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**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**JOHN A. SHARP, M.D.**

**PHYSICIAN'S AND SURGEON'S CERTIFICATE NO. G85690**

**RESPONDENT.**

Case No. 16-2011-219292

**DEFAULT DECISION  
AND ORDER**

[Gov. Code, §11520]

11 On January 13, 2012, an employee of the Medical Board of California ("Board") sent by  
12 international certified mail a copy of Accusation No. 16-2011-219292, Statement to Respondent,  
13 Notice of Defense in blank, copies of the relevant sections of the California Administrative  
14 Procedure Act as required by sections 11503 and 11505 of the Government Code, and a request  
15 for discovery, to John A. Sharp, M.D. ("Respondent") at his address of record with the Board,  
16 411 Queensway Drive, Lexington, KY 40502. Respondent filed a Notice of Defense. Thereafter  
17 a First Amended Accusation was filed and served. On May 17, 2012, the Kentucky Board of  
18 Medical Licensure issued its final order, and on June 29, 2012, a Second Amended Accusation<sup>1</sup>  
19 was filed and served on Respondent and his attorney. The certified mail receipts reflecting  
20 delivery of the Second Amended Accusation were signed and returned. (Second Amended  
21 Accusation package, proof of service, return notifications, Exhibit Package, Exhibit 1<sup>2</sup>; Notice of  
22 Defense, Exhibit Package, Exhibit 2)

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26 <sup>1</sup> The Second Amended Accusation is the operative pleading in this action, and the  
27 Default Decision and Order is based on the allegations of the Second Amended Accusation.

28 <sup>2</sup> The evidence in support of this Default Decision and Order is submitted herewith as the  
"Exhibit Package."

1 On March 30, 2012, the Board's Executive Director petitioned the Board for an order  
2 compelling psychiatric examination of Respondent, based on information received from the  
3 Kentucky Board of Medicine that Respondent was very likely impaired in his ability to safely  
4 practice medicine. On April 11, 2012, an Order Compelling Psychiatric Examination of Licensee  
5 was issued and served on Respondent. Thereafter, Respondent's attorney requested additional  
6 time to complete the examination, and an Amendment to Order Compelling Psychiatric  
7 Examination of Licensee was issued and served, extending the time to submit to the psychiatric  
8 examination until May 25, 2012. (Petition for Order Compelling Psychiatric Examination of  
9 Licensee; Order Compelling Psychiatric Examination of Licensee; Amendment to Order  
10 Compelling Psychiatric Examination of Licensee, Exhibit Package, Exhibit 3) Respondent failed  
11 to submit to the psychiatric examination as ordered by the Board. (Declaration of Renee  
12 Threadgill, Exhibit Package, Exhibit 4)

13 On August 8, 2012, a Notice of Hearing was served on Respondent and his attorney,  
14 informing them that an administrative hearing in this matter was scheduled for October 4, 2012.  
15 The certified mail receipts were signed and returned. (Notice of Hearing, proof of service and  
16 return receipts, Exhibit Package, Exhibit 5)

17 Respondent did not appear at the October 4, 2012 hearing. Deputy Attorney General Jane  
18 Zack Simon appeared on behalf of Complainant. Administrative Law Judge Ruth Astle found that  
19 proper notice of the hearing had been provided, and declared Respondent to be in default.

## 20 FINDINGS OF FACT

### 21 I.

22 Linda K. Whitney is the Executive Director of the Board. The charges and allegations in  
23 the Second Amended Accusation were at all times brought and made solely in the official  
24 capacity of the Board's Executive Director.

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II.

On April 14, 2000, Physician's and Surgeon's Certificate No. G85690 was issued by the Board to John A. Sharp, M.D. The certificate will expire on October 31, 2013, and is SUSPENDED based on an order issued on December 19, 2011 pursuant to Business and Professions Code section 2310(a). (License Certification Exhibit Package, Exhibit 6)

III.

On June 29, 2012, Respondent was duly served with a Second Amended Accusation, alleging causes for discipline against Respondent. Respondent had previously filed a Notice of Defense to contest the Board's action against him, but he thereafter failed to appear at a duly noticed hearing, and was declared to be in default.

IV.

The allegations of the Second Amended Accusation are true as follows:

On November 4, 2011, the Kentucky Board of Medical Licensure issued an Emergency Order of Suspension regarding Respondent's license to practice in the State of Kentucky. The Emergency Order of Suspension included factual findings that Respondent prescribed controlled substances and other drugs to family members and others without a physician-patient relationship, without establishing medical necessity, and without creating medical records; in July 2011, Respondent used his position as a physician to make false statements on a Verified Petition for Involuntary Hospitalization against his brother; Respondent self-used at least some of the prescriptions he wrote to others; Respondent told investigators from the Kentucky Board and the Drug Enforcement Administration that he had no permanent physical or mailing address, that he had been living in campgrounds and in the woods, and that he was disabled from the practice of surgery; he described himself as a "traveling physician" and acknowledged that he wrote or called in prescriptions for persons he was not treating and for whom he created no medical records; in August 2011, Respondent reported to a locum tenens assignment with two bottles of wine and was so rude and mean to nursing staff that the hospital staff feared he was impaired and refused to allow him to work. Based on these factual findings, the Kentucky Board concluded

1 that Respondent's practice constituted a danger to the health, welfare and safety of patients or the  
2 general public, and issued an Emergency Order of Suspension. On February 27, 2012, the  
3 Kentucky Board of Medical Licensure issued an Amended Emergency Order of Suspension. The  
4 Amended Emergency Order of Suspension noted that Respondent was required to undergo  
5 neuropsychological, psychiatric, physical and impairment evaluations to determine whether he  
6 was physically and mentally able to practice safely. A January 17, 2012 neuropsychological  
7 evaluation concluded that Respondent lacked the ability to focus or direct his attention to  
8 appropriate objects and was easily distracted and confused. The results of the neuropsychological  
9 evaluation concluded that Respondent's ability to practice medicine was impeded by a mental or  
10 physical condition as a result of a decline in cognitive capabilities and memory consistent with  
11 dementia of undetermined etiology, as well as depression and anxiety. A January 24, 2012  
12 psychiatric evaluation noted significant cognitive deterioration and a mood disorder. The  
13 psychiatric evaluator concluded that Respondent showed "significant psychiatric illness which  
14 markedly impairs his capacity to function as a physician" and his "mood disorder and cognitive  
15 disorder render him incapable of practicing medicine according to acceptable and prevailing  
16 standards of care at the present time." Similarly, a January 2012 physical examination noted  
17 several diagnostic impressions, including dementia, major depression, anxiety, polysubstance  
18 dependence and reflex sympathetic dystrophy. Finally, a February 3, 2012 impairment evaluation  
19 noted that Respondent could not recall specifics of recent past events and was unable to provide  
20 clear explanations in response to questions and concerns. Respondent failed to submit to and  
21 complete the required blood and urine drug screens and refused to grant access to records or  
22 information from an alcohol and drug treatment facility in California where Respondent received  
23 treatment in 2009. The result of the impairment evaluation was that Respondent "is not able to  
24 safely practice medicine." Under the terms of the Amended Emergency Order of Suspension,  
25 Respondent's Kentucky license was suspended, and he was prohibited from performing any act  
26 which constitutes the practice of medicine. On May 17, 2012, the Kentucky Board of Medical  
27 Licensure issued an Agreed Order of Indefinite Restriction. Under the terms of the Agreed Order,  
28 Respondent is prohibited from performing any act which would constitute the practice of

1 medicine. The Agreed Order will remain in place unless and until specified conditions are met by  
2 Respondent. Copies of the November 4, 2011 Emergency Order of Suspension, the February 27,  
3 2012 Amended Emergency Order of Suspension, and the May 17, 2012 Agreed Order of  
4 Indefinite Restriction issued by the Kentucky Board of Medical Licensure are attached to the  
5 Second Amended Accusation, Exhibit Package, Exhibit 1.

6 On March 30, 2012, the Executive Director of the Medical Board of California petitioned  
7 the Board for an Order Compelling Psychiatric Examination of Respondent. The petition was  
8 based upon the information received from the Kentucky Board of Medical Licensure which  
9 indicated that Respondent's ability to safely practice medicine was very likely impaired. On  
10 April 11, 2012, the Board issued and served on Respondent an Order Compelling Psychiatric  
11 Examination, commanding Respondent to submit to an examination by a physician and surgeon  
12 specializing in psychiatry within 30 days after service of the Order. Thereafter, in response to a  
13 request from Respondent (through his attorney) for additional time to comply with the Order, an  
14 Amendment to Order Compelling Psychiatric Examination was issued and served extending the  
15 time for completion of the examination to May 25, 2012. Respondent did not submit to the  
16 psychiatric examination as ordered. Respondent failed and/or refused to comply with the Order  
17 Compelling Psychiatric Examination.

#### 18 **DETERMINATION OF ISSUES**

19 Pursuant to the foregoing Findings of Fact, Respondent's conduct and the action of the  
20 Kentucky Board of Medical Licensure constitute cause for discipline within the meaning of  
21 Business and Professions Code sections 2305 and 141(a). Respondent's failure to comply with  
22 the Board's Order Compelling Psychiatric Examination constitutes cause for disciplinary action  
23 pursuant to sections 2234 and 821 of the Business and Professions Code.

#### 24 **DISCIPLINARY ORDER**

25 Physician's and Surgeon's certificate No. G85690 issued to John A. Sharp, M.D. is hereby  
26 **REVOKED.**

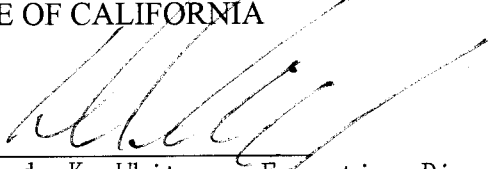
27 Respondent shall not be deprived of making a request for relief from default as set forth in  
28

1 Government Code section 11520(c) for good cause shown. However, such showing must be  
2 made in writing by way of a motion to vacate the default decision and directed to the Medical  
3 Board of California at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 within seven  
4 (7) days of the service of this Decision.

5 This Decision will become effective November 19, 2012

6 It is so ordered on October 19, 2012, 2012.

8 MEDICAL BOARD OF CALIFORNIA  
9 DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 By   
12 Linda K. Whitney, Executive Director

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*Attorneys for Complainant  
Medical Board of California*

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
**SACRAMENTO** *June 24, 2012*  
**BY: J. Salazar ANALYST**

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:  
  
**JOHN A. SHARP, M.D.**  
411 Queensway Drive  
Lexington, KY 40502  
  
Physician's and Surgeon's  
Certificate No. G-85690  
  
Respondent.

**Case No. 16-2011-219292**  
**SECOND AMENDED ACCUSATION**

Complainant alleges:

1. Complainant Linda K. Whitney is the Executive Director of the Medical Board of California, Department of Consumer Affairs, and brings this Second Amended Accusation ("Accusation") solely in her official capacity.

2. On April 14, 2000, Physician's and Surgeon's Certificate No. G-85690 was issued by the Medical Board of California to John A. Sharp, M.D. ("Respondent.") The certificate will expire on October 31, 2013, but is SUSPENDED pursuant to an Order issued on December 19, 2011 under Business and Professions Code section 2310(a).

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1 **JURISDICTION**

2 3. This Accusation is brought before the Medical Board of California<sup>1</sup>, (the "Board")  
3 under the authority of the following sections of the California Business and Professions Code  
4 ("Code") and/or other relevant statutory enactment:  
5

6 A. Section 2227 of the Code provides in part that the Board may revoke,  
7 suspend for a period not to exceed one year, or place on probation, the license of any  
8 licensee who has been found guilty under the Medical Practice Act, and may recover  
9 the costs of probation monitoring.

10 B. Section 2234 of the Code provides that the Board shall take action against  
11 any licensee who is charged with unprofessional conduct.

12 C. Section 2305 of the Code provides, in part, that the revocation, suspension,  
13 or other discipline, restriction or limitation imposed by another state upon a license to  
14 practice medicine issued by that state, that would have been grounds for discipline in  
15 California under the Medical Practice Act, constitutes grounds for discipline for  
16 unprofessional conduct.

17 D. Section 141 of the Code provides:

18  
19 "(a) For any licensee holding a license issued by a board under  
20 the jurisdiction of a department, a disciplinary action taken by another state, by  
21 any agency of the federal government, or by another country for any act  
22 substantially related to the practice regulated by the California license, may be  
23 ground for disciplinary action by the respective state licensing board. A certified  
24 copy of the record of the disciplinary action taken against the licensee by another  
25 state, an agency of the federal government, or by another country shall be  
26 conclusive evidence of the events related therein.

27 "(b) Nothing in this section shall preclude a board from applying  
28 a specific statutory provision in the licensing act administered by the board that  
provides for discipline based upon a disciplinary action taken against the licensee  
by another state, an agency of the federal government, or another country."

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1. The terms "Board" and "Division" or "Division of Medical Quality" mean the Medical Board of California.



1 E. Section 820 of the Code provides that whenever it appears that a licensee  
2 may be unable to practice his profession safely because the licensee's ability to practice is  
3 impaired due to mental illness, or physical illness affecting competency the Board may  
4 order the licensee to be examined by one or more physicians and surgeons or  
5 psychologists designated by the Board.

6 F. Section 821 provides that the licensee's failure to comply with an order  
7 issued under Section 820 shall constitute grounds for suspension or revocation of the  
8 licentiate's certificate or license.

9 **FIRST CAUSE FOR DISCIPLINE**

10 (Discipline, Restriction, or Limitation Imposed by Another State)

11 4. On November 4, 2011, the Kentucky Board of Medical Licensure issued an  
12 Emergency Order of Suspension regarding Respondent's license to practice in the State of  
13 Kentucky. The Emergency Order of Suspension included factual findings that Respondent  
14 prescribed controlled substances and other drugs to family members and others without a  
15 physician-patient relationship, without establishing medical necessity, and without creating  
16 medical records; in July 2011, Respondent used his position as a physician to make false  
17 statements on a Verified Petition for Involuntary Hospitalization against his brother; Respondent  
18 self-used at least some of the prescriptions he wrote to others; Respondent told investigators from  
19 the Kentucky Board and the Drug Enforcement Administration that he had no permanent physical  
20 or mailing address, that he had been living in campgrounds and in the woods, and that he was  
21 disabled from the practice of surgery; he described himself as a "traveling physician" and  
22 acknowledged that he wrote or called in prescriptions for persons he was not treating and for  
23 whom he created no medical records; in August 2011, Respondent reported to a locum tenens  
24 assignment with two bottles of wine and was so rude and mean to nursing staff that the hospital  
25 staff feared he was impaired and refused to allow him to work. Based on these factual findings,  
26 the Kentucky Board concluded that Respondent's practice constituted a danger to the health,  
27 welfare and safety of patients or the general public, and issued an Emergency Order of  
28 Suspension.

1           On February 27, 2012, the Kentucky Board of Medical Licensure issued an Amended  
2 Emergency Order of Suspension. The Amended Emergency Order of Suspension noted that  
3 Respondent was required to undergo neuropsychological, psychiatric, physical and impairment  
4 evaluations to determine whether he was physically and mentally able to practice safely. A  
5 January 17, 2012 neuropsychological evaluation concluded that Respondent lacked the ability to  
6 focus or direct his attention to appropriate objects, was easily distracted and confused. The  
7 results of the neuropsychological evaluation concluded that Respondent's ability to practice  
8 medicine was impeded by a mental or physical condition as a result of a decline in cognitive  
9 capabilities and memory consistent with dementia of undetermined etiology, as well as depression  
10 and anxiety. A January 24, 2012 psychiatric evaluation noted significant cognitive deterioration  
11 and a mood disorder. The psychiatric evaluator concluded that Respondent showed "significant  
12 psychiatric illness which markedly impairs his capacity to function as a physician" and his  
13 "mood disorder and cognitive disorder render him incapable of practicing medicine according to  
14 acceptable and prevailing standards of care at the present time." Similarly, a January, 2012  
15 physical examination noted several diagnostic impressions, including dementia, major depression,  
16 anxiety, polysubstance dependence and reflex sympathetic dystrophy. Finally, a February 3,  
17 2012 impairment evaluation noted that Respondent could not recall specifics of recent past events  
18 and was unable to provide clear explanations in response to questions and concerns. Respondent  
19 failed to submit to and complete the required blood and urine drug screens and refused to grant  
20 access to records or information from an alcohol and drug treatment facility in California where  
21 Respondent received treatment in 2009. The result of the impairment evaluation was that  
22 Respondent "is not able to safely practice medicine." Under the terms of the Amended  
23 Emergency Order of Suspension, Respondent's Kentucky license was suspended, and he was  
24 prohibited from performing any act which constitutes the practice of medicine.

25           On May 17, 2012, the Kentucky Board of Medical Licensure issued an Agreed Order of  
26 Indefinite Restriction. Under the terms of the Agreed Order, Respondent is prohibited from  
27 performing any act which would constitute the practice of medicine. The Agreed Order will  
28 remain in place unless and until specified conditions are met by Respondent.

1 Copies of the November 4, 2011 Emergency Order of Suspension, the February 27, 2012  
2 Amended Emergency Order of Suspension, and the May 17, 2012 Agreed Order of Indefinite  
3 Restriction issued by the Kentucky Board of Medical Licensure are attached as Exhibit A.

4 5. Respondent's conduct and the actions of the Kentucky Board of Medical Licensure  
5 as set forth in paragraph 4, above, constitute unprofessional conduct within the meaning of  
6 section 2305 and conduct subject to discipline within the meaning of section 141(a).

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Unprofessional Conduct for Failure to Comply with Order of Examination)**

9 6. On March 30, 2012, Complainant petitioned the Board for an Order Compelling  
10 Psychiatric Examination of Respondent. The petition was based upon the information received  
11 from the Kentucky Board of Medical Licensure as set forth above which indicated that  
12 Respondent's ability to safely practice medicine was very likely impaired. On April 11, 2012, the  
13 Board issued and served on Respondent an Order Compelling Psychiatric Examination,  
14 commanding Respondent to submit to an examination by a physician and surgeon specializing in  
15 psychiatry within 30 days after service of the Order. Thereafter, on May 10, 2012, in response to  
16 a request from Respondent for additional time to comply with the Order, an Amendment to Order  
17 Compelling Psychiatric Examination was issued and served on Respondent, extending the time  
18 for completion of the examination to May 25, 2012. Respondent did not submit to the psychiatric  
19 examination as ordered.

20 7. Respondent has failed and/or refused to comply with the Order Compelling  
21 Psychiatric Examination.

22 8. Respondent's Physician and Surgeon's Certificate is subject to disciplinary  
23 action pursuant to sections 2234 and/or 821 of the Code.

24 **PRAYER**


25 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein  
26 alleged, and that following the hearing, the Board issue a decision:

27 1. Revoking or suspending Physician's and Surgeon's Certificate Number G-85690  
28 issued to respondent John A. Sharp, M.D.;

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- 2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants;
- 3. Ordering Respondent, if placed on probation, to pay the costs probation monitoring; and
- 4. Taking such other and further action as the Board deems necessary and proper.

DATED: June 29, 2012 \_\_\_\_\_

  
\_\_\_\_\_  
**LINDA K. WHITNEY**  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

**Exhibit A**

FILED OF RECORD

MAY 17 2012

COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 1356

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF  
KENTUCKY HELD BY JOHN A. SHARP, M.D., LICENSE NO. 26709, 411  
QUEENS WAY DRIVE, LEXINGTON, KENTUCKY 40502

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Hearing Panel A, and John A. Sharp, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve the pending Complaint without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Indefinite Restriction:

1. At all relevant times, John A. Sharp, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is surgery.
3. The licensee also has a license to practice medicine in the state of California.
4. Between December 26, 2008 and March 4, 2011, the licensee prescribed Paroxetine to his brother, C.S..
5. The Board alleges in a Complaint, filed of record on February 27, 2012, that the licensee did not have a physician-patient relationship with his brother, C.S., at the time that he prescribed the Paroxetine; had not established the medical necessity of said prescriptions with an appropriate examination or consultation; and there existed

no emergency situation which supported the prescribing of controlled substances to a family member at those times. The licensee denies these allegations.

6. The Board alleges in a Complaint, filed of record on February 27, 2012, that on or about July 26, 2011, the licensee used his position as a trained and licensed physician to make false statements on a Verified Petition for Involuntary Hospitalization against his brother, C.S., including diagnoses of mental illness, depression, panic attacks and paranoia. The licensee denies these allegations.
7. On or about August 6, 2011, the licensee phoned in a prescription for Norco 10/325 mg, # 90 (plus two refills) for Patient K.C. to the Madison South Pharmacy.
8. The Board alleges in a Complaint, filed of record on February 27, 2012, that on or about August 6, 2011, the licensee phoned in a prescription for Xanax 2mg, # 90 (plus two refills), for Patient K.C. to the Madison South Pharmacy and Richard Pojky, R.Ph., explaining that the patient had a root canal and needed pain medication. The licensee provided a practice address and phone number which was, in fact, the address of his father's residence. When Patient K.C. called the pharmacy to confirm that the prescription had been called in, she was informed that she would need to bring a photo I.D. to pick up the medication; Patient K.C. then requested that the prescription be transferred to another pharmacy. When another pharmacy would not accept the prescriptions because the licensee was unknown, Mr. Pojky checked with other pharmacies in Berea and Irvine, Kentucky, and each conferred that they were not familiar with the licensee, that they had been unable to confirm his practice address and that he had used a California phone number to call other pharmacies. When the licensee called Mr. Pojky again to confirm the prescriptions, he provided a different practice address, 101 River Drive, Irvine, Kentucky. Mr. Pojky called

another pharmacist in Irvine, Kentucky and was told that there was no clinic operating in that location. Mr. Pojcky became suspicious and decided to report his concerns to the Office of the Inspector General of the Cabinet for Health and Family Services Drug Enforcement and Professional Branch ("Drug Enforcement"). The licensee denies these allegations.

9. The Board alleges in a Complaint, filed of record on February 27, 2012, that on or about August 8, 2011, Drug Enforcement received Mr. Pojcky's complaint in which he alleged that an unknown physician, the licensee, was calling in monthly supplies of controlled substances with refills to pharmacies in the Berea, Kentucky area. The licensee denies these allegations.
10. The Board alleges in a Complaint, filed of record on February 27, 2012, that Drug Enforcement opened an investigation and reviewed a KASPER report on the licensee, dated August 6, 2010 through August 6, 2011. The names of the patients to whom the licensee prescribed included the licensee's ex-wife. Drug Enforcement forwarded the names of eleven (11) patients to the Kentucky Board of Medical Licensure for any action deemed necessary. The licensee denies these allegations.
11. The licensee phoned in prescriptions for Klonopin, 1mg, #60 with 3 refills, for his ex-wife, C.A., to the Wal-Mart - Palomar pharmacy in Lexington, Kentucky. The first prescription was picked up and signed for by C.A. on May 23, 2011.
12. The Board alleges in a Complaint, filed of record on February 27, 2012, that the second prescription was filled on June 12, 2011. The third prescription was filled on July 7, 2011 but was not picked up by C.A.; a surveillance tape of the pharmacy on the same date shows the licensee picking up a prescription from the pharmacy. The licensee denies these allegations.



13. The Board alleges in a Complaint, filed of record on February 27, 2012, that the Board's Medical Investigator, Doug Wilson, interviewed the licensee's ex-wife, C.A., who stated substantially as follows: that she and the licensee divorced in 1997; that the licensee's license to practice medicine in California was suspended for a period of time due to his failure to pay child support; that the licensee has a history of opiate dependence; that while living with her in 2011, the licensee asked C.A. to help him obtain Clonazepam; that, in May and June 2011, the licensee called in prescriptions for Clonazepam in C.A.'s name and she helped to obtain the prescriptions for him; and that she had no knowledge of or involvement with the prescription filled on July 7, 2011. The licensee denies these allegations.
14. On July 29 and August 1, 2011, the licensee phoned in prescriptions for Alprazolam, 2mg, #90, and Hydrocodone/Aceta 325ng/10mg, #90, for Patient T.H., to the Wal-Mart pharmacy in Berea, Kentucky.
15. The Board alleges in a Complaint, filed of record on February 27, 2012, that the Board's Medical Investigator, Doug Wilson, interviewed Patient T.H., who stated substantially as follows: that she does not know the licensee and has never been diagnosed or treated by him for any condition; that, on or about August 1, 2011, she picked up prescriptions at the Wal-Mart in Berea, Kentucky under the belief that the prescriptions were for her brother, Patient C.N. Patient T.H. was directed to pick up the prescriptions by her brother's longtime partner and the mother of his children, Patient A.S., to whom the licensee also prescribed controlled substances. The licensee denies these allegations.
16. The Board alleges in a Complaint, filed of record on February 27, 2012, that the Board's Medical Investigator, Doug Wilson, interviewed Patient C.N., who stated

substantially as follows: that on or about July 26, 2011, Patient C.N. was injured in an automobile accident and called Patient A.S. to ask for a ride to the hospital; that Patient A.S. told him that he could see a doctor at the Oh-KY Campground and that the doctor would send his truck to pick him up; that Patient E.N. (to whom the licensee also prescribed controlled substances) picked him up in the licensee's truck and took him to the Oh-KY Campground, where he was introduced to the licensee; that the licensee took out some surgical tools, poured alcohol over the tools and put iodine on his wound, used a scalpel to clean the wound and snipped off a flap of skin; that the licensee phoned in pain and sleep medications for him; that he then went to stay at the home of the father of Patients B.E. and P.E.; that he woke up one day to find the licensee and Patient A.S. standing over him with a blood pressure cuff on his arm and they told him they were checking on him because they were concerned about the way he was breathing; that after the licensee and Patient A.S. left, he discovered that someone had stolen most of the Xanax and Lortabs which the licensee had prescribed to him; and that the licensee called in another prescription for Lortabs for him. The licensee denies these allegations.

17. On or about August 30, 2011, the licensee's father obtained a Domestic Violence Emergency Protective Order against the licensee. The licensee was subsequently arrested in Laurel County, Kentucky and returned to Fayette County.
18. On or about September 23, 2011, Chris Johnson, Drug Enforcement Investigator, interviewed the licensee at the Fayette County Detention Center, during which the licensee stated substantially as follows: that he has no permanent physical address or mailing address and no phone number at which he may be contacted; that he has been staying at campgrounds or living in the woods since he returned to Kentucky in 2011;

he described himself as a "locum tenens" physician for Weatherby Healthcare but acknowledged that he is not assigned by that agency or any other agency to a practice location in Kentucky and that he has no regular or permanent practice location in Kentucky; he described his work in Kentucky as "volunteer" and focused on helping chronic pain patients; that he suffers Chronic Regional Pain Syndrome (RSD) Type II in his left arm as a result of a botched surgery, which has left him disabled and unable to practice surgery or maintain his credentials for more than two years; that he had performed surgeries even after his left arm became disabled; that he had applied for disability in Kentucky but had been denied due to his failure to submit to a medical examination.

19. During the interview, the licensee also stated that, since returning to Kentucky in early 2011, he treated Patient T.E. with antibiotics and opiate pain medications. According to the licensee, Patient T.E. suffered an infection secondary to Crohn's Disease. The licensee acknowledged that his diagnosis was based upon Patient T.E.'s explanation of his medical history and that he did not review any medical records (except for an appointment card) or consult with Patient T.E.'s primary care physician to confirm Patient T.E.'s condition or status before treating Patient T.E. with opiates. The licensee did not create or maintain any records on Patient T.E. Following the licensee's treatment of him, Patient T.E. ended up in the hospital due to infection.
20. During the interview, the licensee also stated that he called in prescriptions for his ex-wife, C.A., even though he was not her treating physician and that he did not create or maintain medical records on C.A.

21. On or about September 26, 2011, the Board served upon the licensee a subpoena for the licensee's complete original medical records on twelve (12) patients for who he prescribed controlled medications according to a KASPER report of his prescribing.
22. On or about October 4, 2011, the licensee wrote a letter to the Board in which he acknowledged that he did not maintain medical charts/records on the patients to whom he prescribed in Kentucky.
23. On or about October 7, 2011, the licensee wrote another letter to the Board in which he described himself as a "travelling physician" and acknowledged that he phoned in controlled substance prescriptions for patients in Kentucky.
24. On or about August 1, 2011, Weatherby Healthcare, a locum tenens staffing company, assigned the licensee to a practice location in the Virgin Islands.
25. The Board alleges in a Complaint, filed of record on February 27, 2012, that the licensee arrived at the Weatherby Healthcare assignment with two bottles of wine and was so rude and mean to the nursing staff that the hospital feared that he was impaired. The hospital refused to allow him to work and demanded that Weatherby Healthcare remove the licensee from the island immediately. Weatherby Healthcare did not reassign the licensee to another practice location. The licensee denies these allegations.
26. On or about August 29, 2011, the licensee was admitted to Eastern State Hospital after his family filed a Petition for Involuntary Hospitalization because of concerns of possible delusions and threats of violence. He was released after it was determined that he exhibited no signs of delusional behavior and had no suicidal or homicidal plans or intentions.

27. On or about November 4, 2011, based on the above, the Board issued an Emergency Order of Suspension against the licensee's license to practice medicine in the Commonwealth of Kentucky.
28. In addition, the Board ordered the licensee to undergo neuropsychological, psychiatric, physical and impairment evaluations in order to determine whether the licensee has been unable or is unable to practice medicine according to acceptable and prevailing standards of care by reason of mental or physical illness or other condition including but not limited to physical deterioration that adversely affects cognitive, motor or perceptive skills.
29. On or about January 17, 2012, the licensee underwent a neuropsychological evaluation. The evaluator noted that

... The profile's weaknesses reveal the physician's inability to direct his attention to appropriate objects, selectively attend or inattent to competing stimulus, multitask by being able to focus on stimuli from different perceptual realms, and utilize information observed in his environment in a problem solving situation.

This man was easily distracted, confused and unable to focus, which are skills associated with frontal lobe – orbital and dorsolateral. If data could have been transferred to the hippocampal/temporal systems, recall would have been improved.

Diagnostically, the results suggest that this gentleman is suffering dementia, a diagnosis which requires the decline of cognitive capabilities and memory loss. The most obvious skills loss is associated with the functions of the frontal lobes, visible through his inattention. Etiologically, the cause of this condition is unknown.

Emotionally, the findings indicate that the physician is suffering depression and anxiety that is consistent with his report. However, his emotional status in and of itself cannot totally account for his decline, indicating organic factors affecting his current level of functioning.

...  
Currently, it is the professional opinion of the examiner that his medical license remains suspended. Prior to reinstatement, it is suggested that he be

neuropsychologically reevaluated to determine if he has regained the cognitive capabilities to practice without risking harm to his patients.

The evaluator diagnosed Dr. Sharp with the following Axis I diagnoses: Dementia of an undetermined etiology, Major Depressive Disorder (recurrent), and Generalized Anxiety Disorder. The evaluator decisively concluded that "this physician suffers a mental or physical condition that impedes his ability to practice medicine."

30. On or about January 24, 2012, the licensee underwent a psychiatric evaluation. The evaluator noted, in part, that

Dr. Sharp has significant cognitive deterioration from what can be reasonably assumed to be his former level of functioning. He cannot hold a linear thought or verbalize coherently with any significant content... His memory seems to be genuinely impaired. He tends to grasp onto repetitive phrases to try to explain the circumstance leading to this evaluation in a manner consistent with significant cognitive deterioration or a frank dementia. ...

Dr. Sharp has a mood disorder which appears at present to be markedly depressed. ... Dr. Sharp appears to have had a history of labile mood swings, irritability, difficulty relating to others, grandiosity, poor impulse control which coupled with depression is suggestive possibly of a bipolar disorder. Other possibilities include attention-deficit disorder, or a substance-related mood disorder. ...

The evaluator made the following Axis I diagnoses: Major Depressive Disorder (recurrent, moderate to severe), Opioid Abuse/Dependence (in reported remission), Sedative-Hypnotic (Klonopin) Abuse/Dependence (in reported remission), Cognitive Disorder NOS, Pain Disorder (associated with both a general medical condition and with psychological factors). The evaluator decisively concluded that the licensee "is showing significant psychiatric illness which markedly impairs his capacity to function as a physician" and, more particularly, his "mood disorder and cognitive disorder render him incapable of practicing medicine according to acceptable and prevailing standards of care at the present time."

31. On or about January 18 and 25, 2012, the licensee underwent a physical evaluation.

The evaluator noted several diagnostic impressions, including most pertinently the following: dementia, major depression, anxiety, polysubstance dependence, and reflex sympathetic dystrophy.

32. On or about February 3, 2012, the licensee underwent an impairment evaluation. The

evaluator noted that the licensee could not recall specifics of recent past events and was unable to provide clear explanations in response to the evaluator's questions and concerns. The licensee failed to submit to and complete the required blood and urine drug screens and refused to grant the evaluator permission to receive his records from Casa Palmera, an alcohol and drug treatment facility in California where the licensee received treatment in 2009. The evaluator concluded that

... Dr. Sharp is not able to safely practice medicine. There are clearly some cognitive and memory issues present. Given the importance of these evaluations on his behalf, his reluctance to allow for completion of the required testing is either evasive or speaks to his level of cognitive impairment.

33. In February 2012, based on the above, the Board issued an Amended Emergency Order of Suspension against the licensee's license to practice medicine in the Commonwealth of Kentucky.

#### STIPULATIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Indefinite Restriction:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct or the Hearing Panel could find that the licensee has engaged in conduct which violates

the provisions of KRS 311.595(6), (8) and (9), as illustrated by KRS 311.597(1)(a) and (c) and (4), as well as KRS 311.595(10) and (21). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Indefinite Restriction.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending Complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Indefinite Restriction.

**AGREED ORDER OF INDEFINITE RESTRICTION**

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve the pending Complaint without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION:**

1. The license to practice medicine in the Commonwealth of Kentucky held by John A. Sharp, M.D., is RESTRICTED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order.
2. During the effective period of this Agreed Order of Indefinite Restriction, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION for an indefinite term, or until further order of the Board:
  - a. The licensee SHALL NOT perform any act which would constitute the "practice of medicine," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – until approved by written Order of this Panel to resume practice; and
  - b. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.



3. The Panel will not consider a petition to resume the active practice of medicine unless it is accompanied by the following:

- a. Payment of a FINE of \$5,000 to the Board at least thirty (30) days prior to the licensee's submission of a petition to resume the active practice of medicine;
- b. A current Center for Personalized Education for Physicians ("CPEP") clinical skills assessment, as well as any Education Plan recommended by CPEP, if the licensee's petition is made two or more years after entry of this Agreed Order of Indefinite Restriction;
- c. A favorable recommendation by the Medical Director, Kentucky Physicians Health Foundation (the Foundation), which shall include:
  - i. Confirmation that a full impairment evaluation has been performed on the licensee no more than thirty (30) days prior to the licensee's submission of a petition to resume the active practice of medicine;
  - ii. A copy of his contract with the Foundation, if one is so recommended;
  - iii. An assessment that the licensee is mentally and physically competent to resume the active practice of medicine; and
  - iv. An assessment that the licensee may safely resume the active practice of medicine without undue risk or danger to patients or the public.
- d. A favorable recommendation from Walter R. Butler, M.D., a psychiatrist, which shall include:
  - i. Confirmation that a full psychiatric evaluation has been performed on the licensee no more than thirty (30) days prior to the licensee's submission of a petition to resume the active practice of medicine;
  - ii. A copy of any and all reports of psychiatric evaluations performed on the licensee since the date of filing of this Agreed Order of Indefinite Restriction;
  - iii. An assessment that the licensee is mentally and physically competent to resume the active practice of medicine;
  - iv. An assessment that the licensee may safely resume the active practice of medicine without undue risk or danger to patients or the public; and
  - v. Recommendations, if any, for further evaluations or ongoing treatment.


- e. A favorable recommendation from W. Kent Hicks, Ed.D., a neuropsychologist, which shall include:
    - i. Confirmation that a full neuropsychological evaluation has been performed on the licensee no more than thirty (30) days prior to the licensee's submission of a petition to resume the active practice of medicine;
    - ii. A copy of any and all reports of neuropsychological evaluations performed on the licensee since the date of filing of this Agreed Order of Indefinite Restriction;
    - iii. An assessment that the licensee is mentally and physically competent to resume the active practice of medicine;
    - iv. An assessment that the licensee may safely resume the active practice of medicine without undue risk or danger to patients or the public; and
    - v. Recommendations, if any, for further evaluations or ongoing treatment.
  
  - f. A favorable physical examination from Mark S. Jorisch, M.D., which shall include:
    - i. Confirmation that a physical examination has been performed on the licensee no more than thirty (30) days prior to the licensee's submission of a petition to resume the active practice of medicine;
    - ii. A copy of any and all reports of physical examinations performed on the licensee since the date of filing of this Agreed Order of Indefinite Restriction;
    - iii. An assessment that the licensee is mentally and physically competent to resume the active practice of medicine;
    - iv. An assessment that the licensee may safely resume the active practice of medicine without undue risk or danger to patients or the public; and
    - v. Recommendations, if any, for further examinations or ongoing treatment.
4. If the Panel should allow the licensee to resume the active practice of medicine, it shall do so by an Amended Agreed Order, which shall include any and all terms and conditions deemed appropriate by the Panel following their review of the information available.
5. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order of Indefinite Restriction, the licensee's practice will constitute

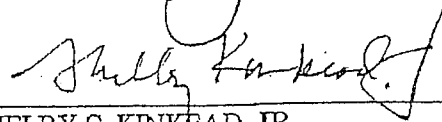
an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that the licensee has violated any term or condition of this Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Indefinite Restriction.

6. The licensee understands and agrees that any violation of the terms of this Agreed Order of Indefinite Restriction would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.


SO AGREED on this 4<sup>th</sup> day of May, 2012.

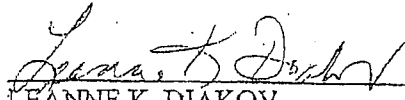
FOR THE LICENSEE:

  
\_\_\_\_\_  
JOHN A. SHARP, M.D.

  
\_\_\_\_\_  
SHELBY C. KINKEAD, JR.  
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

  
\_\_\_\_\_  
C. WILLIAM BRISCOE, M.D.  
CHAIR, HEARING PANEL A



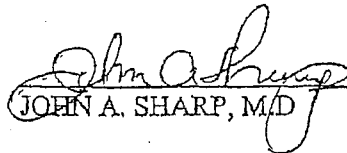
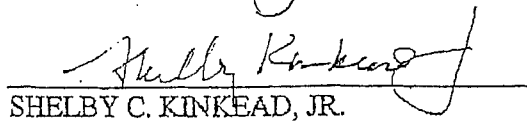
LEANNE K. DIAKOV  
Assistant General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
(502) 429-7150

WAIVER OF RIGHTS

I, John A. Sharp, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1356. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order of Indefinite Restriction as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order of Indefinite Restriction, I understand that further proceedings will be conducted in accordance with KRS 311.530 *et seq.*, and I will have the right to raise any objections normally available in such proceedings.

Executed this 4<sup>th</sup> day of May, 2012.

  
JOHN A. SHARP, M.D.  
SHELBY C. KINKEAD, JR.  
COUNSEL FOR THE LICENSEE

FEB 27 2012

K.B.M.L.

COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 1356

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY JOHN A. SHARP, M.D., LICENSE NO. 26709, 411 QUEENS WAY DRIVE, LEXINGTON, KENTUCKY 40502

AMENDED EMERGENCY ORDER OF SUSPENSION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, first considered this matter at its October 20, 2011 meeting. At that meeting, Inquiry Panel B considered a memorandum by Doug Wilson, Medical Investigator, dated September 15, 2011; a grievance from Sally E. Sharp and Brown Sharp, II, dated August 3, 2011; a grievance from Chris Johnson, Office of the Inspector General, Drug Enforcement, received August 25, 2011; a Verified Petition for Involuntary Hospitalization signed by the licensee, dated July 26, 2011; a transcript of text messages from the licensee to Christopher Sharp, dated July 29, 2011; e-mail message from the licensee to Lucy Sharp, dated October 7, 2010; a letter from Brown Sharp, II, to the Lexington Division of Police, dated August 12, 2011; a letter from Brown Sharp, II, to the Chief Medical Officer of Eastern State Hospital, dated August 28, 2011; Central Triage Center/Eastern State Hospital records regarding the licensee; an investigative report from Chris Johnson, Office of the Inspector General, Drug Enforcement; a written letter from the licensee to the Board, received October 4, 2011; an inmate summary from the Laurel County Jail, Kentucky, dated September 22, 2011; a supplement to the grievance from Sally E. Sharp and Brown Sharp, II, dated September 19, 2011; a letter from Russell, Brown & Breckenridge (counsel for Nevada City Hospital, Missouri) to the licensee, dated September 15, 2011; an addendum to the

investigative report from Chris Johnson, Office of the Inspector General, Drug Enforcement, regarding an interview with the licensee; an addendum to the investigative report from Doug Wilson, Medical Investigator, regarding an interview with Patient A; a written letter from the licensee to the Board, received October 7, 2011; and e-mail correspondence between Weatherby Healthcare and the Medical Directors Office of the Governor Juan F. Luis Hospital, Christiansted, Virgin Islands, dated August 1 and 2, 2011. Based on its consideration of the information, the Board issued an Emergency Order of Suspension against Dr. Sharp's license to practice medicine in the Commonwealth of Kentucky.

Also on October 20, 2011, the Board ordered the licensee, Dr. Sharp, to undergo neuropsychological, psychiatric, physical and impairment evaluations in order to determine whether the licensee has been unable or is unable to practice medicine according to acceptable and prevailing standards of care by reason of mental or physical illness or other condition including but not limited to physical deterioration that adversely affects cognitive, motor or perceptive skills. Dr. Sharp underwent the ordered evaluations and the Board received and reviewed the results of the neuropsychological evaluation on January 24, 2012; the physical evaluation on February 8, 2012; the psychiatric evaluation on February 9, 2012; and the impairment evaluation on February 10, 2012.

Having considered all of this information and being sufficiently advised, Inquiry Panel B ENTERS the following AMENDED EMERGENCY ORDER OF SUSPENSION, in accordance with KRS 311.592(1) and 13B.125(1):

### FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B concludes there is probable cause to make the following Findings of Fact, which support its Amended Emergency Order of Suspension:

1. At all relevant times, John A. Sharp, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is surgery.
3. The licensee also has a license to practice medicine in the state of California.
4. Between December 26, 2008 and March 4, 2011, the licensee prescribed Paroxetine to his brother, C.S.. The licensee did not have a physician-patient relationship with his brother at those times; had not established the medical necessity of said prescriptions with an appropriate examination or consultation; and there existed no emergency situation which supported the prescribing of controlled substances to a family member at those times.
5. On or about July 26, 2011, the licensee used his position as a trained and licensed physician to make false statements on a Verified Petition for Involuntary Hospitalization against his brother, C.S., including diagnoses of mental illness, depression, panic attacks and paranoia.
6. On or about August 6, 2011, the licensee phoned in a prescription for Norco 10/325 mg, # 90 (plus two refills), and Xanax 2mg, # 90 (plus two refills), for Patient K.C. to the Madison South Pharmacy and Richard Pojcky, R.Ph., explaining that the patient had a root canal and needed pain medication. The licensee provided a practice address and phone number which was, in fact, the address of his father's residence.

When Patient K.C. called the pharmacy to confirm that the prescription had been called in, she was informed that she would need to bring a photo I.D. to pick up the medication; Patient K.C. then requested that the prescription be transferred to another pharmacy. When another pharmacy would not accept the prescriptions because the licensee was unknown, Mr. Pojcky checked with other pharmacies in Berea and Irvine, Kentucky, and each conferred that they were not familiar with the licensee, that they had been unable to confirm his practice address and that he had used a California phone number to call other pharmacies. When the licensee called Mr. Pojcky again to confirm the prescriptions, he provided a different practice address, 101 River Drive, Irvine, Kentucky. Mr. Pojcky called another pharmacist in Irvine, Kentucky and was told that there was no clinic operating in that location. Mr. Pojcky became suspicious and decided to report his concerns to the Office of the Inspector General of the Cabinet for Health and Family Services Drug Enforcement and Professional Branch ("Drug Enforcement").

7. On or about August 8, 2011, Drug Enforcement received Mr. Pojcky's complaint in which he alleged that an unknown physician, the licensee, was calling in monthly supplies of controlled substances with refills to pharmacies in the Berea, Kentucky area.
8. Drug Enforcement opened an investigation and reviewed a KASPER report on the licensee, dated August 6, 2010 through August 6, 2011. The names of the patients to whom the licensee prescribed included the licensee's ex-wife. Drug Enforcement forwarded the names of eleven (11) patients to the Kentucky Board of Medical Licensure for any action deemed necessary.



9. The licensee phoned in prescriptions for Klonopin, 1mg, #60 with 3 refills, for his ex-wife, C.A., to the Wal-Mart – Palomar pharmacy in Lexington, Kentucky. The first prescription was picked up and signed for by C.A. on May 23, 2011. The second prescription was filled on June 12, 2011. The third prescription was filled on July 7, 2011 but was not picked up by C.A.; a surveillance tape of the pharmacy on the same date shows the licensee picking up a prescription from the pharmacy.
10. The Board's Medical Investigator, Doug Wilson, interviewed the licensee's ex-wife, C.A., who stated substantially as follows: that she and the licensee divorced in 1997; that the licensee's license to practice medicine in California was suspended for a period of time due to his failure to pay child support; that the licensee has a history of opiate dependence; that while living with her in 2011, the licensee asked C.A. to help him obtain Clonazepam; that, in May and June 2011, the licensee called in prescriptions for Clonazepam in C.A.'s name and she helped to obtain the prescriptions for him; and that she had no knowledge of or involvement with the prescription filled on July 7, 2011.
11. On July 29 and August 1, 2011, the licensee phoned in prescriptions for Alprazolam, 2mg, #90, and Hydrocodone/Aceta 325ng/10mg, #90, for Patient T.H., to the Wal-Mart pharmacy in Berea, Kentucky.
12. The Board's Medical Investigator, Doug Wilson, interviewed Patient T.H., who stated substantially as follows: that she does not know the licensee and has never been diagnosed or treated by him for any condition; that, on or about August 1, 2011, she picked up prescriptions at the Wal-Mart in Berea, Kentucky under the belief that the prescriptions were for her brother, Patient C.N. Patient T.H. was directed to pick

up the prescriptions by her brother's longtime partner and the mother of his children, Patient A.S., to whom the licensee also prescribed controlled substances.

13. The Board's Medical Investigator, Doug Wilson, interviewed Patient C.N., who stated substantially as follows: that on or about July 26, 2011, Patient C.N. was injured in an automobile accident and called Patient A.S. to ask for a ride to the hospital; that Patient A.S. told him that he could see a doctor at the Oh-KY Campground and that the doctor would send his truck to pick him up; that Patient E.N. (to whom the licensee also prescribed controlled substances) picked him up in the licensee's truck and took him to the Oh-KY Campground, where he was introduced to the licensee; that the licensee took out some surgical tools, poured alcohol over the tools and put iodine on his wound, used a scalpel to clean the wound and snipped off a flap of skin; that the licensee phoned in pain and sleep medications for him; that he then went to stay at the home of the father of Patients B.E. and P.E.; that he woke up one day to find the licensee and Patient A.S. standing over him with a blood pressure cuff on his arm and they told him they were checking on him because they were concerned about the way he was breathing; that after the licensee and Patient A.S. left, he discovered that someone had stolen most of the Xanax and Lortabs which the licensee had prescribed to him; and that the licensee called in another prescription for Lortabs for him.

14. On or about August 30, 2011, the licensee's father obtained a Domestic Violence Emergency Protective Order against the licensee. The licensee was subsequently arrested in Laurel County, Kentucky and returned to Fayette County.

15. On or about September 23, 2011, Chris Johnson, Drug Enforcement Investigator, interviewed the licensee at the Fayette County Detention Center, during which the licensee stated substantially as follows: that he has no permanent physical address or mailing address and no phone number at which he may be contacted; that he has been staying at campgrounds or living in the woods since he returned to Kentucky in 2011; he described himself as a "locum tenens" physician for Weatherby Healthcare but acknowledged that he is not assigned by that agency or any other agency to a practice location in Kentucky and that he has no regular or permanent practice location in Kentucky; he described his work in Kentucky as "volunteer" and focused on helping chronic pain patients; that he suffers Chronic Regional Pain Syndrome (RSD) Type II in his left arm as a result of a botched surgery, which has left him disabled and unable to practice surgery or maintain his credentials for more than two years; that he had performed surgeries even after his left arm became disabled; that he had applied for disability in Kentucky but had been denied due to his failure to submit to a medical examination.

16. During the interview, the licensee also stated that, since returning to Kentucky in early 2011, he treated Patient T.E. with antibiotics and opiate pain medications. According to the licensee, Patient T.E. suffered an infection secondary to Crohn's Disease. The licensee acknowledged that his diagnosis was based upon Patient T.E.'s explanation of his medical history and that he did not review any medical records (except for an appointment card) or consult with Patient T.E.'s primary care physician to confirm Patient T.E.'s condition or status before treating Patient T.E. with opiates.

The licensee did not create or maintain any records on Patient T.E. Following the licensee's treatment of him, Patient T.E. ended up in the hospital due to infection.

17. During the interview, the licensee also stated that he called in prescriptions for his ex-wife, C.A., even though he was not her treating physician and that he did not create or maintain medical records on C.A.
18. On or about September 26, 2011, the Board served upon the licensee a subpoena for the licensee's complete original medical records on twelve (12) patients for who he prescribed controlled medications according to a KASPER report of his prescribing.
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possible delusions and threats of violence. He was released after it was determined that he exhibited no signs of delusional behavior and had no suicidal or homicidal plans or intentions.

23. On or about November 4, 2011, based on the above, the Board issued an Emergency Order of Suspension against the licensee's license to practice medicine in the Commonwealth of Kentucky.
24. In addition, the Board ordered the licensee to undergo neuropsychological, psychiatric, physical and impairment evaluations in order to determine whether the licensee has been unable or is unable to practice medicine according to acceptable and prevailing standards of care by reason of mental or physical illness or other condition including but not limited to physical deterioration that adversely affects cognitive, motor or perceptive skills.
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... The profile's weaknesses reveal the physician's inability to direct his attention to appropriate objects, selectively attend or inattend to competing stimulus, multitask by being able to focus on stimuli from different perceptual realms, and utilize information observed in his environment in a problem solving situation.

This man was easily distracted, confused and unable to focus, which are skills associated with frontal lobe – orbital and dorsolateral. If data could have been transferred to the hippocampal/temporal systems, recall would have been improved.

Diagnostically, the results suggest that this gentleman is suffering dementia, a diagnosis which requires the decline of cognitive capabilities and memory loss. The most obvious skills loss is associated with the functions of the frontal lobes, visible through his inattention.

Etiologically, the cause of this condition is unknown.

Emotionally, the findings indicate that the physician is suffering depression and anxiety that is consistent with his report. However, his emotional status in and of itself cannot totally account for his decline, indicating organic factors affecting his current level of functioning.

Currently, it is the professional opinion of the examiner that his medical license remains suspended. Prior to reinstatement, it is suggested that he be neuropsychologically reevaluated to determine if he has regained the cognitive capabilities to practice without risking harm to his patients.

The evaluator diagnosed Dr. Sharp with the following Axis I diagnoses: Dementia of an undetermined etiology, Major Depressive Disorder (recurrent), and Generalized Anxiety Disorder. The evaluator decisively concluded that "this physician suffers a mental or physical condition that impedes his ability to practice medicine."

26. On or about January 24, 2012, the licensee underwent a psychiatric evaluation. The evaluator noted, in part, that

Dr. Sharp has significant cognitive deterioration from what can be reasonably assumed to be his former level of functioning. He cannot hold a linear thought or verbalize coherently with any significant content... His memory seems to be genuinely impaired. He tends to grasp onto repetitive phrases to try to explain the circumstance leading to this evaluation in a manner consistent with significant cognitive deterioration or a frank dementia. ...

Dr. Sharp has a mood disorder which appears at present to be markedly depressed. ... Dr. Sharp appears to have had a history of labile mood swings, irritability, difficulty relating to others, grandiosity, poor impulse control which coupled with depression is suggestive possibly of a bipolar disorder. Other possibilities include attention-deficit disorder, or a substance-related mood disorder. ...

The evaluator made the following Axis I diagnoses: Major Depressive Disorder (recurrent, moderate to severe), Opioid Abuse/Dependence (in reported remission), Sedative-Hypnotic (Klonopin) Abuse/Dependence (in reported remission), Cognitive Disorder NOS, Pain Disorder (associated with both a general medical condition and with psychological factors). The evaluator decisively concluded that the licensee "is

showing significant psychiatric illness which markedly impairs his capacity to function as a physician” and, more particularly, his “mood disorder and cognitive disorder render him incapable of practicing medicine according to acceptable and prevailing standards of care at the present time.”

27. On or about January 18 and 25, 2012, the licensee underwent a physical evaluation.

The evaluator noted several diagnostic impressions, including most pertinently the following: dementia, major depression, anxiety, polysubstance dependence, and reflex sympathetic dystrophy.

28. On or about February 3, 2012, the licensee underwent an impairment evaluation. The

evaluator noted that the licensee could not recall specifics of recent past events and was unable to provide clear explanations in response to the evaluator’s questions and concerns. The licensee failed to submit to and complete the required blood and urine drug screens and refused to grant the evaluator permission to receive his records from Casa Palmera, an alcohol and drug treatment facility in California where the licensee received treatment in 2009. The evaluator concluded that

... Dr. Sharp is not able to safely practice medicine. There are clearly some cognitive and memory issues present. Given the importance of these evaluations on his behalf, his reluctance to allow for completion of the required testing is either evasive or speaks to his level of cognitive impairment.

#### CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Amended Emergency Order of Suspension:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(6), (8) and (9), as illustrated by KRS 311.597(1)(a) and (c) and (4), as well as KRS 311.595(10) and (21).
4. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
5. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will



commit similar violations in the near future, during the course of the physician's medical practice.

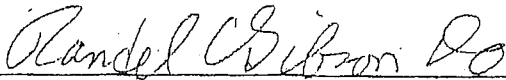
6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 520 U.S. 924 (1997), 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).
7. KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

#### AMENDED EMERGENCY ORDER OF SUSPENSION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel B hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by John A. Sharp, M.D., is SUSPENDED and Dr. Sharp is prohibited from performing any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) - the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

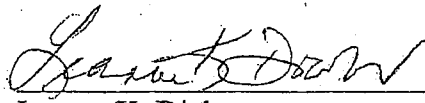
Inquiry Panel B further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 27<sup>th</sup> day of February, 2012.

  
\_\_\_\_\_  
RANDEL C. GIBSON, D.O.  
CHAIR, INQUIRY PANEL B

**CERTIFICATE OF SERVICE**

I certify that the original of this Emergency Order of Suspension was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed via certified mail return-receipt requested to John A. Sharp, M.D., 411 Queens Way Drive, Lexington, Kentucky 40502 on this 27<sup>th</sup> day of February, 2012.

  
\_\_\_\_\_  
Leanne K. Diakov  
Assistant General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
(502) 429-7150

NOV 07 2011

COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 1356

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY JOHN A. SHARP, M.D., LICENSE NO. 26709, 2112 SHERWOOD ROAD, WILMINGTON, DELAWARE 19810-4049

EMERGENCY ORDER OF SUSPENSION

~~The Kentucky Board of Medical Licensure ("the Board"), acting by and through~~  
its Inquiry Panel B, considered this matter at its October 20, 2011 meeting. At that meeting, Inquiry Panel B considered a memorandum by Doug Wilson, Medical Investigator, dated September 15, 2011; a grievance from Sally E. Sharp and Brown Sharp, II, dated August 3, 2011; a grievance from Chris Johnson, Office of the Inspector General, Drug Enforcement, received August 25, 2011; a Verified Petition for Involuntary Hospitalization signed by the licensee, dated July 26, 2011; a transcript of text messages from the licensee to Christopher Sharp, dated July 29, 2011; e-mail message from the licensee to Lucy Sharp, dated October 7, 2010; a letter from Brown Sharp, II, to the Lexington Division of Police, dated August 12, 2011; a letter from Brown Sharp, II, to the Chief Medical Officer of Eastern State Hospital, dated August 28, 2011; Central Triage Center/Eastern State Hospital records regarding the licensee; an investigative report from Chris Johnson, Office of the Inspector General, Drug Enforcement; a written letter from the licensee to the Board, received October 4, 2011; an inmate summary from the Laurel County Jail, Kentucky, dated September 22, 2011; a supplement to the grievance from Sally E. Sharp and Brown Sharp, II, dated September 19, 2011; a letter from Russell, Brown & Breckenridge (counsel for Nevada City Hospital, Missouri) to the licensee, dated September 15, 2011; an addendum to the

investigative report from Chris Johnson, Office of the Inspector General, Drug Enforcement, regarding an interview with the licensee; an addendum to the investigative report from Doug Wilson, Medical Investigator, regarding an interview with Patient A; a written letter from the licensee to the Board, received October 7, 2011; and e-mail correspondence between Weatherby Healthcare and the Medical Directors Office of the ~~Governor Juan F. Luis Hospital, Christiansted, Virgin Islands, dated August 1 and 2,~~ 2011.

Having considered all of this information and being sufficiently advised, Inquiry Panel B ENTERS the following EMERGENCY ORDER OF SUSPENSION, in accordance with KRS 311.592(1) and 13B.125(1):

#### FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B concludes there is probable cause to make the following Findings of Fact, which support its Emergency Order of Suspension:

1. At all relevant times, John A. Sharp, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is surgery.
3. The licensee also has a license to practice medicine in the state of California.
4. Between December 26, 2008 and March 4, 2011, the licensee prescribed Paroxetine to his brother, C.S.. The licensee did not have a physician-patient relationship with his brother at those times; had not established the medical necessity of said prescriptions with an appropriate examination or consultation; and there existed no

emergency situation which supported the prescribing of controlled substances to a family member at those times.

5. On or about July 26, 2011, the licensee used his position as a trained and licensed physician to make false statements on a Verified Petition for Involuntary Hospitalization against his brother, C.S., including diagnoses of mental illness, depression, panic attacks and paranoia.

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6. On or about August 6, 2011, the licensee phoned in a prescription for Norco 10/325 mg, # 90 (plus two refills), and Xanax 2mg, # 90 (plus two refills), for Patient K.C. to the Madison South Pharmacy and Richard Pojegy, R.Ph., explaining that the patient had a root canal and needed pain medication. The licensee provided a practice address and phone number which was, in fact, the address of his father's residence. When Patient K.C. called the pharmacy to confirm that the prescription had been called in, she was informed that she would need to bring a photo I.D. to pick up the medication; Patient K.C. then requested that the prescription be transferred to another pharmacy. When another pharmacy would not accept the prescriptions because the licensee was unknown, Mr. Pojegy checked with other pharmacies in Berea and Irvine, Kentucky, and each conferred that they were not familiar with the licensee, that they had been unable to confirm his practice address and that he had used a California phone number to call other pharmacies. When the licensee called Mr. Pojegy again to confirm the prescriptions, he provided a different practice address, 101 River Drive, Irvine, Kentucky. Mr. Pojegy called another pharmacist in Irvine, Kentucky and was told that there was no clinic operating in that location. Mr. Pojegy became suspicious and decided to report his concerns to the Office of the Inspector

General of the Cabinet for Health and family Services Drug Enforcement and Professional Branch ("Drug Enforcement").

7. On or about August 8, 2011, Drug Enforcement received Mr. Pojcky's complaint in which he alleged that an unknown physician, the licensee, was calling in monthly supplies of controlled substances with refills to pharmacies in the Berea, Kentucky area.

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8. Drug Enforcement opened an investigation and reviewed a KASPER report on the licensee, dated August 6, 2010 through August 6, 2011. The names of the patients to whom the licensee prescribed included the licensee's ex-wife. Drug Enforcement forwarded the names of eleven (11) patients to the Kentucky Board of Medical Licensure for any action deemed necessary.
9. The licensee phoned in prescriptions for Klonopin, 1mg, #60 with 3 refills, for his ex-wife, C.A., to the Wal-Mart - Palomar pharmacy in Lexington, Kentucky. The first prescription was picked up and signed for by C.A. on May 23, 2011. The second prescription was filled on June 12, 2011. The third prescription was filled on July 7, 2011 but was not picked up by C.A.; a surveillance tape of the pharmacy on the same date shows the licensee picking up a prescription from the pharmacy.
10. The Board's Medical Investigator, Doug Wilson, interviewed the licensee's ex-wife, C.A., who stated substantially as follows: that she and the licensee divorced in 1997; that the licensee's license to practice medicine in California was suspended for a period of time due to his failure to pay child support; that the licensee has a history of opiate dependence; that while living with her in 2011, the licensee asked C.A. to help him obtain Clonazepam; that, in May and June 2011, the licensee called in

prescriptions for Clonazepam in C.A.'s name and she helped to obtain the prescriptions for him; and that she had no knowledge of or involvement with the prescription filled on July 7, 2011.

11. On July 29 and August 1, 2011, the licensee phoned in prescriptions for Alprazolam, 2mg, #90, and Hydrocodone/Aceta 325ng/10mg, #90, for Patient T.H., to the Wal-Mart pharmacy in Berea, Kentucky.

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12. The Board's Medical Investigator, Doug Wilson, interviewed Patient T.H., who stated substantially as follows: that she does not know the licensee and has never been diagnosed or treated by him for any condition; that, on or about August 1, 2011, she picked up prescriptions at the Wal-Mart in Berea, Kentucky under the belief that the prescriptions were for her brother, Patient C.N. Patient T.H. was directed to pick up the prescriptions by her brother's longtime partner and the mother of his children, Patient A.S., to whom the licensee also prescribed controlled substances.

13. The Board's Medical Investigator, Doug Wilson, interviewed Patient C.N., who stated substantially as follows: that on or about July 26, 2011, Patient C.N. was injured in an automobile accident and called Patient A.S. to ask for a ride to the hospital; that Patient A.S. told him that he could see a doctor at the Oh-KY Campground and that the doctor would send his truck to pick him up; that Patient E.N. (to whom the licensee also prescribed controlled substances) picked him up in the licensee's truck and took him to the Oh-KY Campground, where he was introduced to the licensee; that the licensee took out some surgical tools, poured alcohol over the tools and put iodine on his wound, used a scalpel to clean the wound and snipped off a flap of skin; that the licensee phoned in pain and sleep medications

for him; that he then went to stay at the home of the father of Patients B.E. and P.E.; that he woke up one day to find the licensee and Patient A.S. standing over him with a blood pressure cuff on his arm and they told him they were checking on him because they were concerned about the way he was breathing; that after the licensee and Patient A.S. left, he discovered that someone had stolen most of the Xanax and ~~Lortabs which the licensee had prescribed to him, and that the licensee called in~~ another prescription for Lortabs for him.

14. On or about August 30, 2011, the licensee's father obtained a Domestic Violence Emergency Protective Order against the licensee. The licensee was subsequently arrested in Laurel County, Kentucky and returned to Fayette County.
15. On or about September 23, 2011, Chris Johnson, Drug Enforcement Investigator, interviewed the licensee at the Fayette County Detention Center, during which the licensee stated substantially as follows: that he has no permanent physical address or mailing address and no phone number at which he may be contacted; that he has been staying at campgrounds or living in the woods since he returned to Kentucky in 2011; he described himself as a "locum tenens" physician for Weatherby Healthcare but acknowledged that he is not assigned by that agency or any other agency to a practice location in Kentucky and that he has no regular or permanent practice location in Kentucky; he described his work in Kentucky as "volunteer" and focused on helping chronic pain patients; that he suffers Chronic Regional Pain Syndrome (RSD) Type II in his left arm as a result of a botched surgery, which has left him disabled and unable to practice surgery or maintain his credentials for more than two years; that he had performed surgeries even after his left arm became disabled; that he had applied for



disability in Kentucky but had been denied due to his failure to submit to a medical examination.

16. During the interview, the licensee also stated that, since returning to Kentucky in early 2011, he treated Patient T.E. with antibiotics and opiate pain medications. According to the licensee, Patient T.E. suffered an infection secondary to Crohn's Disease. ~~The licensee acknowledged that his diagnosis was based upon Patient T.E.'s~~ explanation of his medical history and that he did not review any medical records (except for an appointment card) or consult with Patient T.E.'s primary care physician to confirm Patient T.E.'s condition or status before treating Patient T.E. with opiates. The licensee did not create or maintain any records on Patient T.E. Following the licensee's treatment of him, Patient T.E. ended up in the hospital due to infection.
17. During the interview, the licensee also stated that he called in prescriptions for his ex-wife, C.A., even though he was not her treating physician and that he did not create or maintain medical records on C.A.
18. On or about September 26, 2011, the Board served upon the licensee a subpoena for the licensee's complete original medical records on twelve (12) patients for who he prescribed controlled medications according to a KASPER report of his prescribing.
19. On or about October 4, 2011, the licensee wrote a letter to the Board in which he acknowledged that he did not maintain medical charts/records on the patients to whom he prescribed in Kentucky.
20. On or about October 7, 2011, the licensee wrote another letter to the Board in which he described himself as a "travelling physician" and acknowledged that he phoned in controlled substance prescriptions for patients in Kentucky.

21. On or about August 1, 2011, Weatherby Healthcare, a locum tenens staffing company, assigned the licensee to a practice location in the Virgin Islands. The licensee arrived at his assignment with two bottles of wine and was so rude and mean to the nursing staff that the hospital feared that he was impaired. The hospital refused to allow him to work and demanded that Weatherby Healthcare remove the licensee from the island immediately. ~~Weatherby Healthcare did not reassign the licensee to another practice location.~~

22. On or about August 29, 2011, the licensee was admitted to Eastern State Hospital after his family filed a Petition for Involuntary Hospitalization because of concerns of possible delusions and threats of violence. He was released after it was determined that he exhibited no signs of delusional behavior and had no suicidal or homicidal plans or intentions.

#### CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Suspension:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.

3. There is probable cause to believe that the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(1)(a) and (c) and (4), as well as KRS 311.595(10) and (21).
4. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.

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5. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.
6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265,

108 S.Ct. 1780 (1988) and Gilbert v. Homar, 520 U.S. 924 (1997), 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

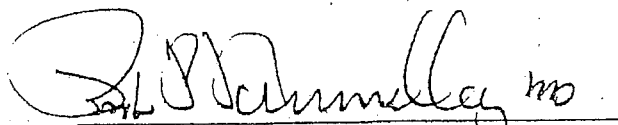
7. KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.
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**EMERGENCY ORDER OF SUSPENSION**

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel B hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by John A. Sharp, M.D., is SUSPENDED and Dr. Sharp is prohibited from performing any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

Inquiry Panel B further declares that this is an EMERGENCY ORDER; effective upon receipt by the licensee.

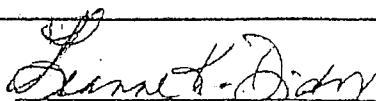
SO ORDERED this 4th day of November, 2011.

  
PRESTON P. NUNNELLEY, M.D.  
ACTING CHAIR, INQUIRY PANEL B

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Suspension was delivered to Mr. C. William Schmidt, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed via certified mail return-receipt requested to John A. Sharp, M.D., c/o Fayette County Detention Center, 600 Old Frankfort Circle, Lexington, Kentucky 40510, on this 4<sup>th</sup> day of November, 2011.

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