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DEPT OF COMMERCE  
& CONSUMER AFFAIRS  
STATE OF HAWAII

DEPT. OF COMMERCE  
AND CONSUMER AFFAIRS

eFiled 2024 Mar 21 a 11:34

HEARINGS OFFICE

LIZA O. CANADY 9873  
Regulated Industries Complaints Office  
Department of Commerce and Consumer Affairs  
State of Hawaii  
Leiopapa A Kamehameha Building  
235 South Beretania Street, Ninth Floor  
Honolulu, Hawaii 96813  
Telephone: (808) 586-2660

Attorney for Petitioner, Department  
of Commerce and Consumer Affairs

HAWAII MEDICAL BOARD  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the Physician's License of )	MED 2023-71-L
)	)
KALYAN R. DANDALA, M.D., )	SETTLEMENT AGREEMENT PRIOR TO
)	FILING OF PETITION FOR DISCIPLINARY
Respondent. )	ACTION AND BOARD'S FINAL ORDER;
)	EXHIBITS "1" - "2"
)	)

**SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION  
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER**

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS REGULATED INDUSTRIES COMPLAINTS OFFICE ("RICO" or "Petitioner"), through its undersigned attorney, and Respondent KALYAN R. DANDALA, M.D. ("Respondent"), enter into this Settlement Agreement Prior to Filing of Petition for Disciplinary Action ("Settlement Agreement") on the terms and conditions set forth herein below.

**A. UNCONTESTED FACTS**

1. At all relevant times herein, Respondent was licensed by the Hawaii Medical Board ("Board") as a physician under License Number MD-19173. Respondent's license was issued on May 23, 2017, and it will expire or forfeit on January 31, 2024, unless timely renewed.
2. Respondent's mailing address for purposes of this action is in care of his attorney, Jeffrey S. Portnoy, Esq., Cades Schutte LLP, 1000 Bishop Street, Suite 1200, Honolulu, Hawaii 96813. His email address is [jportnoy@cades.com](mailto:jportnoy@cades.com).
3. On or about July 30, 2013, in the State of Washington, Respondent was convicted of Negligent Driving in the First Degree in violation of section 46.61.5249(1)(a), Revised Code of

Washington (RCW),<sup>1</sup> as it was alleged that Respondent had been driving his motor vehicle while exhibiting effects of having consumed liquor ("July 2013 Conviction"). A true and correct copy of the Order of Judgment and Sentence is attached hereto as Exhibit 1.

4. On or about February 20, 2017, Respondent submitted a written application to the Board for a State of Hawaii physician's license ("February 2017 Application").

5. On Respondent's February 2017 Application, Respondent did not disclose his July 2013 Conviction. Instead, he answered "NO" to Question 15, which asked, "Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?" A true and correct copy of the February 2017 Application is attached hereto as Exhibit 2.

6. The Board later issued Respondent his State of Hawaii physician's license based on the information he provided in his February 2017 Application.

7. The Board has jurisdiction over the subject matter, parties, and license referenced herein, pursuant to chapters 436B and 453, Hawaii Revised Statutes ("HRS").

## B. RICO ALLEGATIONS

1. On Respondent's initial February 2017 Application, Respondent did not disclose his July 2013 Conviction. Instead, he answered "NO" to Question 15, which asked, "Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?" See HRS § 453-8(a)(6) (authorizing the Board to revoke, limit, suspend, or deny the renewal of the medical license of any Hawaii licensee whose medical license was procured through fraud, misrepresentation, or deceit). See also HRS § 453-8(a)(15) (authorizing the Board to revoke, limit, suspend, or deny the renewal of the medical license of any Hawaii licensee who submitted to the Board any statement or document which is false or untrue or contains any material misstatement or omission of fact).

2. The foregoing allegation, if proven at an administrative hearing before the Board, would constitute violations of the following statutes:

- a. HRS § 453-8(a)(6) (Supp. 2022) (authorizing the Board to revoke, limit, suspend, or deny the renewal of the medical license of any Hawaii licensee

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<sup>1</sup> RCW 46.61.5249 Negligent driving—First degree. (1)(a) A person is guilty of negligent driving in the first degree if he or she operates a motor vehicle in a manner that is both negligent and endangers or is likely to endanger any person or property, and exhibits the effects of having consumed liquor or cannabis or any drug or exhibits the effects of having inhaled or ingested any chemical, whether or not a legal substance, for its intoxicating or hallucinatory effects.

whose medical license was procured through fraud, misrepresentation, or deceit) and

b. HRS § 453-8(a)(15) (Supp. 2022) (authorizing the Board to revoke, limit, suspend, or deny the renewal of the medical license of any Hawaii licensee who submitted to the Board any statement or document which is false or untrue or contains any material misstatement or omission of fact).

3. Respondent has fully cooperated with RICO's investigation into this matter.

C. REPRESENTATIONS BY RESPONDENT

1. Respondent is represented in this matter by Jeffrey S. Portnoy, Esq.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in this case. Pursuant to section 91-9(d), HRS, Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein licensed as a physician by the Board, acknowledges that Respondent is subject to penalties including but not limited to revocation, suspension, or limitation of the license and administrative fines, if the foregoing allegations are established at a hearing.

5. Respondent does not admit to violating any law or rule herein above but acknowledges that RICO has sufficient cause and good faith to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent requests that the Board,

Please accept [his] sincere apologies for any inconvenience caused by [his] oversight in answering the question improperly when applying for [his] physician's license for the state of Hawaii in [or] about 5/23/2017. That question [he] thought pertained to any criminal charges against medical licensing/practice as it does on some other state medical licenses where [he has] applied and [has] active medical licenses to date. [He] in no way, shape, or form intended to misrepresent anything about [himself] nor the facts.

7. Respondent represents Exhibit 1 attached hereto is a true and correct copy of the Order of Judgment and Sentence, filed on July 30, 2013.

8. Respondent represents Exhibit 2 attached hereto is a true and correct copy of his February 2017 Application, submitted on February 20, 2017.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to fully and finally resolve the licensing issues raised in RICO Case Number MED 2023-71-L.

11. Respondent understands that RICO enters into this Settlement Agreement and agrees to the terms and conditions hereof, based on Respondent's representations made herein.

12. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under chapters 436B and 453, HRS.

13. Respondent understands this Settlement Agreement is public record pursuant to chapter 92F, HRS.

14. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

15. Respondent understands and acknowledges that, upon its approval, this Settlement Agreement constitutes disciplinary action.

**D. TERMS OF SETTLEMENT**

1. **Administrative Fine.** Respondent agrees to pay a fine of ONE THOUSAND AND NO/100 U.S. DOLLARS (\$1,000.00). Payment shall be made by cashier's check or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn.: Liza O. Canady, Esq., 235 South Beretania Street, Ninth Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due and remitted at the time Respondent returns this Settlement Agreement to RICO.

2. **Failure to Comply with Settlement Agreement.** If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph D.1 herein above, or if Respondent is found to have materially misrepresented or omitted any material fact from paragraphs C.1 through C.15 herein above, or both, then Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to the same. In case of such revocation, Respondent shall turn in all indicia of his license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands that Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent further understands that if Respondent desires to become licensed again, Respondent must apply to the

Board for a new license pursuant and subject to, and in compliance with sections 92-17 and 436B-21, HRS, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of physicians in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements, and covenants contained in Paragraphs D.5, D.6, D.7, and D.8 herein below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection If the Board Does Not Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall Be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

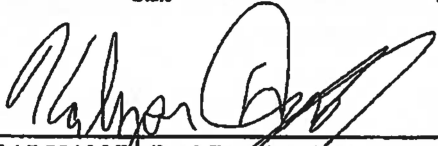
7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation, opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent, or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities, and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed, or amended by written instrument duly executed by all parties hereto.

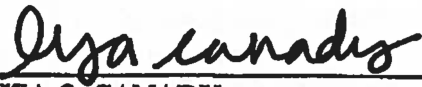
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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she/they is/are authorized to execute and deliver this Settlement Agreement in the capacity shown below.

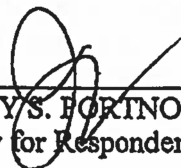
DATED: Bellevue WA 02/06/2024  
City State Date

  
KALYAN R. DANDALA, M.D.  
Respondent

DATED: Honolulu Hawaii 2/13/2024  
City State Date

  
LIZA O. CANADY  
Attorney for Petitioner, Department  
of Commerce and Consumer Affairs

APPROVED AS TO FORM:

  
JEFFREY S. FORINOY  
Attorney for Respondent

**IN THE MATTER OF THE PHYSICIAN'S LICENSE OF KALYAN R. DANDALA, M.D.;  
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY  
ACTION AND BOARD'S FINAL ORDER; EXHIBITS 1-2; CASE NO. MED 2023-71-L.**

**APPROVED AND SO ORDERED:  
HAWAII MEDICAL BOARD  
STATE OF HAWAII**

*Danny M. Takanishi, Jr., M.D.*  
\_\_\_\_\_  
**DANNY M. TAKANISHI, JR., M.D.,  
FACS  
Chairperson**

3/7/24

**DATE**

*Gary Belcher*  
\_\_\_\_\_  
**GARY BELCHER  
Vice Chairperson**

\_\_\_\_\_  
**FRANKLIN V.H. DAO, M.D.**

*Andrew R. Fong*  
\_\_\_\_\_  
**ANDREW R. FONG, M.D.**

*Elizabeth Ann Ignacio*  
\_\_\_\_\_  
**ELIZABETH ANN IGNACIO,  
M.D.**

*Michael Jaffe, D.O.*  
\_\_\_\_\_  
**MICHAEL JAFFE, D.O.**

*Wesley Mun*  
\_\_\_\_\_  
**WESLEY MUN**

\_\_\_\_\_  
**ANGELA M. PRATT, M.D.**

*Rebecca Sawai*  
\_\_\_\_\_  
**REBECCA SAWAI, M.D.**

*Geri Young*  
\_\_\_\_\_  
**GERI YOUNG, M.D.**

\_\_\_\_\_

PVL 02/09/23

MED 2023-71-L





King County District Court, State of Washington, South Division  
Burien Courthouse

STATE OF WASHINGTON; COUNTY OF KING  
CITY OF Burien

Plaintiff,

No. 3Z0063056 BUR

ORDER OF JUDGMENT & SENTENCE FOR THE  
CRIME(S) OF:

vs.

1) Negligent Driving 1st Degree

.08 - .14  .15 or >  Refusal  No BAC

Drug related  Non-alcohol related

Passenger under age 16

DANDALA, KALYAN REDDY

Defendant. 2)

**FILED**

JUL 30 2013

South Div - Burien  
King County District Court

The defendant pled guilty or was found guilty after trial or submission on the record.  
The court has reviewed the defendant's criminal history and driving record.

Now, therefore, the defendant is ADJUDGED guilty and SENTENCED as follows:

- Sentence is suspended for a period of 24 months for Count 1 on the following conditions:  
Count 1) 90 days of jail and suspend 90 days; and \$ 1000 fine and suspend \$ 850 ;
- Sentence is for a period of months for Count 2 on the following conditions:  
Count 2) days of jail and suspend days; and \$ 0 fine and suspend \$ 0 ;

**PENALTIES, COSTS AND ASSESSMENTS**

Defendant shall pay to the Clerk of this Court:

- Fine of..\$ 150  Assessments..\$ 157.5  Warrant fee.. \$
- (includes the assessments/costs)
- Plus BAC fee (post 7/22/11)..\$ 200.00  Plus BAC fee (pre 7/22/11)..\$
- Sentence Compliance fee ...\$ 480
- Criminal Conviction/Filing fee..\$ 43.00
- City Filing fee..\$ 310  Jail Costs..\$
- Traffic Safety Penalty..\$ 102.50

- Complete hours of community service within months, in lieu of \$ of the penalties, cost and assessments. Proof of the service must be filed with the court and be on the non-profit agency's letterhead, signed by an authorized person. (Community service is credited at the rate of \$10.00 per hour.) Enter into a time pay agreement for any balance.
- Complete days of Community Work Program (CWP) in lieu of \$ of the penalties, cost and assessments (CWP is credited at \$150.00 per 8 hour day.)

Total \$1,443.00

*tt*

Within 30 days pay the total to: KCDC 516 3rd Ave, Rm 340, Seattle, Wa 98104, or contact NCO Financial Systems Inc. to set up a payment agreement. Failure to keep the payment agreement will result in the court imposing an additional penalty. If your account becomes delinquent, it will be referred to a collection agency for collection enforcement.

**MANDATORY CONDITIONS OF SENTENCE**

- (a) The defendant shall not drive a motor vehicle without a valid license and proof of insurance. (b) the defendant shall not drive a motor vehicle with an alcohol concentration of .08 or more within two hours after driving.

(c) The defendant shall submit to a breath or blood alcohol test upon the reasonable request of a law enforcement officer. For each violation of (a), (b), or (c), the Court shall order you confined for no less than 30 days and your driving privilege suspended for 30 days. (DUI and Physical Control)

No criminal violations of law or alcohol-related infractions.

*J. Mark Eide*

**ADDITIONAL CONDITIONS OF SENTENCE**

Begin within the time period specified and timely complete the following program(s) and file proof with the Court or probation (If placed on supervised probation).

Relapse Prevention Program (Begin within    days).

Alcohol/Drug Information School (Begin within 30 days).

DUI Victim's Panel from the King County District Court approved list (Begin within 30 days).

Other:

Defendant presents with accepted assessment from A&TA for NSP. He has completed both ADIS and VIP which are filed with the court.

Treatment agencies shall file reports with the court or probation every month and file the final treatment report within 30 days of treatment completion

Pay restitution in the amount of \$ \_\_\_\_\_ by \_\_\_\_\_ [Date] for (name):

> Send monthly restitution payment(s) to Court in the amount of \$ \_\_\_\_\_. Court will send restitution to victim.

**MANDATORY IGNITION INTERLOCK REQUIREMENTS**

Comply with mandatory ignition interlock requirements as imposed by Department of Licensing

Unless otherwise stated, the calibration level for the ignition interlock device shall be .025%.

**MISCELLANEOUS PROVISIONS**

Return for a restitution hearing:

Return for a review hearing:

Bail is exonerated.

**I have received and understand my sentence includes the attached "Rights, Conditions and Warnings."**

DONE IN OPEN COURT Tuesday, July 30, 2013

*[Handwritten Signature]*  
Defendant Signature

*[Handwritten Signature]*  
D. Mark Eide, Judge

REDACTED 1977  
NAME OF FIRM  
REDACTED REDACTED  
**REDACTED**

Defendant Address and Telephone Number

Prosecuting Attorney Bar #

Defense Attorney Bar #



**RIGHTS, CONDITIONS AND WARNINGS**

1. **PUNCTUAL APPEARANCE.** You must appear in court at any time requested by the Court throughout the period of time you have been placed on a deferred sentence or suspended sentence. You must pay all fines, costs, assessments when due. You must appear at the date and time assigned by the Court for jail ready to serve your commitment
2. **ADDRESS CHANGES.** You must keep the Court advised of all address changes within two days.
3. **PROBATION APPOINTMENTS.** If you are placed on supervised probation, you must contact the probation office as directed, and no later than 20 days after you are sentenced. You must keep that probation office advised of all address changes. You may not consume any alcohol prior to any meeting with a probation officer.
4. **NEW VIOLATIONS.** You must keep the probation office informed of your employment status and any new violations of the law.
5. **CHOICES PROGRAM.** If the sentencing judge has ordered a Choices Program evaluation, complete the assessment and comply with any recommendations for education or training.
6. **BREATH ANALYSIS.** You must submit to a breath analysis for alcohol upon request of the probation officer or the Court's order.
7. **PROOF OF COMPLIANCE.** In each instance where you are requested to file proof of a condition of sentence compliance, the proof must be in writing, signed by the person supervising the required program and written on the agency's letterhead. The proof of completion must be filed with the court.
8. **RESTITUTION.** Restitution must be paid as indicated on the Judgment and Sentence. A check or money order must include your case number. A restitution obligation may be enforced in the same way as a civil judgment. A restitution obligation may be enforced up to 10 years following your release from confinement or from the date of Judgment and Sentence, which is longer, and may be extended an additional 10 years if the Court finds that you did not make a good faith attempt to pay.
9. **TRAVEL RESTRICTIONS.** If your sentence, deferred prosecution, or stipulated order of continuance includes at least one year of supervision with conditions, and your offense involved direct or threatened physical or psychological harm of a victim, use or possession of a firearm, a second or subsequent DUI, or a sexual offense that requires registration, you cannot reside or relocate outside of the state of Washington without approval of the Court and approval of the Interstate Compact for Adult Offender Supervision Commission (ICAOS). This restriction will apply whether you are on supervised probation or sentencing compliance. You must contact the Court or probation office for more details before returning or relocating to another state. There is an \$80.00 application fee. If you are a resident of another state at the time of sentencing, with a qualifying offense, you must remain in Washington until completing the ICAOS transfer request. You must contact the King County Probation ICAOS Coordinator within 3 business days of sentencing at 206-205-5340 or 206-205-1756 to arrange to complete the transfer request. For City of Bellevue cases contact the Bellevue Probation Department at 425-562-6956 to complete the transfer request.
10. **FAILURE TO MEET CONDITIONS.** Failure to meet any of the conditions of the Judgment and Sentence, or any conditions numbered 1 through 9 above, to fail to appear as scheduled, or to fail to pay financial obligations, may result in the issuance of a bench warrant for your immediate arrest, or the revocation of your deferred or suspended sentence. It may also result in the imposition of warrant costs, the suspension of your driver's license and the referral of your fines, costs and assessments to a collection agency. If a deferred or suspended sentence is revoked because of failure to meet conditions, you are subject to the imposition of the maximum sentence and fine as permitted by law, or such portion thereof as the Court deems appropriate. These conditions remain in effect through the period of the deferred or suspended sentence until and unless changed by Court order.
11. **APPEAL RIGHTS.** You have the right to appeal the conviction pursuant to the Rules for Appeal (RALJ) or Criminal Rule 9.1 (CrRLJ). Unless a Notice of Appeal is filed in this Court within 30 days after entry of the Judgment and Sentence or order appealed from, the right to appeal is waived. The Notice of Appeal must be served on all parties. The court clerk will, if requested, supply a Notice of Appeal form. You have the right to a lawyer on appeal. If you are unable to pay the costs, you have the right to have a lawyer appointed and portions of the trial record necessary for review prepared at public expense for an appeal.
12. **COLLATERAL ATTACK.** You may not file motions for collateral attack on a Judgment and Sentence more than one year after the judgment becomes final. "Collateral attack" means any form of post conviction relief other than direct appeal, including but not limited to, petitions for personal restraint or habeas corpus, or motions to vacate judgment, withdraw a guilty plea, arrest judgment or for a new trial.

This decision has been redacted and reformatted for publication purposes and contains all of the original text of the actual decision

11/11/2011 10:11:11 AM

**Application for License - PHYSICIAN (MD License) or PHYSICIAN employed by Hawaii State or County Government (MDG License)**

Access this form via website at: [ssa.hawaii.gov/px/](http://ssa.hawaii.gov/px/)



Read Requirements and Instructions before completing this application.

Check type of license applying for: <input checked="" type="radio"/> MD <input type="radio"/> MDG	
Legal Name (First, Middle) Kalyan, R	(Last) Dandala
Other Names Used	
Residence Address (include apt. no., city, state and zip code) <b>REDACTED</b>	
Mailing Address (ONLY if different from above)	
Social Security Number <b>REDACTED</b> 5179	Phone No. (days) <b>REDACTED</b>
PERSONAL E-Mail Address <b>REDACTED</b>	Birth date <b>REDACTED</b> 977

Approved <input checked="" type="checkbox"/>	Initials/Date: <b>DR/09-23-17</b>	Effective Date: <b>09-23-17</b>
Denied <input type="checkbox"/>		
License No. MD - <b>19173</b>	License No. MDG -	
FOR BOARD USE ONLY	<b>TPL board delegation 20</b>	
	323 01990553	3- 4/10/17
	312 01990554	3- 4/10/17
	324 01990555	3- 4/10/17
Check Exam Taken:		
<input type="checkbox"/> NBME	<input type="checkbox"/> FLEX	<input checked="" type="checkbox"/> USMLE
<input type="checkbox"/> MCCQE	<input type="checkbox"/> STATE-PRODUCED & SPEX	
<input type="checkbox"/> COMBINATION OF NBME, FLEX & USMLE		

50.00  
97.00  
94.00

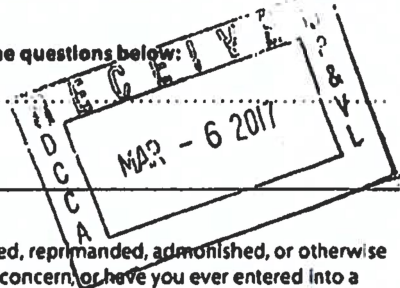
**Check answers:**

- Are you at least 18 years of age?  YES  NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.?  YES  NO
- Are you a graduate of a U.S. or Canadian medical school?  YES  NO
- Are you a graduate of a Foreign medical school (FMG)?  YES  NO

**Check answers and provide details as directed for any "YES" response to the questions below:**

- Have you ever held a license in Hawaii?  YES  NO

If response is "YES", specify type of license and dates below:



- With regard to any medical license to practice in any state or country:
  - Has it ever been revoked, suspended, placed on probation, surrendered, reprimanded, admonished, or otherwise subject to disciplinary action; or have you ever been issued a letter of concern, or have you ever entered into a consent order or settlement agreement?  YES  NO
  - Is any disciplinary action pending against you?  YES  NO
  - Are you presently being investigated?  YES  NO
  - Have you ever been denied a license or withdrawn an application for licensure?  YES  NO

If response is "YES", attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. Arrange to have certified documents from each state in which disciplinary action was taken or is pending or being investigated sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

(CONTINUED ON PAGE 2)

MD: Appl/Lic ..... 323/312 ..... **\$50/\$97**      CRF ..... 324 ..... **\$74/\$148**  
 MDG: Appl/Lic ..... 323/312 ..... **\$25/\$65**      1/2 Ren ..... 300 ..... **\$97**  
 Service Charge ..... BCF ..... **\$25**

Print Name of Physician: Kalyan Dandala

Date: 2/20/17

7. With regard to any medical training program or facility, including, but not limited to medical school, residency, or fellowship training programs:

- a) Have you ever been subject to adverse or disciplinary actions (e.g. any remediation, restriction, removal from patient care, probation, suspension, termination, extra training requirement, etc.)? .....  YES  NO
- b) Is any disciplinary or adverse action pending against you? .....  YES  NO
- c) Are you presently being investigated? .....  YES  NO
- d) Have you ever withdrawn or resigned (voluntary or otherwise)? .....  YES  NO
- e) Have you ever been issued a notice of contract termination, non-renewal or non-promotion? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.**

8. With regard to any state, federal, or local controlled substance agency:

- a) Have you ever been subject to disciplinary or adverse actions? .....  YES  NO
- b) Is any disciplinary or adverse action pending against you? .....  YES  NO
- c) Are you presently being investigated? .....  YES  NO
- d) Have you ever been denied or withdrawn an application? .....  YES  NO
- e) Have you ever been issued a notice of non-renewal or termination? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.**

9. With regard to any federal or military professional or disciplinary body:

- a) Have you ever been subject to disciplinary or adverse actions? .....  YES  NO
- b) Is any disciplinary or adverse action pending against you? .....  YES  NO
- c) Are you presently being investigated? .....  YES  NO
- d) Have you ever been denied or withdrawn an application? .....  YES  NO
- e) Have you ever been issued a notice of non-renewal or termination? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.**

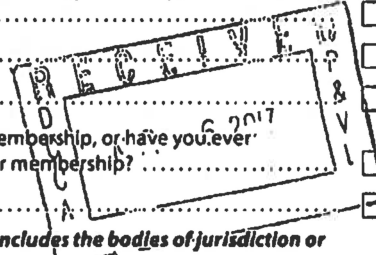
10. With regard to any hospital privileging or credentialing body, grievance committee or any other medical group:

- a) Have you ever been subject to disciplinary or adverse actions (e.g. any remediation, proctorship, restriction, removal from patient care, probation, suspension, etc.)? .....  YES  NO
- b) Is any disciplinary or adverse action pending against you? .....  YES  NO
- c) Are you presently being investigated? .....  YES  NO
- d) Have you ever been denied or withdrawn an application for privileges or membership, or have you ever resigned, surrendered, been terminated or failed to renew your privileges or membership? .....  YES  NO
- e) Have you ever been issued a notice of non-renewal or termination? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.**

11. With regard to any medical societies or specialty boards:

- a) Have you ever been subject to disciplinary or adverse actions? .....  YES  NO
- b) Is any disciplinary or adverse action pending against you? .....  YES  NO



(CONTINUED ON PAGE 3)

Print Name of Physician: Kalyan Dandala

Date: 2/20/17

- c) Are you presently being investigated? .....  YES  NO
- d) Have you ever been denied or withdrawn an application for membership, or have you ever resigned, surrendered, been terminated or failed to renew your membership? .....  YES  NO
- e) Have you ever been issued a notice of non-renewal or termination? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.**

12. With regard to professional liability:

- a) Have any claims of malpractice ever been filed against you? .....  YES  NO
- b) Has any insurance carrier ever denied, conditioned, curtailed, limited, suspended, or revoked your coverage? ....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which:**

- includes the date of the case (month/year), jurisdiction (State, etc.) nature of the case, allegations, and amount paid on your behalf. Information is to be provided on all settlements, judgments, awards, and claims (including those for which no money was paid); and/or
- provides the name and address of your insurance carrier, specific circumstances, date and action taken.

13. With regard to participation in any health plan or Federal or State health care program:

- a) Have you ever relinquished participation or certification, or been denied, terminated, sanctioned, penalized, decertified or otherwise excluded from participation? .....  YES  NO
- b) Have you ever been convicted of insurance fraud? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction relevant dates, allegations, charges, disposition, action taken and reasons for such action.**

- 14. In the past five years, have you been addicted to, dependent on, or a habitual user of alcohol or of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects? .....  YES  NO

**If response is "YES", attach a detailed explanation on a separate sheet.**

- 15. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

**Explain "YES" response on a separate sheet with detailed information and attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions for each sentence.**

EDUCATION	Name of Medical School	Location (City/State or Country)	Degree Earned	Dates (mo/yr)	
				From	To
	American University of the Caribbean	Coral Gables, FL 33134	MD	9/1999	6/2003
INTERNSHIP, RESIDENCY & FELLOWSHIP	Name of Residency Program	Location (City/State or Country)	Dates (mo/yr)		
			From	To	
	Brookdale University Hospital and Medical CTR	Brooklyn NY 11212	9/03	09/07	
	University of Washington	Seattle, WA 98105	09/07	09/08	

(CONTINUED ON PAGE 4)



Print Name of Physician: Kalyan Dandala

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SYNOPSIS	Medical Practice (Attach additional sheets if necessary)				Dates (mo/yr)	
					From	To
	Medical Director and Chief Medical Officer of Pain Management Care				3/15	2/16
	Medical Director and President of Schick Shadel Hospital				3/13	9/15 2/17
	Assistant Medical Director of Schick Shadel Hospital				11/08	3/13
LICENSES	Name of Jurisdiction (Attach additional sheets if necessary)	Date Issued	Expiration Date	License Number	Date Verification Requested	
	California	6/27/07	2/28/17	A-100544		
	Washington	5/25/07	2/27/18	MD00048010		
HOSPITAL	Name of Hospital (If none, state "None")	Location (City/State or Country)		Dates (mo/yr)		Date Form Requested
				From	To	
	Schick Shadel	Seattle, WA 98146		11/08	9/15	

**CERTIFICATION OF APPLICANT:**

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that this certification and any misrepresentation are grounds for the denial, refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19, and 453-8, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 493 and Chapter 85.

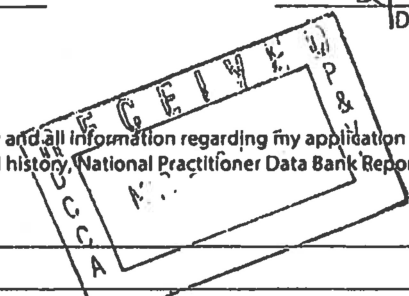
[Signature]  
Signature of Applicant

2/20/17  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize the HMB and staff to release any and all information regarding my application (including, but not limited to, application status, examination scores, disciplinary or criminal history, National Practitioner Data Bank Report, AMA Profile) to the following third party:

Name of Individual who is assisting you: Angel Dudley  
 Name of Organization: Jackson & Coker  
 Address of Organization: 3000 Old Alabama Rd 119-608 Phone Number: 678 690-7267  
Alpharetta, GA 30022



[Signature]  
Signature of Applicant

2/20/17  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

