

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

**In the Matter of the Petition for Reinstatement of  
Surrendered Certificate of:**

**LAWRENCE ROBERT CRONIN, Petitioner.**

**Case No. 800-2018-048008**

**OAH No. 2019100260**

**DECISION AFTER NON-ADOPTION**

Administrative Law Judge (ALJ) Jill Schlichtmann, State of California, Office of Administrative Hearings, heard this matter on July 15, 2019, in Oakland, California.

Deputy Attorney General Brenda P. Reyes represented the Office of the Attorney General, Department of Justice.

Nicholas D. Jurkowitz, Attorney at Law, represented Petitioner Lawrence Robert Cronin (Petitioner), who was present.

The matter was submitted for decision on July 15, 2019. The ALJ issued a Proposed Decision on July 29, 2019.

On August 15, 2019, Panel A of the Medical Board of California (Board) issued an Order of Non-Adoption of Proposed Decision. Oral argument on the matter was heard by the Panel on November 6, 2019, with ALJ Theresa M. Brehl presiding. Christine A. Rhee, Deputy Attorney General, appeared pursuant to the provisions of Government Code section 11522. Petitioner was present, and was represented by

Nicholas D. Jurkowitz, Attorney at Law. Panel A, having read and considered the entire record, including the transcript and the exhibits, and having considered the written and oral argument, hereby enters this decision after non-adoption.

## **FACTUAL FINDINGS**

### **Procedural History**

1. On March 11, 1985, the Board issued Physician's and Surgeon's Certificate No. G 54386 to Lawrence Robert Cronin.
2. On July 7, 2015, the Board's Executive Director filed an amended accusation against Petitioner. It alleged cause for discipline based on disciplinary action taken by the Arizona Medical Board. Effective August 28, 2015, the Board adopted a stipulated surrender of Petitioner's license as its decision.
3. On September 14, 2018, Petitioner filed a petition for reinstatement of his surrendered certificate, and this hearing followed.

### **Petitioner's Misconduct in Arizona**

4. Petitioner provided psychiatric treatment to a patient from 2008 to 2014. He engaged in a sexual relationship with this patient from September 2013 until September 2014. The relationship ended when the patient's husband discovered it. The misconduct was reported to the Arizona Medical Board soon thereafter. A medical consultant to the Arizona Medical Board reviewed the patient's chart and determined that in addition to the boundary violation, Petitioner departed from the standard of care with regard to the prescription of hypnotic agents to the patient and for failing to appropriately document an assessment for substance abuse or dependence. Petitioner admitted the boundary violation, but disagreed that he departed from the standard of care with regard to his prescriptions for the patient, and denied that he failed to document a substance abuse or dependence assessment.

5. In January 2015, Petitioner completed a comprehensive psychosexual evaluation. At the conclusion of the evaluation, Petitioner was deemed unsafe to practice. It was recommended that he undergo a 90-day intensive residential treatment program to address the professional sexual boundary violations and maladaptive personality traits identified during the evaluation, and to adhere to any discharge recommendations made by the treatment facility.

6. Petitioner was admitted for inpatient treatment at Pine Grove Behavioral Health & Addiction Services (Pine Grove) in Hattiesburg, Mississippi, on January 23, 2015. He was administratively discharged on April 7, 2015, due in part to violation of program guidelines by continuing to cross inappropriate boundaries with a male peer by compromising the peer's confidentiality. As a result, the facility determined that Petitioner had reached the maximum treatment benefit for the program. The facility's discharge recommendation was that Petitioner remained unsafe to practice without additional treatment and that he not return to practice absent at least one year of physician supervised treatment and reevaluation after a sustained period of sobriety from compulsive behaviors or boundary violations.

7. On June 4, 2015, the Arizona Medical Board issued an Order for Surrender of License. Arizona law does not permit the filing of a petition for reinstatement for five years after an Order for Surrender.

### **Petitioner's Background**

8. Petitioner graduated from the University of Michigan Medical School in 1983. He completed his residency in psychiatry at the University of California, San Francisco (UCSF), in 1987. Petitioner became board certified in psychiatry and neurology in 1988.

9. Petitioner spent one year with Project Hope in Grenada from 1987 to 1988. He worked as an inpatient psychiatrist at Palo Verde Hospital in Tucson, Arizona, from 1989 to 2000. He founded Palo Verde Behavioral Health, where he was employed from 1992 to 2002. Petitioner had a solo practice in Tucson from 2002 to 2014.

10. Petitioner has been married to psychiatrist Marla Reckart, M.D., for 33 years. They met while attending residency training at UCSF. Petitioner and his wife have three adult children, all of whom are in college or graduate school. They relocated to Santa Cruz, California, in July 2015, where Dr. Reckart practices at the Palo Alto Medical Foundation.

## **Treatment and Rehabilitation**

11. Before his Arizona license was surrendered, Petitioner spent 45 days in the Pine Grove Gratitude Program, followed by 30 days in the Professional Effectiveness Program. On April 29, 2015, Pine Grove issued a report on Petitioner's progress and its recommendations. Petitioner had presented to treatment with very limited insight into his boundary violations and very prominent narcissistic and antisocial traits in the form of grandiosity and intellectualization of his boundary violations and a lack of empathy. He also frequently minimized his use of alcohol and had poor insight into his potential abuse of alcohol which had increased progressively over the prior year as sexual acting out had increased and boundary violations occurred; Petitioner was found to have met the criteria for alcohol abuse.

12. On admission, Petitioner was diagnosed with personality disorder unspecified with prominent narcissistic traits, and histrionic, compulsive and antisocial features; obsessive compulsive disorder (sexual compulsivity); and generalized anxiety disorder. His discharge diagnoses were fairly similar.

Late in his treatment, Petitioner continued crossing boundaries with a particular treatment peer in which he violated guidelines relating to confidentiality on several occasions. His discharge resulted in the surrender of his Arizona medical license. Pine Grove reported that Petitioner had made some moderate progress on identifying the process in which he crossed boundaries and his own narcissistic needs as driving factors. He had shown improved insight into how he vacillated between victim and perpetrator roles in his relationships. Although he continued to struggle with the healthy expression of anger, he was able to openly acknowledge this weakness and was willing to continue addressing it. Petitioner had presented with depression and anxiety

symptoms, which improved to a moderate degree, but which required follow up treatment.

13. Pine Grove issued the following treatment recommendations on April 29, 2015:

- a) Enter into a monitoring agreement with Michel Sucher, M.D., in the Arizona Aftercare Program, to include random alcohol and drug screens;
- b) Begin weekly outpatient individual therapy with an individual who specializes in sexual compulsivity, boundary violations and personality pathology;
- c) Find employment outside of the practice of medicine as approved by his therapist and Dr. Sucher;
- d) Participate in biannual polygraph examinations to screen for relapses on sexual acting out, inappropriate boundary crossings and compliance with monitoring;
- e) Begin regular outpatient group therapy with professionals struggling with addiction and/or sexual compulsivity;
- f) Return to Pine Grove after one year of sobriety from sexual compulsivity and from relapse from boundary crossings to address maladaptive personality pathology, professional boundary violations and compulsive behaviors;
- g) Attend a workshop intensive with Petitioner's wife through Professional Counseling Services; and
- h) Attend five recovery meeting per week (such as Sex Addicts Anonymous), obtain a sponsor, and continue with recommended readings.

14. Petitioner has now accepted full responsibility for his misconduct. He notes that he was going through a very stressful period when the boundary violations occurred: Petitioner's parents and his wife's parents were ill and died within four years; they went through financial difficulties after purchasing and renovating several properties; Petitioner's group practice fell apart in 2002 and he missed the collegiality of it; and, Petitioner's daughter was diagnosed with several serious medical conditions, including multiple sclerosis, and a condition requiring brain surgery and another requiring heart surgery.

15. Petitioner now recognizes that he treated the patient with whom he had a sexual relationship differently from the beginning of her treatment. He initially agreed not to hospitalize her or to abandon her, at her request. Over the course of her treatment, he agreed to provide psychotherapy to her, then began to reveal personal information to her. At one point, Petitioner's wife saw an email message between Petitioner and the patient and insisted that he obtain supervision. After engaging a supervisor, the relationship normalized for a period of time. Later, Petitioner agreed to have her edit a book he was writing and their relationship became sexual. Petitioner now recognizes that his sexual boundary crossing followed many other boundary crossings with the patient.

16. Petitioner was mortified to have been discharged from Pine Grove in 2015. He acknowledges having exploited his roommate (who was well-known) by disclosing his roommate's occupation to his wife and inviting him to join them for dinner during a family visit. After admitting and discussing the violation with Pine Grove and other participants, he was sent home.

17. Petitioner signed a monitoring agreement with Dr. Sucher on April 14, 2015. Dr. Sucher has had an addiction medicine practice since 1991. He consults with the Arizona Medical Board and provides oversight in the Arizona Medical Board's Physician Health Program. In August 2017, Dr. Sucher took over the Nevada Physician Health Program. He also serves as the Medical Director of the California Physicians Health Program. Dr. Sucher works with physicians and other health professionals to

perform assessments, referrals, monitoring of mental health and substance use disorders, sexual misconduct, gambling addictions and other medical conditions. Dr. Sucher testified with credibility at hearing.

18. Dr. Sucher has monitored Petitioner's compliance with Pine Grove's recommendations. Dr. Sucher meets with Petitioner in person or by telephone on a one-to-two month basis. Dr. Sucher reports that Petitioner has not only been fully compliant with monitoring requirements, but he has exceeded them. Dr. Sucher describes Petitioner as highly motivated in his recovery efforts. Dr. Sucher considers Petitioner to be safe to return to practice with continued monitoring for a reasonable period of time to ensure public safety; he recommends two additional years of monitoring.

19. Petitioner was abstinent from alcohol from January 2015 to April 2016. Dr. Sucher does not consider Petitioner to have a substance use disorder; he felt it would be appropriate for Petitioner to engage in social drinking after the initial year as a test of his recovery. Petitioner returned to abstinence between September and December 2016, and from August 2017 to the present. Petitioner returned to abstinence after being advised to establish a period of abstinence prior to petitioning for reinstatement. While abstinent, Petitioner has submitted to random drug and alcohol screens; all results have been negative.

20. Petitioner has submitted to polygraph tests, which are standard tools used in sexual addiction cases; no deception has been found. Petitioner has allowed a filter to be placed on his electronic devices to screen for inappropriate website visits. The polygraph results and filter have been monitored by Dr. Sucher.

21. In June 2015, Petitioner and his wife attended a 70-hour program offered by Psychological Counseling Services, Ltd. (PCS). Petitioner also attended the PCS Intensive Outpatient Program from May 15 to 19, 2016. The program provides individual therapy sessions and group sessions.

22. Since July 30, 2015, Petitioner and his wife have attended psychotherapy with Invia A. Betjoseph, Psy.D., L.M.F.T., C.S.A.T., a certified sex addiction therapist.

At Dr. Betjoseph's recommendation, they also attended the World Marriage Encounter and Retrouvaille's Marriage Recovery Program, to work on their relationship. In addition, Petitioner has treated his past and ongoing emotional traumas with Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based treatment modality used to address severe anxiety and/or post-traumatic stress disorder issues.

23. Dr. Betjoseph wrote a letter for the Board's consideration dated July 16, 2018. He reports that after one year of psychotherapy and attending at least five days per week of 12-step meetings, such as Sex Addicts Anonymous (SAA), Sex and Love Addicts Anonymous (SLAA), Alcoholics Anonymous (AA) and Adult Children of Alcoholics (ACA), Petitioner exhibited greater insight into his conduct. Dr. Betjoseph has observed Petitioner exhibit more active listening skills, and show greater empathy. Dr. Betjoseph describes Petitioner as having transformed himself from a defensive, self-centered individual who blamed others for his circumstances into an individual that exhibits humility and compassion for others. Dr. Betjoseph reports that Petitioner has pursued recovery with great alacrity and exhibits a desire to no longer live in secrecy and deceit, but rather in truth and transparency.

24. Petitioner has also attended weekly treatment with Ed Gresick, M.F.T., since January 27, 2016. Gresick is a licensed psychotherapist, a certified sex offender treatment provider and a certified sex addiction therapist. The treatment has focused on helping Petitioner understand and resolve the reasons for his boundary violations and the relevant personal dynamics surrounding them. Gresick has consulted with the Pine Grove Professional Enhancement Program and with PCS to assist Petitioner in following the care recommendations. Gresick wrote a letter dated June 25, 2018, describing Petitioner's treatment and progress.

Gresick reports various positive prognostic factors contributing to Petitioner's suitability for rehabilitation. The factors include Petitioner's attitude throughout treatment, his acceptance of full responsibility and remorse for his actions, and developing an empathic perspective toward the patient's experience of having been damaged, as well as his wife's hurt and pain. Gresick reports that Petitioner has



maintained meaningful participation during treatment and has made an extraordinary effort to go beyond treatment recommendations in his commitment to his recovery. Gresick considers Petitioner to be a very low risk for recidivism. Gresick supports reinstatement of Petitioner's certificate.

25. Petitioner has had telephone meetings with the Pine Grove Gratitude Program alumni at least two times per month. He attended a reunion at the program in February 2016.

26. Petitioner also returned to Pine Grove for an assessment from September 26 to October 7, 2016. His discharge diagnoses were: 1) impulse control disorder (compulsive sexual behavior); 2) generalized anxiety disorder; 3) occupation problem (boundary violation); and 4) personality disorder, unspecified with mixed traits; prominent narcissistic traits with histrionic, obsessive compulsive and antisocial features. Upon discharge, Pine Grove made the following recommendations: a) continue individual therapy with Gresick; b) continue couples/family therapy with Dr. Betjoseph; c) continue treating with a primary care doctor; d) continue attending five 12-step meetings per week; e) contact his sponsor within 24 hours of discharge; f) read recommended books; g) continue with monitoring by Dr. Sucher; h) refrain from consuming alcohol or other mood altering substances; i) participate in biannual polygraph testing; j) maintain monitoring filtering software on all computers and smart devices; k) return to work without direct patient care; l) keep a boundary violations index to ensure remaining mindful of appropriate boundaries; and m) return to Pine Grove for a reevaluation in one year.

27. Petitioner has gained insight and a much better understanding of professional boundaries during his rehabilitation efforts. In addition to the boundaries course at Pine Grove, in January 2018, Petitioner attended a 46-hour Professional Boundaries and Ethics course offered by Professional Boundaries, Inc. Petitioner is working on developing a boundaries course for schools and business communities. Petitioner has also read extensively on the subject of boundary violations.

28. Petitioner has attended over 1,000 12-step meetings. He attends a minimum of four per week. Petitioner has assumed roles, such as the meeting secretary or treasurer, and has sponsored other attendees. Petitioner continues to attend therapy with Dr. Betjoseph and with Gresick. Petitioner reports that his marriage is better today than it was four to five years ago. He considers his wife to be a brilliant and caring person; Petitioner pledges to do anything he can to preserve his marriage.

29. Petitioner's wife, Dr. Reckart, testified at hearing and wrote a letter of reference in support of her husband's petition. Petitioner and Dr. Reckart have worked alongside one another during their entire marriage. Dr. Reckart considers Petitioner to be an excellent physician.

Dr. Reckart describes Petitioner as having been a good husband and father during their marriage (with the exception of his misconduct); however, he has made significant changes since participating in rehabilitation efforts. Beforehand, Petitioner was more narcissistic, defensive, anxious and prone to angry outbursts. Petitioner is now much less selfish, judgmental and competitive. He considers personal boundaries seriously, and refrains from lecturing family members. Their marriage has improved as well; Petitioner is now more attentive to her feelings. Petitioner was very motivated to save their marriage, even when she was extremely angry with him after learning of his misconduct. They have worked hard to maintain and improve their marriage since that time. Petitioner now is more insightful and aware of addiction and boundary issues. Dr. Reckart does not believe that Petitioner will repeat his boundary violation and has no reservations concerning him returning to work as a psychiatrist.

30. Petitioner returned to Pine Grove from March 27 to April 3, 2019, to discuss his ongoing recovery efforts and to assess his readiness to return to the practice of medicine. Following a five-day evaluation, and in light of positive recommendations from Gresick, Dr. Sucher and Petitioner's wife, Pine Grove concluded that Petitioner had maintained his sobriety and demonstrated that he was safe to return to practice under monitoring. His prognosis was classified as "fair," contingent on his adherence to the following recommendations: a) continued monitoring by Dr. Sucher

including drug and alcohol screens, approval of all prescription medications; quarterly polygraphs during the first year of seeing patients, and software monitoring; b) continued treatment by his primary care physician; c) continued participation in individual therapy with Gresick; d) continued participation in couples therapy with Dr. Betjoseph; e) attendance at four 12-step meetings per week (SA/SAA/SLAA/AA); and f) continuing to work with a sponsor.

31. With regard to returning to practice, Pine Grove recommended refraining from solo practice; utilizing a chaperone with female patients; obtaining a workplace monitor; refraining from administrative or directorship positions; participating in monthly clinical supervision; undergoing random reviews; and returning to Pine Grove six months after returning to work, or immediately if Petitioner exhibits a relapse in compulsive behaviors, a worsening of mood symptoms, or is noncompliant in his monitoring contract with Dr. Sucher.

32. If Petitioner is allowed to return to work, he pledges to return to Pine Grove within six months, as recommended.

### **Continuing Medical Education**

33. Petitioner regularly reads the Carlat Psychiatry Report, Prescribers Newsletter, Carlat Addiction Report, Psychiatry News, Psychiatric News by APA, and various email summaries. Petitioner completed 98 hours of continuing medical education in 2016; 96 hours in 2017; and, 72 hours in 2018. Petitioner has taken numerous courses in addiction medicine.

### **Daily Activities**

34. In addition to working on his rehabilitation, Petitioner has spent time selling their property in Arizona, remodeling their home in Santa Cruz, learning to surf and writing songs. Petitioner practices yoga and works out at the gym regularly.

## Character References

35. Attorney David S. Salem testified at hearing and wrote a letter in support of reinstatement of Petitioner's certificate. He has known Petitioner since meeting him at the University of Michigan in 1974. They have remained close friends since attending college.

36. Salem considers Petitioner to be a very intelligent man. He is familiar with Petitioner's "grotesque" boundary violation, the circumstances surrounding it and Petitioner's rehabilitation efforts. Salem considered Petitioner to be arrogant before undergoing his rehabilitation; he reports that Petitioner's arrogance has been "squeezed out of him." Salem now describes Petitioner as a humble and kind person who constantly challenges himself. Salem believes that based on the "wrenching pain" of Petitioner's personal transformation, Petitioner is entirely incapable of repeating his boundary violation as a result of his intensive recovery efforts.

37. Daniel S. Cohen, M.D., wrote a letter under penalty of perjury, dated July 14, 2018, in support of reinstatement of Petitioner's certificate. Dr. Cohen worked with Petitioner at Palo Verde Behavioral Health from 1995 until Petitioner left the group practice in 2002. Dr. Cohen reports that Petitioner had a solid reputation, performed excellent psychiatric management and had strong psychotherapy skills.

38. Dr. Cohen took over the care of the patient with whom Petitioner had a boundary violation; after learning of the misconduct, Dr. Cohen transferred her care to another psychiatrist due to his relationship with Petitioner. Dr. Cohen reported his "strong feelings" about the misconduct to Petitioner after a year passed without contact. Dr. Cohen states that Petitioner expressed sincere remorse and described all of the therapy he was undergoing to repair his personal life and to have an opportunity to return to practice. Dr. Cohen has been impressed with Petitioner's commitment to rehabilitation and resilience. Dr. Cohen believes Petitioner's misconduct was an isolated incident. He supports Petitioner's license reinstatement and would feel comfortable referring patients to him.

39. Claudia Capurro, M.D., signed a letter under penalty of perjury, dated July 14, 2018, in support of Petitioner's license reinstatement. Dr. Capurro is married to Dr. Cohen and has known Petitioner for 23 years. Dr. Capurro is familiar with Petitioner's misconduct. She has observed Petitioner to be a caring and involved father and husband, and was surprised by his boundary violation. In Dr. Capurro's opinion, Petitioner deeply regrets his significant lapse of judgment and is working hard to rehabilitate himself. Dr. Capurro reports that Petitioner appears to be more humble and has gained insight through his rehabilitation. He remains, in her opinion, a talented and dedicated psychiatrist.

40. Marianne D. Hayden, R.N., B.S.N., wrote a letter of recommendation dated June 6, 2018. Hayden met Petitioner in 1995, and worked as a consultant providing administrative services to Palo Verde Behavioral Health from March 15, 1995, until May 31, 1998. They spent a good deal of time together while the business grew, meeting weekly with the board of directors, and traveling together to meetings. Hayden also performed administrative consulting services for Petitioner in 2009 to 2010. Hayden believes Petitioner cares significantly about the welfare of others. Hayden learned of Petitioner's misconduct through her friendship with Petitioner's wife. Hayden believes that Petitioner regrets his misconduct and is committed to his recovery and the maintenance of professional standards.

41. Lauren M. Aloisio, R.N., signed a letter under penalty of perjury dated July 16, 2018. Aloisio has known Petitioner since 1976. She and her husband have been close friends of Petitioner and Dr. Reckart's for many years. Aloisio is aware of Petitioner's "horrible mistake." She believes Petitioner is deeply committed to his ongoing psychotherapy and 12-step meetings, which have earned him a wise sense of self. Aloisio believes Petitioner is empathetic and will again make an excellent psychiatrist.

42. Mark Devon signed a character letter under penalty of perjury on July 9, 2018. Devon has known Petitioner for 40 years. Devon describes Petitioner as a hardworking student and physician who has also performed community service

regularly. Devon is familiar with Petitioner's misconduct. He believes there is no chance Petitioner would allow this to happen again, noting that Petitioner nearly destroyed a healthy marriage and his career.

43. James Nichols wrote a letter of reference, signed under penalty of perjury, dated May 25, 2018. Nichols has known Petitioner since Petitioner attended his residency at UCSF. He is aware of Petitioner's misconduct. Nichols has observed Petitioner to become more philosophical and introspective during his rehabilitation.

44. Mimi Marks signed a letter of recommendation for the Board's consideration dated August 30, 2018. Marks worked for many years as Petitioner's front office receptionist. She describes Petitioner as compassionate, empathetic and pleasant, and his patient rapport to be excellent. Marks support's Petitioner's petition for licensure.

45. John D. Lynch signed a letter under penalty of perjury for the Board's consideration on August 22, 2018. Lynch has known Petitioner for four years. They met at a 12-step meeting and Lynch became Petitioner's sponsor. Lynch reports that over time Petitioner has gained an understanding of how past situations have clouded his ability to see his part in his difficulties. Since then, Petitioner has enthusiastically embraced his program of recovery and the path it offered. Lynch has witnessed many changes in Petitioner, including his placing the needs of others as one of his priorities. Petitioner is now more compassionate and less judgmental. He has gained the ability to accept things as they are, rather than as he wishes they were. Lynch reports that Petitioner has taken his recovery to heart and has thrown his passion into the program and all that it offers. Petitioner faithfully attends four meetings per week, works the steps, and continues to focus on honesty. He started to early-morning meditation meetings and seizes the opportunity to participate in seminars and self-awareness classes.

## LEGAL CONCLUSIONS

46. Pursuant to Business and Professions Code section 2307, subdivision (b)(1), reinstatement petitions may be filed three years after an individual surrenders his license for unprofessional conduct. Petitioner's petition is timely. (Factual Findings 2 and 3.)

47. In a proceeding for the restoration of a license, the burden rests on the Petitioner to establish that he has rehabilitated himself and that he is entitled to have his license restored. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) The standard of proof is clear and convincing evidence. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315-316.)

48. The primary purpose of this proceeding is to protect the public, while aiding Petitioner in his continued rehabilitation. (*Camacho v. Youde* (1979) 95 Cal.App.3d 161, 164; Bus. & Prof. Code, § 2229, subd. (a).)

49. Business and Professions Code section 2307, subdivision (e), provides that relevant factors to consider concerning a petition for reinstatement of a surrendered license include "all activities of the Petitioner since the disciplinary action was taken, the offense for which the Petitioner was disciplined, the Petitioner's activities during the time the certificate was in good standing, and the Petitioner's rehabilitative efforts, general reputation for truth, and professional ability."

50. In addition, the Board has set forth the following factors to be considered: a) the nature and severity of the act(s) under consideration; b) evidence of any subsequent misconduct; c) the amount of time that has elapsed since commission of the underlying act(s); and d) evidence of rehabilitation. (Cal. Code Regs., tit. 16, § 1360.2.)

51. Petitioner's misconduct was very serious and occurred with a patient. However, he has been fully committed to his rehabilitation since surrendering his certificate and has made significant progress. Petitioner has attended treatment at Pine

Grove several times over the past four years and has followed the recommendations made under Dr. Sucher's guidance. Pine Grove has been impressed with Petitioner's rehabilitation and has recommended his return to practice with appropriate monitoring. Dr. Sucher has lengthy experience and impressive credentials in monitoring health care providers with addiction issues; his testimony concerning Petitioner's rehabilitation was persuasive. He, too recommends a return to practice with monitoring. Petitioner has attended couples therapy with Dr. Betjoseph, as well as several marriage workshops, and has devoted himself to repairing his marriage; Dr. Reckart reports that he has made meaningful changes and she is supportive of his return to work. Petitioner also attended psychotherapy from therapist Gresick, who has observed significant improvement in Petitioner's conduct and supports his petition for reinstatement. Petitioner has presented a wealth of character evidence, which also lends support to his petition.

Petitioner has established that he is rehabilitated to the extent that reinstatement of his certificate under appropriate conditions is consistent with public protection. Petitioner has attended Pine Grove seminars on boundary violations as well as the comprehensive program on boundaries and ethics offered by PBI. In light of Petitioner's extensive rehabilitation efforts and recent courses, another ethics or boundaries course is not necessary. However, Petitioner has been out of practice for several years, and the Board is not satisfied that his participation in continuing medical education is sufficient to ensure that he is safe to return to practice. Accordingly, he will be required to attend a clinical competence assessment program as a condition precedent before returning to practice. Moreover, conditions including probation disclosure to patients pursuant to Business and Professions Code section 2228.1, monitoring by Dr. Sucher, drug and alcohol abstinence, attendance at 12-step meetings, a practice prohibition from treating female patients, and continued psychotherapy with Mr. Gresick are warranted. Additionally, Petitioner will be required to return to Pine Grove for an evaluation between six months and one year following his return to practice, and will be restricted from the solo practice of medicine. Petitioner will also be required to enroll in a professional enhancement program to provide practice monitoring. Good cause exists to reinstate Petitioner's surrendered certificate under these focused probationary



conditions pursuant to Business and Professions Code section 2307 for public protection and rehabilitation of the Petitioner.

## **ORDER**

The petition of Lawrence Robert Cronin for reinstatement of his surrendered license is granted. Physician's and Surgeon's Certificate No. G 54386 is reinstated. The certificate is immediately revoked and Petitioner is placed on probation for seven (7) years on the following terms and conditions.

### **1. Clinical Competence Assessment Program (Condition Precedent)**

Within 60 calendar days of the effective date of this Decision, Petitioner shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Petitioner shall successfully complete the program no later than six (6) months after Petitioner's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Petitioner's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Petitioner's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Petitioner's on-site participation for a minimum of 3 and no more than 5 days as determined by the program for the assessment and clinical education evaluation. Petitioner shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Petitioner has demonstrated the ability

to practice safely and independently. Based on Petitioner's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Petitioner's practice of medicine. Petitioner shall comply with the program's recommendations.

Determination as to whether Petitioner successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

**Petitioner shall not practice medicine until Petitioner has successfully completed the program and has been so notified by the Board or its designee in writing.**

Within 60 days after Petitioner has successfully completed the clinical competence assessment program, Petitioner shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Petitioner shall participate in the professional enhancement program at Petitioner's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary.

## **2. Probation Disclosure to Patients**

Before each patient's first visit following the effective date of this order and while Petitioner is on probation, Petitioner must provide each patient, or patient's guardian or health care surrogate, with a separate disclosure that includes the Petitioner's probation status, the length of the probation, the probation end date, all practice restrictions placed on Petitioner by the Board, the Board's telephone number, and an explanation of how the patient can find further information on the Petitioner's probation on the Petitioner's profile page on the Board's website. Petitioner shall obtain from the patient,

or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

Petitioner shall not be required to provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities; (3) Petitioner is not known to the patient until immediately prior to the start of the visit; (4) Petitioner does not have a direct treatment relationship with the patient.

### **3. Monitoring – Dr. Sucher**

During the period of probation, Petitioner shall continue to be monitored by Dr. Sucher. Petitioner shall comply with all restrictions or conditions recommended by Dr. Sucher.

The Board or its designee shall provide Dr. Sucher with copies of the Decision(s) and Accusation(s). Dr. Sucher shall submit a proposed monitoring plan for approval by the Board or its designee. Dr. Sucher shall submit quarterly status reports to the Board or its designee regarding Petitioner's compliance with Dr. Sucher's monitoring agreement and recommendations and whether Petitioner is safe to continue practicing medicine.

If, prior to the completion of probation, Petitioner is found to have violated the terms of his monitoring agreement with Dr. Sucher, Petitioner shall immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If Petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide Petitioner with a hearing within 30 days of the request, unless Petitioner stipulates to a later hearing. If the case

is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide Petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

Petitioner shall pay the cost of all monitoring.

If the monitor resigns or is no longer available, Petitioner shall, within five (5) calendar days, submit to the Board or its designee for prior approval the name and qualifications of a replacement monitor who will be assuming the monitoring responsibilities within 15 calendar days. The replacement monitor shall have experience assessing, treating and/or monitoring physicians with mental health disorders and a history of boundary violations. If Petitioner fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Petitioner 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 Petitioner shall cease the practice of medicine until a replacement monitor is approved and assumes the monitoring responsibilities.

#### **4. Controlled Substances – Abstain from Use**

Petitioner shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act,

dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Petitioner by another practitioner for a bona fide illness or condition. Petitioner's abstention from the use of controlled substances shall be monitored by Dr. Sucher or his replacement.

If Petitioner has a confirmed positive test for any substance not legally prescribed, Petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If Petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide Petitioner with a hearing within 30 days of the request, unless Petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide Petitioner with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

## **5. Alcohol – Abstain from Use**

Petitioner shall abstain completely from the use of products or beverages containing alcohol. Petitioner's abstention from the consumption of alcohol shall be monitored by Dr. Sucher or his replacement.

If Petitioner has a confirmed positive test for alcohol, Petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If Petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide Petitioner with a hearing within 30 days of the request, unless Petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide Petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

## **6. Psychotherapy**

Petitioner shall continue psychotherapy with Ed Gresick, M.F.T.

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. Petitioner shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

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

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

Should Mr. Gresick become unavailable, Petitioner shall submit to the Board or its designee for prior approval the name and qualifications of a licensed psychiatrist, psychologist, or other psychotherapist who specializes in sexual compulsivity, boundary violations and personality pathology. Upon approval, Petitioner shall continue psychotherapy treatment under these terms, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

## **7. Prohibited Practice**

During probation, Petitioner is prohibited from treating female patients. After the effective date of this Decision, all patients being treated by the Petitioner shall be notified that the Petitioner is prohibited from treating female patients. Any new patients must be provided this notification at the time of their initial appointment.

Petitioner shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; patient's medical record number, if available; 3) the full name of the person making the

notification; 4) the date the notification was made; and 5) a description of the notification given. Petitioner shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

## **8. 12-Step Group Meetings**

Within 30 days of the effective date of this Decision, Petitioner shall submit to the Board or its designee, for its prior approval, the name of a 12-Step support group (Sex Addicts Anonymous, Sex and Love Addicts Anonymous or Alcoholics Anonymous) which he shall attend for the duration of probation. Petitioner shall attend support group meetings at least four times per week, or as recommended by Dr. Sucher and the Board or its designee. Upon request by the Board, the support group facilitator shall provide to the Board a signed document showing the Petitioner's name, the group name, the date and location of the meeting, the Petitioner's attendance, and the Petitioner's level of participation and progress. Petitioner shall pay all support group meeting costs.

## **9. Solo Practice Prohibition**

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

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

If, during the course of the probation, Petitioner's practice setting changes and Petitioner is no longer practicing in a setting in compliance with this Decision, Petitioner



shall notify the Board or its designee within 5 calendar days of the practice setting change. If Petitioner 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, Petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Petitioner shall not resume practice until an appropriate practice setting is established.

#### **10. Evaluation by Pine Grove Behavioral Health & Addiction Services (Pine Grove)**

Between six months and one year after returning to the practice of medicine, and on whatever periodic basis thereafter may be required by the Board or its designee, Petitioner shall undergo and complete an evaluation by Pine Grove, which shall consider any information provided by the Board or designee and any other information Pine Grove deems relevant, and shall furnish a written evaluation report to the Board or its designee. Petitioner shall pay the cost of all evaluations.

Petitioner shall comply with all restrictions or conditions recommended by Pine Grove within 15 calendar days after being notified by the Board or its designee.

If Petitioner fails to enroll, participate in, or successfully complete the evaluation within the designated time period, Petitioner 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. The Petitioner shall not resume the practice of medicine until the evaluation has been completed and Petitioner has received notification in writing from the Board that he may return to the practice of medicine. The cessation of practice shall not apply to the reduction of the probationary time period.

Should Pine Grove become unavailable, Petitioner shall submit to the Board or its designee for prior approval, the name and qualifications of a replacement program. The replacement program shall be similar to Pine Grove and have similar experience assessing, treating and/or monitoring physicians with mental health disorders and a

history of boundary violations. Approval of replacement program is in the sole discretion of the Board.

### **11. Notification**

Within seven days of the effective date of this Decision, Petitioner shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Petitioner, at any other facility where Petitioner 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 Petitioner. Petitioner 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.

### **12. Supervision of Physician Assistants and Advanced Practice Nurses**

During probation, Petitioner is prohibited from supervising physician assistants and advanced practice nurses.

### **13. Obey All Laws**

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

### **14. Quarterly Declarations**

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

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

## **15. General Probation Requirements**

### **Compliance with Probation Unit**

Petitioner shall comply with the Board's probation unit.

### **Address Changes**

Petitioner shall, at all times, keep the Board informed of Petitioner's 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, subdivision (b).

### **Place of Practice**

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

### **License Renewal**

Petitioner shall maintain a current and renewed California physician's and surgeon's license.

### **Travel or Residence Outside California**

Petitioner 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 30 calendar days.

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

### **Interview with the Board or its Designee**

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

### **Non-Practice While on Probation**

Petitioner 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 Petitioner's return to practice. Non-practice is defined as any period of time Petitioner is not practicing medicine 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. If Petitioner resides in California and is considered to be in non-practice, Petitioner shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Petitioner from complying with all the terms and conditions of probation. 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 Petitioner's period of non-practice while on probation exceeds 18 calendar months, Petitioner shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment 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.

Petitioner's period of non-practice while on probation shall not exceed two years.

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

Periods of non-practice for a Petitioner residing outside of California, will relieve Petitioner 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; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

## **16. Completion of Probation**

Petitioner shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 days prior to the completion of probation. Upon successful completion of probation, Petitioner's certificate shall be fully restored.

## **17. Violation of Probation**

Failure to fully comply with any term or condition of probation is a violation of probation. If Petitioner violates probation in any respect, the Board, after giving Petitioner 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 Petitioner 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.

## **18. License Surrender**

Following the effective date of this Decision, if Petitioner ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Petitioner may request to surrender his or her license. The Board reserves the right to evaluate Petitioner's 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,

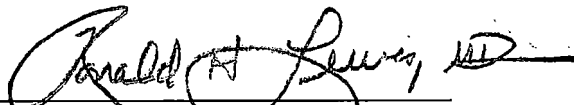
Petitioner shall within 15 calendar days deliver Petitioner's wallet and wall certificate to the Board or its designee and Petitioner shall no longer practice medicine. Petitioner will no longer be subject to the terms and conditions of probation. If Petitioner re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

### **19. Probation Monitoring Costs**

Petitioner shall pay the costs associated with probation monitoring each and every 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.

The Decision shall become effective at 5:00 p.m. on January 8, 2020

IT IS SO ORDERED this 9<sup>th</sup> day of December, 2019.

  
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Ronald H. Lewis, M.D., Chair  
Panel A  
Medical Board of California

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

In the Matter of the Petition for Reinstatement	)	
of Surrendered Certificate of:	)	
	)	
LAWRENCE ROBERT CRONIN	)	Case No.: 800-2018-048008
	)	
Physician's and Surgeon's	)	OAH No.: 2019050992
Certificate No. G54386	)	
	)	
Petitioner	)	
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**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 argument as the parties may wish to submit directed at whether the level of discipline ordered is sufficient to protect the public. The parties will be notified of the date for submission of such argument when the transcript of the above-mentioned hearing becomes available.

To order a copy of the transcript, please contact Diamond Court Reporters, 1107 2<sup>nd</sup> Street, Ste. 300, Sacramento, California 95814. The telephone number is (916)498-9288.

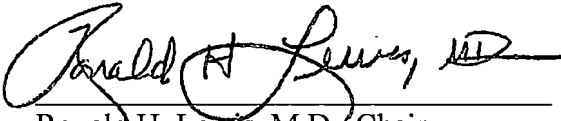
To order a copy of the exhibits, please submit a written request to this Board.

**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 argument.

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  
Attention: Michelle Solario  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-3831  
(916) 263-6668

Date: August 15, 2019

  
\_\_\_\_\_  
Ronald H. Lewis, M.D., Chair  
Panel A

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

In the Matter of the Petition for  
Reinstatement of Surrendered Certificate of:

LAWRENCE ROBERT CRONIN,

Petitioner.

Case No. 800-2018-048008

OAH No. 2019050992

**PROPOSED DECISION**

Administrative Law Judge Jill Schlichtmann, State of California, Office of Administrative Hearings, heard this matter on July 15, 2019, in Oakland, California.

Deputy Attorney General Brenda P. Reyes represented the Office of the Attorney General, Department of Justice.

Nicholas D. Jurkowitz, Attorney at Law, represented petitioner Lawrence Robert Cronin, who was present.

The matter was submitted for decision on July 15, 2019.

**FACTUAL FINDINGS**

*Procedural History*

1. On March 11, 1985, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. G 54386 to Lawrence Robert Cronin (petitioner).

2. On July 7, 2015, the Board's Executive Director filed an amended accusation against petitioner. It alleged cause for discipline based on disciplinary action taken by the Arizona Medical Board. Effective August 28, 2015, the Board adopted a stipulated surrender of petitioner's license as its decision.

3. On September 14, 2018, petitioner signed a petition for reinstatement of his surrendered certificate, and this hearing followed.



### *Petitioner's Misconduct in Arizona*

4. Petitioner provided psychiatric treatment to a patient from 2008 to 2014. He engaged in a sexual relationship with this patient from September 2013 until September 2014. The relationship ended when the patient's husband discovered it. The misconduct was reported to the Arizona Medical Board soon thereafter. A medical consultant to the Arizona Medical Board reviewed the patient's chart and determined that in addition to the boundary violation, petitioner departed from the standard of care with regard to the prescription of hypnotic agents to the patient and for failing to appropriately document an assessment for substance abuse or dependence. Petitioner admitted the boundary violation, but disagreed that he departed from the standard of care with regard to his prescriptions for the patient, and denied that he failed to document a substance abuse or dependence assessment.

5. In January 2015, petitioner completed a comprehensive psychosexual evaluation. At the conclusion of the evaluation, petitioner was deemed unsafe to practice. It was recommended that he undergo a 90-day intensive residential treatment program to address the professional sexual boundary violations and maladaptive personality traits identified during the evaluation, and to adhere to any discharge recommendations made by the treatment facility.

6. Petitioner was admitted for inpatient treatment at Pine Grove Behavioral Health & Addiction Services (Pine Grove) in Hattiesburg, Mississippi, on January 23, 2015. He was administratively discharged on April 7, 2015, due in part to violation of program guidelines by continuing to cross inappropriate boundaries with a male peer by compromising the peer's confidentiality. As a result, the facility determined that petitioner had reached the maximum treatment benefit for the program. The facility's discharge recommendation was that petitioner remained unsafe to practice without additional treatment and that he not return to practice absent at least one year of physician supervised treatment and reevaluation after a sustained period of sobriety from compulsive behaviors or boundary violations.

7. On June 4, 2015, the Arizona Medical Board issued an Order for Surrender of License. Arizona law does not permit the filing of a petition for reinstatement for five years after an Order for Surrender.

### *Petitioner's Background*

8. Petitioner graduated from the University of Michigan Medical School in 1983. He completed his residency in psychiatry at the University of California, San Francisco (UCSF), in 1987. Petitioner became board certified in psychiatry and neurology in 1988.

9. Petitioner spent one year with Project Hope in Grenada from 1987 to 1988. He worked as an inpatient psychiatrist at Palo Verde Hospital in Tucson, Arizona, from 1989 to 2000. He founded Palo Verde Behavioral Health, where he was employed from 1992 to 2002. Petitioner had a solo practice in Tucson from 2002 to 2014.

10. Petitioner has been married to psychiatrist Marla Reckart, M.D., for 33 years. They met while attending residency training at UCSF. Petitioner and his wife have three adult children, all of whom are in college or graduate school. They relocated to Santa Cruz, California, in July 2015, where Dr. Reckart practices at the Palo Alto Medical Foundation.

*Treatment and Rehabilitation*

11. Before his Arizona license was surrendered, petitioner spent 45 days in the Pine Grove Gratitude Program, followed by 30 days in the Professional Effectiveness Program. On April 29, 2015, Pine Grove issued a report on petitioner's progress and its recommendations. Petitioner had presented to treatment with very limited insight into his boundary violations and very prominent narcissistic and antisocial traits in the form of grandiosity and intellectualization of his boundary violations and a lack of empathy. He also frequently minimized his use of alcohol and had poor insight into his potential abuse of alcohol which had increased progressively over the prior year as sexual acting out had increased and boundary violations occurred; petitioner was found to have met the criteria for alcohol abuse.

On admission, petitioner was diagnosed with personality disorder unspecified with prominent narcissistic traits, and histrionic, compulsive and antisocial features; obsessive compulsive disorder (sexual compulsivity); and generalized anxiety disorder. His discharge diagnoses were fairly similar.

Late in his treatment, petitioner continued crossing boundaries with a particular treatment peer in which he violated guidelines relating to confidentiality on several occasions. His discharge resulted in the surrender of his Arizona medical license. Pine Grove reported that petitioner had made some moderate progress on identifying the process in which he crossed boundaries and his own narcissistic needs as driving factors. He had shown improved insight into how he vacillated between victim and perpetrator roles in his relationships. Although he continued to struggle with the healthy expression of anger, he was able to openly acknowledge this weakness and was willing to continue addressing it. Petitioner had presented with depression and anxiety symptoms, which improved to a moderate degree, but which required follow up treatment.

12. Pine Grove issued the following treatment recommendations on April 29, 2015:

- a) Enter into a monitoring agreement with Michel Sucher, M.D., in the Arizona Aftercare Program, to include random alcohol and drug screens;
- b) Begin weekly outpatient individual therapy with an individual who specializes in sexual compulsivity, boundary violations and personality pathology;

- c) Find employment outside of the practice of medicine as approved by his therapist and Dr. Sucher;
- d) Participate in biannual polygraph examinations to screen for relapses on sexual acting out, inappropriate boundary crossings and compliance with monitoring;
- e) Begin regular outpatient group therapy with professionals struggling with addiction and/or sexual compulsivity;
- f) Return to Pine Grove after one year of sobriety from sexual compulsivity and from relapse from boundary crossings to address maladaptive personality pathology, professional boundary violations and compulsive behaviors;
- g) Attend a workshop intensive with petitioner's wife through Professional Counseling Services; and
- h) Attend five recovery meeting per week (such as Sex Addicts Anonymous), obtain a sponsor, and continue with recommended readings.

13. Petitioner has now accepted full responsibility for his misconduct. He notes that he was going through a very stressful period when the boundary violations occurred: petitioner's parents and his wife's parents were ill and died within four years; they went through financial difficulties after purchasing and renovating several properties; petitioner's group practice fell apart in 2002 and he missed the collegiality of it; and, petitioner's daughter was diagnosed with several serious medical conditions, including multiple sclerosis, and a condition requiring brain surgery and another requiring heart surgery.

14. Petitioner now recognizes that he treated the patient with whom he had a sexual relationship differently from the beginning of her treatment. He initially agreed not to hospitalize her or to abandon her, at her request. Over the course of her treatment, he agreed to provide psychotherapy to her, then began to reveal personal information to her. At one point, petitioner's wife saw an email message between petitioner and the patient and insisted that he obtain supervision. After engaging a supervisor, the relationship normalized for a period of time. Later, petitioner agreed to have her edit a book he was writing and their relationship became sexual. Petitioner now recognizes that his sexual boundary crossing followed many other boundary crossings with the patient.

15. Petitioner was mortified to have been discharged from Pine Grove in 2015. He acknowledges having exploited his roommate (who was well-known) by disclosing his roommate's occupation to his wife and inviting him to join them for dinner during a family visit. After admitting and discussing the violation with Pine Grove and other participants, he was sent home.

16. Petitioner signed a monitoring agreement with Dr. Sucher on April 14, 2015. Dr. Sucher has had an addiction medicine practice since 1991. He consults with the Arizona

Medical Board and provides oversight in the Arizona Medical Board's Physician Health Program. In August 2017, Dr. Sucher took over the Nevada Physician Health Program. He also serves as the Medical Director of the California Physicians Health Program. Dr. Sucher works with physicians and other health professionals to perform assessments, referrals, monitoring of mental health and substance use disorders, sexual misconduct, gambling addictions and other medical conditions. Dr. Sucher testified with credibility at hearing.

17. Dr. Sucher has monitored petitioner's compliance with Pine Grove's recommendations. Dr. Sucher meets with petitioner in person or by telephone on a one-to-two month basis. Dr. Sucher reports that petitioner has not only been fully compliant with monitoring requirements, but he has exceeded them. Dr. Sucher describes petitioner as highly motivated in his recovery efforts. Dr. Sucher considers petitioner to be safe to return to practice with continued monitoring for a reasonable period of time to ensure public safety; he recommends two additional years of monitoring.

18. Petitioner was abstinent from alcohol from January 2015 to April 2016. Dr. Sucher does not consider petitioner to have a substance use disorder; he felt it would be appropriate for petitioner to engage in social drinking after the initial year as a test of his recovery. Petitioner returned to abstinence between September and December 2016, and from August 2017 to the present. Petitioner returned to abstinence after being advised to establish a period of abstinence prior to petitioning for reinstatement. While abstinent, petitioner has submitted to random drug and alcohol screens; all results have been negative.

19. Petitioner has submitted to polygraph tests, which are standard tools used in sexual addiction cases; no deception has been found. Petitioner has allowed a filter to be placed on his electronic devices to screen for inappropriate website visits. The polygraph results and filter have been monitored by Dr. Sucher.

20. In June 2015, petitioner and his wife attended a 70-hour program offered by Psychological Counseling Services, Ltd. (PCS). Petitioner also attended the PCS Intensive Outpatient Program from May 15 to 19, 2016. The program provides individual therapy sessions and group sessions.

21. Since July 30, 2015, petitioner and his wife have attended psychotherapy with Invia A. Betjoseph, Psy.D., L.M.F.T., C.S.A.T., a certified sex addiction therapist. At Dr. Betjoseph's recommendation, they also attended the World Marriage Encounter and Retrouvaille's Marriage Recovery Program, to work on their relationship. In addition, petitioner has treated his past and ongoing emotional traumas with Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based treatment modality used to address severe anxiety and/or post-traumatic stress disorder issues.

22. Dr. Betjoseph wrote a letter for the Board's consideration dated July 16, 2018. He reports that after one year of psychotherapy and attending at least five days per week of 12-step meetings, such as Sex Addicts Anonymous (SAA), Sex and Love Addicts Anonymous (SLAA), Alcoholics Anonymous (AA) and Adult Children of Alcoholics

(ACA), petitioner exhibited greater insight into his conduct. Dr. Betjoseph has observed petitioner exhibit more active listening skills, and show greater empathy. Dr. Betjoseph describes petitioner as having transformed himself from a defensive, self-centered individual who blamed others for his circumstances into an individual that exhibits humility and compassion for others. Dr. Betjoseph reports that petitioner has pursued recovery with great alacrity and exhibits a desire to no longer live in secrecy and deceit, but rather in truth and transparency.

23. Petitioner has also attended weekly treatment with Ed Gresick, M.F.T., since January 27, 2016. Gresick is a licensed psychotherapist, a certified sex offender treatment provider and a certified sex addiction therapist. The treatment has focused on helping petitioner understand and resolve the reasons for his boundary violations and the relevant personal dynamics surrounding them. Gresick has consulted with the Pine Grove Professional Enhancement Program and with PCS to assist petitioner in following the care recommendations. Gresick wrote a letter dated June 25, 2018, describing petitioner's treatment and progress.

Gresick reports various positive prognostic factors contributing to petitioner's suitability for rehabilitation. The factors include petitioner's attitude throughout treatment, his acceptance of full responsibility and remorse for his actions, and developing an empathic perspective toward the patient's experience of having been damaged, as well as his wife's hurt and pain. Gresick reports that petitioner has maintained meaningful participation during treatment and has made an extraordinary effort to go beyond treatment recommendations in his commitment to his recovery. Gresick considers petitioner to be a very low risk for recidivism. Gresick supports reinstatement of petitioner's certificate.

24. Petitioner has had telephone meetings with the Pine Grove Gratitude Program alumni at least two times per month. He attended a reunion at the program in February 2016.

25. Petitioner also returned to Pine Grove for an assessment from September 26 to October 7, 2016. His discharge diagnoses were: 1) impulse control disorder (compulsive sexual behavior); 2) generalized anxiety disorder; 3) occupation problem (boundary violation); and 4) personality disorder, unspecified with mixed traits; prominent narcissistic traits with histrionic, obsessive compulsive and antisocial features. Upon discharge, Pine Grove made the following recommendations: a) continue individual therapy with Gresick; b) continue couples/family therapy with Dr. Betjoseph; c) continue treating with a primary care doctor; d) continue attending five 12-step meetings per week; e) contact his sponsor within 24 hours of discharge; f) read recommended books; g) continue with monitoring by Dr. Sucher; h) refrain from consuming alcohol or other mood altering substances; i) participate in biannual polygraph testing; j) maintain monitoring filtering software on all computers and smart devices; k) return to work without direct patient care; l) keep a boundary violations index to ensure remaining mindful of appropriate boundaries; and m) return to Pine Grove for a reevaluation in one year.

26. Petitioner has gained insight and a much better understanding of professional boundaries during his rehabilitation efforts. In addition to the boundaries course at Pine Grove, in January 2018, petitioner attended a 46-hour Professional Boundaries and Ethics course offered by Professional Boundaries, Inc. Petitioner is working on developing a boundaries course for schools and business communities. Petitioner has also read extensively on the subject of boundary violations.

27. Petitioner has attended over 1,000 12-step meetings. He attends a minimum of four per week. Petitioner has assumed roles, such as the meeting secretary or treasurer, and has sponsored other attendees. Petitioner continues to attend therapy with Dr. Betjoseph and with Gresick. Petitioner reports that his marriage is better today than it was four to five years ago. He considers his wife to be a brilliant and caring person; petitioner pledges to do anything he can to preserve his marriage.

28. Petitioner's wife, Dr. Reckart, testified at hearing and wrote a letter of reference in support of her husband's petition. Petitioner and Dr. Reckart have worked alongside one another during their entire marriage. Dr. Reckart considers petitioner to be an excellent physician.

Dr. Reckart describes petitioner as having been a good husband and father during their marriage (with the exception of his misconduct); however, he has made significant changes since participating in rehabilitation efforts. Beforehand, petitioner was more narcissistic, defensive, anxious and prone to angry outbursts. Petitioner is now much less selfish, judgmental and competitive. He considers personal boundaries seriously, and refrains from lecturing family members. Their marriage has improved as well; petitioner is now more attentive to her feelings. Petitioner was very motivated to save their marriage, even when she was extremely angry with him after learning of his misconduct. They have worked hard to maintain and improve their marriage since that time. Petitioner now is more insightful and aware of addiction and boundary issues. Dr. Reckart does not believe that petitioner will repeat his boundary violation and has no reservations concerning him returning to work as a psychiatrist.

29. Petitioner returned to Pine Grove from March 27 to April 3, 2019, to discuss his ongoing recovery efforts and to assess his readiness to return to the practice of medicine. Following a five-day evaluation, and in light of positive recommendations from Gresick, Dr. Sucher and petitioner's wife, Pine Grove concluded that petitioner had maintained his sobriety and demonstrated that he was safe to return to practice under monitoring. His prognosis was classified as "fair," contingent on his adherence to the following recommendations: a) continued monitoring by Dr. Sucher including drug and alcohol screens, approval of all prescription medications; quarterly polygraphs during the first year of seeing patients, and software monitoring; b) continued treatment by his primary care physician; c) continued participation in individual therapy with Gresick; d) continued participation in couples therapy with Dr. Betjoseph; e) attendance at four 12-step meetings per week (SA/SAA/SLAA/AA); and f) continuing to work with a sponsor.

30. With regard to returning to practice, Pine Grove recommended refraining from solo practice; utilizing a chaperone with female patients; obtaining a workplace monitor; refraining from administrative or directorship positions; participating in monthly clinical supervision; undergoing random reviews; and returning to Pine Grove six months after returning to work, or immediately if petitioner exhibits a relapse in compulsive behaviors, a worsening of mood symptoms, or is noncompliant in his monitoring contract with Dr. Sucher.

31. If petitioner is allowed to return to work, he pledges to return to Pine Grove within six months, as recommended.

#### *Continuing Medical Education*

32. Petitioner regularly reads the Carlat Psychiatry Report, Prescribers Newsletter, Carlat Addiction Report, Psychiatry News, Psychiatric News by APA, and various email summaries. Petitioner completed 98 hours of continuing medical education in 2016; 96 hours in 2017; and, 72 hours in 2018. Petitioner has taken numerous courses in addiction medicine.

#### *Daily Activities*

33. In addition to working on his rehabilitation, petitioner has spent time selling their property in Arizona, remodeling their home in Santa Cruz, learning to surf and writing songs. Petitioner practices yoga and works out at the gym regularly.

#### *Character References*

34. Attorney David S. Salem testified at hearing and wrote a letter in support of reinstatement of petitioner's certificate. He has known petitioner since meeting him at the University of Michigan in 1974. They have remained close friends since attending college.

Salem considers petitioner to be a very intelligent man. He is familiar with petitioner's "grotesque" boundary violation, the circumstances surrounding it and petitioner's rehabilitation efforts. Salem considered petitioner to be arrogant before undergoing his rehabilitation; he reports that petitioner's arrogance has been "squeezed out of him." Salem now describes petitioner as a humble and kind person who constantly challenges himself. Salem believes that based on the "wrenching pain" of petitioner's personal transformation, petitioner is entirely incapable of repeating his boundary violation as a result of his intensive recovery efforts.

35. Daniel S. Cohen, M.D., wrote a letter under penalty of perjury, dated July 14, 2018, in support of reinstatement of petitioner's certificate. Dr. Cohen worked with petitioner at Palo Verde Behavioral Health from 1995 until petitioner left the group practice in 2002. Dr. Cohen reports that petitioner had a solid reputation, performed excellent psychiatric management and had strong psychotherapy skills.

Dr. Cohen took over the care of the patient with whom petitioner had a boundary violation; after learning of the misconduct, Dr. Cohen transferred her care to another psychiatrist due to his relationship with petitioner. Dr. Cohen reported his “strong feelings” about the misconduct to petitioner after a year passed without contact. Dr. Cohen states that petitioner expressed sincere remorse and described all of the therapy he was undergoing to repair his personal life and to have an opportunity to return to practice. Dr. Cohen has been impressed with petitioner’s commitment to rehabilitation and resilience. Dr. Cohen believes petitioner’s misconduct was an isolated incident. He supports petitioner’s license reinstatement and would feel comfortable referring patients to him.

36. Claudia Capurro, M.D., signed a letter under penalty of perjury, dated July 14, 2018, in support of petitioner’s license reinstatement. Dr. Capurro is married to Dr. Cohen and has known petitioner for 23 years. Dr. Capurro is familiar with petitioner’s misconduct. She has observed petitioner to be a caring and involved father and husband, and was surprised by his boundary violation. In Dr. Capurro’s opinion, petitioner deeply regrets his significant lapse of judgment and is working hard to rehabilitate himself. Dr. Capurro reports that petitioner appears to be more humble and has gained insight through his rehabilitation. He remains, in her opinion, a talented and dedicated psychiatrist.

37. Marianne D. Hayden, R.N., B.S.N., wrote a letter of recommendation dated June 6, 2018. Hayden met petitioner in 1995, and worked as a consultant providing administrative services to Palo Verde Behavioral Health from March 15, 1995, until May 31, 1998. They spent a good deal of time together while the business grew, meeting weekly with the board of directors, and traveling together to meetings. Hayden also performed administrative consulting services for petitioner in 2009 to 2010. Hayden believes petitioner cares significantly about the welfare of others. Hayden learned of petitioner’s misconduct through her friendship with petitioner’s wife. Hayden believes that petitioner regrets his misconduct and is committed to his recovery and the maintenance of professional standards.

38. Lauren M. Aloisio, R.N., signed a letter under penalty of perjury dated July 16, 2018. Aloisio has known petitioner since 1976. She and her husband have been close friends of petitioner and Dr. Reckart’s for many years. Aloisio is aware of petitioner’s “horrible mistake.” She believes petitioner is deeply committed to his ongoing psychotherapy and 12-step meetings, which have earned him a wise sense of self. Aloisio believes petitioner is empathetic and will again make an excellent psychiatrist.

39. Mark Devon signed a character letter under penalty of perjury on July 9, 2018. Devon has known petitioner for 40 years. Devon describes petitioner as a hardworking student and physician who has also performed community service regularly. Devon is familiar with petitioner’s misconduct. He believes there is no chance petitioner would allow this to happen again, noting that petitioner nearly destroyed a healthy marriage and his career.



40. James Nichols wrote a letter of reference, signed under penalty of perjury, dated May 25, 2018. Nichols has known petitioner since petitioner attended his residency at UCSF. He is aware of petitioner's misconduct. Nichols has observed petitioner to become more philosophical and introspective during his rehabilitation.

41. Mimi Marks signed a letter of recommendation for the Board's consideration dated August 30, 2018. Marks worked for many years as petitioner's front office receptionist. She describes petitioner as compassionate, empathetic and pleasant, and his patient rapport to be excellent. Marks support's petitioner's petition for licensure.

42. John D. Lynch signed a letter under penalty of perjury for the Board's consideration on August 22, 2018. Lynch has known petitioner for four years. They met at a 12-step meeting and Lynch became petitioner's sponsor. Lynch reports that over time petitioner has gained an understanding of how past situations have clouded his ability to see his part in his difficulties. Since then, petitioner has enthusiastically embraced his program of recovery and the path it offered. Lynch has witnessed many changes in petitioner, including his placing the needs of others as one of his priorities. Petitioner is now more compassionate and less judgmental. He has gained the ability to accept things as they are, rather than as he wishes they were. Lynch reports that petitioner has taken his recovery to heart and has thrown his passion into the program and all that it offers. Petitioner faithfully attends four meetings per week, works the steps, and continues to focus on honesty. He started to early-morning meditation meetings and seizes the opportunity to participate in seminars and self-awareness classes.

#### LEGAL CONCLUSIONS

1. Pursuant to Business and Professions Code section 2307, subdivision (b)(1), reinstatement petitions may be filed three years after an individual surrenders his license for unprofessional conduct. Petitioner's petition is timely. (Factual Findings 2 and 3.)

2. In a proceeding for the restoration of a license, the burden rests on the petitioner to establish that he has rehabilitated himself and that he is entitled to have his license restored. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) The standard of proof is clear and convincing evidence. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315-316.)

3. The primary purpose of this proceeding is to protect the public, while aiding petitioner in his continued rehabilitation. (*Camacho v. Youde* (1979) 95 Cal.App.3d 161, 164; Bus. & Prof. Code, § 2229, subd. (a).)

4. Business and Professions Code section 2307, subdivision (e), provides that relevant factors to consider concerning a petition for reinstatement of a surrendered license include "all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate

was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability."

In addition, the Board has set forth the following factors to be considered: a) the nature and severity of the act(s) under consideration; b) evidence of any subsequent misconduct; c) the amount of time that has elapsed since commission of the underlying act(s); and d) evidence of rehabilitation. (Cal. Code Regs., tit. 16, § 1360.2.)

5. Petitioner's misconduct was very serious and occurred with a patient. However, he has been fully committed to his rehabilitation since surrendering his certificate and has made significant progress. Petitioner has attended treatment at Pine Grove several times over the past four years and has followed the recommendations made under Dr. Sucher's guidance. Pine Grove has been impressed with petitioner's rehabilitation and has recommended his return to practice with appropriate monitoring. Dr. Sucher has lengthy experience and impressive credentials in monitoring health care providers with addiction issues; his testimony concerning petitioner's rehabilitation was persuasive. He, too recommends a return to practice with monitoring. Petitioner has attended couples therapy with Dr. Betjoseph, as well as several marriage workshops, and has devoted himself to repairing his marriage; Dr. Reckart reports that he has made meaningful changes and she is supportive of his return to work. Petitioner also attended psychotherapy from therapist Gresick, who has observed significant improvement in petitioner's conduct and supports his petition for reinstatement. Petitioner has presented a wealth of character evidence, which also lends support to his petition.

Petitioner has established that he is rehabilitated to the extent that reinstatement of his certificate under appropriate conditions is consistent with public protection. Petitioner has attended Pine Grove seminars on boundary violations as well as the comprehensive program on boundaries and ethics offered by PBI. In light of petitioner's extensive rehabilitation efforts and recent courses, another ethics or boundaries course is not necessary. However, conditions including monitoring by Dr. Sucher, drug and alcohol abstinence, attendance at 12-step meetings, using a chaperone with female patients and continued psychotherapy with Gresick are warranted. Good cause exists to reinstate petitioner's surrendered certificate under these appropriate probationary conditions pursuant to Business and Professions Code section 2307.

#### ORDER

The petition of Lawrence Robert Cronin for reinstatement of his surrendered license is granted. Physician's and Surgeon's Certificate No. G 54386 is reinstated. The certificate is immediately revoked and petitioner is placed on probation for five years on the following terms and conditions.

1. Monitoring – Dr. Sucher

During the period of probation, petitioner shall continue to be monitored by Dr. Sucher. Should Dr. Sucher retire or become otherwise unavailable, petitioner shall submit to the Board or its designee for prior approval, the name and qualifications of a replacement monitor. The replacement monitor shall have experience assessing, treating and/or monitoring physicians with mental health disorders and a history of boundary violations. Petitioner shall comply with all restrictions or conditions recommended by made by Dr. Sucher. Dr. Sucher shall submit quarterly status reports to the Board or its designee.

If, prior to the completion of probation, petitioner is found to have violated the terms of his monitoring agreement with Dr. Sucher, petitioner shall immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide petitioner with a hearing within 30 days of the request, unless petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

Petitioner shall pay the cost of all monitoring.

2. Controlled Substances – Abstain from Use

Petitioner shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to petitioner by another practitioner

for a bona fide illness or condition. Petitioner's abstention from the use of controlled substances shall be monitored by Dr. Sucher or his replacement.

If petitioner has a confirmed positive test for any substance not legally prescribed, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide petitioner with a hearing within 30 days of the request, unless petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide petitioner with a hearing within

3. Alcohol – Abstain from Use

Petitioner shall abstain completely from the use of products or beverages containing alcohol. Petitioner's abstention from the consumption of alcohol shall be monitored by Dr. Sucher or his replacement.

If petitioner has a confirmed positive test for alcohol, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide petitioner with a hearing within 30 days of the request, unless petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the

Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

4. Psychotherapy

Petitioner shall continue psychotherapy with Ed Gresick, M.F.T. Should Gresick become unavailable, petitioner shall submit to the Board or its designee for prior approval the name and qualifications of an individual who specializes in sexual compulsivity, boundary violations and personality pathology. Upon approval, petitioner shall 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. Petitioner shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

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

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

5. Third Party Chaperone

During probation, petitioner shall have a third party chaperone present while consulting, examining or treating female patients. Petitioner shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its

designee for prior approval name(s) of persons who will act as the third party chaperone.

If petitioner fails to obtain approval of a third party chaperone within 60 calendar days of the effective date of this Decision, petitioner 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. Petitioner shall cease the practice of medicine until a chaperone is approved to provide monitoring responsibility.

Each third party chaperone shall sign (in ink or electronically) and date each patient medical record at the time the chaperone's services are provided. Each third party chaperone shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party chaperone.

Petitioner shall maintain a log of all patients seen for whom a third party chaperone is required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical record number; and 3) date of service. Petitioner shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

Petitioner is prohibited from terminating employment of a Board-approved third party chaperone solely because that person provided information as required to the Board or its designee.

If the third party chaperone resigns or is no longer available, petitioner shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name of the person(s) who will act as the third party chaperone. If petitioner fails to obtain approval of a replacement chaperone within 30 calendar days of the resignation or unavailability of the chaperone, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Petitioner shall cease the practice of medicine until a replacement chaperone is approved and assumes monitoring responsibility.

#### 6. 12-Step Group Meetings

Within 30 days of the effective date of this Decision, petitioner shall submit to the Board or its designee, for its prior approval, the name of a 12-Step support group (Sex Addicts Anonymous, Sex and Love Addicts Anonymous or Alcoholics Anonymous) which he shall attend for the duration of probation. Petitioner shall attend support group meetings at least four times per week, or

as recommended by Dr. Sucher and the Board or its designee. Petitioner shall pay all support group meeting costs.

7. Solo Practice Prohibition

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

If petitioner 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, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Petitioner shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, petitioner's practice setting changes and petitioner is no longer practicing in a setting in compliance with this Decision, petitioner shall notify the Board or its designee within 5 calendar days of the practice setting change. If petitioner 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, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Petitioner shall not resume practice until an appropriate practice setting is established.

8. Notification

Within seven days of the effective date of this Decision, petitioner shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to petitioner, at any other facility where petitioner 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 petitioner. Petitioner 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.

9. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, petitioner is prohibited from supervising physician assistants and advanced practice nurses.

10. Obey All Laws

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

11. Quarterly Declarations

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

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

12. General Probation Requirements

Compliance with Probation Unit

Petitioner shall comply with the Board's probation unit.

Address Changes

Petitioner shall, at all times, keep the Board informed of petitioner's 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, subdivision (b).

Place of Practice

Petitioner shall not engage in the practice of medicine in petitioner's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Petitioner shall maintain a current and renewed California physician's and surgeon's license.



### Travel or Residence Outside California

Petitioner 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 30 calendar days.

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

### 13. Interview with the Board or its Designee

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

### 14. Non-Practice While on Probation

Petitioner 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 petitioner's return to practice. Non-practice is defined as any period of time petitioner is not practicing medicine 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. If petitioner resides in California and is considered to be in non-practice, petitioner shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve petitioner from complying with all the terms and conditions of probation. 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 petitioner's period of non-practice while on probation exceeds 18 calendar months, petitioner shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment 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.

Petitioner's period of non-practice while on probation shall not exceed two years.

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

Periods of non-practice for a petitioner residing outside of California, will relieve petitioner 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; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

15. Completion of Probation

Petitioner shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 days prior to the completion of probation. Upon successful completion of probation, petitioner's certificate shall be fully restored.

16. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If petitioner violates probation in any respect, the Board, after giving petitioner 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 petitioner 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.

17. License Surrender

Following the effective date of this Decision, if petitioner ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request to surrender his or her license. The Board reserves the right to evaluate petitioner's 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, petitioner shall within 15 calendar days deliver petitioner's wallet and wall certificate to the Board or its designee and petitioner shall no longer practice medicine. Petitioner will no longer be subject to the terms and conditions of probation. If petitioner re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. Probation Monitoring Costs

Petitioner shall pay the costs associated with probation monitoring each and every 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: July 29, 2019

DocuSigned by:

*Jill Schlichtmann*

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JILL SCHLICHTMANN  
Administrative Law Judge  
Office of Administrative Hearings