

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

In the Matter of the Statement of Issues)
Against:)
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SHILLA NASSI)
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Applicant.)

Case No.: **20-2013-234138**

OAH No.: **2014080502**

**ORDER OF NON-ADOPTION
OF PROPOSED DECISION**

The Proposed Decision of the Administrative Law Judge in the above-entitled matter has been **non-adopted**. A panel of the Medical Board of California (Board) will decide the case upon the record, including the transcript and exhibits of the hearing, and upon such written arguments as the parties may wish to submit directed to the question of whether the proposed penalty should be modified. The parties will be notified of the date for submission of such arguments when the transcript of the above-mentioned hearing becomes available.

To order a copy of the transcript, please contact Kennedy Court Reporters, their telephone number is (714) 835-0366.

To order a copy of the exhibits, please submit a written request to this Board.

In addition, oral argument will only be scheduled if a party files a request for oral argument with the Board within 20 days from the date of this notice. If a timely request is filed, the Board will serve all parties with written notice of the time, date and place for oral argument. Oral argument shall be directed only to the question of whether the proposed penalty should be modified. Please do not attach to your written argument any documents that are not part of the record as they cannot be considered by the Panel. The Board directs the parties attention to Title 16 of the California Code of Regulations, sections 1364.30 and 1364.32 for additional requirements regarding the submission of oral and written arguments.

Please remember to serve the opposing party with a copy of your written argument and any other papers you might file with the Board. The mailing address of the Board is as follows:

MEDICAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-3831
(916) 263-2349
Attention: John F. Yelchak

Date: May 15, 2015



Dev Gnanadev, M.D., Chair
Panel B

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In the Matter of Statement of Issues
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Applicant.

Case No. 20-2013-234138

OAH No. 2014080502

PROPOSED DECISION

This matter came before Laurie R. Pearlman, Administrative Law Judge, Office of Administrative Hearings, in Los Angeles, California, on February 19-20, 2015.

Joshua M. Templet, Deputy Attorney General, represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

Shilla Nassi (Applicant) was present and was represented by Gary E. Wittenberg, Attorney at Law.

Oral and documentary evidence was received at the hearing and the matter was submitted for decision.

FACTUAL FINDINGS

1. Complainant filed the Statement of Issues on July 29, 2014, in her official capacity.

2. On December 21, 2011, the Board received an application for a Physician's and Surgeon's Certificate from Applicant. On December 14, 2011, Applicant certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. Thereafter, Applicant rejected the Board's offer of a probationary license. On May 20, 2014, Applicant's application was denied on the grounds that she suffers from physical illness and/or mental illness affecting her competency to practice medicine. Applicant requested a hearing and this matter ensued.

3. Complainant served the Statement of Issues, the Notice of Hearing, and all other required documents on Applicant.

Applicant's Education and Employment

4. Applicant received a bachelor's degree in chemical engineering from Stanford University in 1991. From July 1993 until June 2002, Applicant was enrolled in an M.D./Ph.D program at Albert Einstein College of Medicine in New York (Albert Einstein). In years one through three, she passed all classes and rotations, and graduated with a Ph.D. in neuroscience.

5. However, in April 2002, in her second year of medical school at Albert Einstein, Applicant was administratively withdrawn from the M.D. program. She was having difficulties interacting with residents and attending physicians, primarily on her obstetrician/gynecologist rotation. She testified that the faculty was harsh and routinely used raised voices in speaking with students and residents. Applicant did not tolerate that atmosphere well. Applicant's peers complained that she argued with a resident, had difficulties with punctuality, and performed an unsupervised pelvic exam. Applicant stated that these accusations were not valid, but acknowledged that she got along poorly with co-workers on this rotation, and was a poor fit for the abrasive style of this service.

6. The Albert Einstein faculty held two committee meetings to discuss these complaints against Applicant. She attended the first meeting, and it was her impression that she was not in any serious trouble. A second committee meeting was scheduled, but instead of attending this meeting, Applicant chose to go to an interview for a residency slot at Cornell University, which she was very interested in obtaining. In lieu of attending the meeting, she submitted a letter to the committee. The committee recommended Applicant's administrative withdrawal from Albert Einstein. In hindsight, Applicant would have attended the meeting and she believes that she would have been able to complete her medical education at Albert Einstein if she had done so.

7. From September 2002, through March 2005, Applicant worked as a private tutor for college-level biology and physiology courses.

8. From January 2004, through April 2007, Applicant attended Ross University School of Medicine (Ross) in Dominica, an island nation in the Caribbean. In 2006, she was stressed because of a relationship breakup and an exhausting rotation. Ross authorized a leave of absence between June 2, 2006 and July 13, 2006, and between August 25, 2006 and October 2, 2006. Applicant completed her medical education at Ross with no conflicts, problems or disciplinary actions and obtained her M.D. degree on March 31, 2007. She passed a three-step examination for medical licensure in the United States.

9. From September 2010 through the present, Applicant has been designing an electronic medical records program. She has also been writing fiction and is part-way through a novel.

Psychiatric Residency at the USC Keck School of Medicine

10. From July 2007 through August 2010, Applicant attended Los Angeles County-University of Southern California Keck School of Medicine (Keck) in a psychiatric residency. She felt exhausted all of the time, struggled on rotations that required her to be on overnight call, and had concerns about handling her patient load and communicating with her team, especially after overnight call. She was eventually diagnosed with idiopathic thrombocytopenic purpura (ITP), an autoimmune condition typically involving a rash; low thyroid hormone levels; low vitamin D levels; chronic migraines; and depression. Applicant continued to feel tired, distracted, and sad. Medications did not help.

11. On May 11, 2009, Applicant was placed on probation, due to difficulties with her clinical performance.

12. Applicant took a leave of absence for medical reasons from May 18, 2009 through February 28, 2010.

13. In March 2010, Applicant achieved a less than satisfactory score on her adult inpatient rotation due to evaluating patients in an unsafe manner; confusing charts of two different patients; charting deficiencies; need for more supervision than average; lack of dependability; difficulty accepting feedback about her less-than-expected performance, and difficulty keeping up with a small caseload. Nurses and peers complained about Applicant's poor patient management.

14. On April 22, 2010, Applicant was informed that she needed improvement in professionalism, punctuality, and completion of work, and must be a better team member and complete her chart notes. Residency faculty cited the following examples: she interviewed a male on sexual precautions while alone with the door closed, failed to review a chart in preparation for a court hearing, wrote an improper 14-day hold, and routinely asked other residents and students to do her work for her. Peers and nurses found it difficult to work with her because she was defensive and occasionally made inappropriate comments. Appellant became overwhelmed when new tasks were assigned to her.

15. When Applicant returned to the residency program at Keck, she had continued difficulties with clinical performance, and her dismissal from the residency program was recommended on June 17, 2010. Applicant was not offered a contract to commence a third year of training at Keck. Having satisfactorily completed two years of her residency, she is eligible to obtain a physician's and surgeon's license from the Board. However, she would need to complete an additional year of residency in order to practice psychiatry.

Physical and Mental Health Issues

16. Appellant has had some psychiatric problems since 1986, when she was 17-years-old. Her father passed away at that time, and she had one visit with a counselor at that time. She recalls having the onset of a variety of symptoms in 1989. She had significant

fatigue which was attributed to depression. She was also suffering from vascular urticaria, which has been intermittent, and sometimes severe, since the age of 15. She had also developed headaches for which she was referred to a therapist for guided imagery.

17. Applicant was diagnosed with hypothyroidism in 2007. At the end of 2007, she was diagnosed with Hashimoto's thyroiditis, which did not improve with treatment. Applicant was seen by a general practitioner, Dr. Michael Silao, on May 15, 2009. She complained of mood changes, fatigue, and diminished concentration, depression, anxiety, and migraine. She was diagnosed with Hashimoto's thyroiditis. There were multiple follow-up visits until November 2009, at which time Dr. Silao recommended that Applicant consult an endocrinologist and a psychiatrist.

18. Dr. Neil Wenger, an internist at UCLA, provided care to Applicant between May 2009 and August 2011. Her chief complaints were fatigue, depression, and intractable headaches. She was on Wellbutrin, Synthroid, Cytomel, and Provigil and was given a diagnosis of major depressive disorder and headache. During the time of treatment, Applicant improved. Her headaches were better controlled, and she was more functional and able to carry out activities, although she continued to have some headaches and some anxiety.

19. On August 3, 2009, Applicant sought treatment for Hashimoto's thyroiditis from Dr. Wendy Sacks, an endocrinologist at Cedars-Sinai Medical Center. She complained of fatigue, depression, weight gain, poor concentration, and poor memory. These symptoms appeared to be unrelated to her thyroid condition, since Dr. Sacks found that her thyroid levels were in the normal range on her current level of Synthroid. Applicant opined that her fatigue and depression were due to low thyroid hormone levels, but Dr. Sacks disagreed. She concluded that Applicant's fatigue is mostly related to her depression, as well as situational stressors, rather than thyroid dysfunction. Dr. Sacks saw Applicant again on September 6, 2012.

20a. From December 2009 through January 2010, Applicant was evaluated by Dr. Pantea-Sharifi Hannauer, a pediatric neurologist. Applicant's neurological examination was normal. Dr. Hannauer noted that Applicant has struggled all of her life with social relationships, has been dismissed from multiple programs, and is unaware of the reasons for this. Dr. Hannauer found Applicant's symptoms to be consistent with Asperger's disorder, and the self-report scales support this diagnosis. Dr. Hannauer concluded that Applicant's anxiety and depression are secondary to Asperger's Syndrome. Applicant attended group therapy to help her master group dynamics.

20b. At the time she was evaluated by Dr. Hannauer, Applicant believed that the Asperger's Syndrome diagnosis explained why she had difficulty with rotations that involved being on overnight call. Dr. Hannauer advised her to avoid extremely stressful situations, especially overnight call. Prior to returning to USC, Applicant requested accommodations for Asperger's syndrome from her residency program at Keck. It was her hope that she could "work around" overnight call and use a laptop that recognizes voice and handwriting for better

efficiency. However, these accommodations were not provided. Applicant is no longer under the care of Dr. Hannauer and no longer believes that Asperger's Syndrome was a correct diagnosis.

21. In 2012, Applicant was seen by an internist at Kaiser Permanente, Dr. Moira Casillas. Dr. Casillas concluded that Applicant has three autoimmune processes: chronic urticaria, Hashimoto's thyroiditis, and ITP. Dr. Casillas started Applicant on prednisone, an oral steroid, and her symptoms and laboratory results improved significantly. Respondent's mood is better and she continues on prednisone. Dr. Casillas concluded that although Applicant has several chronic medical conditions for which she is receiving treatment, her prognosis is very good. From her perspective as a primary care physician, she does not anticipate any relapses. However, Dr. Casillas noted that she cannot speak to Applicant's psychiatric diagnoses as she is not the treating physician for those conditions.

22. Since 2007, Applicant has been seen by a number of rheumatologists at Kaiser Permanente and also by Dr. Ami Ben-Artzi, at the University of California Los Angeles. Dr. Ben-Artzi concluded that she has systemic lupus erythematosus (lupus) and that this has been the cause of her depression and fatigue all along. Hashimoto's thyroiditis was also a potential cause of fatigue and difficulties concentrating. However, her fatigue persisted even after thyroid hormone levels were normalized. Once she was started on prednisone to treat lupus in about July or August of 2012, Applicant experienced a dramatic improvement in her energy, concentration, and functionality.

23a. When Applicant began her residency in psychiatry at Keck in 2007, she was having significant problems with fatigue and concentration and struggled with her rotations. Treatment with a psychiatrist, Dr. Adib H. Bitar, started around that time. Applicant reports being physically exhausted and unable to keep up with the demands of her residency. Applicant had severe problems with fatigue and concentration interfering with her work at that time.

23b. Dr. Bitar treated Applicant from December 2007 through September 2011 and on November 1, 2012. The initial diagnosis was major depression. She presented with atypical depression and Dr. Bitar noted that Applicant's treatment response to psychiatric and psychological interventions were minimal at best. Applicant had tried selective serotonin reuptake inhibitors (SSRIs) for depression, but testified that they were not effective. She also was taking Synthroid, Cytomel, birth control pills to modulate her headache, and Adderall for fatigue. Dr. Bitar prescribed Wellbutrin, which somewhat alleviated her depression. Applicant told Dr. Bitar that once she began taking prednisone, this medication has helped her both physically and psychologically. She still sees Dr. Bitar every several months because he is prescribing Adderall for her fatigue. Currently, she is not experiencing any depression, is not taking any medication for depression, and is not in psychotherapy.

23c. Dr. Bitar concluded that Applicant's mood disorder is related to lupus. With treatment for lupus, her mood disorder has been in remission. On Applicant's visit to Dr. Bitar on April 13, 2013, she had no complaints of depression. Adderall is prescribed to treat mild

fatigue, which Dr. Bitar considers to be a somatic manifestation of lupus. Dr. Bitar has diagnosed Applicant with mood disorder, secondary to a general medical condition (i.e., multiple autoimmune disorders), with a prognosis from fair to good.

24. Applicant currently reports that her range of emotions is neither depressed nor highly elevated, she is sleeping well, and has no problems with concentration. She does note some mild fatigue, but it is nothing like the fatigue she was experiencing at the time she left the residency program at Keck. Her opinion is that she is significantly improved due to the fact that she is being treated with prednisone for lupus. Applicant states that her relationships with her patients were the most rewarding part of being a physician and that “nothing compared to my love of being someone’s doctor.” Applicant believes that she is capable of completing a residency program at this time and can manage well in a post-residency career in “a small, limited practice” or a job that does not involve long hours.

Examination and Opinions of Stuart Shipko, M.D.

25. On June 25, 2013, at the Board’s direction, Applicant underwent a psychiatric evaluation and psychological testing by Stuart Shipko, M.D., a Board-appointed board certified psychiatrist. The purpose of this evaluation and testing was to evaluate Applicant’s mental status and functionality. Dr. Shipko considered all information provided by the Board and other relevant information.

26. At the time of the exam, Applicant did not complain of any psychiatric symptoms and had a normal mental status examination. She was alert and oriented to time, place, person, and reason for the interview. She was neatly groomed, polite, and cooperative. She had good hygiene and grooming. During the interview, she made good eye contact and showed normal speech and normal motor activity. There were no involuntary movements. Her mood was euthymic, and her affect was broad and appropriate to the content of speech. There were times during the interview when she was mildly distressed. Dr. Shipko and Applicant discussed in detail the difficulties that she had at Albert Einstein, as well as the difficulties that she had at Keck. When Dr. Shipko asked her why she took a leave of absence from Ross, Applicant told him that the leave was not due to any medical or personal difficulties, but “was related to gaps in scheduling clerkships.” Applicant composed herself well and showed appropriate concern about the events that had transpired. Dr. Shipko did not observe clinical depression or anxiety during this examination. Her thought processes were logical and goal directed.

27. Dr. Shipko performed formal testing of cognition. The testing indicated normal attention, concentration, and memory, abstract reasoning was intact, and insight and judgment were good.

28. Dr. Shipko administered a personality inventory test, the Minnesota Multiphasic Personality Inventory (MMPI-2), a 567 true-false questionnaire which provides information concerning clinical illness and personality. Applicant’s testing results are consistent with a patient who has numerous medical complaints. The individual scales for depression and anxiety are within the normal range, and the results are inconsistent with personality disorder.

29. Dr. Shipko's diagnostic impression was:

Axis I: Depressive disorder NOS currently in remission

Axis II: No diagnosis

Axis III: Systemic lupus erythematosus, ITP, migraine headache, vascular urticarial, and Hashimoto's thyroiditis.

Axis IV: Health problems.

Axis V: GAF is 90.

30. Dr. Shipko opined that currently Applicant is not suffering from any symptoms of an identifiable mental illness or from Asperger's Syndrome. This was supported by his examination, discussion with Dr. Bitar, and the MMPI-2 results.

31. Dr. Shipko took into consideration that Applicant had performed unacceptably during her psychiatric residency at Keck during a period of time when her physical symptoms were most severe. She was struggling with a high degree of fatigue which was affecting her concentration and her ability to keep up with her work load. The fatigue was based on difficulty to diagnose physical conditions and not primarily on emotional symptoms. The fatigue, which impaired her functioning, is reportedly improved to a significant degree at the present time with Prednisone.

32. Dr. Shipko concluded that Applicant would not be able to practice medicine safely with a full and unrestricted license. Although the examination he conducted was normal, the degree of impairment that Applicant showed prior to stopping work is very high and represents unsafe patient care. She has not practiced medicine for three years. While severe fatigue related to as yet undiagnosed lupus is a reasonable explanation for the sharp and serious decline in her work in the months prior to going on probation and on a medical leave of absence from her residency at Keck, it is unclear what role anxiety and depression may also have played in this decline.

33. Dr. Shipko furnished a written evaluation report to the Board. He recommended that to ensure patient safety, Applicant should be allowed to practice only in a highly structured and supervised setting, such as a residency program. Psychiatric examination at least quarterly with Dr. Bitar, or another psychiatrist, should be required. He concluded that these conditions are needed for one year with psychiatric re-evaluation, or a written statement from the attending psychiatrist, attesting to mental status and functionality prior to release from probation.

LEGAL CONCLUSIONS

1. Business and Professions Code (Code) section 2221 states:

(a) The board may deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to

revocation or suspension of his or her license; or, the board in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions

2. Section 480, subdivision (a)(3)(A), of the Code provides that the board may deny a license on the grounds that the applicant has done any act that would be grounds for suspension or revocation of a license if done by a licentiate of the profession.

3. Section 822 of the Code states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.
- (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

4. Cause exists to deny the application pursuant to sections 480, subdivision (a)(3)(A), 822 and 2221 because Applicant suffers from physical illness and/or mental illness affecting her competency to practice medicine, by reason of Factual Findings 4 through 33.

5. Applicant did not present sufficient evidence to establish that she would be able to practice medicine safely with a full and unrestricted license. She has several chronic medical conditions for which she is receiving treatment and has not practiced medicine for three years. Although the mental status examination conducted by Dr. Shipko on June 25, 2013 was essentially normal, Dr. Shipko credibly and persuasively opined that if Applicant were to practice medicine with the significant degree of impairment she demonstrated prior to leaving her residency at Keck, it could pose a danger to patients in her care.

6. Code section 2229 mandates that protection of the public shall be the highest priority for the Medical Board. Granting Applicant a probationary license for a one-year period, with the following terms and conditions, is appropriate and necessary for the protection of the public.

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ORDER

Shilla Nassi's application for a full and unrestricted Physician's and Surgeon's Certificate is denied. However, a probationary license shall be issued for a period of one year, with the following terms and conditions. If all terms and conditions are met, at the end of one year, Applicant shall be granted a full and unrestricted license. If, prior to the completion of probation, Applicant is found to be mentally unfit to undertake the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over her license and the period of probation shall be extended until the Board determines that she is mentally fit to undertake the practice of medicine without restrictions.

1. Prohibited Practice

During probation, Applicant is prohibited from practicing in an unstructured or unsupervised setting.

2. Solo Practice Prohibition

Applicant is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Applicant merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Applicant is the sole physician practitioner at that location.

If Applicant fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, Applicant shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Applicant shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, Applicant's practice setting changes and Applicant is no longer practicing in a setting in compliance with this Decision, she shall notify the Board or its designee within 5 calendar days of the practice setting change. If Applicant fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, Applicant shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. She shall not resume practice until an appropriate practice setting is established.

3. Psychotherapy

Within 60 calendar days of the effective date of this Decision, Applicant shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional

and mental disorders. Upon approval, Applicant shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Applicant shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Applicant shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Applicant to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Applicant is found to be mentally unfit to undertake the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over her license and the period of probation shall be extended until the Board determines that she is mentally fit to undertake the practice of medicine without restrictions.

Applicant shall pay the cost of all psychotherapy and psychiatric evaluations.

4. Notification

Within seven (7) days of the effective date of this Decision, Applicant shall provide a true copy of this Decision and Statement of Issues to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to her, at any other facility where she engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to her. Applicant shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5. Supervision of Physician Assistants

During probation, Applicant is prohibited from supervising physician assistants.

6. Obey All Laws

Applicant shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any payments and other orders.

7. Quarterly Declarations

Applicant shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Applicant shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

8. General Probation Requirements

Compliance with Probation Unit: Applicant shall comply with the Board's probation unit and all terms and conditions of this Decision.

Address Changes: Applicant shall, at all times, keep the Board informed of her business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice: Applicant shall not engage in the practice of medicine in her or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal: Applicant shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California: Applicant shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event she should leave the State of California to reside or to practice, Applicant shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

9. Interview with the Board or its Designee

Applicant shall be available in person upon request for interviews either at her place of business or at the probation unit office, with or without prior notice throughout the term of probation.

10. Non-practice While on Probation

Applicant shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of her return to practice. Non-practice is defined as any period of time she is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine

in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Applicant's period of non-practice while on probation exceeds 18 calendar months, she shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Applicant's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve Applicant of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

11. Completion of Probation

Applicant shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Applicant shall be granted a full and unrestricted license.

12. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If Applicant violates probation in any respect, the Board, after giving her notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Applicant during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

13. License Surrender


Following the effective date of this Decision, if Applicant ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, she may request to surrender her license. The Board reserves the right to evaluate her request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Applicant shall within 15 calendar days deliver her wallet and wall certificate to the Board or its designee and she shall no longer practice medicine. Applicant will no longer be subject to the terms and conditions of probation. If she re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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14. Probation Monitoring Costs

Applicant shall pay the costs associated with probation monitoring each year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATED: March 19, 2015


LAURIE R. PEARLMAN
Administrative Law Judge
Office of Administrative Hearings