BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

IN THE MATTER OF THE APPLICATION :

FOR LICENSURE OF : ORDER

MARVIN D. LEMASTER, D.O. : CA-91-006

APPLICANT

NOW ON 36 August, 19 93 BE IT REMEMBERED:

- 1. That on August 15, 1991, a Consent Agreement was entered into between Marvin D. Lemaster, D.O., (hereafter the Applicant) and the Iowa State Board of Medical Examiners, (hereafter the Board) authorizing the issuance of a license to practice osteopathic medicine and surgery to the Applicant under certain terms and provisions and;
- That the Applicant having complied with the terms and provisions of the agreement and;
- 3. That the Board having directed that the said Consent Agreement should be terminated;

IT IS HEREBY ORDERED:

That the Consent Agreement entered into between the Applicant and the Board on August 15, 1991, shall be terminated effective at 0001 hours August 15, 1993.

Charlotte A. Cleavenger, I.J.

Chairperson

IOWA STATE BOARD of MEDICAL EXAMINERS

1209 East Court Avenue

Des Moines, Iowa 50319-0180

APPLICATION FOR LICENSURE

CONSENT AGREEMENT

OF MARVIN D. LEMASTER, D.O.

Applicant

- 1. The applicant shall abstain from the use of alcohol.
- 2. The applicant shall not use any controlled or prescription drug in any form unless prescribed for him by a duly licensed, treating physician or any other person authorized to prescribe drugs. The applicant shall inform any treating physician or other person authorized to prescribe drugs of the terms of this

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Consent Agreement prior to accepting any medication.

- 3. The applicant shall submit to witnessed blood and/or urine samples on demand by a designee of the Board. The samples shall be used for alcohol and drug screening all costs of which shall be paid by the applicant.
- 4. The applicant shall attend at least one (1) meeting of Alcoholics Anonymous or a similar organization weekly.
- The applicant shall continue treatment or counseling 5. with an approved physician or counselor until discharged and discharge is approved by the Board.
- The applicant shall submit the names and curriculums vitae of three (3) physicians or counselors for consideration within (30) days of the acceptance of this Consent Agreement by the Board. One of the three may be approved by the board to serve as the Applicant's after care supervisor. As a condition of approval, each physician or counselor shall agree to submit to the Board a report concerning the applicant's treatment on a quarterly basis and as otherwise requested.
- 7. The applicant shall submit sworm quarterly reports stating that there has been compliance with all the terms of this Consent Agreement. The quarterly reports shall include:
 - (a) A statement that the applicant has abstained from the use of alcohol.

- (b) A statement that the applicant has abstained from the use of all controlled or prescription drugs not prescribed for him by another duly licensed treating physician or other person authorized to 'prescribe drugs, and a list of any controlled or prescription drugs prescribed for him by another duly licensed treating physician or other person authorized to pre-The list shall include the name and scribe drugs. amount of the drug prescribed, the date of the prescription and the name of the person prescribing the drug.
- (c) A list of all meetings of Alcoholics Anonymous, or a similar organization, the applicant has attended to include:
 - (1) Written documentation of the applicant's attendance at each meeting signed or initialed by another person in attendance; and
 - (2) The date, time and location of each meeting attended.
- 8. The applicant shall make appearance annually or upon request before the Board or a committee of the Board. The applicant shall be given reasonable notice of the date, time and place for the appearances.
- 9. The applicant shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Iowa.

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- 10. In the event the applicant leaves Iowa to reside or to practice outside the state, the applicant shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside Iowa will not apply to the duration of this Consent Agreement.
- 11. In the event the applicant violates or fails to comply with any of the terms or provisions of this Consent Agreement, the Board may initiate appropriate action to revoke or suspend the applicant's license or to impose other licensee discipline as authorized in Iowa Code sections 148.6(1), 258A.3 and 653 Iowa Administrative Code section 12.2.
- 12. Upon full compliance with the terms and conditions set forth in this Consent Agreement and upon expiration of the period of probation, applicant's license shall be restored to its full privileges free and clear of the terms of probation.
- This Consent Agreement is subject to approval of the 13. If the Board fails to approve this Consent Agreement, it shall be of no force or effect to either party.
- This Consent Agreement is voluntarily submitted by the 14. applicant to the Board for consideration.

Marvin D. Lemaster, D.O.

Subscribed and sworn to before me on this 13th day of fuguet, 1991.

OFFICIAL SEAL
LAURA J OSTERMIELLER
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. JAN. 6,1992

Youra J. Votermueller
Notary Public in and for the
State of Iowa Winsis

> C.L. Peterson, D.O., Chairman Iowa State Board of Medical Examiners

Notary Public in and for the State of Iowa