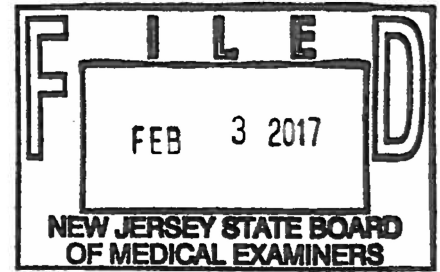


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ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street - 5th fl
P.O. Box 45029
Newark, New Jersey 07101



Retroactive October 26, 2016

By: Joan D. Gelber, Attorney ID 7981974
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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR
REVOCATION OF THE MEDICAL LICENSE OF

CHOWDHURY F. AZAM, M.D.
License No. 25MA 06382200

TO PRACTICE MEDICINE AND SURGERY IN
THE STATE OF NEW JERSEY

Administrative Action

FINAL ORDER
SUSPENDING LICENSE
TO PRACTICE MEDICINE
AND SURGERY

This matter was opened to the New Jersey State Board of Medical Examiners (the "Board") by way of Verified Complaint filed by the Attorney General on October 12, 2016, upon receipt of information that Chowdhury F. Azam, M.D., ("Respondent") License No. 25MA06382200, NJ CDS Registration No. D07004000, engaged in the indiscriminate or grossly negligent prescribing of Controlled Dangerous Substances ("CDS") and violations of various Board rules, providing the basis for Board action under N.J.S.A. 45:1-21(c), (d), (h) and (m). The Complaint, with supporting documents, alleged that during 2015 and through 2016, Respondent was prescribing to his patients CDS, including amphetamines, opiates, benzodiazepines,

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and other drugs, without adequate medical justification, at his medical practice located at 100 Davidson Avenue, Suite 104, Somerset, NJ.

An Order to Show Cause was issued by the State Board of Medical Examiners, returnable before the Board on October 26, 2016.

Prior to the hearing, Respondent, through counsel, entered into a Consent Order of Temporary Cessation of Practice, without admissions. That Consent Order was thereafter extended on the same terms, adjourning the Order to Show Cause until December 16, 2016.

Respondent Dr. Azam filed an Answer on December 15, 2016, denying the allegations. On December 16, 2016, having further considered the matter and having had the opportunity to consult with his counsel, Dr. Azam determined to waive his opportunity for hearing on the Order to Show Cause and for further plenary hearing. Dr. Azam now pleads no contest to the allegations of the Verified Complaint as amended by the Attorney General on December 16, 2016,¹ and agrees to the disposition set forth below.

The Board, finding sufficient documentation supporting the allegations, and finding the within disposition adequately protective of the public health, safety and welfare, and other good cause having been shown,

IT IS, therefore, on this 3rd day of February 2017,
ORDERED:

1. The license of Chowdhury F. Azam, M.D. to practice medicine and surgery in the State of New Jersey shall be and is hereby suspended for five years, retroactive to October 26, 2016, the date of his voluntary cessation of practice. The suspension

¹ The Amended Complaint deleted certain words in Count 9, paragraph 7.

shall be active for a minimum of one year and until further Order of the Board.

2. Respondent shall assure orderly transfer of patients and availability to them of their patient records, pursuant to all the requirements of N.J.A.C. 13:35-6.5(h).

3. During the period of active suspension and until further order of the Board, Dr. Azam shall ensure that he shall not see, examine, treat, or otherwise offer medical services or advice at any location or any healthcare facility.

4. With the consent of the Director of the Division of Consumer Affairs, and pursuant to the authority of N.J.S.A. 24:21-9 et seq., Respondent's New Jersey CDS registration, Number D07004000, is hereby suspended. Respondent shall make prompt arrangements with that agency for the lawful disposal or lawful transfer of all Controlled Drugs in his possession or under his control in New Jersey; excepted from this requirement are medications prescribed for his personal use for a documented medical purpose by his treating physician. The CDS registration suspension is independent of any action taken by the State Board of Medical Examiners, federal Drug Enforcement Administration, or any other licensing authority.

5. Respondent shall immediately cease and desist from prescribing or dispensing medications or renewing any prescription.

6. Respondent shall assure that all New Jersey office letterhead and all prescription pads bearing his name are properly destroyed, and shall make safe and appropriate disposition of all medical equipment in his possession, or under his custody and control, in this State.

7. Respondent shall not enter the premises of his former medical practice during business hours when patients may be present.

8. Respondent shall not charge, receive or share in any fee for professional services rendered by others. He shall be permitted to collect accounts receivable with respect to lawful professional services that he rendered prior to October 26, 2016, the date on which his Consent to Cessation of Practice was filed.

9. Respondent shall divest himself from any current and future financial interest in, or benefit derived from, the practice of medicine, including but not limited to the provision of healthcare activities taking place at 100 Davidson Avenue, Suite 104, Somerset, NJ 08873.

10. Respondent shall be precluded from managing, overseeing, supervising or influencing the practice of medicine or provision of healthcare activities in the State of New Jersey until such time as all terms of the within Consent Order have been met to the satisfaction of the Board, except as may be permitted by the Board.

11. For the conduct alleged in Counts 1 through 15 of the Verified Complaint, Respondent is hereby assessed a penalty of \$25,000.00 as a repeat offender, pursuant to N.J.S.A. 45:1-25; said penalty to be stayed on condition that he fully complies with all requirements of this Order. In the event of failure to fully comply with any requirement, the Attorney General may move to have the penalty activated.

12. The Attorney General has represented that costs and fees have been incurred for the investigation and prosecution of this matter. Pursuant to N.J.S.A. 45:1-25, Respondent shall be assessed for such amounts as shall be determined by the Board following consideration of any application by the Attorney General and

consideration of any objection thereto submitted by Respondent. The Attorney General shall file such application and supporting documents no later than January 20, 2017, and Respondent shall file any opposition with supporting documents no later than January 31, 2017.

13. Payment of the Board-determined sum shall be made within 10 days of the entry of the Board's Order, at the Board office at P.O. Box 183, Trenton, NJ 08625-0183. Payment shall be made by certified bank check, certified check, money order, wire transfer or credit card payable to the State of New Jersey. Any other form of payment will be rejected and will be returned to the party making payment. For an assessment which has not been paid in full within 10 days of the entry of the Board Order, a Certificate of Debt shall be filed pursuant to N.J.S.A. 45:1-24. Interest shall accrue in accordance with Rule of Court 4:42-11. Said sum is in addition to the \$34,763.00 balance remaining due, as ordered by the Board Order filed September 8, 2010, for which a Certificate of Debt was filed as DJ-112483-13.

14. In addition to, but not in lieu of, the filing of a Certificate of Debt for the current assessment, Respondent may request payment by installments of both debts. If approved by the Board for good cause shown, Respondent shall make appropriate arrangements with the Board office. However, in the event that a monthly payment is not received within five days of its due date, or otherwise excused by the Board, the entire remaining balance of the civil debt shall become due and owing.

15. No sooner than after the first year of active suspension of license, and upon proof satisfactory to the Board of compliance with all of the conditions set forth below, Respondent may petition the Board to appear before the Board or a designated Committee

thereof to seek conversion of the remainder of the five years to a period of probation on such terms as may be approved by the Board.

16. A petition for reinstatement of license shall be accompanied by proof of successful completion of the following remedial measures, which shall be in addition to the required Continuing Medical Education credits. Successful completion means that all sessions of the program were attended, all assignments were properly and appropriately completed, and a passing grade was achieved which was unconditional and without reservation:

(a) Participation in and successful completion of a Board-approved program² of focused evaluation and assessment of professional knowledge and skills in general practice, or in specialties such as psychiatry or in any other specialty practice area in which Respondent seeks to resume practice. Such program must offer a written report of personal clinical interview, such diagnostic testing as is required or recommended by the program in the circumstances. There shall be an oral examination by a panel of experts in the specified area of medicine if deemed required by the assessor. Respondent shall authorize the report to be released to Respondent, to the State Board of Medical Examiners and to the Attorney General. The report shall otherwise be deemed confidential;

(b) Agreement to continue with such ongoing remediation as recommended by the evaluation program until further order of the Board;

(c) Attendance at and successful completion of a Board-approved recordkeeping course, with written confirmation, in such

² A list of all remedial programs already approved by the Board of Medical Examiners for training of the kinds required by this Order are available from the Board office.

area of medical practice as Respondent seeks to enter or resume.

(d) Attendance at and successful completion of a Board-approved program in the prescribing of Controlled Dangerous Substances.

17. Respondent shall then appear, on notice, before a designated Committee of the Board and shall be prepared to demonstrate compliance with this Order and readiness to practice medicine in the subject area he specifies in a manner consistent with the public health, safety and welfare.

18. If the active suspension of Respondent's medical license is lifted by the Board, Respondent may apply for an Order from the Director lifting the CDS suspension. If the active suspension of Respondent's medical license is lifted by the Board, Respondent may apply for an Order from the Director lifting the CDS suspension. The Director will consider the factors enumerated in N.J.S.A. 24:21-11 and determine, in the discretion of the Director and with advice of the Board if, and under what circumstances, the suspension of Respondent's New Jersey CDS Registration should be lifted or modified, except that under no circumstances shall Respondent be authorized to prescribe any form of Schedule II Controlled Dangerous Substances.

19. In the event Respondent is permitted to resume practice, and to prescribe Controlled Dangerous Substances in Schedules III, IV and V, he shall promptly register with the New Jersey State Prescription Monitoring Program (PMP), and shall utilize it on commencement of treatment of patients, with urine drug screens, and subsequently in accordance with sound medical judgment.

20. Respondent, if prescribing Controlled Dangerous Substances, shall comply with all Board rules involving prescribing of any drugs, and shall comply with the guidance of recognized

professional organizations such as the American Society of Interventional Pain Physicians (ASIPP).

21. Respondent shall employ an office assistant to assist him in contacting prior and concurrent treating practitioners of his patients to coordinate care, and to assist in scheduling and following up and documentation of tests, such as urine drug screens for prescribed drugs in Schedules 3, 4 and 5, as well as for any illicit or non-prescribed drugs in any Schedule.

22. Respondent shall continue to comply with the prohibition on treatment of any female patients, as directed in the Board Order of November 2014.

23. Respondent shall institute a program of electronic medical records which is designed for use in the specialty he plans to commence or resume; such program shall require individualized entries for each patient encounter or service.

24. Respondent shall have a Board-approved monitor of his practice, who shall be Board-certified in the area of medical practice which Respondent undertakes or resumes. If in psychiatry and/or addiction medicine, the monitor shall be experienced in such practice. The monitor shall have a current DATA Waiver if Respondent seeks to prescribe Suboxone or related drug.

25. The approved monitor shall not be a relative or a present or former supervisor/monitor and shall not presently or formerly have had a financial relationship with Respondent, nor shall the monitor work in the same office as Respondent. The cost of the monitor's services shall be borne by Respondent and shall not be passed on to patients/payers.

26. Respondent shall print out a PMP of his treatment of one or more patients at the request of the monitor, or shall provide the monitor with access to Respondent's PMP. The approved monitor

shall personally select and review a minimum of ten of Respondent's patient charts per month, for compliance with all aspects of accepted standards of practice. The monitor shall request and receive from Respondent assurance that Respondent has made no undated additions of any type to any chart, and has not issued any new prescriptions or authorized any refills for any medications not documented in the chart.

27. The monitor shall initial each reviewed document contemporaneously with the reviewing date. The monitor shall expressly be authorized by Respondent to personally examine and evaluate (but not treat) consenting patients as the monitor deems necessary to confirm accepted standards of practice. Such examination and evaluation shall be at no cost to the patient.

28. The monitor shall submit quarterly reports, sent to the Medical Director of the Board, with a copy to counsel for each party. The report shall summarize the nature of the work reviewed and include at least the following information: each patient chart reviewed (identified by redacted name or initials or case number), type of case, adequacy and completeness of charting, and comments on the quality of professional service rendered. The monitor shall include in the report reference to any examination or evaluation deemed necessary by the monitor.

29. Respondent shall authorize the monitor to make immediate report to the Board of work (whether by commission or omission by Respondent) which, in the opinion of the monitor, fails to meet accepted standards of practice. The monitor shall also report any individual matter which is believed to present an imminent peril to the patient or to the public's health, safety or welfare.

30. Respondent shall provide an appropriate release to the person who is participating in the monitoring program as outlined

herein, as may be required in order that all reports, records and other pertinent information shall be provided to the Board in a timely manner. Respondent agrees that no person proposed and/or approved as monitor shall have or incur any liability to Respondent as a result of his/her good faith performance of the service.

31. Respondent shall promptly submit to the Board, with copy to the prosecuting Deputy Attorney General, a curriculum vitae of the proposed monitor, along with a signed agreement of the monitor acknowledging the responsibilities incumbent upon the monitor as set forth herein and agreeing to accept same, and submitting a proposed plan of monitoring. Approval of the monitor is at the sole discretion of the Board, and shall not be unreasonably withheld.

32. If Respondent applies for privileges at a hospital or other health care facility or entity, he shall assure that the Chief of the service to which he applies shall receive a copy of this Order.

33. Respondent understands that this Order is independent of, and not in lieu of, any proceedings which may be initiated on behalf of or by the federal Drug Enforcement Administration. The parties hereby stipulate that entry of this Order is without prejudice to further investigation and/or action by this Board or the Director resulting from conduct of Respondent not known to the Board at this time, and is independent of any proceedings which may be initiated by other law enforcement entities.

34. All costs of the probation shall be borne by Respondent, and shall not be passed on to patients.

35. The annexed "Directives Applicable to Any Medical Board Licensee Who Is Disciplined or Whose Surrender of Licensure or Cessation of Practice Has Been Ordered or Agreed Upon", is incorporated herein.

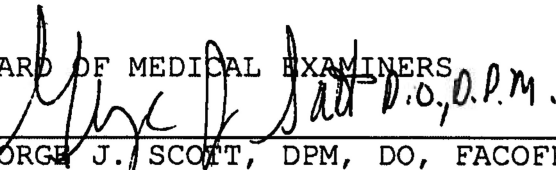
36. This Consent Order shall be a full and final disposition of the Administrative matter, except that the Board shall determine the assessment of costs and fees as it deems appropriate in the matter; said assessment shall be embodied in a Supplemental order. The Board shall retain jurisdiction to enforce the terms of this Order.

37. On receipt of information of apparent violation of any terms of this Order, the Attorney General may move, on short notice to Respondent/his counsel, for emergent activation of the stayed portion of the suspension period and, in addition, for any other remedy or sanction authorized by N.J.S.A. 45:1-21.

THIS ORDER SHALL BE EFFECTIVE UPON ENTRY, EXCEPT THAT COMMENCEMENT OF THE PERIOD OF ACTIVE SUSPENSION SHALL BE RETROACTIVE TO OCTOBER 26, 2016.

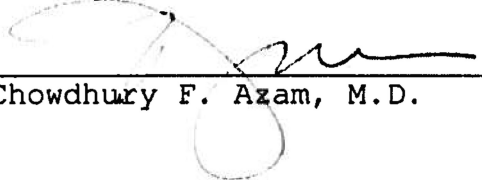
STATE BOARD OF MEDICAL EXAMINERS

By:



GEORGE J. SCOTT, DPM, DO, FACOFP
President

I have read the within Order, understand its terms and agree to be bound by them. I consent to entry of the Order by the Board of Medical Examiners and the Director of the Division of Consumer Affairs.

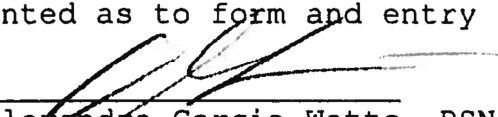


Chowdhury F. Azam, M.D.

Date: 01-30-2017

Consented as to form and entry

By:



Alexandra Garcia-Watts, BSN, Esq.
Counsel to Dr. Azam

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON**

APPROVED BY THE BOARD ON AUGUST 12, 2015

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq.: Paragraphs 1 through 4 below shall apply when a licensee is suspended, revoked, has surrendered his or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice

of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension, surrender or cessation, the licensee must truthfully disclose his/her licensure status in response to inquiry,) The licensee subject to the order is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. In situations where the licensee has been subject to the order for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is {suspended}, subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee subject to the order shall not charge, receive or share in any fee for professional services rendered by him/herself or

others while barred from engaging in the professional practice.³ The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board order. A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended or who is ordered to cease practice for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11) A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c) A disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the limited liability company or professional service corporation shall occur within 90 days following the entry of the order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's disqualification unless it is lawfully transferred to another licensee and documentation on the valuation process and consideration paid is also provided to the Board.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that (during the three (3) month period) immediately following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her

³ This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing,

attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. If the licensee has a website, a notice shall be posted on the website as well. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

{a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and Inspection and copying of patient records confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or

other sample in a timely manner and providing the designated sample.

6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in his or her payment plans.

NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ORDERS/ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1 et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>. Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015, See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.