

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of
the Application of
Michael Centrella, DO
Date of Birth: 7-22-49

**STIPULATION
AND ORDER**

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, DO (hereinafter "Applicant"), and the Minnesota Board of Medical Practice (hereinafter "Board") as follows:

1. During all times herein, Applicant has been and now is subject to the jurisdiction of the Board from which he applied for a license to practice medicine in the State of Minnesota;

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

a. At the age of 20, Applicant was a social drinker and used marijuana. Applicant soon became a daily user of each. During Applicant's internship, he began taking class III and class IV diet pills along with the alcohol and marijuana;

b. Applicant was hospitalized for cellulitis and given Demerol for pain. When the cellulitis lingered, Applicant continued ingesting pain medications along with alcohol, marijuana, diet pills, and pharmaceutical cocaine;

c. In December 1985, Applicant underwent chemical dependency treatment at Horsham Clinic, Ambler, Pennsylvania. Following discharge in January 1986, Applicant continued to ingest mood-altering chemicals;

d. On March 4, 1988, Applicant was admitted to the Institute of PA Hospital and remained there until April 4, 1988. At that time, staff recommended that Applicant undergo long-term treatment. On August 4, 1988, Applicant entered Portsmouth Psychiatric Hospital and was discharged on September 2, 1988;

e. On August 20, 1988, the Pennsylvania Physicians' Health Program and Applicant entered into a monitoring program which included random screens, Alcoholics Anonymous meetings, and Physicians Serving Physicians meetings. Applicant continues to be monitored upon this program.

STATUTES

3. The Board views Applicant's illness as requiring Board action under Minn. Stat. § 147.091, subd. 1(l) (1990) and Applicant agrees that his illness constitutes a reasonable basis in law and fact to justify this Board action;

REMEDY

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Applicant does hereby consent that until further order of the Board, made after notice and hearing upon application by Applicant or upon the Board's own motion, the Board may make and enter an order conditioning and restricting Applicant's license to practice medicine in the State of Minnesota as follows:

a. Applicant shall not prescribe or self-administer any controlled substances for his own use. If a medical situation arises which requires the need for a controlled substance to be administered to Applicant, the controlled substance must be prescribed and/or administered by another physician or dentist who has first been informed of Applicant's chemical dependency;

b. Applicant shall abstain completely from alcohol and all mood-altering chemicals unless they are prescribed by a treating physician or dentist who has been informed of Applicant's drug use history;

c. Applicant shall attend Alcoholics Anonymous meetings on a weekly basis. Quarterly reports shall be submitted to the Board from Applicant's Alcoholics Anonymous sponsor(s) regarding his attendance and progress;

d. Applicant shall attend Physicians Serving Physicians meetings on a regular basis. Quarterly reports shall be submitted to the Board from Applicant's Physicians Serving Physicians sponsor(s) regarding his attendance and progress;

e. Applicant shall make arrangements with a supervising physician approved by the Board to order, without notice, blood and urine tests of Applicant on a random basis, but no less frequently than two screens a month, of which one must be a blood screen. The blood and urine screens shall be:

- 1) Observed in their drawing;
- 2) Handled through legal chain of custody methods;
- 3) Paid for by Applicant.

The biological fluid testing shall take place at Hennepin County Medical Center, 701 Park Avenue South, Minneapolis, Minnesota 55415, and shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. If the blood and urine testing is to be completed through the mail, the drug screening tests used must be those obtained from Hennepin County Medical Center. All blood and urine tests processed through the mail must be directed to the attention of Calvin Bandt, MD, at Hennepin County Medical Center;

f. The supervising physician shall meet with Applicant on a monthly basis to review his progress under the terms of this Stipulation And Order and report to the Board the results of those tests and quality of Applicant's medical practice on at least a quarterly basis and immediately upon becoming aware of any evidence from these tests or otherwise that Applicant has used opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol;

g. Applicant shall meet on a quarterly basis with a designated Board member. Such meetings shall take place at a time mutually convenient to Applicant and the designated Board member. It shall be Applicant's obligation to contact the designated Board member to arrange each of the quarterly meetings. The purpose of such meetings shall be to review Applicant's progress under the terms of this Stipulation And Order.

5. Applicant understands that if he eats small amounts of poppyseeds or food containing poppyseeds which results in the ingestion of sufficient opiate compound to give a positive test for those drugs, the Board will not accept eating such food as an explanation for the presence of drugs in a blood or urine test;

6. Within ten days of the date of this order, Applicant shall provide the Board with a list of all hospitals at which Applicant currently has medical privileges. The information shall be sent to Richard L. Auld, Board of Medical Practice, Suite 106, 2700 University Avenue West, St. Paul, Minnesota 55114;

7. If Applicant shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the license of Applicant to practice medicine in the State of Minnesota shall be suspended immediately upon written notice by the Board to Applicant, such a suspension to remain in full force and effect until Applicant petitions the Board to terminate the suspension after a hearing. Nothing contained herein shall prevent the Board from revoking or suspending Applicant's license to practice medicine in the State of Minnesota after any such hearing;

8. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Applicant agrees that should the Board reject this stipulation and if this case proceeds to hearing, Applicant will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto;

9. In the event Applicant should leave Minnesota to reside or practice outside the state, Applicant shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Applicant's suspended, limited, or conditioned license in Minnesota unless Applicant demonstrates that practice in another state conforms completely with Applicant's Minnesota license to practice medicine;

10. Applicant has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation by counsel, Applicant has knowingly and expressly waived that right;

11. Applicant waives any further hearings on this matter before the Board to which Applicant may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein;

12. Applicant hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: 12/7, 1991.


MICHAEL CENTRELLA, MD
Applicant

4050 Wasatch Lane
Golden Valley, Minnesota 55422

Upon consideration of this stipulation and all the files, records, and proceedings herein,

1. IT IS HEREBY ORDERED that Applicant is granted a license to practice medicine in the State of Minnesota;

2. IT IS FURTHER ORDERED that the terms of this stipulation are adopted and implemented by the Board this 11th day of January, 1992.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: A. Ronald Roche

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7-22-49
License Number: 35,122

**ORDER OF
UNCONDITIONAL LICENSE**

The Minnesota Board of Medical Practice ("Board") having convened on January 15, 1994, to review the petition of Michael Centrella, D.O., ("Respondent"), for reinstatement of an unconditional license to practice medicine makes the following:

FINDINGS OF FACT

1. Respondent has a history of chemical dependency and abuse of multiple mood-altering substances. Respondent's sobriety date is approximately August 4, 1988. He has been subject to Board monitoring in support of his recovery by order dated January 11, 1992. The Board has received periodic reports from Respondent's supervising physician, PSP sponsor, AA sponsor, and designated Board member, as well as results of body fluid screens. The reports and test results all support the conclusion that Respondent has successfully maintained continuous recovery.

2. Based on the foregoing, the Board concludes that Respondent has complied with and fulfilled the order issued by the Board on January 11, 1992, and hereby issues the following:

ORDER

IT IS HEREBY ORDERED that an unconditional license to practice medicine in the State of Minnesota be conferred upon Respondent, such license to carry all duties,

benefits, responsibilities, and privileges inherent therein through Minnesota statute and rule.

Dated: 1/15, 1994

STATE OF MINNESOTA

BOARD OF MEDICAL PRACTICE

W. Ronald Bohne

AFFIDAVIT OF SERVICE BY MAIL

Re: The Medical License of Michael Centrella, D.O.
License No. 35,122

STATE OF MINNESOTA)
COUNTY OF RAMSEY) ss.

Cynthia O. Ransom, being first duly sworn, deposes and says:

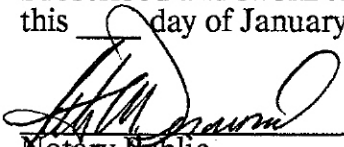
That at the City of St. Paul, County of Ramsey and State of Minnesota, on January 19, 1994, she served the attached ORDER OF UNCONDITIONAL LICENSE by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley MN 55427

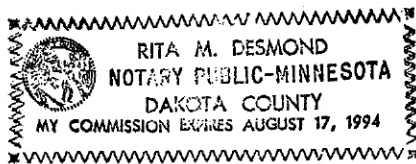


Cynthia O. Ransom

Subscribed and sworn to before me
this _____ day of January, 1994.



Notary Public



BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Michael Centrella, D.O.

Date of Birth: 7-22-49
License Number: 35122

**STIPULATION
AND ORDER**

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, D.O. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

a. Respondent has a history of chemical dependency from the age of 20 involving multiple substance abuse. Respondent's original sobriety date was April 1988.

b. On January 11, 1992, the Board granted Respondent's application for Minnesota licensure and also issued a Stipulation and Order conditioning and restricting Respondent's license to practice medicine based on his chemical dependency. At that time, the Board had information that Respondent's sobriety date was approximately April 4, 1988. In fact, in January 1989, Respondent had a single incident relapse on cocaine.

c. In 1993, Respondent was diagnosed with bipolar disorder and treated with Zoloft and Lithium.

d. On January 15, 1994, the Board issued Respondent an Order of Unconditional License after Respondent filled the terms of the earlier Stipulation and Order.

e. Respondent continued regularly to attend AA, NA and PSP meetings prior to the events described hereafter:

f. In August 1994, Respondent was evaluated by a periodontist and an endodontist for periodontal disease. Respondent was given a prescription for a one month supply of Vicodin for his disease. Respondent acknowledged his prior history of alcoholism to his periodontist and his endodontist, however, he does not specifically recall advising his periodontist and endodontist of his past history of opioid dependency. However, Respondent's dental chart contains the notation, "Chemical dependency."

g. After September 3, 1994, Respondent began self-prescribing various narcotic medications, in the names of various family members, which he then used. Respondent wrote at least the following prescriptions for narcotics he used himself:

<u>Date Dispensed</u>	<u>Drug Name</u>	<u>Amount</u>
9/94	Vicodin	
10/13/94	Paregoric	100 ml
10/24/94	Paregoric	120 ml
11/22/94	Paregoric	120 ml
11/26/94	Vicodin	12 tabs
12/4/94	Vicodin	20 tabs
12/10/94	Vicodin	18 tabs
12/18/94	Vicodin	15 tabs
12/24/94	Vicodin	20 tabs
12/31/94	Vicodin	20 tabs
1/2/95	Paregoric	180 ml
1/8/95	Vicodin	30 tabs
1/9/95	Vicodin	40 tabs
1/17/95	Vicodin	18 tabs
1/17/95	Vicodin	18 tabs
1/21/95	Vicodin	18 tabs
1/25/95	Vicodin	30 tabs
2/3/95	Vicodin	12 tabs

h. In November 1994, Respondent was evaluated for a perirectal abscess and underwent three procedures to treat it. He received a two-week supply of Percocet from his surgeon, failing to disclose his chemical use history or his recent relapse on Vicodin.

i. On December 17, 1994, Respondent experienced a metatarsal fracture and continued self-medicating.

j. In January 1995, Respondent informed one of his residency supervisors about his self-prescribing. At the time, Respondent was ingesting 15 Vicodin per day. Three days later, the supervisor and the residency director performed an intervention on Respondent.

k. On January 10, 1995, Respondent had an intake evaluation at the Mayo Clinic.

l. On January 17, 21 and 24, 1995, Respondent wrote prescriptions for Vicodin and ingested them himself.

m. From January 25 through February 3, 1995, Respondent received inpatient treatment at the Mayo Clinic. Staff recommended long-term treatment.

n. On February 6, 1995, Respondent ingested four alcoholic beverages and ten tablets of Tylenol #3 while en route to Milwaukee Psychiatric Hospital for treatment.

o. Within 48 hours, Respondent began having suicidal ideation, had difficulty with the structure of the Herrington House, was unable to concentrate on the rules and tended to catastrophize his condition. On February 9, 1995, Respondent was transferred to the Milwaukee Psychiatric Hospital in-patient unit. He was restarted on Lithium, started on Elavil, and his Zoloft was increased to 100 mg. per day. His suicidal ideation resolved and on February 13, 1995, he was discharged back to the Herrington House.

p. On May 3, 1995, Respondent was discharged from the Milwaukee Psychiatric Hospital, Herrington House, with diagnoses which included:

- Axis I
 - 1. Alcohol and opiate dependence in full early remission.
 - 2. Bipolar disorder 2 in full remission.
 - 3. Nicotine dependence, continuous.

Axis II Histrionic personality traits.

q. Regarding his mental health, Respondent was seen in consultation and subsequent follow-up, and was treated for his bipolar disorder. Respondent was stabilized on medications, specifically Lithium and Zoloft.

r. Respondent applied to and was accepted into the Health Professionals Services Program ("HPSP") in February 1995. Respondent's current aftercare plan is his final Participation Agreement and Monitoring Plan with HPSP. The plan requires:

- 1) Quarterly meetings with a primary treating physician;
- 2) A treating psychiatrist, for management of depression and medication management, who will provide quarterly report to the primary treating physician;
- 3) A work site monitor who provides quarterly reports to HPSP;
- 4) Attendance at a self-help program such as AA/NA at a minimum of twelve times per quarter or more frequently as specified in his current continuing care plan. That plan currently calls for attendance three times weekly;

- 5) A professional support network sponsor and involvement/attendance at Physicians Serving Physicians on a monthly basis;

- 6) A minimum of twelve unscheduled urine and/or blood screens per quarter;

- 7) Practice within restrictions established by the residency program director and Respondent's primary treating physician;

- 8) Continuation on witnessed naltrexone until modified by primary treating physician;

- 9) The monitoring plan is based on a Participation Agreement to remain in effect a minimum of 48 months of documented, uninterrupted recovery after which the participant may request a discharge from the program, consistent with progress and treating professional's continuing care plan.

STATUTES

3. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(f), (l), and (s) (1994) and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action.

REMEDY

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order conditioning and restricting Respondent's license to practice medicine and surgery in the State of Minnesota as follows:

a. Respondent shall obtain a treating physician, approved in advance by the Committee or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health care professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide quarterly reports to the Board summarizing medical or other care provided to Respondent and addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery.

b. Respondent shall abstain completely from alcohol and all mood-altering chemicals unless they are prescribed by a physician or dentist who has been informed of Respondent's drug use history.

c. Respondent shall not prescribe or administer any prescription drug for Respondent's own use or for Respondent's family members' use.

d. Respondent shall be subject, without notice, to unannounced blood and urine tests at the request of Board staff or other Board designee at least 12 times per quarter.

Blood and urine screens may be requested at any time. Respondent shall provide the requested sample within the time frame directed. The blood and urine screens shall be:

- 1) Collected and tested consistent with protocols established by a Board-designated laboratory;
- 2) Handled through legal chain of custody methods;
- 3) Paid for by Respondent.

e. The biological fluid collection and testing shall take place at a Board-designated laboratory as directed by the Board or its designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and Respondent's treating physician. Ingestion of poppyseeds will not be accepted as a reason for a positive drug screen.

f. Respondent shall attend meetings of a self-help program such as AA or NA in support of abstinence at least eight (8) times per month or as specified in his current continuing care plan. Quarterly reports shall be submitted to the Board from Respondent's designated sponsor(s) regarding attendance and participation.

g. Respondent shall attend monthly meetings of a professional support group such as PSP approved in advance by the Committee or its designee. Quarterly reports shall be submitted to the Board from Respondent's designated sponsor(s) regarding Respondent's attendance and participation.

h. Respondent shall provide to the Board and the treating physician a copy of any treatment or aftercare plan which is in effect at the time of execution of this Stipulation and Order or which is modified or becomes effective during the time Respondent is subject to this Stipulation and Order. The treatment or aftercare plan and any modifications to it shall be approved by the treating physician and shall include at least the following:

- 1) The treatment or aftercare plan activities;

2) The name, address, and telephone number for each provider of treatment or aftercare services.

i. The terms of any such treatment or aftercare plan or approved modification thereto, to the extent not superseded by this order, are herewith incorporated by reference. Failure to follow the plan or approved modification shall constitute violation of this order.

j. Respondent shall receive therapy from a psychiatrist or therapist, approved in advance by the Complaint Review Committee or its designee. The psychiatrist or therapist shall submit quarterly reports to the Board and to Respondent's treating physician regarding Respondent's progress in therapy.

k. Respondent shall limit his practice to a group setting, approved in advance by the Complaint Review Committee or its designee.

l. Respondent shall identify a work quality assessor who shall provide quarterly reports to the Board and to the treating physician regarding Respondent's overall work performance.

m. Respondent and a designated Board member or designee shall meet on a quarterly basis. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms of this Stipulation and Order.

n. Upon request by the Board, Respondent shall sign releases authorizing the Board to obtain Respondent's medical, mental health or chemical abuse/dependency records from any treating professional or facility.

o. After three (3) years from the date of this Order, Respondent may petition the Committee to modify some of the monitoring provisions of this Order. Respondent shall provide the Committee with documentation of compliance with the Order. The Committee, at its discretion and in consultation with the treating physician, may reduce the frequency of meetings, reports and biological fluid screens required by this Order.

p. This Stipulation and Order will remain in effect for a minimum of five (5) years from the date of this Order. At the end of this period, Respondent may petition for reinstatement upon proof satisfactory to the Board of five (5) years of documented, uninterrupted recovery. Upon hearing the petition, the Board may continue, modify or remove the conditions set out herein.

q. Upon Board approval of this Stipulation and Order, Respondent shall provide the Board with the addresses and telephone numbers of Respondent's residence and all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information.

5. Within ten days of the date of this order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges and a list of all states in which Respondent is licensed or has applied for licensure. The information shall be sent to the Board of Medical Practice, Suite 106, 2700 University Avenue West, St. Paul, Minnesota 55114.

6. It is Respondent's responsibility to ensure that all reports required to be filed with the Board pursuant to this Stipulation and Order are timely filed by those preparing the reports. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the license of Respondent to practice medicine and surgery in the State of Minnesota shall be suspended immediately upon written notice by the Board to Respondent. The suspension shall remain in full force and effect until the Board terminates the suspension following a hearing on Respondent's petition to terminate. Nothing contained herein shall prevent the Board from revoking or suspending Respondent's license to practice medicine and surgery in the State of Minnesota after any such hearing.

7. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will

assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto.

8. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

9. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter and has chosen Melissa Raphan.

10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between

the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: 1/2, 199⁶

Michael Centrella
MICHAEL CENTRELLA, D.O.
Respondent

Paul M. Spilseth
For the Committee

Melissa Raphan
MELISSA RAPHAN
Attorney for Respondent

Linda F. Clore
SARAH G. MULLIGAN
Attorney for Committee

Oppenheimer, Wolff & Donnelly
Plaza VII
45 S Seventh Street, Suite 3400
Minneapolis, MN 55402-1609
Telephone: (612) 344-9421

500 Capitol Office Building
525 Park Street
St. Paul, Minnesota 55103
Telephone: (612) 297-2040

ORDER

Upon consideration of this stipulation and all the files, records, and proceedings herein,
IT IS HEREBY ORDERED that the terms of this stipulation are adopted and
implemented by the Board this 6th day of January, 1996.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: Robert D. [Signature]

02/15/96
[Faint stamp]

AFFIDAVIT OF SERVICE BY MAIL


Re: **In the Matter of the Medical License of Michael Centrella, M.D.**
License No. 35,122

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Cynthia Ransom, being first duly sworn, deposes and says:

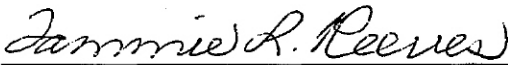
That at the City of St. Paul, County of Ramsey and State of Minnesota, on January 9, 1996, she served the attached STIPULATION AND ORDER by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Michael Centrella
Oppenheimer Wolff & Donnelly
Plaza VII - Suite 3400
45 S Seventh Street
Minneapolis MN 55402-1609

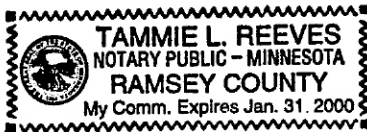


Cynthia Ransom

Subscribed and sworn to before me
this 9th day of January, 1996.



Notary Public



**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7-22-49
License Number: 35122

**AMENDED
STIPULATION
AND ORDER**

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, D.O. ("Respondent"), and the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

FACTS

2. On January 6, 1996, the Board issued a stipulation and order for Respondent which is herewith incorporated by reference in its entirety, except as provided in paragraph 15 below.

3. On January 11, 1992, Respondent was licensed to practice medicine and surgery in the state of Minnesota under Board order due to his history of polysubstance abuse and chemical dependency relapse. On January 15, 1994, Respondent was issued an unconditional license based on his compliance with the Stipulation and Order and documented sobriety.

4. On January 6, 1996, the Board approved a Stipulation and Order based on Respondent's chemical dependency relapse. The Stipulation and Order required, in part, Respondent to abstain completely from alcohol and mood-altering chemicals unless prescribed by a physician or dentist who had been informed of Respondent's drug use history. On

January 16, 1996, the Board referred Respondent to the Health Professionals Services Program ("HPSP") for monitoring Respondent's compliance with his Board Order.

5. Respondent admitted to prescribing Vicodin for a family member from October 1997 through February 18, 1998, receiving a total of 350 tablets of Vicodin, for self use.

6. Respondent admitted to prescribing Vicodin for an acquaintance, not a patient of his clinic, on numerous occasions from October 1997 through January 1998, totaling 291 tablets of Vicodin, some of which were shared with Respondent for self use.

7. On January 3, 1998, Respondent was terminated from his position with the Veterans Administration, Minneapolis, Minnesota.

8. On January 15, 1998, Respondent underwent a chemical and psychiatric evaluation at Mayo Clinic. In the course of the evaluation, Respondent reported that he had been using up to 20 Vicodin daily, on weekends, until January 14, 1998. The Mayo Clinic evaluation concluded that Respondent was opioid dependent, in relapse, and recommended that he immediately enter an inpatient addiction program.

9. On January 20, 1998, Respondent entered inpatient treatment at Hazelden, Center City, Minnesota. In the course of this evaluation, Respondent reported that in 1995 he entered Mayo Clinic for treatment of Vicodin abuse and that he was sober (90% abstinence) for one year. Respondent also admitted to drinking two Vodka drinks per week from September through December 31, 1997. Respondent's treatment team concluded that Respondent was "playing lip service to a number of concepts and approaches to recovery but his behavior on the unit did not substantiate his stated intentions. . . . [Respondent] by his own admission says his motivation for abstinence is external and has to do mainly with finding ways to minimize negative consequences. He is not convinced at this point that he is quite ready to pursue complete abstinence."

10. Respondent was offered a premature discharge by the Hazelden treatment team because of the fact that no substantial changes were taking place and he continued to

demonstrate questionable motivation to involve himself in treatment at the time. On February 6, 1998, Respondent left treatment prematurely with staff approval. Respondent was discharged with a Final Diagnosis including:

- a) Alcohol dependency with physiological dependency.
- b) Amphetamine dependency in full sustained remission.
- c) Cocaine dependency in full sustained remission.
- d) Opioid dependency with physiological dependency.
- e) Cannabis sativa abuse prior history.
- f) Sedative abuse prior history.

11. On February 6, 1998, Respondent prescribed 15 Vicodin tablets in a family member's name for self-use.

12. On February 6, 1998, Respondent was given a 60-day notice of termination from his position at Behavioral Health Services, Minneapolis, Minnesota.

STATUTES

13. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(f), (g), (l), (r) and (s) (1996) and Respondent agrees that the conduct described in the stipulation and order incorporated herein constitutes a reasonable basis in law and fact to justify the disciplinary action.

REMEDY

14. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order amending the stipulation and order issued January 6, 1996. The January 6, 1996 stipulation and order is incorporated by reference in its entirety, with the exception of paragraphs 15a-q, which is rescinded and replaced with the following language:

a. Respondent's license to practice medicine and surgery in the State of Minnesota shall be SUSPENDED for an indefinite period of time. The suspension shall take effect immediately.

b. During the period of suspension, Respondent shall not in any manner practice medicine or surgery in the State of Minnesota.

c. Respondent shall surrender his DEA certificate to the Board which will, in turn, forward it to federal authorities.

d. Respondent may petition the board for reinstatement of his medical license no sooner than (3) three years from the date of this Order.

e. Prior to petitioning for reinstatement, Respondent shall undergo physical, psychiatric and chemical evaluations as well as a comprehensive competency testing, approved in advance by the Board or its designee.

f. Upon petitioning for reinstatement, Respondent shall provide proof that he is fit and competent to resume the practice of medicine; is successfully participating in a relapse prevention program; has regularly attended a chemical dependency support group; has documented at least two years of uninterrupted sobriety; and has developed a personal recovery plan to prevent future relapse. Respondent shall be responsible for arranging his own monitoring and all other activities with which to establish documented, uninterrupted sobriety. Respondent's documentation shall include evidence that he was subject to unannounced blood and urine tests which were collected and tested consistent with protocols established by a Board-designated laboratory and handled through legal chain of custody methods. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. Ingestion of poppyseeds will not be accepted as a reason for a positive drug screen. At least 40% of Respondent's biological fluid collections shall have been requested and obtained on the weekends.

g. At the time of his petition, Respondent shall appear before the Complaint Review Committee. Upon hearing Respondent's petition for reinstatement, the Committee may recommend that the Board continue, modify or remove the suspension or that Respondent's license be conditioned or restricted as deemed necessary.

h. Upon request by the Board, Respondent shall sign releases authorizing the Board to obtain Respondent's competency testing records and evaluations.

i. Upon request by the Board, Respondent shall sign releases authorizing the Board to obtain Respondent's medical, mental health and chemical abuse/dependency records from any treating professional or facility.

OTHER AGREEMENTS

16. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter and has chosen Kent Harbison.

17. Within ten days of the date of this order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges and a list of all states in which Respondent is licensed or has applied for licensure. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

18. In the event the Board in its discretion does not approve this settlement, this amended stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject the amended stipulation, Respondent will assert no claim that the Board was prejudiced by its review and discussion of the amended stipulation or any records relating hereto.

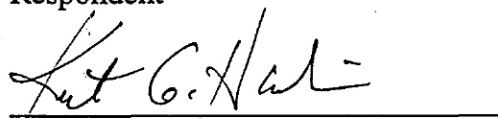
19. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and

agrees that the order to be entered pursuant to the amended stipulation shall be the final order herein.

20. Respondent hereby acknowledges that he has read and understands this amended stipulation and has voluntarily entered into the amended stipulation without threat or promise by the Board or any of its members, employees, or agents. This amended stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this amended stipulation.

Dated: 3/18, 1998


MICHAEL CENTRELLA, D.O.
Respondent


KENT G. HARBISON
Attorney for Respondent

Fredrikson & Byron, P.A.
1100 International Centre
900 Second Avenue South
Minneapolis, MN 55402
(612) 347-7000


For the Committee


MARCIA JOHNSON
Attorney for Committee

500 Capitol Office Building
525 Park Street
St. Paul, MN 55103
(612) 297-1050

* * *

ORDER

Upon consideration of this amended stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and implemented by the Board this 18th day of April, 1998.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: 

CR.ad2

APR 23 1998
MN BOARD OF
MED PRACTICE

AFFIDAVIT OF SERVICE BY MAIL

Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35122

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

MARY L. REUTER, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on April 21, 1998, she served the Amended Stipulation and Order by depositing the same in the United States mail at said city and state, a true and correct copy thereof, properly enveloped with prepaid first class postage, and addressed to:

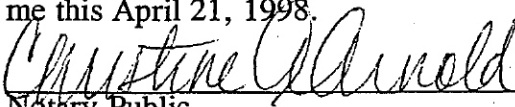
Kent G. Harbison
Fredrikson & Byron, P.A.
1100 International Centre
900 Second Avenue South
Minneapolis, MN 55402



MARY L. REUTER

Subscribed and sworn to before

me this April 21, 1998.



Notary Public



**TRUE AND EXACT
COPY OF ORIGINAL**

~~BEFORE THE MINNESOTA~~

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Michael Centrella, D.O
Date of Birth: 7/22/49
License Number: 35,122

**AMENDED STIPULATION
AND ORDER**

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, D.O. ("Respondent"), and the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.
2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation by counsel, Respondent has knowingly and expressly waived that right. The Complaint Review Committee ("Committee") was represented by Steven M. Gunn, Assistant Attorney General, 1400 NCL Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

FACTS

3. This Amended Stipulation and Order is based upon the following facts:
 - a. On April 18, 1998, the Board issued a Stipulation and Order to Respondent indefinitely suspending his license based on his chemical dependency, bipolar disorder and other behavioral problems. On December 6, 2000, a Multidisciplinary Assessment

was performed at the Rush Behavioral Health Center. Based on the results of the evaluation, the assessment team diagnosed Respondent as follows:

Axis I: Opioid dependence in early full remission. Cocaine, alcohol, amphetamine, cannabis and other substance abuse in sustained remission. Depressive disorder, not otherwise specified. Caffeine-related disorder, not otherwise specified. Sexual disorder, not otherwise specified.

Axis II: Personality disorder, not otherwise specified with passive-aggressive, borderline, narcissistic, self-defeating and schizoid features.

Upon discharge, the assessment team recommendations included the following:

1. Adherence to a highly structured recovery program, including abstinence from alcohol and mood-altering substances. In addition, the recovery should be monitored for an extend period of time, and should include twice per week urine screens, worksite monitoring, and communication by his treating and monitoring professional with the Board or its designee.
2. Remain under the care of a primary care physician for treatment of medical problems and for preventive health maintenance.
3. Attend 12-step meetings and remain in regular contact with his sponsor.
4. Remain under the care of a psychiatrist approve by the Minnesota Board of Medical Practice.
5. Prospective employers should be apprised of matters that brought Respondent to the Board's attention. Respondent should only work in a group or clinic setting. Respondent's practice should be limited to evaluations and medication management. He is not believed appropriate to facilitate psychotherapy.

b. Respondent completed a skills assessment through the Colorado Personalized Educational for Physicians. That assessment took place on January 8-9, 2001. Respondent participated in Structural Clinical Interviews wherein Respondent assessed patients as well as participated in discussions based on knowledge, judgment, communication and documentation. Areas of demonstrated need identified by the assessment team included but was not limited to the following:

1. Organized, thorough, psychiatric differential diagnosis;
2. Knowledge of specific criteria for psychiatric diagnoses;
3. Understanding of psychotherapeutic medications, their interactions, and their potential side effects;
4. Recognition, management, and intervention for substance abuse, detoxification and therapy regimes;
5. Knowledge of current psychotherapeutic modalities and the psychotherapeutic needs of patients;
6. Improved understanding and intervention in risk assessment, especially for suicide;
7. Improvement in documentation, including a more organized and thorough approach to diagnosis, history taking, risks assessment, and therapeutic plans;
8. Improved communication skills with patients, especially with reticent, hostile patients.

c. Upon discharge, the assessment team made the following recommendations:

1. Return to residency to update his knowledge and to fill in gaps;
2. Complete an Education Plan developed by CPEP.

d. On May 4, 2001, the Board's Complaint Review Committee ("Committee") received Respondent's petition to resume the practice of medicine in Minnesota based on his acceptance into a fellowship position and his showing of years of documented uninterrupted sobriety.

e. The Committee convened on May 17, 2001 to review and consider the above-referenced matter. The Committee recommended reinstatement of Respondent's license under the terms and conditions provided in paragraph 5 below.

STATUTES

4. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(k), (l) and (r) (2000) and Respondent agrees that the conduct described in the Stipulation and Order incorporated herein constitutes a reasonable basis in law and fact to justify disciplinary action.

REMEDY

5. Upon this Stipulation and Order and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order amending the Stipulation and Order issued April 18, 1998 to reinstate Respondent's license under conditions and restrictions. The 1998 Stipulation and Order is incorporated by reference in its entirety, with the exception of paragraph 14, which is rescinded and replaced with the following language:

- a. Respondent's license is reinstated.
- b. Respondent shall obtain a treating physician, approved in advance by the Complaint Review Committee or its designee, to monitor and/or manage all medical or other

care provided to Respondent by all health care professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide quarterly reports to the Board summarizing medical or other care provided to Respondent, as well as addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery.

c. Respondent shall abstain from alcohol and all mood-altering chemicals unless they are prescribed and/or approved by a physician or dentist who has first been informed of Respondent's drug use history.

d. Respondent shall not prescribe or administer any prescription drug or drug sample for Respondent's own use or for Respondent's family members' use.

e. Respondent shall be subject, without notice, to unannounced blood and/or urine tests at the request of the Board staff, or other Board designee, at least twice weekly, including weekends. Blood and urine screens may be requested at any time. Respondent shall provide the requested sample within the timeframe directed. The blood and urine screens shall be:

- 1) Collected and tested consistent with protocols established by a Board-designated laboratory;
- 2) Handled through legal chain of custody methods; and
- 3) Paid for by Respondent.

The biological fluid collection shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of use, including alcohol. The laboratory will

provide test results directly to the Board and to Respondent's treating physician. Ingestion of poppyseeds will not be accepted as a reason for a positive screen.

f. Respondent shall attend meetings of a self-help program (e.g. AA/NA) at least three times per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation.

g. Respondent shall attend monthly meetings of a professional support network (e.g. Physicians Serving Physicians) approved by the Complaint Review Committee or its designee. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation.

h. Respondent shall obtain a treating psychiatrist, approved in advance by the Complaint Review Committee or its designee, to provide medication management, as necessary, and to oversee Respondent's overall mental health status. The treating psychiatrist shall provide quarterly reports to the Board or its designee, and to the treating physician regarding Respondent's compliance with treatment recommendations.

i. Respondent shall engage in therapy with a psychiatrist or therapist, approved in advance by the Complaint Review Committee or its designee. The psychiatrist or therapist shall provide quarterly reports to the Board or its designee, and to the treating physician, regarding Respondent's goals and progress in therapy. Termination of therapy shall be at the written recommendation of the psychiatrist or therapist, with the approval of the treating physician and the Committee.

j. Respondent shall provide to the Board and to the treating physician a copy of any treatment and/or aftercare plan which is in effect at the time of execution of this Stipulation and Order, or which is modified or becomes effective during the time Respondent is

subject to this Stipulation and Order. The treatment/aftercare plan, and any modification to it, shall be approved by the treating physician and shall include at least the following:

- 1) The treatment/aftercare plan activities; and
- 2) The name, address, and telephone number for each provider of treatment/aftercare services.

The terms of any such treatment/aftercare plan, or approved modifications thereto, to the extent not superseded by this Order, are herewith incorporated by reference. Failure to follow the plan shall constitute violation of this Order.

k. Upon request by the Board, Respondent shall sign releases authorizing the Board to obtain Respondent's medical, mental health, or chemical abuse/dependency records from any treating professional or facility.

l. Respondent shall practice only under the auspices of a residency or fellowship training program, or in a group setting approved in advance by the Complaint Review Committee or its designee.

m. Respondent shall provide a copy of this Order to his residency or fellowship program director as well as to any employer for whom he engages in the practice of medicine.

n. Respondent is prohibited from providing psychotherapy to patients.

o. Prior to resuming practice in Minnesota, Respondent shall appear before the Complaint Review Committee to discuss his practice performance and his progress in recovery.

p. Respondent shall meet at least monthly with a supervising physician, who is a board-certified psychiatrist approved in advance by the Complaint Review Committee or its

designee. The supervising physician shall review a random sampling of Respondent's patient charts and shall provide quarterly reports to the Board and to the treating physician regarding the appropriateness of Respondent's assessment, documentation, recommendations for treatment, prescriptions, and overall work performance.

q. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order.

r. No sooner than two years from the date of this Order, Respondent may petition, in writing, for reduced monitoring. Upon reviewing Respondent's petition, the Committee, at its discretion and in consultation with the treating physician, may reduce the frequency of required meetings, reports and/or biological fluid screens required by the terms and conditions of this Order.

s. This Stipulation and Order will remain in effect for a minimum of three years. At the end of this period, Respondent may petition for reinstatement of an unconditional license upon proof, satisfactory to the Board, of at least six years of documented, uninterrupted recovery. Upon hearing the petition, the Board may continue, modify or remove the conditions set out herein.

OTHER AGREEMENTS

6. Within ten (10) days of the date of this Stipulation and Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and

all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

9. In the event the Board in its discretion does not approve this settlement, this amended stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject the amended stipulation, Respondent will assert no claim that the Board was prejudiced by its review and discussion of the amended stipulation or any records relating hereto.

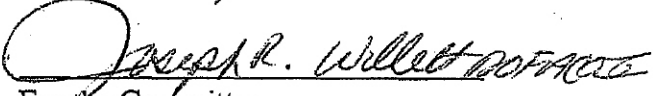
10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the amended stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this amended stipulation and has voluntarily entered into the amended stipulation without threat or promise by the Board or any of its members, employees, or agents. This amended stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this amended stipulation.

Dated: 6/14, 2001


MICHAEL CENTRELLA, D.O.
Respondent

Dated: July 14, 2001


For the Committee

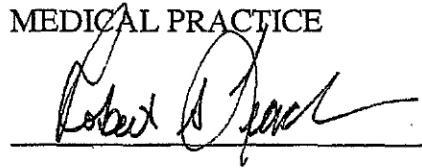
ORDER

Upon consideration of this amended stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and implemented by the Board this 14th day of July, 2001.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By:



AG: 482062, v. 01

AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No: 35, 122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Mary T. Ivy, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on July 17, 2001, she caused to be served the AMENDED STIPULATION AND ORDER, by depositing the same in the United States mail at said city and state, true and correct copy thereof, properly enveloped with prepaid first-class postage, and addressed to:

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427

Mary T. Ivy

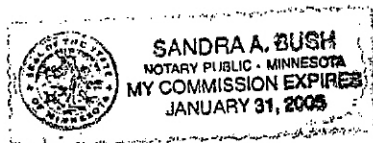
MARY T. IVY

Subscribed and sworn to before me
this 17th day of July 2001.

Sandra A. Bush

NOTARY PUBLIC

AG: 495778, v. 01



BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Michael Centrella, M.D.
Date of Birth: 7/22/49
License Number: 35,122

**COMMITTEE ORDER
AMENDING THE BOARD'S
STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, M.D. ("Respondent"), has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. On April 18, 1998, Respondent was issued a Stipulation and Order indefinitely suspending his license based on Respondent's chemical dependency, bipolar disorder and other behavioral problems.

3. On July 14, 2001, the Board approved an Amended Stipulation and Order that reinstated Respondent's license subject to conditions and restrictions for monitoring of Respondent's practice and recovery. The Order required, in part, that Respondent practice only under the auspices of a residency or fellowship program, or in a group setting approved in advance by the Committee.

4. In August 2002, Respondent appeared before the Committee to discuss his completion of an approved fellowship program. On September 17, 2002, the Committee met and discussed information received from the fellowship director and requested that Respondent undergo a practice skills assessment. On November 4-5, 2002, Respondent underwent a practice

skills assessment, as requested by the Committee, at the Center for Personalized Education for Physicians ("CPEP").

5. On January 18, 2003, the Committee granted Respondent's request for approval to begin working as a psychiatrist in a group setting. Respondent's practice was limited by the Committee to no more than 32 hours per week for a minimum of three months.

6. In March 2003, the Board received a copy of Respondent's CPEP practice skills assessment report that concluded his medical knowledge was good, his clinical judgment and reasoning were sound, his communication skills were fair, and his documentation was acceptable.

7. The Committee, having convened on April 15, 2003, to review and consider the above-referenced matter, issues the following:

ORDER

8. IT IS HEREBY ORDERED that the Stipulation and Order dated July 14, 2001, is amended and modified as follows:

a. Respondent may increase his practice hours to a maximum of 40 hours per week.

9. IT IS FURTHER ORDERED that the remainder of the conditions and restrictions placed on Respondent's license, pursuant to the July 14, 2001, Stipulation and Order shall remain in full force and effect.

2. During the period of temporary suspension, Respondent shall not in any manner practice medicine or psychiatry in the State of Minnesota.

This Order for a temporary suspension shall take effect immediately upon notice to the Respondent and remain in effect until such time as modified by the Board or the Board issues a final Order in this matter. This Order was adopted by the Board on December 13, 1997, one member dissenting.

Dated: December 19, 1997

MINNESOTA BOARD OF MEDICAL PRACTICE

By: *Doris C. Brooker, M.D.*
Doris C. Brooker, M.D., President

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/49
License Number: 35,122

**SECOND COMMITTEE ORDER
AMENDING THE BOARD'S
STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent"), has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. On April 18, 1998, Respondent was issued a Stipulation and Order indefinitely suspending his license based on Respondent's chemical dependency, bipolar disorder and other behavioral problems.

3. On July 14, 2001, the Board approved an Amended Stipulation and Order that reinstated Respondent's license subject to conditions and restrictions for monitoring of Respondent's practice and recovery. The Order required, in part, that Respondent practice only under the auspices of a residency or fellowship program, or in a group setting approved in advance by the Committee.

4. In August 2002, the Respondent appeared before the Committee to discuss his completion of an approved fellowship program. On September 17, 2002, the Committee met and discussed information received from the fellowship director and requested that Respondent undergo a practice skills assessment. On November 4-5, 2002, Respondent underwent a practice

skills assessment, as requested by the Committee, at the Center for Personalized Education for Physicians ("CPEP").

5. On January 18, 2003, the Committee granted Respondent's request for approval to begin working as a psychiatrist in a group setting. Respondent's practice was limited by the Committee to no more than 32 hours per week for a minimum of three months.

6. In March 2003, the Board received a copy of Respondent's CPEP practice skills assessment report that concluded his medical knowledge was good, his clinical judgment and reasoning were sound, his communication skills were fair, and his documentation was acceptable.

7. On June 17, 2003, the Committee granted Respondent's request for approval to increase his practice hours to a maximum of 40 hours per week.

8. On July 10, 2003, Respondent petitioned the Committee requesting approval to take night call.

9. The Committee, having convened on August 19, 2003, to review and consider the above-referenced matter, issued the following:

ORDER

10. IT IS HEREBY ORDERED that the Stipulation and Order dated July 14, 2001, is amended and modified as follows:

a. Respondent may take overnight call one week out of six.

11. IT IS FURTHER ORDERED that the remainder of the conditions and restrictions placed on Respondent's license, pursuant to the July 14, 2001, Stipulation and Order, as amended by the June 17, 2001 Committee Order, shall remain in full force and effect.

12. IT IS FURTHER ORDERED that this Order of the Committee Amending the Board's Stipulation and Order dated July 14, 2001, is hereby adopted and implemented this 25th day of September, 2003.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: Rebecca A. Baker MD

AG: #903987-v1

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/49
License Number: 35,122

**THIRD COMMITTEE ORDER
AMENDING THE BOARD'S
STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.
2. On April 18, 1998, Respondent was issued a Stipulation and Order indefinitely suspending his license based on Respondent's chemical dependency, bipolar disorder and other behavioral problems.
3. On July 14, 2001, the Board approved an Amended Stipulation and Order that reinstated Respondent's license subject to conditions and restrictions for monitoring of Respondent's practice and recovery. The Order required, in part, that Respondent practice only under the auspices of a residency or fellowship program, or in a group setting approved in advance by the Committee.
4. In August 2002, Respondent appeared before the Committee to discuss his completion of an approved fellowship program. On September 17, 2002, the Committee met and discussed information received from the fellowship director and requested that Respondent undergo a practice skills assessment. On November 4-5, 2002, Respondent underwent a practice

skills assessment, as requested by the Committee, at the Center for Personalized Education for Physicians ("CPEP").

5. On January 18, 2003, the Committee granted Respondent's request for approval to begin working as a psychiatrist in a group setting. Respondent's practice was limited by the Committee to no more than 32 hours per week for a minimum of three months.

6. In March 2003, the Board received a copy of Respondent's CPEP practice skills assessment report that concluded his medical knowledge was good, his clinical judgment and reasoning were sound, his communication skills were fair, and his documentation was acceptable.

7. On June 17, 2003, the Committee granted Respondent's request for approval to increase his practice hours to a maximum of 40 hours per week.

8. On July 10, 2003, Respondent petitioned the Committee to allow him to take night call.

9. On September 25, 2003, the Committee, having convened, issued a Second Committee Order Amending the Board's Stipulation and Order allowing Respondent to take overnight call one week out of six.

10. On November 11, 2003, Respondent petitioned the CRC to reduce his biological fluid screens from a minimum of 24 to 12 or 18 per quarter.

11. The Committee, having convened on December 18, 2003, reviewed and considered the above-referenced matter and issues the following:

ORDER

12. IT IS HEREBY ORDERED that the Stipulation and Order dated July 14, 2001, is amended and modified as follows:

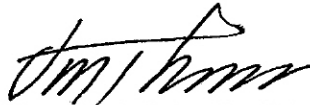
a. Paragraph 5.e. of Respondent's July 14, 2001, Stipulation and Order is amended to provide that he shall submit to a minimum of 12 unannounced biological fluid screens.

13. IT IS FURTHER ORDERED that the remainder of the conditions and restrictions placed on Respondent's license, pursuant to the July 14, 2001, Stipulation and Order, as amended by the June 17, 2003, and September 25, 2003, Committee Orders, shall remain in full force and effect.

14. IT IS FURTHER ORDERED that this Order of the Committee Amending the Board's Stipulation and Order dated July 14, 2001, is hereby adopted and implemented this 10 day of January, 2004.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: _____



AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of Michael Centrella, M.D.
License No. 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Patricia L. Brunelle, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on January 12, 2004, she caused to be served the THIRD COMMITTEE ORDER AMENDING THE BOARD'S STIPULATION AND ORDER, by depositing the same in the United States mail at said city and state, true and correct copy(ies) thereof, properly enveloped with prepaid first class postage, and addressed to:

PERSONAL AND CONFIDENTIAL

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427

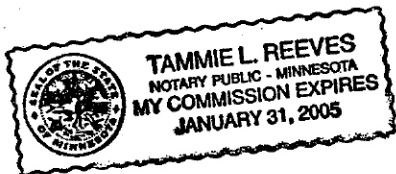
Patricia L. Brunelle

PATRICIA L. BRUNELLE

Subscribed and sworn to before
me on January 12, 2004

Tammie L. Reeves

NOTARY PUBLIC



BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/49
License Number: 35,122

**ORDER OF
UNCONDITIONAL LICENSE**

The Minnesota Board of Medical Practice ("Board") having convened on November 13, 2004, to review the petition of Michael Centrella, D.O. ("Respondent"), for reinstatement of an unconditional license to practice medicine and surgery makes the following:

FINDINGS OF FACT

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.
2. Respondent has been subject to monitoring of his recovery from chemical dependency and mental illness pursuant to an Amended Stipulation and Order dated July 14, 2001. The Order required, in part, that Respondent practice only under the auspices of a residency or fellowship program, or in a pre-approved group setting.
3. In August 2002, Respondent appeared before the Complaint Review Committee to discuss his completion of an approved fellowship program. On September 17, 2002, the Committee requested that Respondent undergo a practice skills assessment. On November 4-5, 2002, Respondent underwent a practice skills assessment at the Center for Personalized Education for Physicians ("CPEP"). The assessment concluded that his medical knowledge was

good, his clinical judgment and reasoning were sound, his communication skills were fair, and his documentation was acceptable.

4. On January 18, 2003, the Committee granted Respondent's request for approval to begin working as a psychiatrist in a group setting. Respondent's practice was limited by the Committee to no more than 32 hours per week for a minimum of three months.

5. On June 17, 2003, the Committee issued a Committee Order Amending the Board's Stipulation and Order, allowing Respondent to increase his practice hours to a maximum of 40 hours per week.

6. On September 25, 2003, the Committee issued a Second Committee Order Amending the Board's Stipulation and Order, allowing Respondent to take overnight call one out of every six weeks.

7. On January 10, 2004, the Committee issued a Third Committee Order Amending the Board's Stipulation and Order, allowing Respondent to reduce his unannounced biological fluid screens to 12 per quarter.

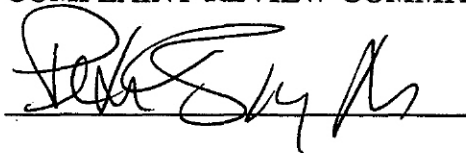
8. On May 24, 2004, Respondent petitioned the Committee for an unconditional license to practice medicine. On September 14, 2004, the Committee held a conference with Respondent to discuss his petition, his recovery from chemical dependency and mental illness, and compliance with his Orders.

Based on the foregoing, the Board concludes that Respondent has complied with and in all respects fulfilled the Order issued by the Board on July 14, 2001, as amended by Committee Orders, and hereby issues the following:

The remainder of the conditions and restrictions placed on Respondent's license, pursuant to the July 16, 1994 Stipulation and Order, shall remain in full force and effect.

6. IT IS FURTHER ORDERED that this Order of the Committee Amending the Board's Stipulation and Order, dated July 16, 1994, is hereby adopted and implemented this 14th day of July, 1997.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE



bmpo.ax4

AFFIDAVIT OF SERVICE BY MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

SANDRA A. BUSH, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on November 15, 2004, she served the attached ORDER OF UNCONDITIONAL LICENSE by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

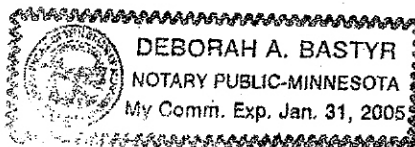
PERSONAL AND CONFIDENTIAL

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427

Sandra A. Bush
SANDRA A. BUSH

Subscribed and sworn to before me on
November 15, 2004.

Deborah A. Bastyr
Notary Public



**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

COMPLAINT REVIEW COMMITTEE

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/1949
License Number: 35,122

**ORDER OF REMOVAL
OF STAYED SUSPENSION**

1. The Minnesota Board of Medical Practice ("Board") is authorized pursuant to Minn. Stat. §§ 147.01-.33 (2006) to license, regulate, and discipline persons who apply for, petition, or hold licenses to practice medicine and surgery in the State of Minnesota and is further authorized pursuant to Minn. Stat. §§ 214.10 and 214.103 (2006) to review complaints against physicians, to refer such complaints to the Minnesota Attorney General's Office, and to initiate appropriate disciplinary action.

2. Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

3. On January 12, 2008, Respondent entered into a Stipulation and Order ("2008 Order") with the Complaint Review Committee of the Board that suspended Respondent's license, based upon his relapse to alcohol and pain medications, but stayed the suspension contingent upon Respondent's compliance with the terms and conditions set forth in the 2008 Order. In paragraph 8 of the 2008 Order, Respondent expressly acknowledged and agreed that

the Complaint Review Committee is authorized to issue an Order of Removal of Stayed Suspension if it has probable cause to believe that Respondent has failed to comply with or has violated any of the requirements for staying the suspension as listed in paragraph 5 of the 2008 Order, failed to comply with his HPSP Monitoring Plan, and/or is subject to a positive biological fluid screen.

4. The Complaint Review Committee has probable cause to believe that Respondent has failed to comply with or has violated one or more of the requirements for staying the suspension of Respondent's license, failed to comply with his HPSP Monitoring Plan, and submitted a positive biological fluid screen.

NOW THEREFORE, pursuant to the above recitals, the Board issues the following:

ORDER

1. IT IS HEREBY ORDERED that the stay of suspension set forth in the Stipulation and Order dated January 12, 2008, is **REMOVED**, and Respondent's license to practice medicine and surgery in the State of Minnesota is **SUSPENDED** immediately.

2. IT IS FURTHER ORDERED that Respondent's license to practice medicine and surgery in the State of Minnesota shall remain suspended until the Board makes a final determination in this matter. During the period of suspension, Respondent shall not in any manner practice medicine and surgery in the State of Minnesota.

3. IT IS FURTHER ORDERED that Respondent's violation of this Order shall provide grounds for further disciplinary action pursuant to Minn. Stat. § 147.091 (2006).

4. IT IS FURTHER ORDERED that the terms of this Order are adopted and implemented this 14th day of March, 2008.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: Carl S. Smith

AG: #1972535-v1

AFFIDAVIT OF SERVICE BY FACSIMILE AND MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Dawn Christensen, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 14, 2008, she served the attached

- Notice of Removal of Stay of Suspension, Imposition of Suspension, and Hearing;
- Order of Removal of Stayed Suspension;
- Affidavit of Ruth Martinez;
- Affidavit of Monica Feider with Exhibits 1-4.

by facsimile No. 612-492-7077, and by depositing in the United States mail at said city and state, true and correct copies thereof, properly enveloped, with first class postage prepaid, and addressed to:

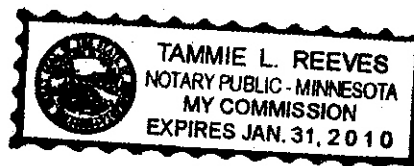
Kent Harbison
Fredrikson & Byron, P.A.
200 South Sixth Street, # 4000
Minneapolis, Minnesota 55402

Facsimile No.
612-492-7077


Dawn Christensen

Subscribed and sworn to before me
this 14th day of March 2008.


Notary Public



**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/1949
License Number: 35,122

STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, D.O. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Kent Harbison, Fredrikson & Byron, P.A., 200 South Sixth Street, Suite 4000, Minneapolis, Minnesota 55402, telephone (612) 492-7000. The Committee was represented by Stephen B. Masten, Assistant Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on January 11, 1992, under a Board Order due to his history of

polysubstance abuse and relapses to chemical dependency. On January 15, 1994, the Board granted an Order of Unconditional License to Respondent.

b. Beginning in 1996, Respondent's medical license was again conditioned and restricted pursuant to multiple disciplinary orders based upon his lengthy history of chemical dependency, diversion of narcotics for his own use, and treatment for bipolar disorder. On March 18, 1998, Respondent entered into an Amended Stipulation and Order which indefinitely suspended his license for three years.

c. On November 13, 2004, the Board granted an Order of Unconditional License to Respondent.

d. On July 26, 2007, Respondent self-reported to the Health Professionals Services Program ("HPSP"), St. Paul, Minnesota, after relapsing to alcohol and narcotic usage.

e. On August 30, 2007, Respondent entered into a Participation Agreement and Monitoring Plan with HPSP based upon a substance disorder and a psychiatric disorder. In accordance with the HPSP Monitoring Plan, Respondent was required, in part, to refrain from practice until authorized by HPSP to return to work, refrain from prescribing or dispensing any controlled substance for himself or his family members, abstain from alcohol and all mood-altering chemicals, obtain a primary care physician to prescribe all prescription medications, successfully complete an outpatient substance abuse program, meet with a psychiatrist at least twice per week, and submit to unannounced biological fluid screens on a periodic basis at the request of HPSP.

f. On September 27, 2007, October 1, 2007, and October 10, 2007, Respondent was directed to an Urgent Care Clinic, by his treating physicians, who were unable to see Respondent on an urgent basis. Respondent obtained prescriptions for controlled

substances from the Urgent Care Clinic physicians without first informing them of his HPSP Monitoring Plan.

g. On October 10, 2007 and October 24, 2007, Respondent submitted biological fluid screens to HPSP that tested positive for unauthorized oxycodone.

h. On October 29, 2007, Respondent submitted a biological fluid screen to HPSP that tested positive for alcohol. When confronted by HPSP about his positive screen, Respondent admitted attending a football game and taking "a swig of liquor" on that day.

i. In October 2007, Respondent attended meetings of his outpatient substance abuse program while under the influence of narcotic pain medications. Respondent was asked to refrain from returning to the meetings until he had achieved sobriety.

j. In November 2007, Respondent was interviewed by an investigator from the Attorney General's Office and admitted relapsing to alcohol usage. Respondent also admitted that he wrote prescriptions, in his wife's name, to obtain narcotics for his own usage.

k. A review of pharmacy records revealed that, although Respondent's HPSP Monitoring Plan included a provision requiring him to refrain from practicing, Respondent authorized 12 new prescriptions, for multiple patients, following August 30, 2007, in violation of his HPSP Monitoring Plan.

l. On November 15, 2007, Respondent admitted to HPSP that he had authorized renewals of prescriptions, for several of his patients, during the week of November 12, 2007, in violation of his HPSP Monitoring Plan. Respondent stated that he did not personally see these patients at the time of the renewals and that it had not occurred to him that renewing prescriptions for a pre-existing mental health patient would constitute a violation of his HPSP Monitoring Plan.

m. On November 20, 2007, Respondent was discharged from his outpatient substance abuse program, for non-compliance, with an "unfavorable" prognosis. Respondent's discharge report noted that, despite numerous opportunities to remain chemically free, Respondent continued to use alcohol and/or chemicals and "be less than honest about it." The report further noted that Respondent appeared to be attending frequent self-help group meetings, but failed to use the support received to the best of his ability. The report recommended the referral of Respondent to an inpatient treatment program.

n. On November 26, 2007, Respondent was admitted to an inpatient chemical dependency treatment program. On December 9, 2007, Respondent was discharged from the inpatient program and transferred to an outpatient chemical dependency treatment program. On January 11, 2008, Respondent completed the outpatient chemical dependency treatment program.

o. On January 12, 2008, Respondent entered into a Stipulation and Order ("2008 Order") with the Board which suspended his license, based upon his relapse to alcohol and pain medications, but stayed the suspension contingent upon his compliance with the terms and conditions for monitoring of his practice and recovery. In accordance with the Stipulation and Order, Respondent was required, in part, to abstain from alcohol and all mood-altering chemicals, successfully complete a comprehensive inpatient or residential chemical dependency treatment program and participate in any aftercare plan, fully comply with his HPSP Monitoring Plan, attend self-help group meetings at least three times per week, obtain all prescription drugs and non-prescription drugs (including over-the-counter medications) from his primary care treating physician, and submit to unannounced biological fluid screens at least 12 times per quarter.

p. On February 4, 2008, Respondent submitted a biological fluid screen to HPSP that tested positive for ethylglucuronide (a metabolite of ethyl alcohol) at a level of 677 ng/ml. When confronted by HPSP, Respondent initially denied using alcohol, but later admitted consuming alcohol at a social event.

q. On February 21, 2008, HPSP received notification that, on February 15, 2008, Respondent obtained a prescription for 10 tablets of Vicodin 500mg from another physician in his primary care treating physician's clinic without the approval of his primary care treating physician. Respondent reported this prescription to HPSP after he had obtained it.

r. On February 19, 2008, the Complaint Review Committee reviewed the matter and determined that Respondent had failed to maintain compliance with his HPSP Monitoring Plan and his 2008 Board Order.

s. On February 24, 2008, Respondent submitted a biological fluid screen to HPSP that tested positive for ethylglucuronide (a metabolite of ethyl alcohol) at a level of 920 ng/ml. When confronted by HPSP, Respondent denied consuming alcohol.

t. On March 14, 2008, the Board served an Order for Removal of Stay on Respondent, which suspended Respondent's medical license pursuant to paragraph 8 of the 2008 Order.

STATUTES

4. The Committee views Respondent's practice as inappropriate in such a way as to require Board action under Minn. Stat. section 147.091, subd. 1(f), (l), and (r) (2006), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an Order conditioning and restricting Respondent's license to practice medicine and surgery in the State of Minnesota as follows:

- a. Respondent's license is **INDEFINITELY SUSPENDED**.
- b. During the period of suspension, Respondent shall not in any manner practice medicine and surgery in Minnesota.
- c. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional or evaluator. Respondent shall allow the Board or its designee to communicate with all treating health professionals
- d. Respondent may petition for reinstatement of his license upon submission of satisfactory evidence of at least six months of documented, uninterrupted recovery. Satisfactory evidence shall include, but shall not be limited to, random urine and/or blood screens, satisfactory completion of an intensive inpatient treatment program and aftercare, written documentation of regular attendance and participation at meetings of a self-help group in support of recovery, submission of a current chemical and mental health evaluation conducted by an evaluator approved in advance by the Board, and a report from a treating physician that he is fit and competent to resume practice with reasonable skill and safety to patients.
- e. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition and his progress in recovery. Upon hearing Respondent's

petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven days of any change, Respondent shall provide the Board with the new address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If Respondent shall fail, neglect, or refuse to fully comply with each of these terms, provisions, and conditions herein, including timely submission of required reports, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or suspension or revocation of Respondent's license.

9. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

11. Respondent hereby acknowledges that he has read and understands this Stipulation and that he has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire

agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 4/24/08

Dated: May 10, 2008

Michael Centrella
Michael Centrella, D.O.
Respondent

Carl S. Smithers
For the Committee

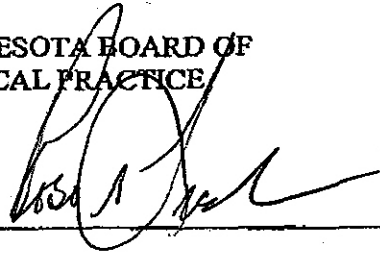
ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 10th day of May, 2008.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: _____



**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/1949
License Number: 35,122

STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, D.O. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Kent Harbison, Fredrikson & Byron, P.A., 200 South Sixth Street, Suite 4000, Minneapolis, Minnesota 55402, telephone (612) 492-7000. The Committee was represented by Stephen B. Masten, Assistant Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on January 11, 1992, under a Board Order ("1992 Order") due to his history of polysubstance abuse and relapses to chemical dependency. Respondent fulfilled the

terms of the 1992 Order and, on January 15, 1994, was granted an Order of Unconditional License to practice medicine in the State of Minnesota.

b. Beginning in 1996, Respondent's medical license was again conditioned and restricted pursuant to multiple disciplinary orders based upon his lengthy history of chemical dependency, diversion of narcotics for his own use, and treatment for bipolar disorder. On March 18, 1998, Respondent entered into an Amended Stipulation and Order that indefinitely suspended his license for three years.

c. On November 13, 2004, Respondent was granted an Order of Unconditional License by the Board for the unrestricted practice of medicine in the State of Minnesota.

d. On July 26, 2007, Respondent self-reported to the Health Professionals Services Program ("HPSP") after relapsing to alcohol and narcotic usage.

e. On August 30, 2007, Respondent entered into a Participation Agreement and Monitoring Plan with HPSP based upon a substance disorder and a psychiatric disorder. The Monitoring Plan required Respondent, in part, to refrain from practice until authorized by HPSP to return to work, refrain from prescribing or dispensing any controlled substances for himself or his family members, abstain from alcohol and all mood-altering chemicals, obtain a primary care treating physician to prescribe all prescription medications, successfully complete an outpatient substance abuse program, meet with a psychiatrist at least twice per week, and submit to unannounced biological fluid screens on a periodic basis at the request of HPSP.

f. On September 27, 2007, October 1, 2007, and October 10, 2007, Respondent was directed to an Urgent Care Clinic, by his treating physicians, who were unable to see Respondent on an urgent basis. Respondent obtained prescriptions for controlled

substances from the Urgent Care Clinic physicians without first informing them of his HPSP Monitoring Plan.

g. In early October 2007, Respondent attended meetings of his outpatient substance abuse program while under the influence of narcotic pain medications. Respondent was asked to refrain from returning to the meetings until he had achieved sobriety.

h. On October 10, 2007 and October 24, 2007, Respondent submitted biological fluid screens to HPSP that tested positive for unauthorized oxycodone.

i. On October 29, 2007, Respondent submitted a biological fluid screen to HPSP that tested positive for alcohol. When confronted by HPSP about his positive screen, Respondent admitted attending a football game and taking "a swig of liquor" on that day.

j. In November 2007, Respondent was interviewed by an investigator from the Attorney General's Office and admitted relapsing to alcohol usage, including the consumption of alcoholic beverages after August 30, 2007, in violation of his HPSP Monitoring Plan. Respondent also admitted writing prescriptions, in his wife's name, to obtain narcotics for his own usage.

k. A review of pharmacy records revealed that, although Respondent's HPSP Monitoring Plan included a provision requiring him to refrain from practicing, Respondent authorized 12 new prescriptions, for multiple patients, following August 30, 2007, in violation of his HPSP Monitoring Plan.

l. On November 15, 2007, Respondent admitted to HPSP that he had authorized renewals of prescriptions for several of his patients, during the week of November 12, 2007, in violation of his Monitoring Plan. Respondent stated that he did not personally see these patients at the time of the renewals and that it had not occurred to him that renewing

prescriptions for a pre-existing mental health patient would constitute a violation of his Monitoring Plan.

m. On November 20, 2007, Respondent was discharged from his outpatient substance abuse program, for non-compliance, with an "unfavorable" prognosis. Respondent's discharge report noted that, despite numerous opportunities to remain chemically free, Respondent continued to use alcohol and/or chemicals and "be less than honest about it." The report further noted that Respondent appeared to be attending frequent self-help group meetings, but failed to use the support received to the best of his ability. The report recommended the referral of Respondent to an inpatient residential treatment program.

STATUTES

4. The Committee views Respondent's practice as inappropriate in such a way as to require Board action under Minn. Stat. section 147.091, subd. 1(l) and (r) (2006), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an Order **SUSPENDING** Respondent's license to practice medicine and surgery in the State of Minnesota. The suspension is **STAYED** contingent upon Respondent's compliance with the following terms and conditions:

a. Respondent shall immediately enroll in and successfully complete a comprehensive inpatient or residential chemical dependency treatment program, approved in

advance by the Board or its designee. Successful completion shall be determined by the Board, or its designee, and shall include compliance with all treatment and aftercare recommendations.

b. Respondent shall provide to the Board, or its designee, and to his primary care treating physician, a copy of any treatment or aftercare plan that is in effect at the time of execution of this Stipulation and Order, or which becomes effective, or modified, during the time Respondent is subject to this Stipulation and Order. The treatment or aftercare plan and any modifications to it shall include at least the following:

- 1) The treatment or aftercare plan activities.
- 2) The name, address, and telephone number for each provider of treatment or aftercare services.

c. The terms of any such treatment or aftercare plan, or modification thereto, to the extent not superseded by this Order, are herein incorporated by reference. Failure to follow the treatment or aftercare plan, or modifications, shall constitute a violation of this Order.

d. Upon successful completion of his comprehensive inpatient or residential treatment program, Respondent shall appear before the Committee to discuss his progress in treatment and recovery. Upon meeting with Respondent and reviewing his prognosis and the recommendations following his discharge from the treatment program, the Committee may recommend that the Board impose additional terms and conditions on Respondent's license, as deemed appropriate.

e. Respondent shall participate in the Health Professionals Services Program (HPSP) and comply fully with all terms and conditions of his HPSP Participation Agreement and Monitoring Plan, including any modifications resulting from this Stipulation and Order. Respondent shall sign releases allowing HPSP to provide a copy of his Monitoring Plan and all

compliance and treatment data to the Board. Failure to comply with the HPSP Monitoring Plan, including any modifications, shall constitute a violation of this Order.

f. Respondent shall obtain a primary care treating physician, approved in advance by the Board or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the primary care treating physician pursuant to this paragraph. The primary care treating physician shall provide quarterly reports to the Board summarizing medical or other care provided to Respondent, as well as addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery. Respondent is responsible for ensuring timely submission of all required reports.

g. Respondent shall abstain from alcohol and all mood-altering chemicals unless authorized or approved by Respondent's primary care treating physician.

h. Respondent shall not prescribe or administer any prescription drug, drug sample, or over-the-counter medication for Respondent's own use or for Respondent's family member's use. All of Respondent's prescription and non-prescription drugs, including over-the-counter medications, shall be authorized or approved by Respondent's primary care treating physician.

i. Respondent shall be subject to unannounced biological fluid screens at the request of Board staff, or other Board designee, at least twelve times per quarter, including weekends. Respondent shall provide the requested sample within the timeframe directed. The screens shall be:

lower dosage. Romberg's sign was also negative. TSO Tr. Vol. VII:1193-94. Like Dr. Uspensky, Dr. Abuzzahab had also prescribed various antidepressants to Patient No. 46. On that same date, he prescribed Serzone, an antidepressant. TSO Tr. Vol. VII:1193. On April 3, 1997, Patient No. 46 complained of a lot of physical pain all over his body. Dr. Abuzzahab charted that it started before he began taking the Serzone, because Serzone can cause joint discomfort. Dr. Abuzzahab prescribed Ultram, a nonscheduled analgesic, which does not cause psychiatric side effects. TSO Tr. Vol. VI:1008; TSO Tr. Vol. VII:1197. When Ultram and Motrin were not relieving the pain and the patient phoned on April 18, 1997, Dr. Abuzzahab suggested a family physician or arthritis specialist to rule out a physical source, given the patient's history of athletic injuries. TSO Tr. Vol. VII:1198.

121. On April 28, 1997 and April 29, 1997, Patient No. 46's mother called stating that the patient had insomnia, nausea, anxiety, and racing thoughts. TSO Tr. Vol. VII:1199-1200. Dr. Abuzzahab originally advised increasing the Zyprexa to 20 milligrams as a way of dealing with all of these symptoms. TSO Tr. Vol. VII:1201-4; TSO Tr. Vol. IX:1681-85. When this did not work, on the 29th, he ordered Compazine for the nausea and Benadryl for sleep. Patient No. 46 did not follow Dr. Abuzzahab's advice to increase the Zyprexa. TSO Tr. Vol. IV:532.

122. In Dr. Goldman's opinion, Patient No. 46 immediately developed symptoms that should have alerted Dr. Abuzzahab to the possibility that either the Zyprexa was not working, that it was producing adverse drug effects, or that Patient No. 46 had stopped taking the drug and was decompensating. These symptoms included anxiety, insomnia, depression, paranoia, body pain, and uncontrollable mouth movements.

123. Based on his belief that these new drugs should work and not produce these types of adverse symptoms, Dr. Abuzzahab surmised that these symptoms were either attributable to the inevitable course of schizophrenia regardless of the drug regimen, or to a cause separate and distinct from the illness or the drugs. TSO Tr. Vol. IX:1682-85. These Findings illustrate that Dr. Abuzzahab based critical decisions about this patient on generalized assumptions causing him to ignore or disregard the patient's dire condition. As a consequence, he failed to respond appropriately to the patient's rapidly deteriorating condition, thereby placing him at great risk of harm.

124. Dr. Abuzzahab scheduled an appointment on May 5, 1997 to accommodate Patient No. 46's parents so they could also attend the session. TSO Tr. Vol. VII:1200. Two days previously, the patient had been to the Fairview University Medical Center emergency room where the physician, in telephone consultation with Dr. Abuzzahab, prescribed Ativan for the patient. TSO Tr. Vol. VII:1206-07. He was seen at the hospital due to extreme anxiety and depression. His family reported that he had been doing well until a week earlier. Exh. 50c-2:186. At that time, the parents refused continued hospitalization. During the May 5, 1997 visit, Dr. Abuzzahab learned that the patient had self-discontinued his Zyprexa the previous week because of lip movements. TSO Tr. Vol. VII:1200; 1208. Dr. Abuzzahab made no effort at this appointment to question Patient No. 46 about the symptoms he had been reporting by phone during the preceding weeks. His notes do not reflect that he assessed the patient's current psychiatric state or that the patient was uncommunicative, kept his sunglasses on and wore no shoes because of pain. TSO Tr. Vol. IX:1687-91; Vol. IV:539.

shall provide quarterly reports to the Board, or its designee, and to the primary care treating physician regarding Respondent's diagnosis and progress in therapy. Respondent is responsible for ensuring timely submission of all required reports. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary care treating physician and the Board.

n. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional, evaluator, or facility. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

o. Respondent shall practice in a group setting, approved in advance by the Board or its designee.

p. Respondent shall provide a copy of this Stipulation and Order to his employer in any approved practice setting.

q. Respondent is prohibited from providing psychotherapy to patients.

r. Respondent's practice shall be limited to a maximum of 32 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule. No sooner than six months from resuming practice, Respondent may petition for an increase in his work hours.

s. Respondent shall meet at least monthly with an on-site supervising physician, approved in advance by the Board or its designee. The supervising physician shall review a random sampling of Respondent's patient charts and provide quarterly reports to the Board. Respondent is responsible for ensuring timely submission of all required reports.

t. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. Such meetings shall take place at a time mutually convenient to Respondent and the designated Board member. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order.

u. Respondent may petition, in writing, for reduced monitoring, no sooner than one year from the date of this Order. Upon reviewing Respondent's petition, the Committee, at its discretion and by its own order, may reduce the frequency of required meetings, reports, and/or biological fluid screens required by the terms and conditions of this Order.

v. Respondent may petition for reinstatement of an unconditional license no sooner than three years from the date of this Order and upon proof, satisfactory to the Board, of at least three years of documented, uninterrupted recovery. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition and his progress in recovery. Upon hearing Respondent's petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven days of any change, Respondent shall provide the Board with the new

address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If the Committee has probable cause to believe that Respondent has failed to comply with any of the requirements for staying the suspension of his license as set forth in paragraph 5 above, or has failed to comply with a Health Professionals Services Program Participation Agreement and Monitoring Plan, if applicable, and/or is subject to a positive biological fluid screen, the Committee may remove the stay of suspension and suspend Respondent's license pursuant to the procedures outlined below:

a. The removal of the stayed suspension shall take effect upon service of an Order of Removal of Stayed Suspension ("Order of Removal"). Respondent agrees that the Committee is authorized to issue an Order of Removal, which shall remain in effect and shall have the full force and effect of an order of the Board until the Board makes a final determination pursuant to the procedures outlines in paragraph 9 below, or until the complaint is dismissed and the order is rescinded by the Committee. The Order of Removal shall confirm the Committee has probable cause to believe Respondent has failed to comply with or has violated one or more of the requirements for staying the suspension of Respondent's license.

b. Respondent further agrees an Order of Removal issued pursuant to this paragraph shall be deemed a public document under the Minnesota Government Data Practices Act. Respondent waives any right to a hearing before removal of the stayed suspension.

c. The Committee shall schedule a hearing before the Board pursuant to paragraph 9 below to be held within 60 days of service of the Order of Removal.

9. If the Committee issues an Order of Removal pursuant to paragraph 8 above, the following shall apply:

a. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing referred to in paragraph 8.c. above. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

b. At a hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of witnesses, and other procedures governing administrative hearings or civil trials.

c. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

d. The Committee, at its discretion, may schedule a conference with Respondent prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

10. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

11. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

12. Respondent hereby acknowledges that he has read and understands this Stipulation and that he has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 12/27/07

Michael Centrella

Michael Centrella, D.O.
Respondent

Dated: 1/12/2008

Carl S. Smith MD

For the Committee

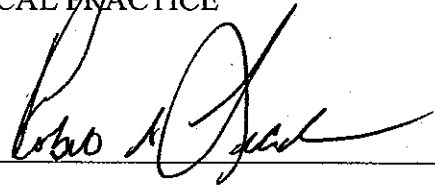
ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 12th day of January, 2008.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: _____



AG: #1910768-v1

AFFIDAVIT OF SERVICE BY MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Dawn Christensen, being first duly sworn, deposes and says:

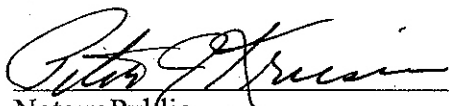
That at the City of St. Paul, County of Ramsey and State of Minnesota, on January 14, 2008, she served the attached **STIPULATION AND ORDER** by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Kent Harbison
Fredrikson & Byron, P.A.
200 South Sixth Street, # 4000
Minneapolis, Minnesota 55402



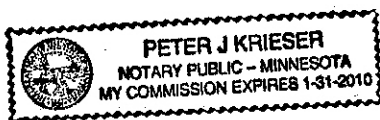
Dawn Christensen

Subscribed and sworn to before me
this 14th day of January 2008.



Notary Public

AG: #1934892-v1



BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Date of Birth: 7/22/1949
License Number: 35,122

STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Michael Centrella, D.O. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Kent Harbison, Fredrikson & Byron, P.A., 200 South Sixth Street, Suite 4000, Minneapolis, Minnesota 55402, telephone (612) 492-7000. The Committee was represented by Stephen B. Masten, Assistant Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on January 11, 1992, under a Board Order due to his history of

g. Applicant shall meet on a quarterly basis with a designated Board member. Such meetings shall take place at a time mutually convenient to Applicant and the designated Board member. It shall be Applicant's obligation to contact the designated Board member to arrange each of the quarterly meetings. The purpose of such meetings shall be to review Applicant's progress under the terms of this Stipulation And Order.

5. Applicant understands that if he eats small amounts of poppyseeds or food containing poppyseeds which results in the ingestion of sufficient opiate compound to give a positive test for those drugs, the Board will not accept eating such food as an explanation for the presence of drugs in a blood or urine test;

6. Within ten days of the date of this order, Applicant shall provide the Board with a list of all hospitals at which Applicant currently has medical privileges. The information shall be sent to Richard L. Auld, Board of Medical Practice, Suite 106, 2700 University Avenue West, St. Paul, Minnesota 55114;

7. If Applicant shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the license of Applicant to practice medicine in the State of Minnesota shall be suspended immediately upon written notice by the Board to Applicant, such a suspension to remain in full force and effect until Applicant petitions the Board to terminate the suspension after a hearing. Nothing contained herein shall prevent the Board from revoking or suspending Applicant's license to practice medicine in the State of Minnesota after any such hearing;

8. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Applicant agrees that should the Board reject this stipulation and if this case proceeds to hearing, Applicant will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto;

chemicals, successfully complete a comprehensive inpatient or residential chemical dependency treatment program and participate in any aftercare plan, fully comply with his HPSP monitoring plan, attend self-help group meetings at least three times per week, obtain all prescription drugs and non-prescription drugs (including over-the-counter medications) from his primary care treating physician, and submit to unannounced biological fluid screens at least 12 times per quarter.

f. On February 4, 2008, Respondent submitted a biological fluid screen to HPSP that tested positive for a chemical substance, in violation of his HPSP monitoring plan.

g. On February 15, 2008, Respondent obtained a prescription for a controlled substance from a physician other than his primary care treating physician, and without the approval of his primary care treating physician, in violation of his HPSP monitoring plan.

h. On February 24, 2008, Respondent submitted a biological fluid screen to HPSP that tested positive for a chemical substance, in violation of his HPSP monitoring plan.

i. On March 14, 2008, the Board served an Order for Removal of Stay on Respondent, which suspended Respondent's medical license pursuant to the terms of the January 2008 Order, based upon Respondent's failure to maintain compliance with his HPSP monitoring plan and his January 2008 Board Order.

j. On May 10, 2008, Respondent entered into a Stipulation and Order with the Board ("May 2008 Order") which indefinitely suspended his license to practice medicine in the State of Minnesota. Under the terms of the May 2008 Order, Respondent was prohibited, in part, from practicing medicine until such time as he submitted satisfactory evidence to the Board of at least six months of documented, uninterrupted recovery.

k. On February 11, 2009, Respondent submitted a written petition to the Board, including appropriate supporting documentation, requesting reinstatement of his license to practice medicine in the State of Minnesota.

1. On March 3, 2009, Respondent met with the Complaint Review Committee and stated that he had maintained sobriety for one year and had been compliant with his monitoring plan. Respondent also reported that he had fulfilled the requirements set forth in his May 2008 Order for reinstatement of his license.

STATUTES

4. The Committee views Respondent's practice as inappropriate in such a way as to require Board action under Minn. Stat. section 147.091, subd. 1(l) and (r) (2008), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an Order **SUSPENDING** Respondent's license to practice medicine and surgery in the State of Minnesota. The suspension is **STAYED** contingent upon Respondent's compliance with the following terms and conditions:

a. Respondent shall immediately enroll in the Health Professionals Services Program (HPSP) and comply fully with all terms and conditions of his HPSP Participation Agreement and Monitoring Plan, including any modifications resulting from this Stipulation and Order. Respondent shall sign releases allowing HPSP to provide a copy of his Monitoring Plan

and all compliance and treatment data to the Board. Failure to comply with the HPSP Monitoring Plan, including any modifications, shall constitute a violation of this Order.

b. Respondent shall obtain a primary care treating physician, approved in advance by the Board or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the primary care treating physician pursuant to this paragraph. The primary care treating physician shall provide quarterly reports to the Board summarizing medical or other care provided to Respondent, as well as addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery. Respondent is responsible for ensuring timely submission of all required reports.

c. Respondent shall provide to the Board, or its designee, and to his primary care treating physician, a copy of any treatment or aftercare plan that is in effect at the time of execution of this Stipulation and Order, or which becomes effective, or modified, during the time Respondent is subject to this Stipulation and Order. The treatment or aftercare plan and any modifications to it shall include at least the following:

- 1) The treatment or aftercare plan activities.
- 2) The name, address, and telephone number for each provider of treatment or aftercare services.

The terms of any such treatment or aftercare plan, or modification thereto, to the extent not superseded by this Order, are herein incorporated by reference. Failure to follow the treatment or aftercare plan, or modifications, shall constitute a violation of this Order.

d. Respondent shall obtain a pain management specialist, approved in advance by the Board or its designee, and shall submit to random blood serum level studies during the time that Respondent is prescribed a controlled substance. The pain management specialist shall provide monthly reports to the Board, or its designee, summarizing Respondent's blood serum level studies or any other care provided by the pain management specialist under this paragraph. Respondent is responsible for ensuring timely submission of all required reports.

e. Respondent shall abstain from alcohol and all mood-altering chemicals unless authorized or approved by Respondent's primary care treating physician.

f. Respondent shall not prescribe or administer any prescription drug, drug sample, or over-the-counter medication for Respondent's own use or for Respondent's family member's use. All of Respondent's prescription and non-prescription drugs, including over-the-counter medications, shall be authorized or approved, in advance, by Respondent's primary care treating physician.

g. Respondent shall be subject to unannounced biological fluid screens at the request of Board staff, or other Board designee, at least twelve times per quarter, including weekends. Respondent shall provide the requested sample within the timeframe directed. The screens shall be:

- 1) Collected and tested consistent with protocols established by a Board-designated laboratory.
- 2) Handled through legal chain-of-custody methods.
- 3) Paid for by Respondent.

The biological fluid collection shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines,

marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and to Respondent's primary care treating physician. Ingestion of poppyseeds will not be accepted as a reason for a positive screen.

h. Respondent shall attend meetings of a self-help program such as AA or NA in support of abstinence at least three times per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation. Respondent is responsible for ensuring timely submission of all required reports.

i. Respondent shall attend monthly meetings of a professional support group such as PSP approved in advance by the Board or its designee. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding Respondent's attendance and participation. Respondent is responsible for ensuring timely submission of all required reports.

j. Respondent shall comply with medication management as recommended by a pre-approved treating psychiatrist, who shall provide quarterly reports to the Board or its designee. Respondent is responsible for ensuring timely submission of all required reports.

k. Respondent shall engage in individual therapy with a psychiatrist or therapist, approved in advance by the Board or its designee. The treating psychiatrist or therapist shall provide quarterly reports to the Board, or its designee, and to the primary care treating physician regarding Respondent's diagnosis and progress in therapy. Respondent is responsible for ensuring timely submission of all required reports. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary care treating physician and the Board.

l. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional, evaluator, or facility. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

m. Respondent shall practice in a group setting, approved in advance by the Board or its designee.

n. Respondent shall provide a copy of this Stipulation and Order to his employer in any approved practice setting.

o. Respondent is prohibited from providing psychotherapy to patients.

p. Respondent's practice shall be limited to a maximum of 24 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule. No sooner than six months from resuming practice, Respondent may petition for an increase in his work hours.

q. Respondent shall meet at least monthly with an on-site supervising physician, approved in advance by the Board or its designee. The supervising physician shall review a random sampling of Respondent's patient charts and provide quarterly reports to the Board. Respondent is responsible for ensuring timely submission of all required reports.

r. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. Such meetings shall take place at a time mutually convenient to Respondent and the designated Board member. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order.

s. Respondent may petition, in writing, for reduced monitoring, no sooner than one year from the date of this Order. Upon reviewing Respondent's petition, the Committee, at its discretion and by its own order, may reduce the frequency of required meetings, reports, and/or biological fluid screens required by the terms and conditions of this Order.

t. Respondent may petition for reinstatement of an unconditional license no sooner than three years from the date of this Order and upon proof, satisfactory to the Board, of at least four years of documented, uninterrupted recovery. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition and his progress in recovery. Upon hearing Respondent's petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven days of any change, Respondent shall provide the Board with the new address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any

period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If the Committee has probable cause to believe that Respondent has failed to comply with any of the requirements for staying the suspension of his license as set forth in paragraph 5 above, or has failed to comply with a Health Professionals Services Program Participation Agreement and Monitoring Plan, if applicable, and/or is subject to a positive biological fluid screen, the Committee may remove the stay of suspension and suspend Respondent's license pursuant to the procedures outlined below:

a. The removal of the stayed suspension shall take effect upon service of an Order of Removal of Stayed Suspension ("Order of Removal"). Respondent agrees that the Committee is authorized to issue an Order of Removal, which shall remain in effect and shall have the full force and effect of an order of the Board until the Board makes a final determination pursuant to the procedures outlines in paragraph 9 below, or until the complaint is dismissed and the order is rescinded by the Committee. The Order of Removal shall confirm the Committee has probable cause to believe Respondent has failed to comply with or has violated one or more of the requirements for staying the suspension of Respondent's license.

b. Respondent further agrees an Order of Removal issued pursuant to this paragraph shall be deemed a public document under the Minnesota Government Data Practices Act. Respondent waives any right to a hearing before removal of the stayed suspension.

c. The Committee shall schedule a hearing before the Board pursuant to paragraph 9 below to be held within 60 days of service of the Order of Removal.

9. If the Committee issues an Order of Removal pursuant to paragraph 8 above, the following shall apply:

a. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing referred to in paragraph 8.c. above. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

b. At a hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of witnesses, and other procedures governing administrative hearings or civil trials.

c. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

d. The Committee, at its discretion, may schedule a conference with Respondent prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

10. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will

assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

11. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

12. Respondent hereby acknowledges that he has read and understands this Stipulation and that he has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 3/11/09

Dated: 5-9-09

Michael Centrella D.O.

Michael Centrella, D.O.
Respondent

[Signature]

For the Committee

ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 9th day of May, 2009.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: [Signature]

**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Larry F. Berger, M.D.
Date of Birth: 11/28/1951
License Number: 29,521

**ORDER OF
UNCONDITIONAL LICENSE**

The Minnesota Board of Medical Practice ("Board"), having convened on November 8, 2008, to review the petition of Larry F. Berger, M.D. ("Respondent"), for reinstatement of an unconditional license to practice medicine and surgery makes the following:

FINDINGS OF FACT

1. Respondent's medical license has been conditioned and restricted pursuant to a Stipulation and Order dated September 8, 2007 ("Order"), which was based upon Respondent's unethical and unprofessional conduct. In accordance with the Order, Respondent was reprimanded and required, in part, to successfully complete appropriate coursework in professional boundaries, meet with a designated Board member on a quarterly basis, and pay a civil penalty of \$1,620.00.

2. On August 22, 2008, the Board received a written petition from Respondent for consideration of an unconditional license.

3. On September 23, 2008, the Complaint Review Committee met to discuss Respondent's petition for reinstatement of an unconditional license. The Committee concluded that Respondent had complied with the terms and conditions imposed on his license and recommended that the Board issue an unconditional license to practice medicine and surgery in the State of Minnesota.

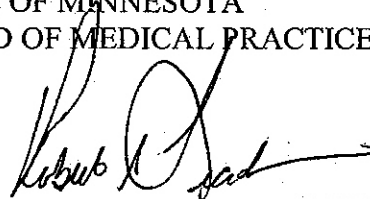
4. Based on the foregoing, the Board concludes that Respondent has complied with and fulfilled the Order issued by the Board on September 8, 2007, and hereby issues the following:

ORDER

IT IS HEREBY ORDERED that an unconditional license to practice medicine and surgery in the State of Minnesota be conferred upon Respondent, such license to carry all duties, benefits, responsibilities, and privileges inherent therein through Minnesota statute and rule.

Dated: November 8, 2008

STATE OF MINNESOTA
BOARD OF MEDICAL PRACTICE



AG: #2321058-v1

AFFIDAVIT OF SERVICE BY MAIL


**Re: In the Matter of the Medical License of Larry F. Berger, M.D.
License Number: 29,521**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Dawn Christensen, being first duly sworn, deposes and says:

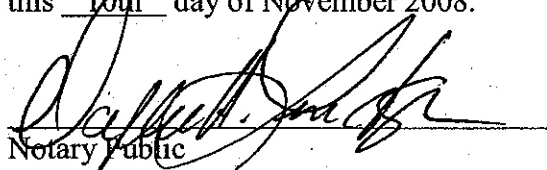
That at the City of St. Paul, County of Ramsey and State of Minnesota, on November 10, 2008, she served the attached **ORDER OF UNCONDITIONAL LICENSE** by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Gregory Bulinski
Attorney at Law
Bassford Remele
33 South Sixth Street, Suite 3800
Minneapolis, Minnesota 55402-3707



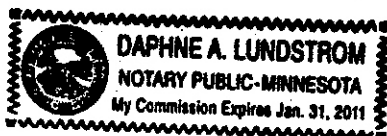
Dawn Christensen

Subscribed and sworn to before me
this 10th day of November 2008.



Notary Public

AG: #2339079-v1



k. On February 11, 2009, Respondent submitted a written petition to the Board, including appropriate supporting documentation, requesting reinstatement of his license to practice medicine in the State of Minnesota.

l. On March 3, 2009, Respondent met with the Complaint Review Committee and stated that he had maintained sobriety for one year and had been compliant with his monitoring plan. Respondent also reported that he had fulfilled the requirements set forth in his May 2008 Order for reinstatement of his license.

m. On May 8, 2009, Respondent entered into a Stipulation and Order with the Board ("2009 Order") which suspended Respondent's license to practice medicine, but stayed the suspension contingent upon Respondent's continued compliance with the terms and conditions set forth in the 2009 Order. Under the terms of the 2009 Order, Respondent was required, in part, to enroll with HPSP and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, meet with an on-site supervising physician on a monthly basis, and meet with a designated Board member on a quarterly basis.

n. On May 11, 2009, the Board received a written petition from Respondent requesting a revision to his 2009 Order to permit a practice setting under the supervision of an on-site work monitor who is not a physician.

o. On June 16, 2009, the Complaint Review Committee reviewed Respondent's petition and recommended revisions to the 2009 Order consistent with Respondent's proposal to permit a pre-approved practice setting under the supervision of a work site monitor who is not a physician.

STATUTES

4. The Committee views Respondent's practice as inappropriate in such a way as to require Board action under Minnesota Statutes section 147.091, subd. 1(l) and (r) (2008), and respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an Order **SUSPENDING** Respondent's license to practice medicine and surgery in the State of Minnesota. The suspension is **STAYED** contingent upon Respondent's compliance with the following terms and conditions:

a. Respondent shall immediately enroll in the Health Professionals Services Program (HPSP) and comply fully with all terms and conditions of his HPSP Participation Agreement and Monitoring Plan, including any modifications resulting from this Stipulation and Order. Respondent shall sign releases allowing HPSP to provide a copy of his Monitoring Plan and all compliance and treatment data to the Board. Failure to comply with the HPSP Monitoring Plan, including any modifications, shall constitute a violation of this Order.

b. Respondent shall obtain a primary care treating physician, approved in advance by the Board or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the primary care treating physician pursuant to this paragraph. The primary care treating physician

AFFIDAVIT OF PERSONAL SERVICE

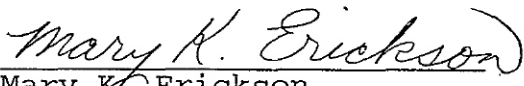
RE: In the Matter of the License of Faruk S. Abuzzahab, M.D.
License No. 17,068

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

Mary K. Erickson, being first duly sworn, hereby deposes and
says:

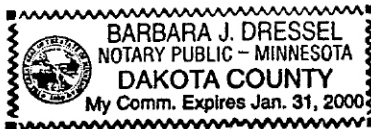
That at the City of Minneapolis on July 30, 1998, she
personally served a true and correct copy of the attached letter
to Dr. Abuzzahab. This letter was personally served to Dr.
Abuzzahab at the office of the Board of Medical Practice at the
following address:

2829 University Avenue SE, Suite 400
Minneapolis, MN 55414-2166


Mary K. Erickson

Subscribed and Sworn to before me
this 31st day of July, 1998.


NOTARY PUBLIC



f. Respondent shall not prescribe or administer any prescription drug, drug sample, or over-the-counter medication for Respondent's own use or for Respondent's family member's use. All of Respondent's prescription and non-prescription drugs, including over-the-counter medications, shall be authorized or approved, in advance, by Respondent's primary care treating physician.

g. Respondent shall be subject to unannounced biological fluid screens at the request of Board staff, or other Board designee, at least twelve times per quarter, including weekends. Respondent shall provide the requested sample within the timeframe directed. The screens shall be:

- 1) Collected and tested consistent with protocols established by a Board-designated laboratory.
- 2) Handled through legal chain-of-custody methods.
- 3) Paid for by Respondent.

The biological fluid collection shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and to Respondent's primary care treating physician. Ingestion of poppy seeds will not be accepted as a reason for a positive screen.

h. Respondent shall attend meetings of a self-help program such as AA or NA in support of abstinence at least three times per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation. Respondent is responsible for ensuring timely submission of all required reports.

i. Respondent shall attend monthly meetings of a professional support group such as PSP approved in advance by the Board or its designee. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding Respondent's attendance and participation. Respondent is responsible for ensuring timely submission of all required reports.

j. Respondent shall comply with medication management as recommended by a pre-approved treating psychiatrist, who shall provide quarterly reports to the Board or its designee. Respondent is responsible for ensuring timely submission of all required reports.

k. Respondent shall engage in individual therapy with a psychiatrist or therapist, approved in advance by the Board or its designee. The treating psychiatrist or therapist shall provide quarterly reports to the Board, or its designee, and to the primary care treating physician regarding Respondent's diagnosis and progress in therapy. Respondent is responsible for ensuring timely submission of all required reports. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary care treating physician and the Board.

l. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional, evaluator, or facility. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

m. Respondent shall practice in a group setting, approved in advance by the Board or its designee.

n. Respondent shall provide a copy of this Stipulation and Order to his employer in any approved practice setting.

o. Respondent is prohibited from providing psychotherapy to patients.

p. Respondent's practice shall be limited to a maximum of 24 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule.

No sooner than six months from resuming practice, Respondent may petition for an increase in his work hours.

q. Respondent shall meet at least monthly with an on-site supervising work monitor, approved in advance by the Board or its designee. The work site monitor shall submit quarterly reports to the Board or its designee regarding Respondent's overall work performance. When Respondent is working in a pre-approved practice setting with a pre-approved work site monitor that is a physician, the work site monitor shall also review a random sampling of Respondent's patient charts and provide quarterly reports to the Board. Respondent is responsible for ensuring timely submission of all required reports.

r. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. Such meetings shall take place at a time mutually convenient to Respondent and the designated Board member. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order. When Respondent is working in a pre-approved practice setting with a pre-approved work site monitor that is not a physician, the designated Board member shall also review a random sampling of Respondent's patient charts and provide quarterly reports to the Board. Respondent is responsible for ensuring timely submission of all required reports.

s. Respondent may petition, in writing, for reduced monitoring, no sooner than one year from the date that the 2009 Order was approved by the Board. Upon reviewing

Respondent's petition, the Committee, at its discretion and by its own order, may reduce the frequency of meetings, reports, and/or biological fluid screens required by the terms and conditions of this Order.

t. Respondent may petition for reinstatement of an unconditional license no sooner than three years from the date that the 2009 Order was approved by the Board and upon proof, satisfactory to the Board, of at least four years of documented, uninterrupted recovery. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition and his progress in recovery. Upon hearing Respondent's petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven days of any change, Respondent shall provide the Board with the new address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless

Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If the Committee has probable cause to believe that Respondent has failed to comply with any of the requirements for staying the suspension of his license as set forth in paragraph 5 above, or has failed to comply with a Health Professionals Services Program Participation Agreement and Monitoring Plan, if applicable, and/or is subject to a positive biological fluid screen, the Committee may remove the stay of suspension and suspend Respondent's license pursuant to the procedures outlined below:

a. The removal of the stayed suspension shall take effect upon service of an Order of Removal of Stayed Suspension ("Order of Removal"). Respondent agrees that the Committee is authorized to issue an Order of Removal, which shall remain in effect and shall have the full force and effect of an order of the Board until the Board makes a final determination pursuant to the procedures outlined in paragraph 9 below, or until the complaint is dismissed and the order is rescinded by the Committee. The Order of Removal shall confirm the Committee has probable cause to believe Respondent has failed to comply with or has violated one or more of the requirements for staying the suspension of Respondent's license.

b. Respondent further agrees an Order of Removal issued pursuant to this paragraph shall be deemed a public document under the Minnesota Government Data Practices Act. Respondent waives any right to a hearing before removal of the stayed suspension.

c. The Committee shall schedule a hearing before the Board pursuant to paragraph 9 below to be held within 60 days of service of the Order of Removal.

9. If the Committee issues an Order of Removal pursuant to paragraph 8 above, the following shall apply:

a. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing referred to in paragraph 8.c. above. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

b. At a hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of witnesses, and other procedures governing administrative hearings or civil trials.

c. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

d. The Committee, at its discretion, may schedule a conference with Respondent prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

10. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

11. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

12. Respondent hereby acknowledges that he has read and understands this Stipulation and that he has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: August 17, 2009

Michael Centrella
Michael Centrella, D.O.
Respondent

Dated: 9-12-09

[Signature]
For the Committee

ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,
IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 12th day of September, 2009.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: [Signature]

AFFIDAVIT OF SERVICE BY MAIL

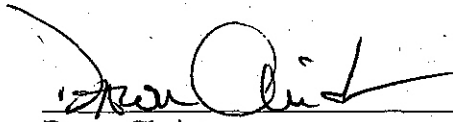
**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No: 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Dawn Christensen, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on September 14, 2009, she served the attached **AMENDED STIPULATION AND ORDER** by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Kent Harbison
Fredrikson & Byron, P.A.
200 South Sixth Street, #4000
Minneapolis, Minnesota 55402



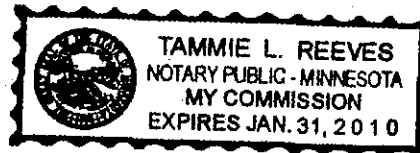
Dawn Christensen

Subscribed and sworn to before me
this 14th day of September 2009.



Notary Public

AG: #2507968-v1



**TRUE AND EXACT
COPY OF ORIGINAL**

BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Michael Centrella, D.O.
Birth Date: 7/22/1949
License Number: 35,122

**COMMITTEE ORDER
AMENDING THE BOARD'S
AMENDED STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Stipulation and Order dated May 10, 2008 ("2008 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended. The 2008 Order was based upon Respondent's relapse to alcohol and pain medications and his history of bipolar disorder.

3. By Stipulation and Order dated May 9, 2009 ("2009 Order"), Respondent's license to practice medicine was suspended, but the suspension was stayed contingent upon Respondent's compliance with the terms and conditions set forth in the 2009 Order. Under the terms of the 2009 Order, Respondent was required, in part, to enroll in HPSP and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with an on-site supervising physician on a monthly basis, and meet with a designated Board member on a quarterly basis.

4. By Amended Stipulation and Order dated September 12, 2009 ("Amended 2009 Order"), Respondent's 2009 Order was amended to permit Respondent to meet with an on-site supervising work monitor on a monthly basis, rather than an on-site supervising physician.

Respondent's license to practice medicine and surgery in the State of Minnesota. This Order supersedes and replaces the Temporary Suspension Orders dated December 19, 1997 and May 15, 1998 as follows:

a. Effective the date of the Board's order. Respondent's license to practice medicine and surgery in the State of Minnesota is **SUSPENDED** for the conduct cited in paragraphs 1-20 which constitute violations of Minn. Stat. § 147.091, subd. 1(g), (k), (o) and (s) (1996);

b. The suspension of Respondent's license is **STAYED** subject to the following conditions and restrictions. The stay shall not become effective, however, until the Board has approved the prescription monitoring agreement and approved the supervising physician.

c. The Board receives a signed agreement from one of Respondent's partners agreeing to:

(1) review each of Respondent's prescriptions for a controlled substance;

(2) co-sign when the prescription is appropriate;

(3) retain copies of each prescription written by Respondent which is co-signed; and

(4) report to the Board once a month each prescription which was not co-signed and explain the reason it was not co-signed.

The Board agrees to make a decision promptly on the proposal submitted by Respondent.

d. Respondent submits each prescription for a controlled substance to this partner for co-signature, maintains a log for each prescription and provides a copy of the log to the Board upon request.

e. Respondent completes a records management course approved in advance by the Board.

AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35,122**

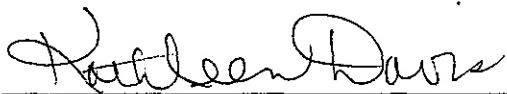
STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

KATHLEEN DAVIS, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on May 11, 2010, s/he caused to be served the COMMITTEE ORDER AMENDING THE BOARD'S AMENDED STIPULATION AND ORDER, by depositing the same in the United States mail at said city and state, true and correct copy(ies) thereof, properly enveloped with prepaid first class postage, and addressed to:

PERSONAL AND CONFIDENTIAL

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427



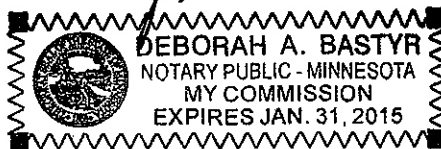
KATHLEEN DAVIS

Subscribed and sworn to before me on
May 11, 2010.



NOTARY PUBLIC

AG: #2628979-v1



**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Birth Date: 7/22/1949
License Number: 35,122

**SECOND COMMITTEE ORDER
AMENDING THE BOARD'S
AMENDED STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Stipulation and Order dated May 10, 2008 ("2008 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended. The 2008 Order was based upon Respondent's relapse to alcohol and pain medications and his history of bipolar disorder.

3. By Stipulation and Order dated May 9, 2009 ("2009 Order"), Respondent's license to practice medicine was suspended, but the suspension was stayed contingent upon Respondent's compliance with the terms and conditions set forth in the 2009 Order. Under the terms of the 2009 Order, Respondent was required, in part, to enroll in HPSP and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with an on-site supervising physician on a monthly basis, and meet with a designated Board member on a quarterly basis.

4. By Amended Stipulation and Order dated September 12, 2009 ("Amended 2009 Order"), Respondent's 2009 Order was amended to permit Respondent to meet with an on-site

10. IT IS FURTHER ORDERED that the remainder of the terms and conditions of the Amended Stipulation and Order of September 12, 2009, and the Committee Order dated April 28, 2010, shall remain in full force and effect.

11. IT IS FURTHER ORDERED that this Second Committee Order, amending the Board's Committee Order of April 28, 2010, is hereby adopted and implemented on this _____ day of July 10, 2010.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: James J. Ryland

AG: #2664775-v1

AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35,122**

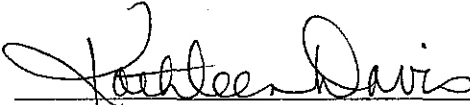
STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

KATHLEEN DAVIS, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on July 12, 2010, s/he caused to be served the SECOND COMMITTEE ORDER AMENDING THE BOARD'S AMENDED STIPULATION AND ORDER, by depositing the same in the United States mail at said city and state, true and correct copy(ies) thereof, properly enveloped with prepaid first class postage, and addressed to:

PERSONAL AND CONFIDENTIAL

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427

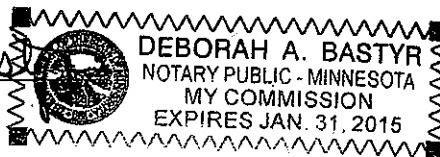


KATHLEEN DAVIS

Subscribed and sworn to before me on
July 12, 2010.



NOTARY PUBLIC



**TRUE AND EXACT
COPY OF ORIGINAL**

BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Michael Centrella, D.O.
Birth Date: 7/22/1949
License Number: 35,122

**THIRD COMMITTEE ORDER
AMENDING THE BOARD'S
AMENDED STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Stipulation and Order dated May 10, 2008 ("2008 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended. The 2008 Order was based upon Respondent's relapse to alcohol and pain medications and his history of treatment for bipolar disorder.

3. By Stipulation and Order dated May 9, 2009 ("2009 Order"), Respondent's license to practice medicine was suspended, but the suspension was stayed contingent upon Respondent's compliance with the terms and conditions set forth in the 2009 Order. Under the terms of the 2009 Order, Respondent was required, in part, to enroll in the Health Professionals Services Program (HPSP) and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with an on-site supervising physician on a monthly basis, and meet with a designated Board member on a quarterly basis.

4. By Amended Stipulation and Order dated September 12, 2009 ("Amended 2009 Order"), Respondent's 2009 Order was amended to permit Respondent to meet with an on-site supervising work monitor on a monthly basis, rather than an on-site supervising physician. Under the terms of the Amended 2009 Order, Respondent's license was suspended, but the suspension was stayed provided, in part, that Respondent continue to fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, and meet with a designated Board member on a quarterly basis.

5. By Committee Order dated April 28, 2010 ("Committee Order"), the Complaint Review Committee increased the maximum number of Respondent's work hours from 24 hours to 28 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule.

6. By Second Committee Order dated July 10, 2010 ("Second Committee Order"), the Complaint Review Committee rescinded the language in paragraph 2 of the Committee Order and replaced paragraph 2 with language clarifying that the 2008 Order was based, in part, upon Respondent's treatment for bipolar disease, rather than his history of bipolar disease.

7. On October 5, 2010, Respondent submitted a written petition to the Board requesting a modification of his Amended 2009 Order to increase his work hours to 32 hours per week.

8. The Complaint Review Committee, having convened on October 26, 2010, to review and consider the above-reference matter, issues the following:

ORDER

9. IT IS HEREBY ORDERED that the maximum number of Respondent's work hours shall be increased to 32 hours per week.

10. IT IS FURTHER ORDERED that the remainder of the terms and conditions of the Amended Stipulation and Order of September 12, 2009, the Committee Order dated April 28, 2010, and the Second Committee Order dated July 10, 2010, shall remain in full force and effect.

11. IT IS FURTHER ORDERED that this Third Committee Order, amending the Board's Amended Stipulation and Order of September 12, 2009, is hereby adopted and implemented on this 8 day of November, 2010.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: James J. Lyford

AG: #2718904-v1

AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No. 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

KATHLEEN DAVIS, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on November 8, 2010, s/he caused to be served the THIRD COMMITTEE ORDER AMENDING THE BOARD'S AMENDED STIPULATION AND ORDER, by depositing the same in the United States mail at said city and state, true and correct copy(ies) thereof, properly enveloped with prepaid first class postage, and addressed to:

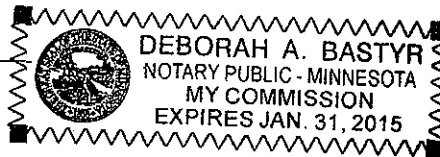
PERSONAL AND CONFIDENTIAL

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427


KATHLEEN DAVIS

Subscribed and sworn to before me on
November 8, 2010.


NOTARY PUBLIC



**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Year of Birth: 1949
License Number: 35,122

**FOURTH COMMITTEE ORDER
AMENDING THE BOARD'S
AMENDED STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Stipulation and Order dated May 10, 2008 ("2008 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended. The 2008 Order was based upon Respondent's relapse to alcohol and pain medications and his history of treatment for bipolar disorder.

3. By Stipulation and Order dated May 9, 2009 ("2009 Order"), Respondent's license to practice medicine was suspended, but the suspension was stayed contingent upon Respondent's compliance with the terms and conditions set forth in the 2009 Order. Under the terms of the 2009 Order, Respondent was required, in part, to enroll in the Health Professionals Services Program (HPSP) and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with an on-site supervising physician on a monthly basis, meet with a designated Board member on a quarterly basis, and submit to a minimum of 12 unannounced biological fluid screens per quarter, including weekends.

4. By Amended Stipulation and Order dated September 12, 2009 (“Amended 2009 Order”), Respondent’s 2009 Order was amended to permit Respondent to meet with an on-site supervising work monitor on a monthly basis, rather than an on-site supervising physician. Under the terms of the Amended 2009 Order, Respondent’s license was suspended, but the suspension was stayed provided, in part, that Respondent continue to fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with a designated Board member on a quarterly basis, and submit to a minimum of 12 unannounced biological fluid screens per quarter, including weekends.

5. By Committee Order dated April 28, 2010 (“Committee Order”), the Complaint Review Committee increased the maximum number of Respondent’s work hours from 24 hours to 28 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule.

6. By Second Committee Order dated July 10, 2010 (“Second Committee Order”), the Complaint Review Committee rescinded the language in paragraph 2 of the Committee Order and replaced paragraph 2 with language clarifying that the 2008 Order was based, in part, upon Respondent’s treatment for bipolar disease, rather than his history of bipolar disease.

7. By Third Committee Order dated November 8, 2010 (“Third Committee Order”), the Complaint Review Committee increased the maximum number of Respondent’s work hours to 32 hours per week.

8. On August 1, 2011, and August 12, 2011, Respondent submitted written petitions to the Board requesting a modification of his Amended 2009 Order to reduce the frequency of his unannounced biological fluid screens.

9. The Complaint Review Committee, having convened on September 19, 2011, to review and consider the above-reference matter, issues the following:

ORDER

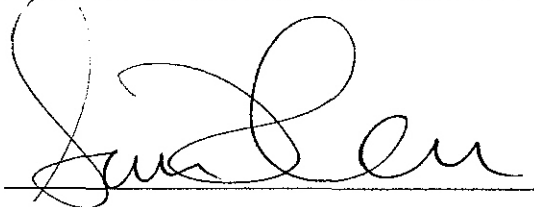
10. IT IS HEREBY ORDERED that the minimum number of Respondent's required biological fluid screens shall be reduced from 12 to nine screens per quarter.

11. IT IS FURTHER ORDERED that the remainder of the terms and conditions of the Amended Stipulation and Order of September 12, 2009, the Committee Order dated April 28, 2010, the Second Committee Order dated July 10, 2010, and the Third Committee Order dated November 8, 2010, shall remain in full force and effect.

12. IT IS FURTHER ORDERED that this Fourth Committee Order, amending the Board's Amended Stipulation and Order of September 12, 2009, is hereby adopted and implemented on this 29 day of September, 2011.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: _____



**TRUE AND EXACT
COPY OF ORIGINAL**

BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Michael Centrella, D.O.
Year of Date: 1949
License Number: 35,122

**FIFTH COMMITTEE ORDER
AMENDING THE BOARD'S
AMENDED STIPULATION AND ORDER**

FACTS

1. During all times herein, Michael Centrella, D.O. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Stipulation and Order dated May 10, 2008 ("2008 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended. The 2008 Order was based upon Respondent's relapse to alcohol and pain medications and his history of treatment for bipolar disorder.

3. By Stipulation and Order dated May 9, 2009 ("2009 Order"), Respondent's license to practice medicine was suspended, but the suspension was stayed contingent upon Respondent's compliance with the terms and conditions set forth in the 2009 Order. Under the terms of the 2009 Order, Respondent was required, in part, to enroll in the Health Professionals Services Program (HPSP) and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with an on-site supervising physician on a monthly basis, and meet with a designated Board member on a quarterly basis.

4. By Amended Stipulation and Order dated September 12, 2009 (“Amended 2009 Order”), Respondent’s 2009 Order was amended to permit Respondent to meet with an on-site supervising work monitor on a monthly basis, rather than an on-site supervising physician. Under the terms of the Amended 2009 Order, Respondent’s license was suspended, but the suspension was stayed provided, in part, that Respondent continue to fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, and meet with a designated Board member on a quarterly basis.

5. By Committee Order dated April 28, 2010 (“Committee Order”), the Complaint Review Committee increased the maximum number of Respondent’s work hours from 24 hours to 28 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule.

6. By Second Committee Order dated July 10, 2010 (“Second Committee Order”), the Complaint Review Committee rescinded the language in paragraph 2 of the Committee Order and replaced paragraph 2 with language clarifying that the 2008 Order was based, in part, upon Respondent’s treatment for bipolar disease, rather than his history of bipolar disease.

7. By Third Committee Order dated November 8, 2010 (“Third Committee Order”), the Complaint Review Committee increased the maximum number of Respondent’s work hours to 32 hours per week.

8. By Fourth Committee Order dated September 29, 2011 (“Fourth Committee Order”), the Complaint Review Committee decreased the minimum number of required biological fluid screens from 12 to nine screens per quarter.

9. On October 5, 2011, Respondent submitted a written petition to the Board requesting a modification of his Amended 2009 Order to increase his work hours.

10. The Complaint Review Committee, having convened on October 24, 2011, to review and consider the above-reference matter, issues the following:

ORDER

11. IT IS HEREBY ORDERED that the maximum number of Respondent's work hours shall be increased to 45 hours per week.

12. IT IS FURTHER ORDERED that the remainder of the terms and conditions of the Amended Stipulation and Order of September 12, 2009, the Committee Order dated April 28, 2010, the Second Committee Order dated July 10, 2010, the Third Committee Order dated November 8, 2010, and the Fourth Committee Order dated September 29, 2011, shall remain in full force and effect.

13. IT IS FURTHER ORDERED that this Fifth Committee Order, amending the Board's Amended Stipulation and Order of September 12, 2009, is hereby adopted and implemented on this First day of November, 2011.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: 

**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Michael Centrella, D.O.
Year of Birth: 1949
License Number: 35,122

**ORDER OF
UNCONDITIONAL LICENSE**

The Minnesota Board of Medical Practice ("Board"), having convened on May 12, 2012, to review the petition of Michael Centrella, D.O. ("Respondent"), for reinstatement of an unconditional license to practice medicine and surgery makes the following:

FINDINGS OF FACT

1. By Stipulation and Order dated May 10, 2008 ("2008 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended based upon his relapse to alcohol and pain medications and his history of treatment for bipolar disorder.

2. By Stipulation and Order dated May 9, 2009 ("2009 Order"), Respondent's license to practice medicine was suspended, but the suspension was stayed contingent upon Respondent's compliance with the terms and conditions of his 2009 Order which required, in part, that Respondent enroll in the Health Professionals Services Program (HPSP) and fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, meet with an on-site supervising physician on a monthly basis, and meet with a designated Board member on a quarterly basis.

3. By Amended Stipulation and Order dated September 12, 2009 ("Amended 2009 Order"), Respondent's 2009 Order was amended to permit Respondent to meet with an on-site

supervising work monitor on a monthly basis, rather than an on-site supervising physician. Under the terms of the Amended 2009 Order, Respondent's license was suspended, but the suspension was stayed provided, in part, that Respondent continue to fully comply with the terms and conditions of his HPSP monitoring plan, practice in a pre-approved group setting, limit his practice to 24 hours per week, and meet with a designated Board member on a quarterly basis.

4. By Committee Order dated April 28, 2010, the Complaint Review Committee increased the maximum number of Respondent's work hours from 24 hours to 28 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule.

5. By Second Committee Order dated July 10, 2010, the Complaint Review Committee rescinded the language in paragraph 2 of the Committee Order and replaced paragraph 2 with language clarifying that the 2008 Order was based, in part, upon Respondent's treatment for bipolar disease, rather than his history of bipolar disease.

6. By Third Committee Order dated November 8, 2010, the Complaint Review Committee increased the maximum number of Respondent's work hours to 32 hours per week.

7. By Fourth Committee Order dated September 29, 2011, the Complaint Review Committee decreased the minimum number of required biological fluid screens from 12 to nine screens per quarter.

8. By Fifth Committee Order dated November 1, 2011, the Complaint Review Committee increased the maximum number of Respondent's work hours to 45 hours per week.

9. On February 13, 2012, Respondent submitted a written petition to the Board for consideration of an unconditional license.

10. The Board has received periodic reports from Respondent's HPSP case manager, primary care treating physician, on-site supervising work monitors, designated Board member;

and the results of his periodic biological fluid tests. The reports and test results support the conclusion that Respondent has successfully maintained at least four years of documented, uninterrupted recovery.

11. On April 17, 2012, the Complaint Review Committee met to discuss Respondent's petition for reinstatement of an unconditional license. The Committee concluded that Respondent had complied with the terms and conditions imposed on his license and recommended that the Board issue an unconditional license to practice medicine and surgery in the State of Minnesota.

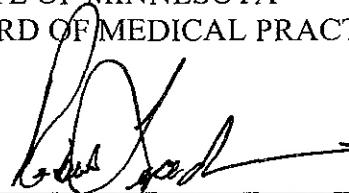
12. Based on the foregoing, the Board concludes that Respondent has complied with and fulfilled the Stipulation and Order issued by the Board on May 9, 2009, Amended Stipulation and Order dated September 12, 2009, Committee Order dated April 28, 2010, Second Committee Order dated July 10, 2010, Third Committee Order dated November 8, 2010, Fourth Committee Order dated September 29, 2011, and Fifth Committee Order dated November 1, 2011, and the Board hereby issues the following:

ORDER

IT IS HEREBY ORDERED that an unconditional license to practice medicine and surgery in the State of Minnesota be conferred upon Respondent, such license to carry all duties, benefits, responsibilities, and privileges inherent therein through Minnesota statute and rule.

Dated: 5/12/2012

STATE OF MINNESOTA
BOARD OF MEDICAL PRACTICE



A handwritten signature in black ink, appearing to be 'Robert [unclear]', is written over a horizontal line.

AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of Michael Centrella, D.O.
License No.: 35,122**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

SANDRA SYLVESTER, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on May 14, 2012, she caused to be served the attached ORDER OF UNCONDITIONAL LICENSE, by depositing the same in the United States mail at said city and state, a true and correct copy thereof, properly enveloped with prepaid first class postage, and addressed to:

PERSONAL AND CONFIDENTIAL

Michael Centrella, D.O.
8400 Julianne Terrace
Golden Valley, MN 55427


SANDRA SYLVESTER

Subscribed and sworn to before me on
May 14, 2012.


NOTARY PUBLIC

