

MEETING MINUTES / REPORT
COUNCIL ON PHYSICIAN ASSISTANTS
Conference Call
(888) 808-6959, Code # 2454136
June 4, 2007

Roll Call 12:00 p.m.

Members Present:

Deborah Gerbert, PA-C, Chair
H. Frank Farmer, M.D.,
Robert Cline, M.D.
Ronald Burns, D.O.
Steven Rosenberg, M.D.

Staff Present:

Larry McPherson, Exe. Board Director
JoAnne Trexler, Supervisor
Michael Flury, Counsel
Nancy Murphy, Paralegal

Others Present:

April Skilling, Prosecution Services Unit

TAB 1, Approval of the February 1, 2007 Council meeting minutes.

The Council recommends approval of the meeting minutes/report.

TAB 2, Election of Officers

Ms. Deborah Gerbert was reelected as Chairman of the Council.

TAB 3, Ratification of Full Licensees

The Council recommends ratification of the full licensee list.

TAB 4, Ratification of Temporary Licensees

The Council recommends ratification of the temporary licensee list.

TAB 5, Ratification of Extension of Temporary Licensees

There were no licensees under tab 5 for the Council to ratify.

TAB 6, Ratification of Up-Graded Temporary Licensees to Full Licensees

The Council recommends ratification of the up-graded licensee list.

TAB 7, Request to Withdraw Application / Kenneth Wayne Gahry

The Council recommends accepting Mr. Gahry's request to withdraw his application for licensure.

TAB 8, Request to Remove Licensure Condition / Jana Kathleen Ray

The Council recommends lifting the licensure condition from Ms. Ray's license.

TAB 9, Request to Remove Licensure Condition / Jessica Yvonne Suber

The Council recommends lifting the licensure condition from Ms. Suber's license.

TAB 10, 64B8-30.005(2)(c) / 64B15-6.0035(2)(c): Logging CME credits

The Council recommends approval of the rule amendments as presented.

TAB 11, 64B8-30.005(9)(10) / 64B15-6.0035(9)(10) Retired Status Reactivation

The Council recommends approval of the rule amendments as presented.

TAB 12, 64B8-30.0151 / 64B15-6.0112, Standard Terms Applicable to Final Orders

The Council recommends approval of the rule amendments as presented.

TAB 13, 64B8-30.0152 / 64B15-6.0113, Probation Variables

The Council recommends approval of the rule amendments as presented.

TAB 14, 64B8-30.019 / 64B15-6.013, Fees for Retired Status License

The Council recommends approval of the rule amendments as presented.

TAB 15, Physician Assistant License Lookup Screen Enhancement. Information only

No action was required by the Council.

Adjourn: The meeting adjourned at 12:15 p.m.

TAB 1

Approval of the February 1, 2007 meeting minutes

**Meeting Report/Minutes
Council on Physician Assistants
Crown Plaza Universal 7800 Universal Blvd.
Orlando, Florida 32819 (407) 781-2120
February 1, 2007**

Roll Call 1:10 p.m.

Members Present:

Deborah Gerbert, PA-C, Chair
H. Frank Farmer, M.D., Vice-Chair
Robert Cline, M.D.

Members Absent:

Richard Rodriguez, D.O.
Steven Rosenberg, M.D.

Staff Present:

Larry G. McPherson, Jr., J.D., Executive
Ed Tellechea, Counsel
Nancy Murphy, Paralegal
Crystal List, Program Operations
Administrator

Others Present:

April Skilling, Prosecution Director Services Unit
Juhan Mixon, Florida Academy
of Physician Assistants
Allen Grossman, Esquire
American Court Reporting

Tab 1: Approval of the November 30, 2006 meeting minutes/report

The Council recommends approval of the meeting minutes/report.

Tab 2 & 2A: Ratification of Full Licensees

The Council recommends ratification of the full licensee list.

Tab 3 & 3A: Ratification of Temporary Licensees

The Council recommends ratification of the temporary licensee list.

Tab 4 & 4A: Ratification of Up-Graded Temporary Licensees to Full Licensees

The Council recommends ratification of the up-graded temporary licensees to full licensee list.

Tab 5 & 5A: Ratification of Extended Temporary Licensees

The Council recommends ratification of the extended temporary licensee list.

Tab 6: Election of Officers

The Council recommended postponing this item until the next Council Meeting.

Tab 7: Draft language regarding CME categories acceptable for license renewals

The Council reviewed proposed changes to Rule 64B8-30.005, and 64B15-6.0035, F.A.C. – Physician Assistant Licensure Renewal and Reactivation.

The Council recommends revising the language to state in section (1)(a), Submission of notarized written statement attesting to the completion of 100 hours CME of which 50 hours must be in Category I and the remainder may be in Category II and to correct the name of the National Commission of Physician Assistants.

Action: The Council recommends approval of the draft language as amended.

Tab 8: Draft language regarding Disclosure of Licensure Status

The Council reviewed proposed language for rules 64B8-30.011, and 64B15-6.006, F.A.C. – Advertising and rules 64B8-30.0111, and 64B15-6.015, F.A.C. – Disclosure of Licensure Status.

Action: The Council recommends approval of the draft language for both rules.

Tab 9: Draft language regarding probationary terms and standard terms for Final Orders

The Council reviewed draft language for rule 64B8-30.0151 and 64B15-6.0112, F.A.C. – Standard Terms Applicable to Final Orders.

After discussion, it was determined the rule should be reworked and presented at the next meeting.

Tab 10: Draft language regarding Probation Variables

The council reviewed draft language for rule 64B8-30.0152 and 64B15-6.0113, F.A.C. – Probation Variables.

After discussion, it was determined the rule should be reworked and presented at the next meeting.

Tab 11: Report on the CME audit for the 2004 – 2006 biennium (FYI)

Ms. List provided a summary of the CME audit and advised that alerts were placed on the Physician Assistant (PA) web site reminding PA's to complete the specified CME requirements in addition to the 100 hours required per biennium or NCCPA certification.

Other Business:

Mr. Mixon addressed the Council concerning the various bills being supported by the Florida Academy of Physician Assistants (FAPA). The bills supported by the FAPA are as follows:

1. Informed Consent
2. Challenging the paramedic examination
3. Dispensing privileges for PA's

In addition, Mr. Mixon explained that FAPA withdrew support for the bill that would allow PA's to sign death certificates and the bill changing the composition of the PA Council. He also stated that FAPA would oppose any bill that would extend the scope of practice for pharmacists and any bill that provided special licensure pathways.

Ms. Gerbert asked if FAPA would be pursuing background checks for PA's. Mr. Mixon advised that FAPA has not put forth such a bill this year.

The meeting was adjourned at 1:55 p.m.

TAB 2

Election of Officers

TAB 3

Ratification of Full Licensees

1. Craig Joseph Acosta
2. Sardar Ali
3. Alexander Alvarez
4. Francisco Luis Ancaya
5. James E. Asaph
6. Tamra Renae Assumpcao
7. Donna Anne Banal-Byrnes
8. Nicholas Charles Brenny
9. Leigh Adrienne Breznay
10. Shelby Eugene Brinson, Jr.
11. Neil Andrew Buckosh
12. Daniel J. Calabrese
13. Andrew Anthony Cali
14. Mary Michelle Cameron
15. Joseph James Canestrari
16. Jonathan Daniel Caplan
17. Michael James Ceranowski
18. Mei Mei Chan
19. Jessica Carmella Rose Clark
20. Gregg A. Cognac
21. Peter H. Compton
22. Mark Neidhammer Coslow
23. Kyla Ama Davis
24. Matthew Francis Delaney
25. Matthew Francis Donnelly
26. Rachel Louise Embry
27. Sudabeh Fahim
28. Harold Dennis Feagans
29. Timothy Jacque Flaughter
30. Laurie Frank
31. Rose Zareen George
32. Belinda Leigh Girmonde
33. Amy Morgan Goode
34. Travis Lee Grant
35. Laura Elizabeth Green
36. Yameci Gutierrez
37. Maureen Therese Gerrity
38. Debbi Lynn Hanson
39. Marly Maria Harlan
40. Barbara Jill Hinman
41. William David Ingram
42. Eve Christine Petsch Johnson

43. Harry Forrest Johnson
44. Waleed Khalil
45. Gretchen Lorraine Kronenthal
46. Charles Philip Kronenthal, Jr.
47. Gwynne Heidi Kohn
48. Jeanette Lynn Lain
49. Stephen Mark Lovell
50. Deborah Ann Manuel
51. Rachel D'Ann Massey
52. Joshua Adam Seth Michaelman
53. Antonio Martino Mills
54. Jeffrey A. Neef
55. Dzi-Long Nguyen Newman
56. Kevin Carl O'Connor
57. Maria Fernandes Oliveira
58. Maimoon Gafur
59. Luciano John Radi
60. Sheldon James Roberts
61. Sandor Romero
62. Barron Eugene Roth
63. Arthur Thomas Rotter
64. JoAnn Helen Shank
65. Sharnjeet Kaur Singh
66. Amanda Lucille Smith
67. Amanda Judith Stevenson
68. Larry Sims
69. Tricia Jeanne Storteboom
70. Emily A. Suskovich
71. Stephen Emile Theriault
72. Michael David Thomas
73. Jennifer Lee Tulli
74. Dixie Turner
75. Carolina M. Ugarte
76. William Randall Ungureit
77. Lisa Vanias
78. Laura Leigh Walsh
79. Gregory David Washington
80. Heather Lynn West
81. Peter Andrew Wheeler
82. Rania Yacub

TAB 4

Ratification of Temporary Licensees

1. Barbara Elizabeth Dzienis
2. Charles “Peyton” Gleaton
3. Jennifer A. Martinez
4. Thomas Howard Thompson

TAB 5

Certification/Ratification of 1-Time Extension of Temporary Licensure as a Physician Assistant

There was no list of licensees to ratify at this time.

TAB 6

Certification/Ratification of Up-graded Temporary Licensure to Full Licensure as a Physician Assistant

5. Nicole Ann Abukhalaf
6. Sherissa Chang-Williams
7. Susan R. Compton
8. Cheryl Lynn Deacon
9. Adrian James Easterling
10. Mairi Garcia
11. Charles "Peyton" Gleaton
12. Staci Eileen Haggerty
13. Deborah Ann LeBlanc
14. Leah Chu Lovely
15. Brielle Lorraine Lynn
16. Wilfredo Pinero
17. Letitia Wynette Price
18. Claudia Ramirez
19. Erica Lynn Shinholser
20. Thomas Howard Thompson

TAB 7

Request to withdraw the application for licensure as a Physician Assistant;

Kenneth Wayne Gahry

TAB 8

Jana Katherine Ray, PA-C

Request to remove condition of maintaining a five-year contract with the Professionals Resource Network (PRN).

Due to affirmative responses on her application, Ms. Ray was asked to make a personal appearance before the Council on July 7, 2004.

The Council made a motion to approve Ms. Ray's application with the condition that she maintains a five-year contract with PRN.

Materials included for Council's review:

1. Excerpt from the July 7, 2004 Council meeting minutes.
2. Written request from Jana K. Ray to lift the condition.
3. Letter from Raymond M. Pomm, M.D. Medical Director, Professionals Resource Network, Inc. dated March 14, 2007.

Action Required by the Council:

Please review the documentation provided to either approve or deny the request to lift the condition for licensure as a Physician Assistant.

TAB 9

Jessica Yvonne Suber, PA-C

Request to remove condition of maintaining a two-year contract with the Professionals Resource Network (PRN).

Due to affirmative responses on her application, Ms. Suber was asked to make a personal appearance before the Council on September 29, 2004.

The Council made a motion to approve Ms. Suber's application with the condition that she maintains a two-year contract with PRN.

Materials included for Council's review:

4. Excerpt from the September 29, 2004 Council meeting minutes.
5. Written request from Jessica Yvonne Suber to lift the condition.
6. Letter from Raymond M. Pomm, M.D. Medical Director, Professionals Resource Network, Inc. dated May 15, 2007.

Action Required by the Council:

Please review the documentation provided to either approve or deny the request to lift the condition for licensure as a Physician Assistant.

TAB 10

64B8-30.005(2)(c) / 64B15-6.0035(2)(c): Logging CME credits

The American Academy of Physician Assistants (AAPA) will continue to approve CME for physician assistants; however, physician assistants can no longer “log” their CME with the AAPA.

Other organizations that approve CME are; the American Medical Association, the Accreditation Council for Continuing Medical Education, the American Osteopathic Association Council on Continuing Medical Association and the American Academy of Family Practice.

REVISED DRAFT 5/07

64B8-30.005 Physician Assistant Licensure Renewal and Reactivation.

(1) No change.

(2) Requirements for Renewal.

(a) – (b) No change.

(c) Submission of a ~~notarized~~ written statement attesting to completion of 100 hours of Continuing Medical Education in the previous two (2) years. A minimum of 50 hours must be Category I Continuing Medical Education approved by the American Academy of Physician Assistants, the Accreditation Council for Continuing Medical Education, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, or the American Academy of Family Physicians. The remaining 50 hours may be Category II Continuing Medical Education. If requested by the Council, the Physician Assistant must submit a ~~notarized~~ copy of a current certificate license issued by the National Commission on Certification Licensure of Physician Assistants or must be able to produce evidence of that the 100 CME hours of reported CME have been approved by the American Academy of Physician Assistants and logged with either the American Academy of Physician Assistants or the National Commission of Licensure of Physician Assistants for the relevant biennium.

REVISED DRAFT 5/07

64B15-6.0035 Osteopathic Physician Assistant Licensure Renewal and Reactivation.

- (1) No change.
- (2) Requirements for Renewal.
- (a) - (b) No change.

(c) Submission of a written statement attesting to completion of 100 hours of Continuing Medical Education in the previous two (2) years. A minimum of 50 hours must be Category I Continuing Medical Education approved by the American Academy of Physician Assistants, the Accreditation Council for Continuing Medical Education, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, or the American Academy of Family Physicians. The remaining 50 hours may be Category II Continuing Medical Education. If requested by the Council, the Physician Assistant must submit a ~~notarized~~ copy of a current certificate issued by the National Commission on Certification of Physician Assistants or must be able to produce evidence of that the 100 CME hours of reported CME have been approved by the American Academy of Physician Assistants and logged with either the American Academy of Physician Assistants or the National Commission of Certification of Physician Assistants for the relevant biennium.

TAB 11

Reactivation of a Retired Status License

64B8-30.005(9)(10) Physician Assistant Licensure Renewal and Reactivation.

REVISED DRAFT – 5/07

(9) Reactivation of a retired status license. To reactivate the license of a retired status licensee whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of medicine within the past five (5) years shall be required to appear before the Council and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the physician assistant must:

(a) Surrender to the Department the original retired status license;

(b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee entered retired status to the present;

(d) Provide documentation of successful completion of the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council;

(e) Practice under the direct supervision of a supervising physician approved by the Council for one (1) year;

(f) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B8-30.005(2)(c) - (f), F.A.C., for each biennium in which the license was inactive; and

(g) Pay the appropriate fees set forth in Section 456.036(4)(b), F.S. and Rule 64B8-30.019(6) and (10), F.A.C.

(h) In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA.

(10) The Department shall refuse to reactivate the license of a retired status physician assistant who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards,

until 15 days after the Department receives the final results of the investigation or prosecution.

Specific Authority 456.013, 456.031(1)(a), 456.033(1), 458.309, 458.347 FS.

Law Implemented 456.013, 456.031(1), 456.033, 456.036, 458.347 FS.

History--New 5-13-87, Amended 1-9-92, Formerly 21M-17.0035, Amended 9-21-93, Formerly 61F6-17.0035, Amended 11-30-94, Formerly 59R-30.005, Amended 6-7-98, 3-3-02, 10-12-03, 7-27-04, 10-19-04, 2-25-07,

64B15-6.0035(9)(10) Osteopathic Physician Assistant Licensure Renewal and Reactivation.

(9) Reactivation of a retired status license. To reactivate the license of a retired status licensee whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of osteopathic medicine within the past five (5) years shall be required to appear before the Council and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the physician assistant must:

(a) Surrender to the Department the original retired status license;

(b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee entered retired status to the present;

(d) Provide documentation of successful completion of the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council;

(e) Practice under the direct supervision of a supervising physician approved by the Council for one (1) year;

(f) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B15-6.0035(2)(c) - (f), F.A.C., for each biennium in which the license was inactive; and

(g) Pay the appropriate fees set forth in Section 456.036(4)(b), F.S. and Rule 64B15-6.013(6) and (10), F.A.C.

(h) In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA.

(10) The Department shall refuse to reactivate the license of a retired status physician assistant who is under investigation or prosecution in any

jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until 15 days after the Department receives the final results of the investigation or prosecution.

Specific Authority 456.013, 456.033(1), 459.005, 459.022 FS.

Law Implemented 456.013, 456.031, 459.022(7)(b), (c) FS.

History-- New 10-28-87, Amended 4-21-88, 1-3-93, Formerly 21R-6.0035, Amended 11-4-93, 3-29-94, Formerly 61F9-6.0035, 59W-6.0035, Amended 6-7-98, 10-16-01, 3-10-02, 7-13-04, 7-27-04, 2-25-07,

TAB 12

Physician Assistant Standard Terms Applicable to Final Orders

At the February meeting the Council made a motion to rework the language regarding Standard Terms for Final Orders and to present it to the Council at the next meeting.

REVISED DRAFT

Physician Assistants

64B8-30.0151 Standard Terms Applicable to Orders. Unless otherwise approved by the Board or its designee, or addressed by the Final Order, the following are the terms applicable to all Final Orders rendered by the Board in disciplinary proceedings.

(1) PAYMENT OF FINES AND COSTS. All fines and costs shall be paid by check or money order made payable to the Board and sent to DOH/Client Services, P. O. Box 6320, Tallahassee, Florida 32314-6320, within 30 days of the filing of the Order.

(2) ADDRESSES. Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Compliance Office, in writing, within 10 days of any changes of those addresses. Furthermore, if the Respondent's license is on probation, the Respondent shall notify the Compliance Office within 10 days in the event that Respondent leaves the active practice of medicine in Florida.

(3) COMPLIANCE ADDRESS. All reports, correspondence and inquiries shall be sent to: DOH, Client Services Unit, 4052 Bald Cypress Way, Bin #C01, Tallahassee, Florida 32399-3251, Attn: Medical Compliance Officer.

(4) CONTINUITY OF PRACTICE.

(a) TOLLING PROVISIONS. In the event the Respondent leaves the State of Florida for a period of 30 days or more or otherwise does not or may not engage in the active practice of medicine in the State of Florida, then certain provisions of the requirements in the Board's Order shall be tolled and shall remain in a tolled status until Respondent returns to the active practice of medicine in the State of Florida. Respondent shall notify the Compliance Officer 10 days prior to his/her return to practice in the State of Florida. The following requirements shall be tolled until the Respondent returns to active practice:

1. The time period of probation shall be tolled.

2. The provisions regarding **direct** supervision ~~whether direct or indirect by the monitor/supervisor~~, and required reports from the ~~monitor/supervisor~~ shall be tolled.

3. The requirement for quality assurance review of Respondent's practice shall be tolled.

4. Any provisions regarding community service shall be tolled.

5. Any requirements regarding lectures.

(b) ACTIVE PRACTICE. In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Respondent may be required to appear before the Board and demonstrate the ability to practice medicine with reasonable skill and safety to patients prior to resuming the practice of medicine in the State of Florida.

(5) COMMUNITY SERVICE AND CONTINUING EDUCATION UNITS. All community service requirements, continuing education units/courses must be completed, and documentation of such completion submitted to DOH/Client Services, at the address

set forth in subsection (3) above.

(a) DEFINITION OF COMMUNITY SERVICE. "Community service" shall be defined as the delivery of volunteer services to an entity which is exempt from federal taxation under 26 U.S.C. s. 501(c)(3), without fee or cost to the patient or the entity, for the good of the people of the State of Florida. Community service shall be performed outside the physician **assistant's** regular practice setting. Community service plans must be pre-approved by the Board's Probationer's Committee.

(b) CONTINUING EDUCATION. Continuing education imposed by Board Order shall be in addition to those hours required for biennial renewal of licensure. Said continuing education courses must be pre-approved by the Board's Probationer's Committee and shall consist of a formal live lecture format.

(6) PROBATION TERMS. If probation was imposed by Board Order, the following provisions are applicable:

(a) DEFINITIONS:

1. DIRECT SUPERVISION - is supervision by a supervising physician (supervisor), as set forth in the Order. Direct supervision requires that the supervisor and Respondent work ~~on in~~ the same **premises office**. The supervisor shall be board-certified in the Respondent's specialty area.

2. PROBATION COMMITTEE - or "Committee" are members of the Board of Medicine designated by the Chair of the Board to serve as the Probation Committee.

(b) REQUIRED SUPERVISION:

1. If the terms of the Order include ~~indirect monitoring of the licensee's practice (monitoring)~~ or direct **supervision monitoring** of the licensee's practice (supervision), the Respondent shall not practice medicine without an approved ~~monitor~~/supervisor, as specified by the Final Order.

2. The ~~monitor~~/supervisor must be licensed under Chapter 458, F.S., in good standing, in active status, without restriction or limitation on his/her license, must be qualified by training and experience, and must not have any conflicts of interest that would prohibit him or her from impartially performing his or her duties as a monitor. Specific grounds for rejecting a proposed ~~monitor~~/supervisor by the Board or its designee shall include but are not limited to the following:

a. The proposed ~~monitor~~/supervisor has previously been subject to disciplinary action against his/her medical license in this or any other jurisdiction;

b. The proposed ~~monitor~~/supervisor is currently under investigation, or is the subject of a pending disciplinary action;

c. The proposed ~~monitor~~/supervisor is not actively engaged in the same or similar specialty area;

d. The proposed ~~monitor~~/supervisor is not practicing **on the same premises as within a distance of no more than 20 miles from the Respondent Respondent's practice location**;

e. The proposed ~~monitor~~/supervisor is a relative or employee of the Respondent.

(c) TEMPORARY APPROVAL. The Board confers authority on the Chair of the Probation Committee to temporarily approve Respondent's ~~monitor~~/supervisor. To obtain this temporary approval, Respondent shall submit to the Compliance Officer the name and curriculum vitae of the proposed ~~monitor~~/supervisor. This information shall be furnished to the Chair of the Probation Committee by way of the Compliance Officer. This information may be faxed to the Compliance Officer at (850)414-0864, or may be

sent by overnight mail to the Compliance address as set forth in subsection (3) above. Should Respondent's ~~monitoring~~/supervising physician be temporarily approved, said approval shall only remain in effect until the next meeting of the Probationer's Committee. Absent said approval, Respondent shall not practice medicine until a ~~monitoring~~/supervising physician is approved. Temporary approval shall only remain in effect until the next meeting of the Probation Committee.

(d) FORMAL APPROVAL. If Respondent is placed under the direct supervision of a physician, Respondent shall have the ~~monitor~~/supervisor with him/her at the first probation appearance before the Probation Committee. Prior to consideration of the ~~monitor~~/supervisor by the Committee, the Respondent shall provide the ~~monitor~~/supervisor a copy of the Administrative Complaint and the Board's Order in this case. Respondent shall submit a current curriculum vitae, a description of current practice, and a letter agreeing to serve from the proposed ~~monitor~~/supervisor to the Compliance Officer no later than 21 days before the Respondent's first scheduled probation appearance. Respondent's ~~monitor~~/supervisor shall also appear before the Probation Committee at such times as directed by the Committee. It shall be the Respondent's responsibility to ensure the appearance of his/her ~~monitor~~/supervisor as directed. Failure of the ~~monitor~~/supervisor to appear as directed shall constitute a violation of the terms of the Board's Order and shall render the Respondent subject to additional disciplinary action.

(e) CHANGE IN MONITOR/SUPERVISOR. In the event that Respondent's ~~monitor~~/supervisor is unable or unwilling to fulfill his/her responsibilities as a ~~monitor~~/supervisor as described above, the Respondent shall advise the Compliance Office of this fact within 24 hours of becoming aware of the situation. Respondent shall submit to the Compliance Office the name of a temporary ~~monitor~~/supervisor for consideration. Respondent shall not practice pending approval of this temporary ~~monitor~~/supervisor by the Chair of the Probation Committee. Furthermore, Respondent shall make arrangements with his/her temporary ~~monitor~~/supervisor to appear before the Probation Committee at its next regularly scheduled meeting for consideration of the ~~monitor~~/supervisor by the Committee. Respondent shall only practice under the supervision of the temporary ~~monitor~~/supervisor (approved by the Chair) until the next regularly scheduled meeting of the Probation Committee whereat the issue of the Committee's approval of the Respondent's new ~~monitor~~/supervisor shall be addressed.

(f) REPORTS. If directed by Board Order, probation reports, in affidavit form, shall be submitted by the Respondent and shall contain the following:

1. Brief statement of why physician assistant is on probation.
2. Practice location.
3. Describe current practice (type and composition).
4. Brief statement of compliance with probationary terms.
5. Describe relationship with ~~monitoring~~/supervising physician.
6. Advise Compliance Officer of any problems including office incident reports filed; loss or restriction of hospital staff privileges; or any Medicare/Medicaid program exclusions, restrictions or limitations.

(g) MONITOR/SUPERVISOR REPORTS. If directed by Board Order, ~~monitor~~/supervisor reports, in affidavit form shall include the following:

1. Brief statement of why physician assistant is on probation.

2. Description of probationer's practice.
3. Brief statement of probationer's compliance with terms of probation.
4. Brief description of probationer's relationship with ~~monitoring~~ **supervising** physician.
5. Detail any problems which may have arisen with probationer.

(h) INVESTIGATIVE REPORTS. Respondent understands that during the period of probation, at a minimum, semi-annual investigative reports will be compiled with the Department of Health concerning compliance with the terms and conditions of probation and the rules and statutes regulating the practice of medicine.

(7) COSTS OF COMPLIANCE. Respondent shall pay all costs necessary to comply with the terms of the Board's Order. Such costs include, but are not limited to, the costs of preparation of the investigative reports detailing compliance with the terms of the Order, the cost of analysis of any blood or urine specimens submitted pursuant to the Order, and administrative costs directly associated with Respondent's probation. See Section 458.331(2), F.S.

(8) SUSPENSION. In the event that a Respondent's license expires during the period that the license is suspended, this action shall not relieve the Respondent of the responsibility to renew the license at the end of each licensure period. If the Respondent fails to renew the license at the end of any licensure period, all normal conditions and consequences imposed by statute or rule of the Board for failure to timely and properly renew a license shall apply. Renewal of a suspended license during the period of suspension shall not affect the suspension of the license and the suspension shall continue until all requirements for reinstatement have been met.

(9) RETURN OF LICENSE. Any Order which suspends a license, revokes a license, or accepts a Respondent's offer to voluntarily relinquish his/her license shall require the Respondent to return the license to the Department within 30 days from the date the Final Order is filed. This shall not apply to instances where the Board or a court has granted the Respondent a stay of the suspension.

Specific Authority 458.309(1), 458.331(5) FS.

Law Implemented 458.331(5) FS.

HISTORY-- New

Osteopathic Physician Assistants

64B15-6.0112 Standard Terms Applicable to Orders. Unless otherwise approved by the Board or its designee, or addressed by the Final Order, the following are the terms applicable to all Final Orders rendered by the Board in disciplinary proceedings.

(1) PAYMENT OF FINES AND COSTS. All fines and costs shall be paid by check or money order made payable to the Board and sent to DOH/Client Services, P. O. Box 6320, Tallahassee, Florida 32314-6320, within 30 days of the filing of the Order.

(2) ADDRESSES. Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Compliance Office, in writing, within 10 days of any changes of those addresses. Furthermore, if the Respondent's license is on probation, the Respondent shall notify the Compliance Office within 10 days in the event that Respondent leaves the active practice of medicine in Florida.

(3) COMPLIANCE ADDRESS. All reports, correspondence and inquiries shall be sent to: DOH, Client Services Unit, 4052 Bald Cypress Way, Bin #C01, Tallahassee, Florida 32399-3251, Attn: Medical Compliance Officer.

(4) CONTINUITY OF PRACTICE.

(a) TOLLING PROVISIONS. In the event the Respondent leaves the State of Florida for a period of 30 days or more or otherwise does not or may not engage in the active practice of medicine in the State of Florida, then certain provisions of the requirements in the Board's Order shall be tolled and shall remain in a tolled status until Respondent returns to the active practice of medicine in the State of Florida. Respondent shall notify the Compliance Officer 10 days prior to his/her return to practice in the State of Florida. The following requirements shall be tolled until the Respondent returns to active practice:

1. The time period of probation shall be tolled.
2. The provisions regarding **direct** supervision ~~whether direct or indirect by the monitor/supervisor~~, and required reports from the ~~monitor/supervisor~~ shall be tolled.
3. The requirement for quality assurance review of Respondent's practice shall be tolled.
4. Any provisions regarding community service shall be tolled.
5. Any requirements regarding lectures.

(b) ACTIVE PRACTICE. In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Respondent may be required to appear before the Board and demonstrate the ability to practice medicine with reasonable skill and safety to patients prior to resuming the practice of medicine in the State of Florida.

(5) COMMUNITY SERVICE AND CONTINUING EDUCATION UNITS. All community service requirements, continuing education units/courses must be completed, and documentation of such completion submitted to DOH/Client Services, at the address set forth in subsection (3) above.

(a) DEFINITION OF COMMUNITY SERVICE. "Community service" shall be defined as the delivery of volunteer services to an entity which is exempt from federal taxation under 26 U.S.C. s. 501(c)(3), without fee or cost to the patient or the entity, for the good of the people of the State of Florida. Community service shall be performed outside the physician **assistant's** regular practice setting. Community service plans must be pre-approved by the Board.

(b) CONTINUING EDUCATION. Continuing education imposed by Board Order shall be in addition to those hours required for biennial renewal of licensure. Said continuing education courses must be pre-approved by the Board and shall consist of a formal live lecture format.

(6) PROBATION TERMS. If probation was imposed by Board Order, the following provisions are applicable:

(a) DEFINITIONS:

1. DIRECT SUPERVISION - is supervision by a supervising physician (supervisor), as set forth in the Order. Direct supervision requires that the supervisor and Respondent work ~~on in~~ the same **premises office**. The supervisor shall be board-certified in the Respondent's specialty area.

2. PROBATION COMMITTEE - ~~or "Committee" are members of the Board of Medicine designated by the Chair of the Board to serve as the Probation Committee.~~

(b) REQUIRED SUPERVISION:

1. If the terms of the Order include ~~indirect monitoring of the licensee's practice~~

~~(monitoring)~~ or direct **supervision** ~~monitoring~~ of the licensee's practice (supervision), the Respondent shall not practice medicine without an approved ~~monitor~~/supervisor, as specified by the Final Order.

2. The ~~monitor~~/supervisor must be licensed under Chapter 458, F.S., in good standing, in active status, without restriction or limitation on his/her license, must be qualified by training and experience, and must not have any conflicts of interest that would prohibit him or her from impartially performing his or her duties as a monitor. Specific grounds for rejecting a proposed ~~monitor~~/supervisor by the Board or its designee shall include but are not limited to the following:

a. The proposed ~~monitor~~/supervisor has previously been subject to disciplinary action against his/her medical license in this or any other jurisdiction;

b. The proposed ~~monitor~~/supervisor is currently under investigation, or is the subject of a pending disciplinary action;

c. The proposed ~~monitor~~/supervisor is not actively engaged in the same or similar specialty area;

d. The proposed ~~monitor~~/supervisor is not practicing **on the same premises as within a distance of no more than 20 miles from the Respondent's practice location**;

e. The proposed ~~monitor~~/supervisor is a relative or employee of the Respondent.

(c) TEMPORARY APPROVAL. The Board confers authority on the Chair of the Probation Committee to temporarily approve Respondent's ~~monitor~~/supervisor. To obtain this temporary approval, Respondent shall submit to the Compliance Officer the name and curriculum vitae of the proposed ~~monitor~~/supervisor. This information shall be furnished to the Chair of the **Board Probation Committee** by way of the Compliance Officer. This information may be faxed to the Compliance Officer at (850)414-0864, or may be sent by overnight mail to the Compliance address as set forth in subsection (3) above. Should Respondent's ~~monitoring~~/supervising physician be temporarily approved, said approval shall only remain in effect until the next meeting of the **Board Probationer's Committee**. Absent said approval, Respondent shall not practice medicine until a ~~monitoring~~/supervising physician is approved. Temporary approval shall only remain in effect until the next meeting of the **Board Probation Committee**.

(d) FORMAL APPROVAL. **If Respondent is placed under the direct supervision of a physician**, Respondent shall have the ~~monitor~~/supervisor with him/her at the first probation appearance before the **Board Probation Committee**. Prior to consideration of the ~~monitor~~/supervisor by the **Board Committee**, the Respondent shall provide the ~~monitor~~/supervisor a copy of the Administrative Complaint and the Board's Order in this case. Respondent shall submit a current curriculum vitae, a description of current practice, and a letter agreeing to serve from the proposed ~~monitor~~/supervisor to the Compliance Officer no later than 21 days before the Respondent's first scheduled probation appearance. Respondent's ~~monitor~~/supervisor shall also appear before the **Board Probation Committee** at such times as directed by the **Board Committee**. It shall be the Respondent's responsibility to ensure the appearance of his/her ~~monitor~~/supervisor as directed. Failure of the ~~monitor~~/supervisor to appear as directed shall constitute a violation of the terms of the Board's Order and shall render the Respondent subject to additional disciplinary action.

(e) CHANGE IN MONITOR/SUPERVISOR. In the event that Respondent's ~~monitor~~/supervisor is unable or unwilling to fulfill his/her responsibilities as a

monitor/supervisor as described above, the Respondent shall advise the Compliance Office of this fact within 24 hours of becoming aware of the situation. Respondent shall submit to the Compliance Office the name of a temporary monitor/supervisor for consideration. Respondent shall not practice pending approval of this temporary monitor/supervisor by the Chair of the **Board Probation Committee**. Furthermore, Respondent shall make arrangements with his/her temporary monitor/supervisor to appear before the **Board Probation Committee** at its next regularly scheduled meeting for consideration of the monitor/supervisor by the **Board Committee**. Respondent shall only practice under the supervision of the temporary monitor/supervisor (approved by the Chair) until the next regularly scheduled meeting of the **Board Probation Committee** whereat the issue of the **Board Chair's Committee's** approval of the Respondent's new monitor/supervisor shall be addressed.

(f) REPORTS. If directed by Board Order, probation reports, in affidavit form, shall be submitted by the Respondent and shall contain the following:

1. Brief statement of why physician assistant is on probation.
2. Practice location.
3. Describe current practice (type and composition).
4. Brief statement of compliance with probationary terms.
5. Describe relationship with monitoring/supervising physician.
6. Advise Compliance Officer of any problems including office incident reports filed; loss or restriction of hospital staff privileges; or any Medicare/Medicaid program exclusions, restrictions or limitations.

(g) MONITOR/SUPERVISOR REPORTS. If directed by Board Order, monitor/supervisor reports, in affidavit form shall include the following:

1. Brief statement of why physician assistant is on probation.
2. Description of probationer's practice.
3. Brief statement of probationer's compliance with terms of probation.
4. Brief description of probationer's relationship with monitoring supervising physician.
5. Detail any problems which may have arisen with probationer.

(h) INVESTIGATIVE REPORTS. Respondent understands that during the period of probation, at a minimum, semi-annual investigative reports will be compiled with the Department of Health concerning compliance with the terms and conditions of probation and the rules and statutes regulating the practice of medicine.

(7) COSTS OF COMPLIANCE. Respondent shall pay all costs necessary to comply with the terms of the Board's Order. Such costs include, but are not limited to, the costs of preparation of the investigative reports detailing compliance with the terms of the Order, the cost of analysis of any blood or urine specimens submitted pursuant to the Order, and administrative costs directly associated with Respondent's probation. See Section **459.015(2)**, F.S.

(8) SUSPENSION. In the event that a Respondent's license expires during the period that the license is suspended, this action shall not relieve the Respondent of the responsibility to renew the license at the end of each licensure period. If the Respondent fails to renew the license at the end of any licensure period, all normal conditions and consequences imposed by statute or rule of the Board for failure to timely and properly renew a license shall apply. Renewal of a suspended license during the period of suspension shall not affect the suspension of the license and the suspension shall continue until all

requirements for reinstatement have been met.

(9) RETURN OF LICENSE. Any Order which suspends a license, revokes a license, or accepts a Respondent's offer to voluntarily relinquish his/her license shall require the Respondent to return the license to the Department within 30 days from the date the Final Order is filed. This shall not apply to instances where the Board or a court has granted the Respondent a stay of the suspension.

Specific Authority 459.005(1), 459.015(5) FS.

Law Implemented 459.015(5) FS.

HISTORY-- New

TAB 13

Probation Variables

At the February meeting the Council made a motion to rework the language and to present it to the Council at the next meeting.

REVISED DRAFT

Physician Assistants

64B8-30.0152 Probation Variables. In instances where a Respondent is placed on probation by the Board, the Board shall determine the terms and conditions of Respondent's probation. The following terms of probation are utilized by the Board to ensure that Respondents are safely practicing medicine. Possible terms of probation and restrictions on practice include, but are not limited to:

(1) APPEARANCES REQUIRED. Respondent shall appear before the Probationer's Committee at the first meeting after said probation commences, at the last meeting of the Probationer's Committee preceding termination of probation and either quarterly, semiannually, or annually as set forth in the final order. Respondent shall be noticed by Board staff of the date, time and place of the Board's Probationer's Committee whereat Respondent's appearance is required. Failure of the Respondent to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject the Respondent to disciplinary action.

(2) DIRECT SUPERVISION REQUIRED. If direct supervision is required by the Board, Respondent shall not practice except under the direct supervision of a board-certified physician fully licensed under Chapter 458, F.S., who has been approved by the Probationer's Committee.

(a) The ~~supervising~~ supervisory physician shall work on the same premises as in the same office with the Respondent.

(b) Absent provision for and compliance with the terms regarding temporary approval of a supervising physician set forth in paragraph ~~64B8-30.0151(6)(c)~~ 64B8-8.011(6)(e), F.A.C., Respondent shall cease practice and not practice until the Probationer's Committee approves a supervising physician.

(c) Respondent shall have the supervising physician appear at the first probation appearance before the Probationer's Committee.

1. Prior to approval of the supervising physician by the committee, the Respondent shall provide to the supervising physician a copy of the Administrative Complaint and the Board's Order filed in the case.

2. A failure of the Respondent or the supervising physician to appear at the scheduled probation meeting shall constitute a violation of the Board's Order.

3. Prior to the approval of the supervising physician by the committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed supervising physician. Said materials shall be received in the Board office no later than 21 days before the Respondent's first scheduled probation appearance.

(d) The responsibilities of a supervising physician shall include:

1. Submit quarterly reports, in affidavit form, which shall include:
 - a. Brief statement of why physician assistant is on probation.
 - b. Description of probationer's practice.
 - c. Brief statement of probationer's compliance with terms of probation.
 - d. Brief description of probationer's relationship with supervising physician.
 - e. Detail any problems which may have arisen with probationer.
 2. Should the Board determine that Respondent's medical records need to be reviewed, the Board shall set forth the percentage of the records and type of records to be reviewed by the supervising physician. The patient records shall be selected by the supervising physician on a random basis at least once every month.
 3. Report to the Board any violation by the probationer of Chapter 456 and 458, F.S., and the rules promulgated pursuant thereto.
- ~~(3) INDIRECT SUPERVISION REQUIRED. Should the Board determine that indirect supervision is appropriate, Respondent shall not practice except under the indirect supervision of a board-certified physician fully licensed under Chapter 458, F.S., to be approved by the Board's Probationer's Committee.~~
- ~~(a) Absent provision for and compliance with the terms regarding temporary approval of a monitoring physician set forth below, Respondent shall cease practice and not practice until the Probationer's Committee approves a monitoring physician.~~
 - ~~(b) Respondent shall have the monitoring physician present at the first probation appearance before the Probationer's Committee.~~
 - ~~(c) Prior to approval of the monitoring physician by the committee, the Respondent shall provide to the monitoring physician a copy of the Administrative Complaint and Board's Order filed in the case.~~
 - ~~(d) Failure of the Respondent or the monitoring physician to appear at the scheduled probation meeting shall constitute a violation of the Board's Order.~~
 - ~~(e) Prior to the approval of the monitoring physician by the committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed monitoring physician. Said materials shall be received in the Board office no later than 21 days before the Respondent's first scheduled probation appearance. The responsibilities of a monitoring physician shall include:~~
 1. Submit quarterly reports, in affidavit form, which shall include:
 - a. Brief statement of why physician assistant is on probation.
 - b. Description of probationer's practice.
 - c. Brief statement of probationer's compliance with terms of probation.
 - d. Brief description of probationer's relationship with monitoring physician.
 - e. Detail any problems which may have arisen with probationer.
 2. Be available for consultation with Respondent whenever necessary, at a frequency to be determined by the Board.
 3. Should the Board determine that Respondent's medical records need to be reviewed, the Board shall set forth the percentage of the records and type of records to be reviewed by the monitoring physician. The patient records shall be selected by the monitoring physician on a random basis at least once every month. In order to comply with this responsibility of random review, the monitoring physician shall go to Respondent's office once every month unless a different time frame is set forth in the Board's Order. At that time, the monitoring physician shall be responsible for making the random selection of

the records to be reviewed by the monitoring physician.

4. Report to the Board any violations by the probationer of Chapters 456 and 458, F.S., and the rules promulgated pursuant thereto.

(3) (4) ALTERNATE MONITOR/SUPERVISOR. In view of the need for ongoing and continuous monitoring or supervision, Respondent shall also be required to submit the curriculum vitae and name of an alternate supervising/monitoring board-certified physician who shall be approved by Probationer's Committee. Such physician shall be licensed pursuant to Chapter 458, F.S., and shall have the same duties and responsibilities as specified for Respondent's monitoring/supervising physician during those periods of time which Respondent's monitoring/supervising physician is temporarily unable to provide supervision. Prior to practicing under the indirect supervision of the alternate monitoring physician or the direct supervision of the alternate supervising physician, Respondent shall so advise the Board in writing. Respondent shall further advise the Board in writing of the period of time during which Respondent shall practice under the supervision of the alternate monitoring/supervising physician. Respondent shall not practice unless Respondent is under the supervision of either the approved supervising/monitoring physician or the approved alternate.

(4) (5) CONTINUING MEDICAL EDUCATION. Should the Board determine that continuing medical education (CME) is appropriate during the probationary period, the Board shall determine the number of hours and subject area of the required CME. The CME shall be Category I Continuing Medical Education. Respondent shall submit a written plan to the Chairperson of the Probationer's Committee for approval prior to the completion of said courses. The Board confers authority on the Chairperson of the Probationer's Committee to approve or disapprove said continuing education courses. In addition, Respondent shall submit documentation of completion of these continuing medical education courses in each report. These hours shall be in addition to those hours required for biennial renewal of licensure. Said continuing education courses shall consist of a formal live lecture format.

(5) (6) PRN REQUIRED. Should the Board determine that a contract by the Professionals Resource Network (PRN) is appropriate, Respondent shall participate and comply with the PRN contract.

(a) Respondent shall enter into an after care contract with PRN, shall comply with all its terms, and shall be responsible for assuring that the medical director of PRN send the Board a copy of said contract.

(b) Respondent shall execute a release that authorizes PRN to release information and medical records (including psychiatric records and records relating to treatment for drug dependence and alcoholism) to the Board of Medicine as needed to monitor the progress of Respondent in the PRN program.

(c) Respondent shall authorize the director of PRN to report to the Board of Medicine any problems that may occur with Respondent and any violations of Chapter 456 or 458, F.S. Such a report shall be made within 30 days of the occurrence of any problems, or violations of Chapter 456 or 458, F.S.

(6) (7) PRESCRIBING PROHIBITION OR RESTRICTION. **If Respondent is licensed as a prescribing physician assistant and should** ~~Should~~ the Board determine that it is appropriate to require a restriction of Respondent's prescribing privileges, the Board shall set forth the length of said restriction and determine which substances shall be affected.

(8) RESTRICTION ON TREATING PATIENTS OF THE OPPOSITE GENDER. Should the Board determine there should be a restriction on treating patients of the opposite gender, Respondent shall not examine or treat any patients of the opposite gender without an employee who is of the same patient gender and who is a health care practitioner licensed by the Department of Health present in the room.

Specific Authority 456.072(2) FS.
Law Implemented 456.072(2) FS.
HISTORY -- New.

Osteopathic Physician Assistants

64B15-6.0113 Probation Variables. In instances where a Respondent is placed on probation by the Board, the Board shall determine the terms and conditions of Respondent's probation. The following terms of probation are utilized by the Board to ensure that Respondents are safely practicing medicine. Possible terms of probation and restrictions on practice include, but are not limited to:

(1) APPEARANCES REQUIRED. Respondent shall appear before the **Board Probationer's Committee** at the first meeting after said probation commences, at the last meeting of the **Board Probationer's Committee** preceding termination of probation and either quarterly, semiannually, or annually as set forth in the final order. Respondent shall be noticed by Board staff of the date, time and place of the **Board meeting Board's Probationer's Committee** whereat Respondent's appearance is required. Failure of the Respondent to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject the Respondent to disciplinary action.

(2) DIRECT SUPERVISION REQUIRED. If direct supervision is required by the Board, Respondent shall not practice except under the direct supervision of a board-certified physician fully licensed under Chapter 459, F.S., who has been approved by the **Board Probationer's Committee**.

(a) The **supervising** supervisory physician shall work **on the same premises as in the same office with the Respondent.**

(b) Absent provision for and compliance with the terms regarding temporary approval of a supervising physician set forth in paragraph **64B15-6.0112(6)(c)** ~~64B8-8.011(6)(e)~~, F.A.C., Respondent shall cease practice and not practice until the Probationer's Committee approves a supervising physician.

(c) Respondent shall have the supervising physician appear at the first probation appearance before the **Board Probationer's Committee**.

1. Prior to approval of the supervising physician by the **Board committee**, the Respondent shall provide to the supervising physician a copy of the Administrative Complaint and the Board's Order filed in the case.

2. A failure of the Respondent or the supervising physician to appear at the scheduled ~~probation~~ meeting shall constitute a violation of the Board's Order.

3. Prior to the approval of the supervising physician by the **Board committee**, Respondent shall submit to the **Board committee** a current curriculum vitae and description of the current practice of the proposed supervising physician. Said materials shall be received in the Board office no later than 21 days before the Respondent's first

scheduled probation appearance.

(d) The responsibilities of a supervising physician shall include:

1. Submit quarterly reports, in affidavit form, which shall include:

a. Brief statement of why physician assistant is on probation.

b. Description of probationer's practice.

c. Brief statement of probationer's compliance with terms of probation.

d. Brief description of probationer's relationship with supervising physician.

e. Detail any problems which may have arisen with probationer.

2. Should the Board determine that Respondent's medical records need to be reviewed, the Board shall set forth the percentage of the records and type of records to be reviewed by the supervising physician. The patient records shall be selected by the supervising physician on a random basis at least once every month.

3. Report to the Board any violation by the probationer of Chapter 456 and 459, F.S., and the rules promulgated pursuant thereto.

(3) INDIRECT SUPERVISION REQUIRED. Should the Board determine that indirect supervision is appropriate, Respondent shall not practice except under the indirect supervision of a board-certified physician fully licensed under Chapter 458, F.S., to be approved by the Board's Probationer's Committee.

(a) Absent provision for and compliance with the terms regarding temporary approval of a monitoring physician set forth below, Respondent shall cease practice and not practice until the Probationer's Committee approves a monitoring physician.

(b) Respondent shall have the monitoring physician present at the first probation appearance before the Probationer's Committee.

(c) Prior to approval of the monitoring physician by the committee, the Respondent shall provide to the monitoring physician a copy of the Administrative Complaint and Board's Order filed in the case.

(d) Failure of the Respondent or the monitoring physician to appear at the scheduled probation meeting shall constitute a violation of the Board's Order.

(e) Prior to the approval of the monitoring physician by the committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed monitoring physician. Said materials shall be received in the Board office no later than 21 days before the Respondent's first scheduled probation appearance. The responsibilities of a monitoring physician shall include:

1. Submit quarterly reports, in affidavit form, which shall include:

a. Brief statement of why physician assistant is on probation.

b. Description of probationer's practice.

c. Brief statement of probationer's compliance with terms of probation.

d. Brief description of probationer's relationship with monitoring physician.

e. Detail any problems which may have arisen with probationer.

2. Be available for consultation with Respondent whenever necessary, at a frequency to be determined by the Board.

3. Should the Board determine that Respondent's medical records need to be reviewed, the Board shall set forth the percentage of the records and type of records to be reviewed by the monitoring physician. The patient records shall be selected by the monitoring physician on a random basis at least once every month. In order to comply with this responsibility of random review, the monitoring physician shall go to Respondent's office

~~once every month unless a different time frame is set forth in the Board's Order. At that time, the monitoring physician shall be responsible for making the random selection of the records to be reviewed by the monitoring physician.~~

~~4. Report to the Board any violations by the probationer of Chapters 456 and 458, F.S., and the rules promulgated pursuant thereto.~~

~~(3) (4) ALTERNATE MONITOR/SUPERVISOR. In view of the need for ongoing and continuous monitoring or supervision, Respondent shall also be required to submit the curriculum vitae and name of an alternate supervising/monitoring board-certified osteopathic physician who shall be approved by Board Probationer's Committee. Such physician shall be licensed pursuant to Chapter 459, F.S., and shall have the same duties and responsibilities as specified for Respondent's monitoring/supervising physician during those periods of time which Respondent's monitoring/supervising physician is temporarily unable to provide supervision. Prior to practicing under the indirect supervision of the alternate monitoring physician or the direct supervision of the alternate supervising physician, Respondent shall so advise the Board in writing. Respondent shall further advise the Board in writing of the period of time during which Respondent shall practice under the supervision of the alternate monitoring/supervising physician. Respondent shall not practice unless Respondent is under the supervision of either the approved supervising/monitoring physician or the approved alternate.~~

~~(4) (5) CONTINUING MEDICAL EDUCATION. Should the Board determine that continuing medical education (CME) is appropriate during the probationary period, the Board shall determine the number of hours and subject area of the required CME. The CME shall be Category I Continuing Medical Education. Respondent shall submit a written plan to the Chairperson of the Board Probationer's Committee for approval prior to the completion of said courses. The Board confers authority on the Chairperson of the Board Probationer's Committee to approve or disapprove said continuing education courses. In addition, Respondent shall submit documentation of completion of these continuing medical education courses in each report. These hours shall be in addition to those hours required for biennial renewal of licensure. Said continuing education courses shall consist of a formal live lecture format.~~

~~(5) (6) PRN REQUIRED. Should the Board determine that a contract by the Professionals Resource Network (PRN) is appropriate, Respondent shall participate and comply with the PRN contract.~~

~~(a) Respondent shall enter into an after care contract with PRN, shall comply with all its terms, and shall be responsible for assuring that the medical director of PRN send the Board a copy of said contract.~~

~~(b) Respondent shall execute a release that authorizes PRN to release information and medical records (including psychiatric records and records relating to treatment for drug dependence and alcoholism) to the Board of Osteopathic Medicine as needed to monitor the progress of Respondent in the PRN program.~~

~~(c) Respondent shall authorize the director of PRN to report to the Board of Medicine any problems that may occur with Respondent and any violations of Chapter 456 or 459, F.S. Such a report shall be made within 30 days of the occurrence of any problems, or violations of Chapter 456 or 459, F.S.~~

~~(6) (7) PRESCRIBING PROHIBITION OR RESTRICTION. If Respondent is licensed as a prescribing physician assistant and should the Board determine that it is~~

appropriate to require a restriction of Respondent's prescribing privileges, the Board shall set forth the length of said restriction and determine which substances shall be affected.

(8) RESTRICTION ON TREATING PATIENTS OF THE OPPOSITE GENDER.

Should the Board determine there should be a restriction on treating patients of the opposite gender, Respondent shall not examine or treat any patients of the opposite gender without an employee who is of the same patient gender and who is a health care practitioner licensed by the Department of Health present in the room.

Specific Authority 456.072(2) FS.

Law Implemented 456.072(2) FS.

HISTORY -- New.

TAB 14

Fees for Retired Status License

REVISED DRAFT – 5/07

64B8-30.019(6),(7),(10) Fees Regarding Physician Assistants.

The following fees are prescribed by the Council and adopted by the Boards:

(1) through (5) No change.

(6) The reactivation fee for an inactive or retired status physician assistant ~~license~~ license pursuant to Section 458.347(7) or 459.022(7), F.S., shall be \$ 100. Reactivation shall require payment of all the applicable renewal fees and the reactivation fee.

(7) The duplicate ~~license~~ license fee shall be \$ 25.00.

(8) – (9) No change.

(10) The fee for a retired status license shall be \$50.00 for a physician assistant.

Specific Authority 456.036, 458.309, 458.347 FS.

Law Implemented 456.036(5), (7), 458.347 FS.

History—New 8-11-98, Amended 7-30-03, 12-6-04, _____.

64B15-6.013(6),(7),(10) Osteopathic Physician Assistant Fees

The following fees are prescribed by the Council and adopted by the Boards:

(1) through (5) No change.

(6) The reactivation fee for an inactive or retired status physician assistant ~~license certification~~ license certification pursuant to Section 458.347(7) or 459.022(7), F.S., shall be \$ 100. Reactivation shall require payment of all the applicable renewal fees and the reactivation fee.

(7) The duplicate ~~license certification~~ license certification fee shall be \$ 25.00.

(8) – (9) No change.

(10) The fee for a retired status license shall be \$50.00 for a physician assistant.

Specific Authority: 456.036(5),(7), 459.005, 459.009, 459.022(7) FS.

Law Implemented: 456.036(5),(7), 459.009, 459.022(7) FS.

History – New 11-4-93, Amended 2-20-94, Formerly 61F9-6.013, 59W-6.013, Amended 8-11-98, 2-23-04, 7-27-04, 12-6-04, _____.

TAB 15

Physician Assistant License Look Up Screen Enhancement

Information Only

In 2006, the Physician Assistant License Lookup Screen was enhanced by adding a “Tab” that, when selected, provides a list of the licensee’s current supervising physicians on file with the Board.

This enhancement has been a valuable tool for Physician Assistants to use for maintaining current licensure information at all times.

Recently that web site was updated again by providing a printer friendly version “icon” to click onto that will print a nice list of their supervising physicians.