.

This order shall take effect immediately.

**BY ORDER:**

**STATE BOARD OF OSTEOPATHIC MEDICINE**



Thomas R. Czarnecki, D.O.,  
Chairman

Respondent's Attorney:

John A. Knapp, Esquire  
Katherine M. Layman, Esquire  
1900 Market Street  
Philadelphia, PA 19103

Prosecuting Attorney:

Benjamin A. Cero, Esquire  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Case Manager:

Harold Rozzelle  
Professional Health Monitoring Programs  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Board Counsel:

Amy L. Nelson, Counsel  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Date of Mailing:

June 30, 2003

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

PROTHONOTARY  
2001 OCT 18 AM 8:33  
Department of State

Commonwealth of Pennsylvania,  
Bureau of Professional and  
Occupational Affairs

vs.

James Joseph Zubernis, D.O.  
Respondent

:  
:  
:  
: Docket No. 1279 53-01  
: File No. 00-53-00769  
:  
:  
:

COPY

CONSENT AGREEMENT AND ORDER

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board Of Osteopathic Medicine ("Board") pursuant to the Osteopathic Medical Practice Act, 63 P.S. §271.1 et seq.

2. At all relevant and material times, James Joseph Zubernis, D. ("Respondent") held a license to practice osteopathic medicine in the Commonwealth of Pennsylvania, License No.OS-007647-L.

3. The Respondent admits that the following facts are true:

a. Respondent's license is current through October 31, 2002 and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last address on file with the Board is 1501 Lansdowne Avenue, Suite 101, Darby, PA 19023.

c. Respondent last practiced at Darby, PA.

d. Respondent has self-prescribed Stadol for migraine headaches. At the time he did so, it was a prescription, but, not a scheduled drug under the Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. §780-101 et seq.

e. Shortly after Stadol became a scheduled drug, Respondent stopped self-prescribing the drug, and subsequently stopped taking the drug altogether.

f. Respondent never consulted with another physician before self-prescribing Stadol.

g. Respondent's spouse, Margaret T. Zubernis, has abused the prescription drug Stadol for several years.

h. Respondent has prescribed Stadol for his wife on numerous occasions.

i. As a result of his wife's co-dependent drug abuse, Respondent has suffered marital and employment problems.

4. Based upon the factual allegations in paragraph 3 above, the Board is authorized to suspend, revoke or otherwise restrict Respondent's license under the Act.

5. The parties consent to the issuance of the following Order in settlement of this matter:

a. The Board is authorized to suspend, revoke or otherwise restrict Respondent's license under 63 P.S. §271.15(a)(5) in that Respondent is unable to practice the profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment.

b. Respondent's license, No.OS-007647-L, is indefinitely SUSPENDED for no less than three (3) years, such suspension to be immediately STAYED in favor

of no less than three (3) years of PROBATION, said probation to be subject to the following terms and conditions:

**GENERAL**

(1) Respondent shall fully and completely comply and cooperate with the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Program, Disciplinary Monitoring Unit ("DMU") and its agents and employees in their monitoring of Respondent's impairment under this Consent Agreement and Order ("Agreement").

(2) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds a license to practice the profession. Summary traffic violations shall not constitute a violation of this Agreement.

(3) Respondent shall at all times cooperate with the DMU and its agents and employees in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement, including requests for, and causing to be submitted at Respondent's expense, written reports, records and verifications of actions that may be required by the DMU.

(4) Respondent's failure to fully cooperate with the DMU shall be deemed a violation of this Agreement.

(5) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Agreement.

(6) Respondent may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Respondent seeks and receives prior written permission from the DMU subject to any additional terms and conditions required by the DMU.

(7) In the event Respondent relocates to another jurisdiction, within five days (5) days of relocating Respondent shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Agreement sent to the Pennsylvania DMU, or if the other jurisdiction has no impaired professional program, Respondent shall notify the licensing board of the other jurisdiction that Respondent is impaired and enrolled in this Program. In the event Respondent fails to do so, in addition to being in violation of this Agreement, the periods of suspension and probation shall be tolled.

(8) Respondent shall notify the DMU in writing within five (5) days of the filing of any criminal charges against Respondent,

the initiation of any legal action pertaining to Respondent's practice of the profession, the initiation of charges, action, restriction or limitation related to Respondent's practice of the profession by a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice, or any investigation, action, restriction or limitation related to Respondent's privileges to practice the profession at any health care facility.

(9) Respondent shall notify the DMU by telephone within 48 hours and in writing within five (5) days of any change of Respondent's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the DMU under this subsection due to the DMU office being closed is not an excuse for not leaving a voice mail message with this information.

#### **EVALUATION - TREATMENT**

(10) If an assessment/treatment evaluation has not been done by a DMU-approved provider within thirty (30) days prior to the effective date of this Agreement, or within thirty (30) days subsequent to the effective date of this Agreement, Respondent shall have forwarded to the DMU, P.O. Box 10749, Harrisburg, PA 17105-0749, (717) 783-4857, a written evaluation by a DMU-approved provider

assessing Respondent's fitness to actively practice the profession. If the provider determines that Respondent is not fit to practice, Respondent shall immediately cease practicing the profession and not practice until a DMU-approved provider and the DMU case manager determine that Respondent is fit to resume practice with reasonable skill and safety to patients.

(11) Respondent shall provide the DMU-approved provider with a copy of any prior evaluations and counseling records and a copy of this Agreement.

(12) Respondent shall authorize, in writing, the DMU to have a copy of the DMU-approved provider's written evaluation reports.

(13) If the DMU provider's evaluation includes recommendations that Respondent obtain treatment, Respondent must fully comply with those recommendations as part of these probationary requirements.

(14) Respondent shall arrange and ensure that written treatment reports from all DMU-approved providers are submitted to the DMU upon request or at least every sixty (60) days after the effective date of this Agreement. The reports shall contain at least the following information:

- (a) Verification that the provider has received a copy of this Agreement and understands the conditions of this probation;
- (b) A treatment plan, if developed;
- (c) Progress reports, including information regarding compliance with the treatment plan;
- (d) Physical evaluations, if applicable;
- (e) The results of any testing;
- (f) Modifications in treatment plan, if applicable;
- (g) Administration or prescription of any drugs to Respondent; and
- (h) Discharge summary and continuing care plan at discharge.

(15) Respondent shall identify a primary care physician who shall send written notification to the Respondent's DMU case manager certifying Respondent's health status as requested.

**SUPPORT GROUP ATTENDANCE**

(16) Respondent shall attend and actively participate in any support group programs recommended by the provider or the DMU case manager at the frequency recommended by the provider, but no less than twice a week.

(17) Respondent shall provide written verification of any and all support group attendance to the DMU on at least a monthly basis or as otherwise directed by the DMU.

**ABSTENTION**

(18) Respondent shall completely abstain from the use of controlled substances, mood altering drugs or drugs of abuse including alcohol in any form, except under the following conditions:

(a) Respondent is a bona fide patient of a licensed health care practitioner who is aware of Respondent's impairment and participation in the DMU;

(b) Such medications are lawfully prescribed by Respondent's treating practitioner and approved by the DMU case manager; and

(c) Respondent provides the DMU, within 48 hours of receiving the medication, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication, and a signed statement consenting to the release of the medical information from the prescribing practitioner to the DMU or its designated representative for the purpose of verification.

## SUPERVISED PRACTICE

(19) Respondent shall not without the DMU case manager's written approval:

(a) Practice the profession in any capacity that involves the administration of controlled substances for a period of at least six (6) months following return to work in the practice of the profession, nor shall he write any prescription medication for his spouse;

(b) Function as a supervisor;

(c) Function in a private practice setting or without direct supervision;

(d) Work in an intensive care unit, operating room, coronary care unit, or emergency department; or

(20) Within five (5) days of the effective date of this Agreement, Respondent shall give any employer, supervisor or instructor ("supervisor") and any prospective supervisor a copy of this Agreement.

(21) Respondent shall provide the DMU by telephone within 48 hours, and in writing within five (5) days, notification of the following:

(a) Name and address of the supervisor responsible for Respondent's practice;

(b) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice; and

(c) Any restrictions on Respondent's practice.

(22) Respondent shall ensure that Respondent's supervisor submits to the DMU the following information in writing:

(a) Verification that the supervisor has received a copy of this Agreement and understands the conditions of this probation;

(b) An evaluation of Respondent's work performance on a 60-day or more frequent basis, as requested by the DMU; and

(c) Immediate notification of any suspected violation of this probation by Respondent.

### **BODY FLUID TOXICOLOGY SCREENING**

(23) Respondent shall submit to random unannounced and observed body fluid toxicology screens for the detection of substances prohibited under this Agreement as directed by the DMU. A positive result on a body fluid toxicology screen shall constitute an irrefutable

violation of this Agreement unless Respondent has complied with the provisions of this Agreement pertaining to the use of drugs. Failure to provide a specimen when requested will be considered a violation of this Agreement.

(24) Respondent shall avoid all foods which contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

### **REPORTING/RELEASES**

(25) Respondent, Respondent's providers, supervisor(s), employer(s) or other persons required to submit reports under this Agreement shall cause such reports, data or other information to be filed with the DMU, unless otherwise directed, at:

DMU  
Box 10749  
Harrisburg, PA 17105-0749

(26) Respondent consents to the release by the DMU of any information or data produced as a result of this probation, including written provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner, and Board members in the administration and enforcement of this Agreement.

(27) Respondent shall sign any required waivers or release forms requested by the DMU for any and all records, including medical or other health-related and psychological records, pertaining

to treatment and monitoring rendered to Respondent during this probation and any corresponding criminal probation, as well as any employment, personnel, peer review or review records pertaining to Respondent's practice of the profession during this probation, to be released to the DMU, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

### **COSTS**

(28) Respondent shall be responsible for all costs incurred in complying with the terms of this Agreement, including but not limited to psychiatric or psychotherapy treatments, DMU-required toxicology screens prior to each screen's being conducted, and reproduction of treatment or other records.

### **BUREAU/PHMP EVALUATIONS**

(29) Upon request of the DMU, the Respondent shall submit to mental or physical evaluations, examinations or interviews by a DMU-approved treatment provider or the DMU. Respondent's failure to submit to such an evaluation, examination or interview shall constitute a violation of this Agreement.

**VIOLATION OF THIS ORDER**

(30) Notification of a violation of the terms or conditions of this Agreement shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the suspension, imposed in paragraph 5b above, of Respondent's license(s) to practice the profession in the Commonwealth of Pennsylvania, as follows:

(a) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition which indicates that Respondent has violated any terms or conditions of this Agreement.

(b) Upon a probable cause determination by the Committee that Respondent has violated any of the terms or conditions of this Agreement, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Respondent's license.

(c) Respondent shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to Respondent's last registered address on file with the Board, or by personal service if necessary.

(d) Within twenty (20) days of mailing of the preliminary order, Respondent may submit a written answer to the Commonwealth's petition and request that a formal hearing be held concerning Respondent's violation of probation, in which Respondent may seek relief from the preliminary order activating the suspension. Respondent shall mail the original answer and request for hearing, as well as all subsequent writings in the matter, to the Bureau of Professional and Occupational Affairs' Prothonotary, 124 Pine Street, Suite 200, Harrisburg, PA 17101, and a copy to the prosecuting attorney for the Commonwealth.

(e) If Respondent submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Respondent's request for a formal hearing.

(f) Respondent's submission of a timely answer and request for a hearing shall not stay the suspension of Respondent's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(g) The facts and averments in this Agreement shall be deemed admitted and uncontested at this hearing.

(h) If the Board or hearing examiner after the formal hearing makes a determination against Respondent, a final order will be issued sustaining the suspension of Respondent's license and imposing any additional disciplinary measures deemed appropriate.

(i) If Respondent fails to timely file an answer and request a hearing, the Board shall issue a final order affirming the suspension of Respondent's license.

(j) If Respondent does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or hearing examiner makes a determination against Respondent sustaining the suspension of Respondent's license, after at least 3 years of active suspension and any additional imposed discipline,

Respondent may petition the Board for reinstatement based upon an affirmative showing that Respondent has at least 36 (thirty-six) months of sustained documented recovery, a DMU-approved provider's evaluation that Respondent is fit to safely practice, and verification that Respondent has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

c. Respondent's failure to fully comply with any terms of this Agreement

may also constitute grounds for additional disciplinary action.

6. Nothing in this Agreement shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary action or corrective measures for violations or facts not contained in this Agreement.

7. After successful completion of probation, Respondent may petition the Board to reinstate Respondent's license to unrestricted, non-probationary status upon an affirmative showing that Respondent has complied with all terms and conditions of this Agreement and that Respondent's resumption of unsupervised practice does not present a threat to the public health and safety.

8. This Agreement shall take effect immediately upon its approval and adoption by the Board.

9. Respondent waives filing and service of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter,

and to the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

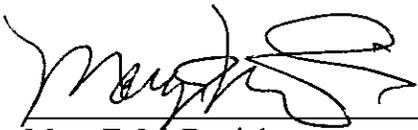
10. Respondent agrees, as a condition of entering into this Agreement, not to seek modification of it at a later date without first obtaining the express written concurrence of the Prosecution Division of the Bureau of Professional and Occupational Affairs.

11. This Agreement is between the prosecuting attorney and Respondent only. Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board approves and adopts the Agreement.

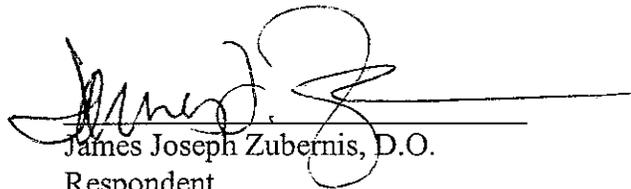
12. Should the Board not approve this Agreement, presentation to and consideration of it by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Agreement.

13. This Agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this Agreement.

14. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. '4904 relating to unsworn falsification to authorities.

  
Mary E. McDaniel  
Prosecuting Attorney  
Bureau of Professional and  
Occupational Affairs

DATED: 8-28-01

  
James Joseph Zubernis, D.O.  
Respondent

DATED: 6/6/01

  
William Arbuckle  
Respondent's Attorney

DATED: 6/27/01

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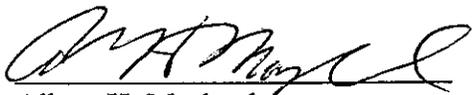
**ORDER**

AND NOW, this *10* day of *OCT* 2001, the State Board of State Board Of Osteopathic Medicine approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

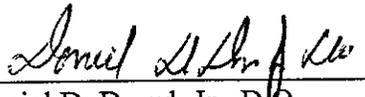
This Order shall take effect immediately.

**BY ORDER:**

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS      STATE BOARD OF STATE BOARD OF OSTEOPATHIC MEDICINE**



Albert H. Masland  
Commissioner



Daniel D. Dowd, Jr., D.O.  
Chairperson

File No. 00-53-00769

Date of Mailing:

*10-18-01*

For the Commonwealth:

Mary E. McDaniel, Prosecuting Attorney  
P. O. Box 2649  
Harrisburg, PA 17105-2649

For Respondent:

William Arbuckle, Esquire  
1315 S. Allen Street, Suite 302  
State College, PA 16801

MEM

Malpractice History  
James J. Zubernis DO



**2003**

**Case # 1**

**Caption:** JAMILLA JONES vs. Mercy Catholic Medical Center, et al.  
**Date of Event:** 03/10/03  
**Location of Event:** Mercy Catholic Medical Center, Darby PA  
**Date Filed:** June 20 2005  
**Court:** Delaware County Pennsylvania Common Pleas  
**Case ID:** 001797  
**Insurance Company:** PPIC  
**Status:** CLOSED/Dismissed March 2012

**Attorney:** Geralamo, McNulty, Divis and Lewbart  
The North American Building  
Suite 1400  
121 South Broad Street  
Philadelphia PA 19107

**Description:** This action was filed by Jamila Jones against Mercy Catholic Medical Center, Dr. Michael Schiavone and myself regarding care she received in March of 2003.

Dr. Schiavone is the primary defendant.

Dr. Schiavone performed a diagnostic laparoscopy and a linear salpingostomy on the patient for an ectopic pregnancy.

I became involved after the patient developed complications from her surgery by Dr. Schiavone. She suffered prolapse of her small intestine through one of her trocar sites and Dr. Schiavone also failed to remove the ectopic pregnancy from her fallopian tube. Case was based on the allegation of failure to properly manage ectopic pregnancy and having a scar, which would have been unnecessary had surgery been performed properly in the first place.

**2001**

**Case # 2**

**Caption:** Joan Parker vs. Mercy Gynecologic Associates, et al.  
**Date of Event:** May 5 2001  
**Location of Event:** Mercy Catholic Medical Center, Darby PA  
**Date Filed:** May 3 2007  
**Court:** Court of Common Pleas Philadelphia  
**Case ID:** 003515  
**Insurance Company:** PPIC BHP001392605  
**Status:** CLOSED/Patient withdrew case May 2, 2008

**Description:** This case was filed against several physicians (12 in total) alleging failure to diagnose uterine cancer. My involvement was in the beginning of her care in May of 2001. She was seen subsequently by several other physicians including a GYN oncologist who did not detect her leiomyosarcoma.

**Case # 3**

**Caption:** Brittany McDougall VS CROZER-KEYSTONE HEALTH SYSTEM  
**Date of Event:** 03/19/96  
**Location of Event:** Crozer Chester Medical Center, Upland PA  
**Date Filed:** March 19 1998  
**Court:** Delaware County Pennsylvania Common Pleas  
**Case ID:** 97-002846  
**Attorney:** J. Scott Kramer  
 Duane Morris LLP  
 30 South 17th Street  
 Philadelphia, PA 19103-4196  
**Insurance Company:** Western Indemnity  
**Status:** CLOSED/Settled 4/6/1999 - \$200,000 (Western Indemnity), \$175,000 (PA Cat Fund)

**NPDB Entry** Alleged failure to recognize size of large fetus & failure to perform a c-section in a timely fashion resulting in shoulder dystocia in n/b female.  
 #5500000025525727 & #5500000016142461

**Description:** I was covering for another physician at the time. The physician I was covering for did not perform blood sugar testing for his pregnant patients and baby weighed almost 10 pounds. The child sustained permanent neurologic injury that caused her to have a mild decrease in the range of motion in one arm.

This case is represented by two entries in the NPDB – one for the primary insurer and one for the PA CAT Fund.

Another physician, Dr. Frank Rech was also named. I was covering for Dr. Frank Rech at the time of the incident. Dr. Rech settled for \$375,000 making the total payout for this case \$750,000 of which \$375,000 was attributable to me.

**Case # 4**

**Caption:** Baby Boy Lopez aka Eric Beltran VS. EPISCOPAL HOSPITAL, ET AL  
**Date of Event:** 6/23/1995  
**Location Of Event:** Episcopal Hospital of Philadelphia  
**Date Filed:** February 5 1999  
**Court:** Philadelphia Court of Common Pleas  
**Case ID:** 960203140  
**Insurance Company:** PIE  
**Status:** CLOSED/Dismissed from case

**Description:** At time of admission of this patient the fetal monitor strip showed an essentially flat line fetal heart tracing. The Patient underwent a biophysical profile that indicated reassuring fetal well-being and patient was allowed to labor and deliver vaginally.

Baby boy Lopez was born without brain activity. As defendant, I was alleged to have failed to intervene during labor. I was later dismissed from this case and it was settled against another practitioner.

As discovery progressed, attention was focused on a visit by the patient to the OB/GYN clinic at Episcopal Hospital where a PA saw patient. The patient reported no fetal movement, but this fact was not reported to an attending physician or followed up on.

**Case # 5**

**Caption:** Danil Diaz, Daniella Marie Cruz ETAL VS KAHN ETAL  
**Date of Event:** 7/24/1996  
**Location of Event:** Episcopal Hospital of Philadelphia  
**Date Filed:** May 21 1998  
**Court:** Philadelphia Court of Common Pleas  
**Case ID:** 980502250  
**Insurance Company:** PIE  
**Status:** CLOSED/Dismissed from case 9/21/2000

**Description:** Pt. admitted to hospital at 35 weeks with mild pre-eclampsia. Fetus died while pt. was being monitored on OB floor. Case was based on allegation of inappropriate management of pregnancy. Case was settled against another defendant physician, Carol Allen MD for \$475,000.

I was one of several defendants who were named in this case.

**Case # 6**

**Caption:** Elvis Jesus Desalecedo ETAL VS EPISCOPAL HOSPITAL ETAL  
**Date of Event:** 4/14/1996  
**Location of Event:** Episcopal Hospital of Philadelphia  
**Date Filed:** August 4 1998  
**Court:** Philadelphia Court of Common Pleas  
**Case ID:** 1254  
**Insurance Company:** PIE  
**Status:** CLOSED/Dismissed from case 2/2/2000

**Description:** Alleged failure to manage labor appropriately. Patient experienced shoulder dystocia during delivery with neurologic sequeli to infant. A resident delivered the baby. I was alleged to have failed to supervise the resident but another physician was actually responsible for supervision at the time of the incident. Once the attending responsible for supervision was accurately determined, I was dismissed from the case.

**Case # 7**

**Caption:** Jasmine Martinez ETAL VS GHS OSTEOPATHIC INC ETAL  
**Date of Event:** 3/30/1994  
**Location of Event:** Parkview Hospital Philadelphia  
**Date Filed:** January 20 2000  
**Court:** Philadelphia Court of Common Pleas  
**Case ID:** 02489  
**Insurance Company:** Princeton Insurance  
**Status:** CLOSED/Settled 6/25/2002 for \$112,000  
**NPDB Description/Number:** During C-Section newborn face cut causing scarring #5500000027057754

**Description:** Baby's cheek was cut during a cesarean section and left an approximately 1-inch scar on her cheek. I was a 4<sup>th</sup> year resident at time of event. I was named as well as Carolyn Shaw MD who was the attending.

**Case # 8**

**Caption:** Rhonda Harris VS ZUBERNIS ET AL  
**Date of Event:** 10/28/1994  
**Location of Event:** Episcopal Hospital of Philadelphia  
**Date Filed:** October 16 1996  
**Court:** Philadelphia Court of Common Pleas  
**Case ID:** 961001191  
**Insurance Company:** PPCGA (PIE)  
**Status:** CLOSED/Settled 4/17/2002 for \$25,000

**NPDB Description/Report #** Alleged failure to diagnose meningitis prior to discharge #5500000018740000

**Description:** This patient had chicken pox when she presented to Labor and Delivery. Her labor and delivery were normal and she was discharged to home in 48 hours, as was the norm at the time. Patient began having problems in the postpartum period and presented to emergency room on several occasions. She was seen by one of my partners, Dr. David Toub and taken for a D&C secondary to the patient having vaginal bleeding. It was felt that she might have had a retained placenta but no tissue was recovered on D&C.

Patient was seen in the ER at Episcopal Hospital several times and was finally admitted because of neurologic changes that were attributed to her varicella infection. I was initially named because the theory was that a retained placenta and post partum bleeding had caused her neurological symptoms.

The bulk of the settlement was against the Emergency Medical Group at Episcopal Hospital. The payment is listed in the NPDB as "failure to diagnose meningitis prior to discharge". The settlement on my behalf was entered into without my consent, as this was the terms of our malpractice policy.

January 2, 2025

Clayton Bailey  
Complaint Specialist/Investigator  
Nevada State Board of Osteopathic Medicine  
2275 Corporate Circle, Suite 210  
Henderson, NV 89074

Re: BOM Case # [REDACTED]  
Patient: [REDACTED] DOB: [REDACTED]

Dear Mr. Bailey:

This correspondence is in response to the complaint concerning [REDACTED]. In addition to requesting a written response, you have asked for a complete copy of the medical records. Attached please find all the medical records in Banner Health's possession regarding my care of [REDACTED].

In 1990, I earned my osteopathic medical degree from Philadelphia College of Osteopathic Medicine. I completed an internship in obstetrics and gynecology at Saint Joseph's Hospital in Philadelphia. I subsequently completed a residency in obstetrics and gynecology at the Philadelphia College of Osteopathic Medicine. I have been board certified by the American Osteopathic Board of Obstetrics and Gynecology since 2003. Enclosed please find a copy of my current curriculum vitae.

The complaint involves [REDACTED] care following the delivery of her child on August 30, 2024. [REDACTED] claims she should have received the Rhogam vaccine after delivery based on her blood type and the blood type of her husband. She claims her chance of having a subsequent full-term pregnancy are greatly reduced because she was not given the Rhogam vaccine.

[REDACTED] received prenatal care from myself and my colleagues at the Banner Medical Group clinics in Fallon. She presented to Banner Churchill Community Hospital on August 28, 2024 for an induction of labor. She was admitted to the hospital by Dr. Karen Rodeffer-Evans. I was the attending physician during her vaginal delivery on August 30, 2024. There were no complications during labor or delivery.

Because [REDACTED] blood is Rh-negative, per hospital protocol, [REDACTED] infant was tested to determine if the infant's blood was Rh-positive. The initiation of that protocol is reflected on page 9 of the 268 page set of records from Banner Churchill Community Hospital. If the infant is found to have Rh-positive blood, the protocol generates an order for nursing staff to administer the Rhogam vaccine to the mother. After learning [REDACTED] infant had Rh-positive blood, and [REDACTED] did not receive the vaccine, I spoke to the nurse manager at Banner Churchill Community Hospital. The nurse manager confirmed the

correct orders had been made, but unfortunately, nursing staff failed to administer the vaccination.

I am surprised to hear about [REDACTED] concern regarding a subsequent pregnancy. Prior to the delivery at issue, [REDACTED] had delivered five infants and had scheduled a tubal ligation with me to prevent further pregnancies. Although she ultimately canceled the procedure, her husband underwent a vasectomy for contraception as reflected in the October 11, 2024 clinic note by Dr. Ralph Narinedhat. He noted the vasectomy was performed eight months before that appointment. I certainly understand her concern about the health of a future child, but she specifically stated she did not intend to have any more children. In addition, there is testing available to determine whether [REDACTED] had a reaction to her infant's Rh-positive blood. In the event that test is positive, the condition can be managed and it should not adversely affect a future pregnancy.

Obviously, it is disappointment [REDACTED] was not administered the Rhogam vaccine pursuant to hospital protocol and my orders. However, I am confident my care was within the standard of care.

I have retained Chad Couchot at Schuering & Doyle to represent me in this matter. Please copy him on all future correspondence. In the meantime, please do not hesitate to contact me if you have any questions or need additional information.

Sincerely,



James Zubernis D.O.  
[REDACTED]

Enclosures

**James J. Zubernis, DO, FACOOG**



January 3, 2026

To Whom It May Concern:

On October 18, 2001 pursuant to a Consent Agreement and Order between the Pennsylvania State Board of Osteopathic Medicine and myself, my medical license (No. OS-007647-L) was suspended for at least three (3) years with an immediate stay and probation with conditions to be served in lieu of the suspension.

The suspension and probation were due to improper prescribing of a controlled substance to my former spouse in an attempt to treat her migraine headaches.

As there was an immediate stay, I continued to practice under the consent agreement and at no time did I stop practicing and I have practiced continuously since completing my residency in 1994.

The wording of the action in the National Practitioner Data Bank is:

“Indefinite suspension for at least three years, stayed in favor of at least three years probation subject to conditions. Based on inability to practice with reasonable skill and safety by reason of illness, addiction to drugs or alcohol, or mental impairment.”

Basis for Action: Improper prescribing or dispensing.

In June of 2000 I had entered into a voluntary agreement with the Physician’s Health Program (PHP) of the Pennsylvania Medical Society. My former spouse was a physician’s assistant and I had sought help for her chemical dependency through PHP. PHP requested my participation as the physician spouse of a chemically dependent health care provider and to provide advocacy and documentation for me as the non-chemical dependent partner.

I was evaluated by the PHP who determined me to be codependent in providing narcotic prescriptions for my former spouse but not suffering from chemical dependency myself. The PHP enrolled me in a monitoring agreement, had me participate in psychological counselling for my codependence and did random urine toxicology screening to document my drug free status.

My diagnosis of codependency was the basis for the stipulation of mental impairment in the license sanction.

My participation with the PHP from June of 2000 led the PA State Board of Osteopathic Medicine to rescind my probation on June 30, 2003, sixteen months early.

My Pennsylvania license is currently inactive but was in good standing at the time I inactivated it.

My participation with PHP ended in December 2004 in good standing.

The DEA did not express any concern or impose any action against me. This action has not proven to be a barrier to licensing in any state or obtaining privileges/credentialing with any healthcare organization, malpractice carrier or insurer.

If you have any additional concerns or questions, please feel free to contact me at 406-499-2808.

Sincerely,

James J. Zubernis, DO, FACOOG

## Other Licenses

Licensing Board	License Number	Practitioner Type	License Type	License Status	Issue Date	Expiration Date
Oklahoma State Board of Osteopathic Examiners	5856	DO – Doctor of Osteopathic Medicine	Full	Lapsed	Jun-01-2015	Jun-30-2016
Minnesota Board of Medical practice	57156	DO – Doctor of Osteopathic Medicine	Full	Inactive	Sep-07-2013	Jul-31-2016
North Dakota Board of Medicine	9887	DO – Doctor of Osteopathic Medicine	Full	Expired	Nov-19-2004	Jul-27-2018
Michigan Board of Medicine	5101016269	DO – Doctor of Osteopathic Medicine	Full	Inactive	Aug-20-2004	Dec-31-2013
Montana Board of Medical Examiners	26750	DO – Doctor of Osteopathic Medicine	Full	Active	Jul-24-2013	Mar-31-2027
Nevada State Board of Osteopathic Medicine	DO3250	DO – Doctor of Osteopathic Medicine	Full	Active	Aug-09-2022	Dec-31-2026
Georgia Composite Medical Board	062302	DO – Doctor of Osteopathic Medicine	Full	Active	Mar-06-2009	Jul-31-2026
Wyoming Board of Medicine	9535A	DO – Doctor of Osteopathic Medicine	Full	Active	Nov-02-2013	Jun-30-2026
South Dakota Board of Medical and Osteopathic Examiners	8895	DO – Doctor of Osteopathic Medicine	Full	Inactive	Jun-03-2013	Mar-01-2016
Pennsylvania Board of Osteopathic Medicine	OS007647L	DO – Doctor of Osteopathic Medicine	Full	Expired	Sep-30-1991	Oct-31-2006

# RATIFICATION OF APPROVED LICENSES

## Approved Licenses for Ratification - 12/4/2025 - 3/5/2026

#	Licensee/Applicant	License Number	License Type	License Status	Issue Date	Expiration Date
1	Travis Brachtenbach	7294	Osteopathic Physician and Surgeon	Active	3/3/2026	6/30/2027
2	Heather Jackson	9433	Osteopathic Physician and Surgeon	Active	12/4/2025	6/30/2026
3	Steven Foote	9434	Osteopathic Physician and Surgeon	Active	12/4/2025	6/30/2026
4	Yousef Maita	9435	Osteopathic Physician and Surgeon	Active	12/4/2025	6/30/2026
5	Brian Wood	9436	Osteopathic Physician and Surgeon	Active	12/4/2025	6/30/2026
6	Alexander Grunenwald	9437	Osteopathic Physician and Surgeon	Active	12/4/2025	6/30/2026
7	Patrick McDonough	9438	Osteopathic Physician and Surgeon	Active	12/8/2025	6/30/2026
8	Michael Rowe	9439	Osteopathic Physician and Surgeon	Active	12/8/2025	6/30/2026
9	Mark McDaniel	9440	Osteopathic Physician and Surgeon	Active	12/8/2025	6/30/2026
10	Marshall Hutchison	9441	Osteopathic Physician and Surgeon	Active	12/8/2025	6/30/2026
11	Julienne Little	9442	Osteopathic Physician and Surgeon	Active	12/10/2025	6/30/2026
12	Ayman Elbatanony	9443	Osteopathic Physician and Surgeon	Active	12/10/2025	6/30/2027
13	Matthew Ruppel	9444	Osteopathic Physician and Surgeon	Active	12/10/2025	6/30/2026
14	Allen Weiss	9445	Osteopathic Physician and Surgeon	Active	12/10/2025	6/30/2026
15	Holly Foote	9446	Osteopathic Physician and Surgeon	Active	12/10/2025	6/30/2026
16	Liza Salloum	9447	Osteopathic Physician and Surgeon	Active	12/10/2025	6/30/2026
17	Hany Abdelfattah	9448	Osteopathic Physician and Surgeon	Active	12/12/2025	6/30/2026
18	Thomas Hutson	9449	Osteopathic Physician and Surgeon	Active	12/12/2025	6/30/2026
19	Lindsey Feldman	9450	Osteopathic Physician and Surgeon	Active	12/16/2025	6/30/2026
20	Kayla Arthur	9451	Osteopathic Physician and Surgeon	Active	12/16/2025	6/30/2026
21	Christopher Johnston	9452	Osteopathic Physician and Surgeon	Active	12/17/2025	6/30/2026
22	Kelly Ross	9453	Osteopathic Physician and Surgeon	Active	12/17/2025	6/30/2026
23	Kimberly Brandt	9454	Osteopathic Physician and Surgeon	Active	12/17/2025	6/30/2026
24	Heather Cook	9455	Osteopathic Physician and Surgeon	Active	12/18/2025	6/30/2026
25	Mohan Rengen	9456	Osteopathic Physician and Surgeon	Active	12/19/2025	6/30/2026
26	Chad Percifield	9457	Osteopathic Physician and Surgeon	Active	12/22/2025	6/30/2026
27	Michael Zamostny	9458	Osteopathic Physician and Surgeon	Active	12/22/2025	6/30/2026
28	Spencer Heath	9459	Osteopathic Physician and Surgeon	Active	12/23/2025	6/30/2026
29	Suzanne Kersbergen	9460	Osteopathic Physician and Surgeon	Active	12/23/2025	6/30/2026
30	Jonathon Savage	9461	Osteopathic Physician and Surgeon	Active	12/23/2025	6/30/2026
31	Arnold Cruz	9462	Osteopathic Physician and Surgeon	Active	12/23/2025	6/30/2026
32	Myles Mowery	9463	Osteopathic Physician and Surgeon	Active	12/23/2025	6/30/2026

33	Nicholas McAlister	9464	Osteopathic Physician and Surgeon	Active	12/30/2025	6/30/2026
34	Pavel Itersky	9465	Osteopathic Physician and Surgeon	Active	12/30/2025	6/30/2026
35	Chizite Iheonunekwu	9466	Osteopathic Physician and Surgeon	Active	12/30/2025	6/30/2026
36	Melanie Pittard	9467	Osteopathic Physician and Surgeon	Active	12/30/2025	6/30/2026
37	Tammy Fouse	9468	Osteopathic Physician and Surgeon	Active	12/30/2025	6/30/2026
38	Riley Woods	9469	Osteopathic Advanced Resident Physician	Active	12/30/2025	6/30/2026
39	Jamie McDowell	9470	Osteopathic Physician and Surgeon	Active	1/5/2026	6/30/2026
40	Seth Krueger	9471	Osteopathic Physician and Surgeon	Active	1/6/2026	6/30/2027
41	Olusegun Onibonoje	9472	Osteopathic Physician and Surgeon	Active	1/7/2026	6/30/2026
42	Karng Log	9473	Osteopathic Physician and Surgeon	Active	1/7/2026	6/30/2026
43	Maria Tucker	9474	Osteopathic Physician and Surgeon	Active	1/9/2026	6/30/2026
44	Megan Wang	9475	Osteopathic Advanced Resident Physician	Active	1/12/2026	6/30/2026
45	Sarah Kalliath	9476	Osteopathic Physician and Surgeon	Active	1/13/2026	6/30/2026
46	Abhinav Katti	9477	Osteopathic Physician and Surgeon	Active	1/13/2026	6/30/2026
47	Amanda Eng	9478	Osteopathic Physician and Surgeon	Active	1/15/2026	6/30/2026
48	Erik Allison	9479	Osteopathic Physician and Surgeon	Active	1/15/2026	6/30/2026
49	David Wolma	9480	Osteopathic Physician and Surgeon	Active	1/16/2026	6/30/2026
50	Adeeb Saleh	9481	Osteopathic Physician and Surgeon	Active	1/20/2026	6/30/2026
51	Aisha Bailey	9482	Osteopathic Physician and Surgeon	Active	1/21/2026	6/30/2026
52	Christopher Pham	9483	Osteopathic Physician and Surgeon	Active	1/21/2026	6/30/2026
53	Charles Sineri	9484	Osteopathic Physician and Surgeon	Active	1/21/2026	6/30/2026
54	Amir Najafi	9485	Osteopathic Physician and Surgeon	Active	1/21/2026	6/30/2026
55	David Zelman	9486	Osteopathic Physician and Surgeon	Active	1/21/2026	6/30/2026
56	Boyce Fish	9487	Osteopathic Physician and Surgeon	Active	1/22/2026	6/30/2026
57	Liya Gendler	9488	Osteopathic Physician and Surgeon	Active	1/22/2026	6/30/2026
58	Patricio Bruno	9489	Osteopathic Physician and Surgeon	Active	1/22/2026	6/30/2026
59	Brian Neal	9490	Osteopathic Physician and Surgeon	Active	1/23/2026	6/30/2026
60	Carolyn Denton	9491	Osteopathic Physician and Surgeon	Active	1/27/2026	6/30/2026
61	Victoria Nutting	9492	Osteopathic Physician and Surgeon	Active	1/27/2026	6/30/2026
62	Trenton Sensiba	9493	Osteopathic Physician and Surgeon	Active	1/27/2026	6/30/2026
63	Joseph Shortall	9494	Osteopathic Physician and Surgeon	Active	1/27/2026	6/30/2026
64	Mark Braunstein	9495	Osteopathic Physician and Surgeon	Active	1/28/2026	6/30/2026
65	John Malone	9496	Osteopathic Physician and Surgeon	Active	1/28/2026	6/30/2026
66	Shaawn Ali	9497	Osteopathic Physician and Surgeon	Active	1/28/2026	6/30/2026

67	David Gabbert	9498	Osteopathic Physician and Surgeon	Active	1/28/2026	6/30/2026
68	Jayson Malufau	9499	Osteopathic Physician and Surgeon	Active	1/29/2026	6/30/2026
69	Rupesh Patel	9500	Osteopathic Physician and Surgeon	Active	2/5/2026	6/30/2026
70	Jason Ferguson	9501	Osteopathic Physician and Surgeon	Active	2/5/2026	6/30/2026
71	Matthew Shelton	9502	Osteopathic Physician and Surgeon	Active	2/6/2026	6/30/2026
72	Jonathan Hodor	9503	Osteopathic Physician and Surgeon	Active	2/6/2026	6/30/2026
73	Alicia Tomlin	9504	Osteopathic Physician and Surgeon	Active	2/9/2026	6/30/2026
74	Zaid Shah	9505	Osteopathic Physician and Surgeon	Active	2/9/2026	6/30/2026
75	Adewale Ogunoye	9506	Osteopathic Physician and Surgeon	Active	2/9/2026	6/30/2026
76	Sina Hedayatpour	9507	Osteopathic Physician and Surgeon	Active	2/10/2026	6/30/2026
77	Tyler Vance	9508	Osteopathic Physician and Surgeon	Active	2/11/2026	6/30/2026
78	Christian Baddour	9509	Osteopathic Physician and Surgeon	Active	2/12/2026	6/30/2026
79	Aileen Padilla	9510	Osteopathic Physician and Surgeon	Active	2/13/2026	6/30/2026
80	Robin Chan	9511	Osteopathic Physician and Surgeon	Active	2/13/2026	6/30/2026
81	Kendra Calvin	9512	Osteopathic Physician and Surgeon	Active	2/13/2026	6/30/2026
82	Eric Grant	9513	Osteopathic Physician and Surgeon	Active	2/13/2026	6/30/2026
83	Robert Lyday	9514	Osteopathic Physician and Surgeon	Active	2/19/2026	6/30/2026
84	Justin Northeim	9515	Osteopathic Physician and Surgeon	Active	2/19/2026	6/30/2026
85	Eric Hall	9516	Osteopathic Physician and Surgeon	Active	2/19/2026	6/30/2026
86	Bryant Loosle	9517	Osteopathic Physician and Surgeon	Active	2/19/2026	6/30/2026
87	Ling Twohig	9518	Osteopathic Physician and Surgeon	Active	2/19/2026	6/30/2026
88	Ednord Pierre	9519	Osteopathic Physician and Surgeon	Active	2/19/2026	6/30/2026
89	James Doan	9520	Osteopathic Physician and Surgeon	Active	2/20/2026	6/30/2026
90	Jibrán Khan	9521	Osteopathic Physician and Surgeon	Active	2/23/2026	6/30/2026
91	Mark Gamber	9522	Osteopathic Physician and Surgeon	Active	2/23/2026	6/30/2026
92	Stotz Thoda	9523	Osteopathic Physician and Surgeon	Active	2/24/2026	6/30/2026
93	Jordan Anderson	9524	Osteopathic Physician and Surgeon	Active	2/26/2026	6/30/2027
94	Christopher Dyer	9525	Osteopathic Physician and Surgeon	Active	2/26/2026	6/30/2026
95	John Preece	9526	Osteopathic Physician and Surgeon	Active	2/26/2026	6/30/2026
96	Kevin Riccitelli	0022V	Osteopathic Volunteer Physician	Active	12/8/2025	6/30/2026
97	Donald Brock	0028E	Osteopathic Emeritus Physician	Active	1/1/2026	6/30/2099

**POLICY FOR  
ADOPTION  
OSBOE-P013**

Policy Number:	OSBOE-P013
Adopted by Board:	
To be Reviewed:	

**Purpose:**

This policy establishes a process that allows an open investigation to be suspended while a physician enters and completes a treatment program approved by the Board.

**Relevant Citations:**

**510:1-3-5. Public access to records**

The following documents shall be available for public inspection and copying or printing at the Board's principal office during regular office hours: all records of receipt and expenditure of funds, rules adopted by the Board, declaratory rulings issued by the Board, minutes of Board meetings, applications for licensure and renewal, the official record of individual proceedings and other records required to be maintained by Oklahoma law and to be made public by the Oklahoma Open Records Act. The records to be made public do not include documents that are confidential or subject to an evidentiary privilege (including patient records and attorney/client communications) or are protected from disclosure under the work product doctrine, the Board's litigation files, the Board's investigatory files and reports and communications to the Board about current and prospective licensees. Printed copies of the documents available to the public will be provided upon the Board's receipt of a written request and payment of required fees, including \$.25 for each page printed. [59 O.S., Section 627, 51 O.S., Section 24A.1 et seq.]

**Procedure:**

For licensed physicians who are under investigation for a violation of the osteopathic medicine act related to improperly using legal habit-forming drugs, using illegal substances, or using alcohol in a manner that adversely impacted the physician's ability to provide care, the investigation may be suspended if the physician chooses to enter into an agreement for treatment.

To pursue this path the physician can review Board approved treatment programs or provide information about a treatment program they want to use and seek approval for that program. Once approved the physician must enter a Safe Harbor Agreement ("Agreement"). Prior to entering the Agreement, the physician may consult an attorney.

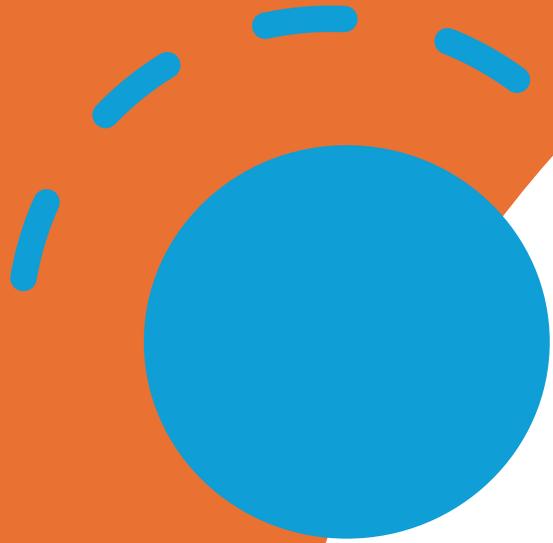
A Safe Harbor Agreement will include the following, but is not limited to:

1. Full and complete compliance by the physician with all recommendations and contract requirements of the approved treatment provider.
2. Successful completion of the entire treatment program of the approved treatment provider.
3. The physician will agree that during pendency of their Agreement the Board staff may freely communicate with the approved treatment program regarding compliance status of the physician and will sign any related release.
4. The physician will agree that upon failure to complete the approved treatment program or other breach of the Agreement all records of the approved treatment provider may be shared with the Board staff for use in any board investigation or action.
5. The physician will agree that the Provider Recovery Oklahoma (“PRO”) division of OSBOE may request random drug screening of the physician, at the physician’s expense, to independently verify compliance with the approved treatment program.

Failure to comply with any of the requirements set out in the Agreement will allow the Board to continue with any investigation or pending Board action that was suspended based on the Agreement.

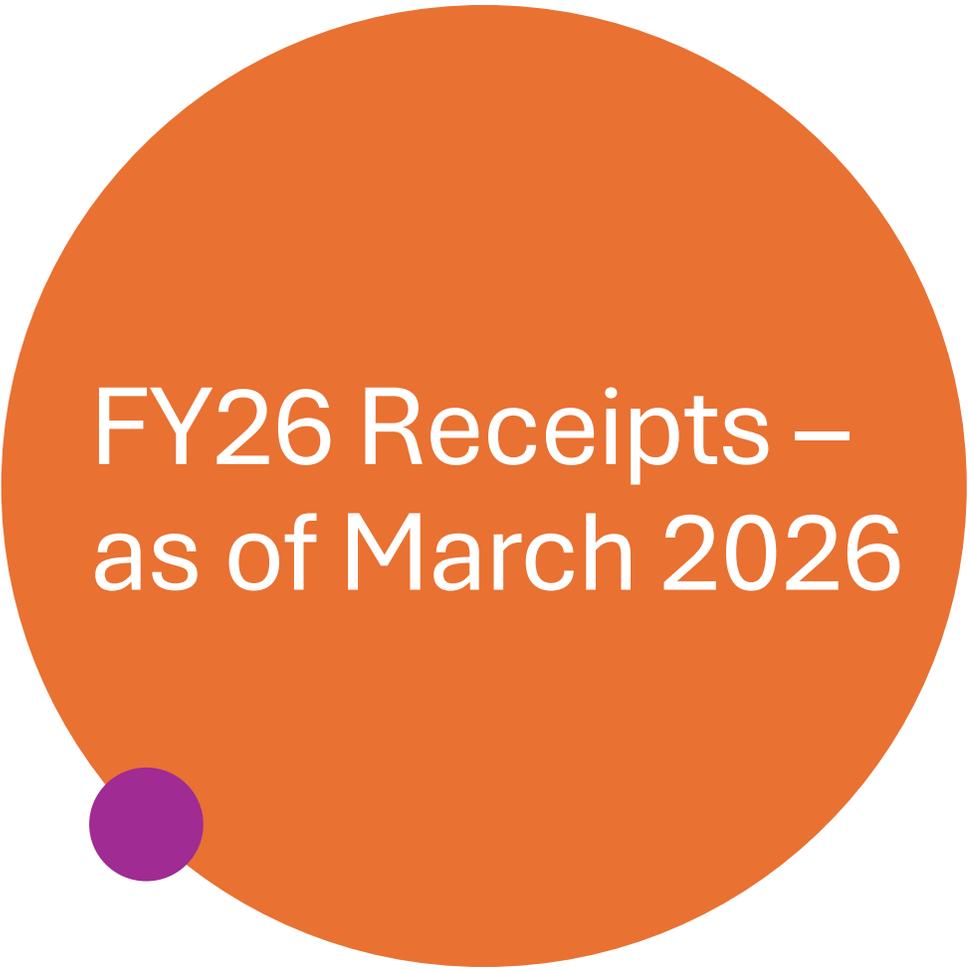
# STAFF REPORTS

# DIRECTOR MULLINS



# Financial Update

as of March 4, 2026

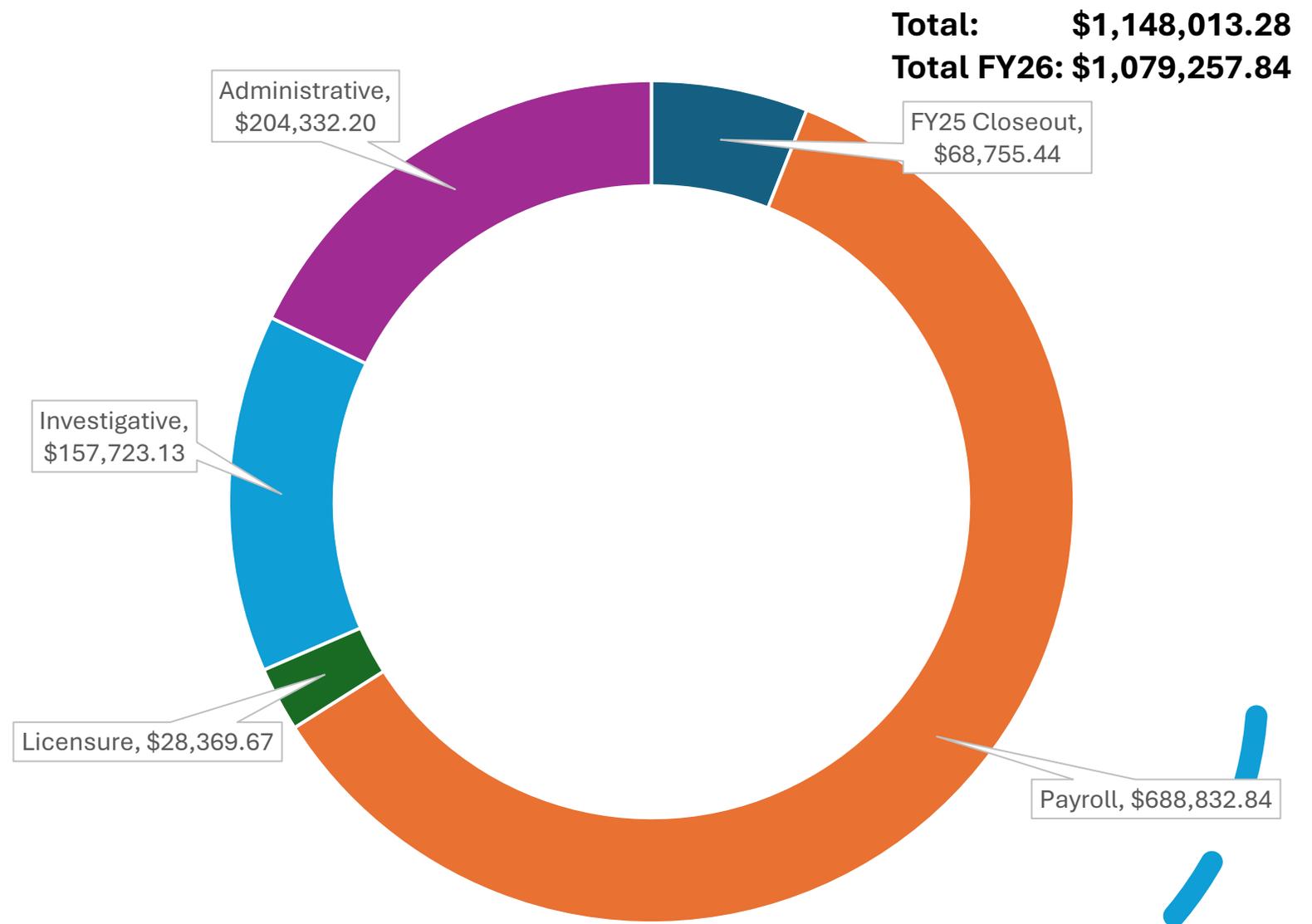


FY26 Receipts –  
as of March 2026

- Licensure: \$212,675.00
- Investigative: \$29,285.40
- Administrative: \$48,439.95

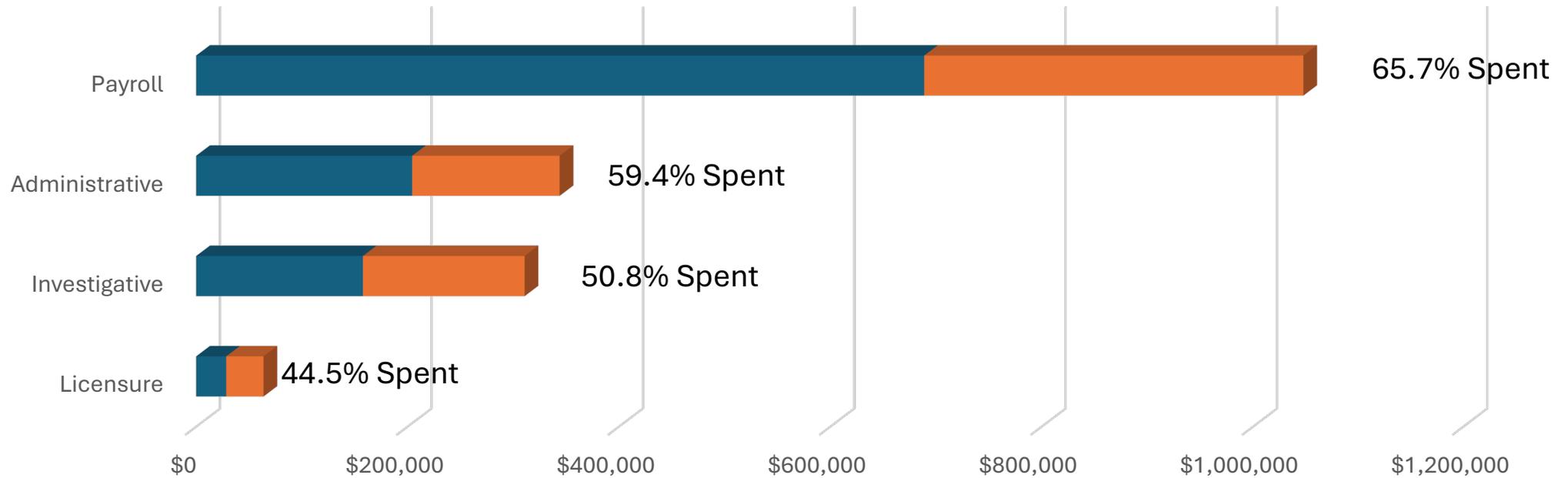
**Total: \$290,400.35**

# FY26 Expenditures – as of December 2025



# FY26 Budget - \$1,766,052

Spend vs Budget



	Licensure	Investigative	Administrative	Payroll
■ Spend	\$28,370	\$157,723	\$204,332	\$688,833
■ Budget Remaining	\$35,317	\$153,031	\$139,547	\$358,899

■ Spend ■ Budget Remaining

# Current Account Standing – as of March 2026

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\$364,505

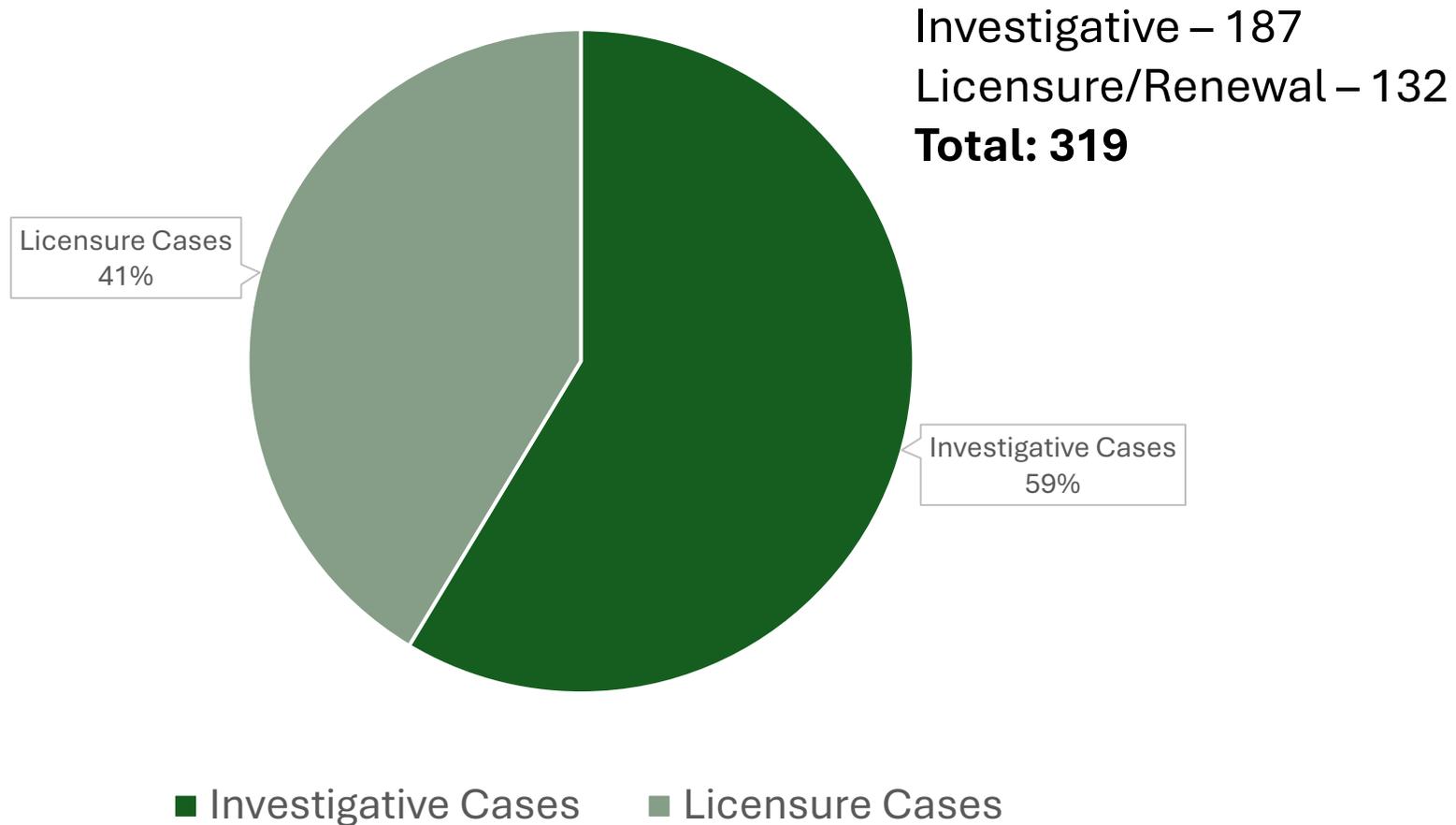


# Investigative Update

as of March 5, 2026



# Cases Received – January 1, 2025 to December 31, 2025



# 2025 Case Activity



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25 Agreements/Settlements Reached

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92 Subpoenas Issued

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26 Board Orders Issued

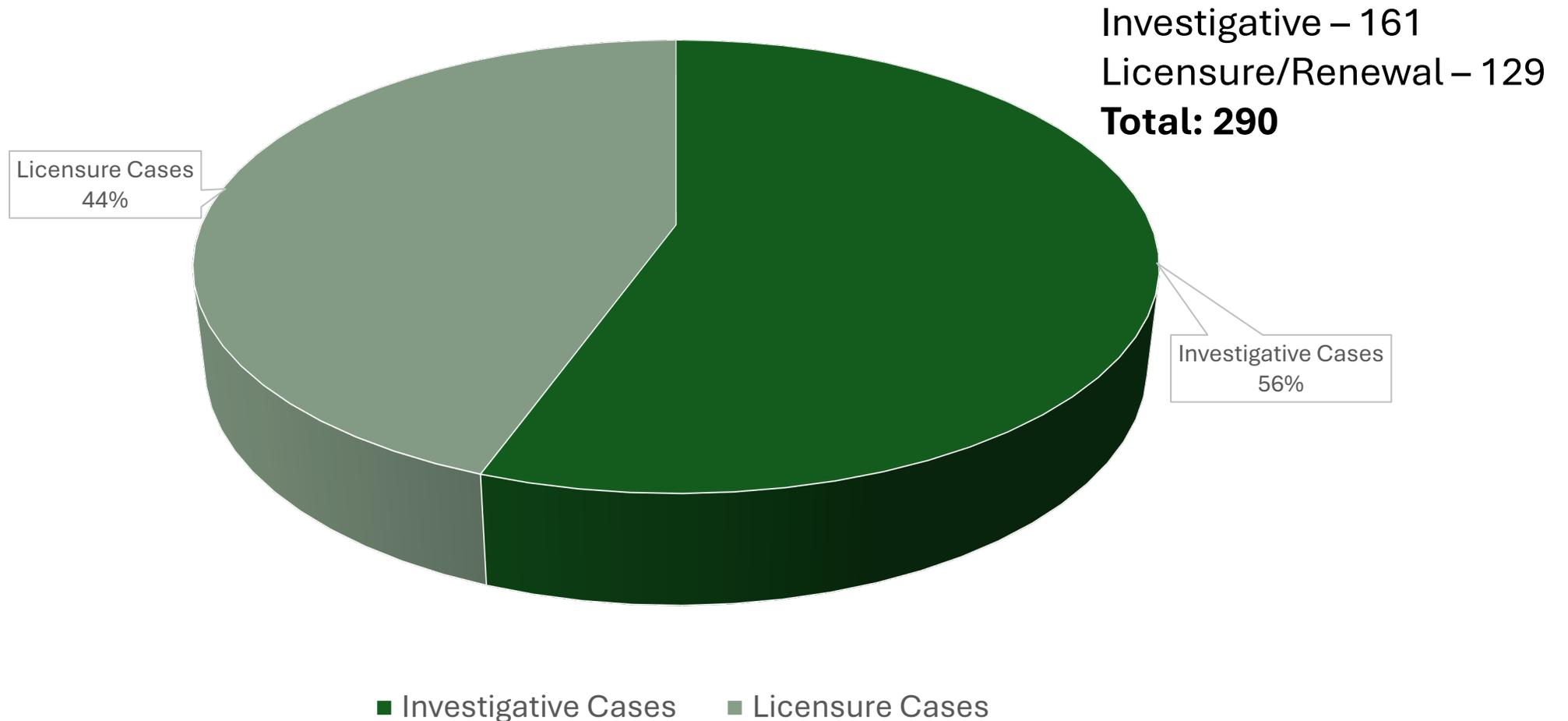
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23 Records Assigned for Review

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10 Reviewers Contracted

# Cases Closed – January 1, 2025 to December 31, 2025





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

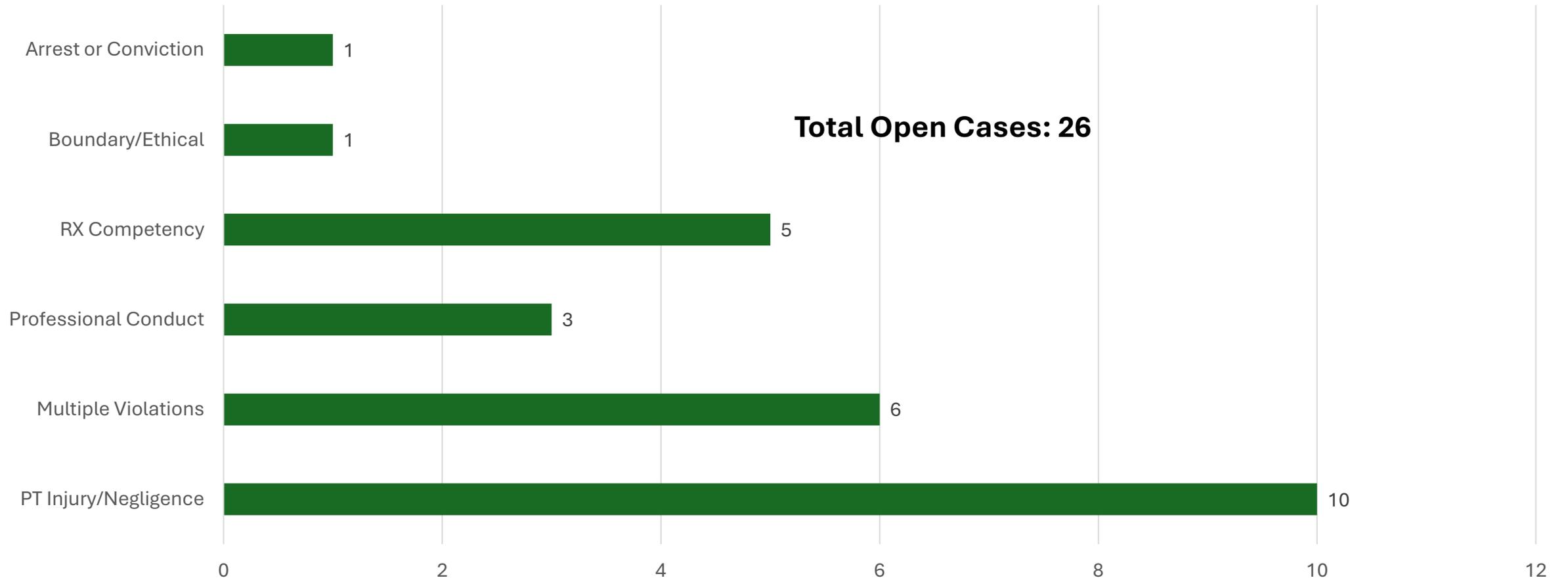


30 Cases Received

48 Cases Closed

26 Cases Open

# Open Cases by Allegation as of March 5, 2026



# Compliance and Educational Audit Update

as of March 5, 2026

# 2025 Educational and Dispensing Audits



38 EDUCATIONAL  
AUDITS COMPLETED



15 DISPENSING PERMIT  
AUDITS COMPLETED



16 SUBJECT TO  
FOLLOW UP

# Compliance

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12 physicians currently being monitored for compliance

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All **10 of 12** are currently in compliance.

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Increased oversight over those on board order has increased compliance with orders.

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Provided physicians with a dedicated point of contact during their probation/monitoring so they can address questions and concerns.

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Contracted with a provider that has coverage across the state for necessary screenings and on-site breathalyzer services.

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# Licensure Update

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as of March 5, 2026

# 4,767 Active Licenses as of 3/5/2026

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4,324 Full  
Licenses

201  
Advanced  
Resident

203 Resident  
Training

1 Temporary  
Resident

13 Volunteer  
Licenses

25 Emeritus  
Licenses

# Licensing Activity – 12/2/2025 to 3/5/2026



129 Applications Reviewed – Every new application is manually reviewed



13 Dispensing Permit Applications Processed (229 Currently Active)

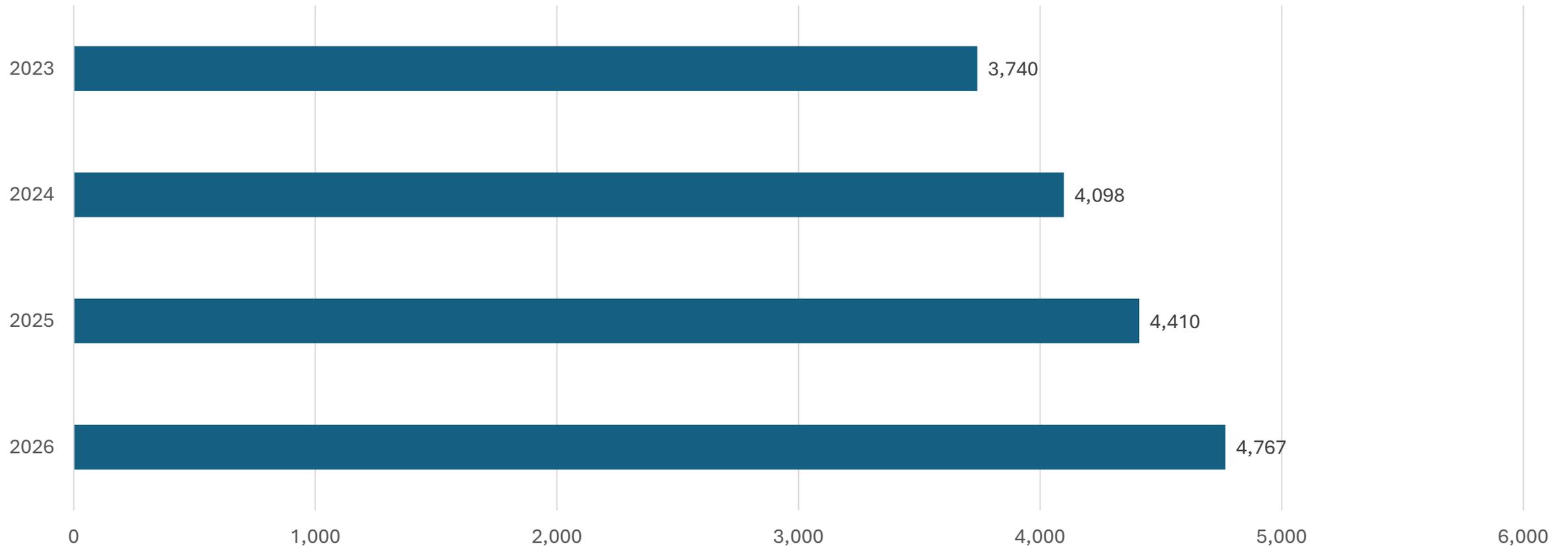


400+ Document Submissions Reviewed

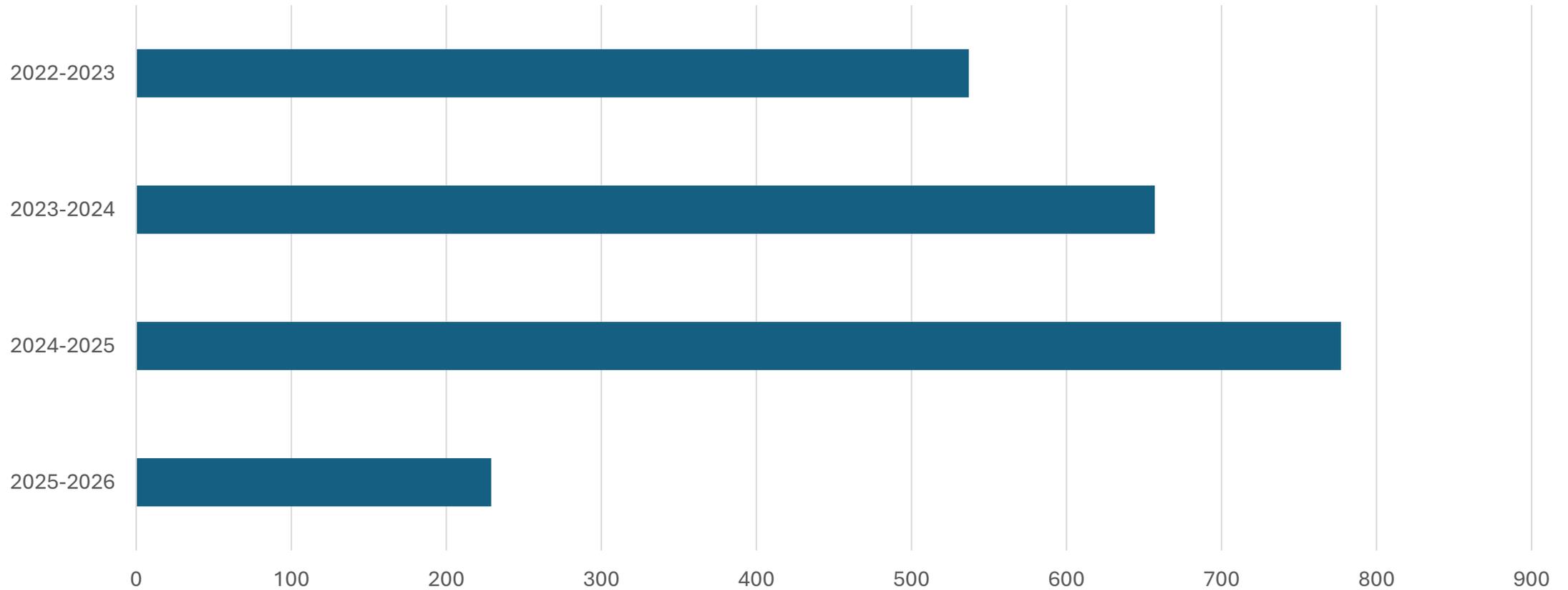


142 Administrative Document Requests Processed

# License Increase – March 2023 – March 2026



# Dispensing Permits Issued



# CONTINUED MATTERS

# PROPOSED EXECUTIVE SESSION

# OLD BUSINESS

# NEW BUSINESS

# ADJOURNMENT