

**BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH**

IN THE MATTER OF THE LICENSES OF
ALAN F. HEAP, MD TO PRACTICE AS A
PHYSICIAN/SURGEON AND TO ADMINISTER AND
PRESCRIBE CONTROLLED SUBSTANCES
IN THE STATE OF UTAH

**FINDINGS OF FACT
CONCLUSIONS OF LAW
AND RECOMMENDED ORDER**
Case No
DOPL-OSC-2007-8

APPEARANCES:

K Daniel Lau for the Division of Occupational and
Professional Licensing

Alan F. Heap with assistance from Jay Spector for
Respondent

BY THE BOARD:

A March 17, 2010 hearing was conducted in the above-
entitled proceeding before J Steven Eklund, Administrative Law
Judge for the Department of Commerce, and the Physicians
Licensing Board Board members present were John W Bennion,
George C Pingree, James R Fowler, Marc E Babitz, James H.
Pingree, Elizabeth F Howell and Kristen Ries

The remaining four (4) Board members (Lori G. Buhler,
Stephen E. Lamb, Daniel J. Parker and David D Byrd) were
absent Mark B Steinagel, Director of the Division of

Occupational and Professional Licensing, was also absent

However, Mr Steinagel had designated W Ray Walker (Regulatory and Compliance Officer for the Division) as a substitute presiding officer in this proceeding to thus act for Mr Steinagel Thereafter, evidence was offered and received The Board took the matter under advisement at the close of the hearing and conducted its initial deliberations at that time. The Court was to then prepare a draft of the Board's Findings of Fact, Conclusions of Law and Recommended Order for review by the Board

Respondent submitted a March 22, 2010 letter to the Court, which was received on that date The letter recites Respondent's concern that one of the Division's witnesses (referred to herein as J D.) was allowed to testify by telephone during the March 17, 2010 hearing because she had stated she could not personally attend that hearing due to pneumonia

Respondent questioned whether J D was actually ill to the point she could not attend the hearing and he inquired as to his right to confront her as his accuser Respondent thus requested another hearing be conducted to require J D to personally appear to offer her testimony

The Court conducted a March 22, 2010 posthearing

teleconference with Respondent and Mr. Lau. Sparing extended detail, the Court noted both the Division and Respondent consented to permit J.D. to offer her testimony by telephone.

The Court also noted Respondent was thus accorded a full opportunity to cross examine that witness under those circumstances and that various questions were put to her during the March 17, 2010 hearing. The Court thus concluded no proper basis existed to conduct any further hearing as to require J.D. to personally attend and again offer her testimony.

Respondent's March 22, 2010 letter also recites various matters pertaining to J.D., the circumstances which existed when she terminated her job as Respondent's office manager and Respondent's explanation as to those factors motivating J.D.'s testimony.

The Court reiterated that the Division and Respondent had the opportunity to conduct direct and cross examination of J.D. during the March 17, 2010 hearing. Moreover, Respondent testified in his own behalf during the hearing.

The Court thus concluded no proper basis exists to reopen the record as to receive Respondent's March 22, 2010 letter in evidence. The Court thus informed the parties that the Board

would proceed to conclude their deliberations and take any action as warranted in this case

The Court subsequently prepared a draft of the Board's Findings, Conclusions and Recommendation, which the Board reviewed when it resumed their deliberations in this proceeding. The Board now enters its Findings of Fact and Conclusions of Law and submits the following Recommended Order to the Division for its review and action.

FINDINGS OF FACT

1 Respondent is, and at all time relevant to this proceeding has been, licensed to practice as a physician/surgeon and to administer and prescribe controlled substances in this state. Respondent was initially thus licensed on February 9, 1984

2. Pursuant to a January 11, 2007 Stipulation and Order (Case No. DOPL-2007-8), Respondent's licenses were revoked. However, a stay of enforcement was immediately entered as to each revocation. Respondent's licenses were thus placed on probation for five (5) years, subject to various terms and conditions.

3 The January 11, 2007 Stipulation and Order was based on Respondent's admission of various facts. Respondent admitted he

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initially treated a new patient (referred to herein as S D.) on April 29, 2006. S.D had previously been prescribed Klonopin, a Schedule IV controlled substance, by another physician.

4 S D informed Respondent there were adverse reactions from taking that controlled substance S D also informed Respondent that, while taking that controlled substance, S D. attempted suicide Despite the foregoing, Respondent knowingly prescribed Klonopin to S.D , who subsequently again attempted suicide

5. The January 11, 2007 Stipulation and Order next recites Respondent wrote the name of a local pharmacy at the top of numerous prescriptions which he issued to patients from September 2001 to September 2006. Prior to issuing a prescription, Respondent's practice was to explain to the majority of his patients that the prescription should be filled at that pharmacy so Respondent could better track the patients' filling of prescriptions

6 When prescribing controlled substances for numerous patients between approximately September 2001 to September 2006, Respondent failed to comply with the "Model Policy for the Use of Controlled Substances for the Treatment of Pain" issued by the Federation of State Medical Boards of the United States

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Specifically, Respondent failed to document treatment objectives, he failed to obtain informed consent and he failed to obtain or perform a physical examination.

7 Respondent prescribed Phentermine, a Schedule IV controlled substance, on or about August 26, 2003 for a patient (referred to herein as J.G.) solely for the purpose of treating obesity Respondent failed to meet all conditions required under the Utah Administrative Code prior to prescribing that controlled substance to J.G. for that condition

8 Respondent made a notation in the medical record of a patient (referred to herein as J D) on January 3, 2005 that Respondent had informed J D he would not prescribe Demerol for headaches and he suggested to her that she be hospitalized for detoxification J D. refused that suggestion

9 The January 11, 2007 Stipulation and Order also recites Respondent made four (4) entries in J.D 's medical records between February 25, 2005 and March 3, 2006 that J D was definitely addicted and Respondent had instructed her that he would not give her pain medications The medical records also recite Respondent was very concerned about J D being addicted to pain medications and that the pharmacist in question would attempt to get J D to cease taking Demerol Respondent also

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noted he warned the pharmacist that J D may be stockpiling pain medication and she uses too many pain killers

10 Respondent prescribed numerous controlled substances to J.D for depression, headaches, and chronic knee pain from approximately January 1, 2003 to July 13, 2006. Respondent issued those prescriptions despite having documented on several occasions that J D was addicted to controlled substances and she was a drug dependent person

11 The January 11, 2007 Stipulation and Order recites Respondent's admission that he thus engaged in unprofessional conduct as defined by statute and rule The January 11, 2007 Stipulation and Order required Respondent to identify a physician to supervise his practice and to co-manage practice care issues with Respondent

12. Respondent was to successfully complete a course on the subject of medication prescribing He was also required to complete additional continuing education credit hours in prescribing law and ethics. Respondent was further required to write all controlled substance prescriptions using triplicate and sequentially numbered prescription forms

13 The Division and Respondent subsequently agreed an Addendum should be made to the January 11, 2007 Stipulation and

Order. An August 29, 2009 Addendum recites Respondent violated a provision of the AMA Code of Ethics when he treated and prescribed controlled substances for J.H , who is Respondent's brother

14 The August 27, 2009 Addendum also recites Respondent failed to comply with the January 11, 2007 Stipulation and Order when he did not timely submit paperwork to the Division as required in February, March and April 2009 Respondent also failed to comply with the July 11, 2007 Stipulation and Order when he ingested an Ambien tablet given to him by his office manager (referred to herein as A G) on February 10, 2009.

15. The August 29, 2009 Addendum further recites Respondent failed to comply with the January 11, 2007 Stipulation and Order when he did not notify the Division that he was admitted to the Veteran's Administration Medical Center on November 17, 2007 for alcohol detoxification and/or dehydration and delirium The Addendum also recites Respondent violated that Stipulation and Order when he used unnumbered prescription scripts on six (6) occasions between April 19, 2007 and January 27, 2009

16. The Addendum recites Respondent also failed to comply with the January 11, 2007 Stipulation and Order when he did not keep accurate and complete medical records for two

patients (referred to herein as J M. and P.R H), both of whom were related to Respondent The Addendum also recites Respondent violated that Stipulation and Order when he entered into an inappropriate dual relationship with A G

17. The Addendum recites Respondent's admission that he thus engaged in unprofessional conduct as defined by statute The Addendum also recites Respondent agreed he would successfully complete a chemical dependency/psychological evaluation conducted by Dr Janiece Pompa within sixty (60) days of the effective date of the Addendum.

18 Respondent further agreed that, if the evaluation report indicates he is unsafe in any way to practice medicine and/or prescribe controlled substances, Respondent would surrender his medical license until he is deemed safe to practice medicine and/or prescribe such substances

19 Although the use and possession of alcohol is generally legal for persons age 21 and older, Respondent also agreed he would abstain from the personal use or possession of alcohol in any form, with the one exception being the consumption of sacrament wine during church services The Addendum recites Respondent would limit his consumption of such wine to a maximum of a one half-ounce serving during Sunday church services

20. Respondent agreed he would abstain from the personal use or possession of controlled substances and prescription drugs. He agreed to submit to drug analysis. The Addendum further recites that, if Respondent were subject to any further disciplinary sanction, the next likely action would be the revocation of Respondent's licenses.

21. Respondent was subject to a neuropsychological evaluation conducted by Dr. Pompa on June 9 and June 11, 2009. The Division referred Respondent for that evaluation, based on the requirement set forth in the August 27, 2009 Addendum.

22. Dr. Pompa concluded the question presented is not necessarily whether Respondent is fit to practice psychiatry, as she noted he "is a very intelligent individual with an impressive repertoire of general knowledge." Rather, Dr. Pompa further concluded it may be more productive to address the question whether Respondent would be "more or less likely to be successful" under certain circumstances.

23. Dr. Pompa also concluded Respondent is in a situation which would almost certainly assure that he "will be unsuccessful and experience professional and personal difficulties as well as a high degree of stress". She noted that Respondent reports "he carries a very heavy patient load because he works in a rural,

underserved area, and has no backup physician for support "

24 Dr Pompa also concluded those conditions, together with Respondent's history of anxiety, depression and substance abuse and his tendency to engage in risky behaviors "are likely to be the precipitating factors behind his violation of stipulations" as has been well-documented by the Division. Dr Pompa further noted that records indicate Respondent's practice and paperwork have been in serious disarray for quite some time

25. Dr. Pompa also concluded Respondent may well be able to productively use his intellect and knowledge to help patients "in a clinic or group practice where he primarily consults with other physicians about patients" and such physicians are available "to provide oversight and quality control of his work". Dr Pompa further noted Respondent's "cognitive and memory problems are likely to predispose him to continue to make the types of errors that have already been documented in the record"

26. Dr Pompa thus recommended that Respondent "be seen in psychotherapy at least weekly to monitor his psychiatric problems, mental status and memory deficits" She also recommended that, if Respondent were allowed to continue to practice medicine, he should continue to be supervised by a colleague "who should maintain regular contact with the therapist

to help decide" if Respondent is fit to practice on an ongoing basis.

27. Respondent failed to attend psychotherapy sessions on a weekly basis with his therapist (referred to herein as L.C) from November 2009 through January 2010 Respondent only saw L C twice in November 2009 and once during December 2009 There is no evidence Respondent saw L C after December 14, 2009. Respondent's practice setting has not changed since he was evaluated by Dr Pompa

28 Between December 9, 2009 and March 11, 2010, Respondent sent at least thirteen (13) letters to various individuals regarding this proceeding Respondent sent four (4) such letters to Mr. Lau A December 31, 2009 letter recites Respondent's belief that Mr Lau could somehow taint a urine sample provided by Respondent and, based on that "dirty sample", Mr Lau would seek to "pull my license"

29 Respondent's February 22, 2010 letter to Mr Lau recites Respondent would surrender his license if he could be certain both Mr Lau and Dee Thorell (Division Investigator in this proceeding) resigned their employment Respondent's February 24, 2010 letter to Mr. Lau recites Respondent's willingness to voluntary surrender his medical licenses on March

17, 2010 if Mr. Lau would also voluntarily resign his employment

30 Respondent's February 24, 2010 letter further recites he is otherwise excited in anticipating a showdown on March 17 Respondent also suggested that, since Mr. Lau is attempting to take away his medical licenses and Board certification, Mr Lau should just take away Respondent's birthday

31 Respondent's February 22, 2010 letter to Mr. Lau refers to a January 13, 2010 meeting between Respondent and the Board. Respondent's letter accurately recites that, during the meeting, a Board member described Respondent as mentally unstable, paranoid and grandiose and that Respondent is a dangerous person to practice medicine.

32. Respondent's February 22, 2010 letter suggests he is mentally unstable because he is "Lazarus back from the dead". The letter next suggests Respondent is paranoid because "I am Mr Kurtz cowering in the recesses of the upper Congo" Respondent also suggests he is grandiose because "I am in sixteenth century Spain and I am the Grand Inquisitor "

33. The minutes of the January 13, 2010 Board meeting with Respondent recite he is currently out of compliance with his Stipulation and Order and that a December 29, 2009 drug and

alcohol test of Respondent was positive for alcohol. The Board minutes also recite one Board member characterized Respondent as being sarcastic and angry during the meeting.

34. The minutes recite another Board member commented Respondent may have some paranoia. The minutes then recite Respondent stated he is very intelligent and not paranoid. One of the Board members observed that some of Respondent's letters are very bizarre.

35. The minutes then recite Respondent suggested that Board member should keep their opinions to themselves and that, if the Board member was the one on probation and Respondent was the interviewer, he might say the Board member is very paranoid. The minutes next recite the Board member observed that one of Respondent's letters appears to be a little disorganized and seems to ramble. Respondent disagreed with that statement.

36. Respondent sent a December 29, 2009 letter to Ms. Thorell, resenting her "gestapo tactics and vicarious voyeurism." Respondent thus requested that Ms. Thorell resign her office. Respondent repeated that expectation in his December 31, 2009 letter to Ms. Thorell.

37. Respondent sent a December 31, 2009 letter to Mark L. Shurtleff, Utah Attorney General, to register a formal complaint.

against Mr. Lau. The letter recites that, during the last nine (9) months, Mr Lau has "consistently harassed, bullied and intimidated me".

38. Respondent sent a January 19, 2010 letter to Noel Taxin (Division Bureau Manager), wherein Respondent stated "he never came to work drunk in my life, or in medical school, or in residency or graduate school, or ever" Respondent acknowledged he has a drinking problem, but stated it is one of abuse and not dependency

39 Respondent sent a March 11, 2010 letter to Debbie Harry (Division Compliance Unit) Therein, Respondent stated he has contacted approximately twenty (20) professionals who are willing to launch a class action lawsuit against the Division, Mr Lau and Ms. Thorell

40 Respondent sent a January 11, 2010 letter to His Eminence Metropolitan Laurus, through the Synod of Bishops of the Russian Orthodox Church Outside of Russia located in New York City. Respondent's letter recites Ms Thorell and the Division "are intimidating and persecuting your children under the auspices of justice and equity" The letter identifies two of those children (referred to herein as A D and D D) as Respondent's patients.

41 Respondent sent a March 5, 2010 letter to J D. (previously referenced herein) who was Respondent's patient for many years and was also his employee from June 2008 until January 2009 J D 's daughter (referred to herein as K.N) had also been employed by Respondent to perform office duties.

42. J D. had contacted the Division and she described issues which involved the nature of Respondent's prescriptive practices, his methods of charting entries in patient records and the type of documentation entered by Respondent in such records J D. also informed the Division as to Respondent's alcohol use prior to when he provided counseling to patients on short notice

43. Respondent's March 5, 2010 letter to J D recites his request that she contact the Division and recant the statements which she had made to the Division The letter recites Respondent's belief that J D. is "truly one of the most despicable people I've ever known"

44 The letter also recites J.D will "never see your deceased children again, you will fry in hell with Judas and the other traitors" and that J.D.'s "innocent children are in heaven". K N. had died in January 2010 as the result of an automobile accident. Respondent was aware of K N 's death when

he wrote the March 5, 2010 letter to J D

45 Respondent telephonically prescribed 420 2mg tablets of Alprazolam (Xanax) to A D and D.D (previously referred to herein) on August 26, 2009 and November 3, 2009 Respondent did not issue any of those prescriptions in triplicate form.

46 Respondent also prescribed 150 2mg tablets of Xanax to A.D on September 11, 2009 Based on Respondent's progress notes for A D , Respondent informed that patient on September 15, 2009 that he could not prescribe any more medication after A D told him that medication previously prescribed had been stolen Respondent was aware A D and D D. had been arrested on or about September 15, 2009 on aggravated robbery charges of a pharmacy where they had attempted to obtain Xanax

47. Respondent prescribed 1,150 2mg tablets of Xanax for A D. and D.D on October 7 and 11, 2009, November 3 and 4, 2009, November 18, 2009; and December 15 and 16, 2009. Respondent also prescribed 150 2mg tablets of Xanax for A D on October 7, 2009; 30 such tablets on October 28, 2009; 150 such tablets on November 3, 2009, and 150 such tablets on November 17, 2009

48 Respondent prescribed 150 2mg tablets of Xanax for A.D and D D 's mother (referred to herein as T D) on November 17, 2009. Respondent also wrote two separate prescriptions for

150 2mg tablets of Xanax to be obtained by A.D on December 17, 2009 and January 17, 2010 with the expectation that the medication would be provided to T D.

49. A D. had informed Respondent that T.D would be in Russia (Belarus) in December 2009 and January 2010 The prescriptions Respondent provided to A D thus gave him access to an additional 300 2mg tablets of Xanax The December 17, 2009 prescription for T.D was presented at a Utah pharmacy However, that prescription had been altered to allow T.D 's other son (D D.) to obtain that Xanax

50. Respondent issued numerous prescriptions for controlled substances where he failed to use triplicate and sequentially numbered prescription forms Specifically, Respondent wrote sixty four (64) prescriptions for controlled substances with reference numbers from 1176 to 2040, but Respondent is not able to account for those prescriptions or he has lost the required pink slip for each prescription

51 Respondent issued six (6) prescriptions for controlled substances with reference numbers 1153, 1158, 1163, 1188, 1193 and 1202 Each of those prescriptions authorized two controlled substances. Paragraph 10 of the January 11, 2007 Stipulation and Order required Respondent to comply with all

applicable federal and state laws, regulations, rules and orders as related to his practice as a physician and the administration and prescription of controlled substances Utah Code Ann. §58-37-6(7)(f)(vi) provides each "prescription for a controlled substance may contain only one controlled substance per prescription form"

52. Respondent prescribed 150 2mg tablets of Xanax to A D on December 15, 2009 A.D. presented the prescription to a pharmacy on December 16, 2009 Respondent made no copy of the prescription or any notation of the medication (by type, dosage or quantity) in A D.'s medical records

53 Respondent solicited K N to submit a December 30, 2009 letter to the Division. That letter refers to a meeting which K N attended on August 25, 2009 with Respondent, Mr Lau and Ms. Taxin The letter includes a recital by K N that Respondent was made to believe that if he did not want to execute a stipulation, his medical license "would be pulled". Since K N had been both a psychiatric patient and an employee of Respondent, he entered into an inappropriate dual relationship with her when he solicited her submission of the December 30, 2009 letter.

54 Respondent also solicited support letters to be

submitted to the Division from five (5) other psychiatric patients (referred to herein as R A , C.S., E M., J.H. and M S Those letters are dated May 20, 2009, May 21, 2009, January 12, 2010; January 13, 2010, and February 11, 2010 Respondent had informed those patients that the Division had specific concerns regarding Respondent's competence, his history of substance abuse and his prescriptive practices. By requesting those psychiatric patients to submit letters to the Division as advocates for Respondent, he thus entered into an inappropriate dual relationship with each of those patients

CONCLUSIONS OF LAW

§58-1-401(2)(a) provides the Division may "revoke, suspend, restrict, place on probation, issue a public or private reprimand to, or otherwise act upon the license of any licensee" who.

(a) . . . has engaged in unprofessional conduct, as defined by statute or rule under this title

§58-1-501(2) defines unprofessional conduct to include:

(a) violating . . . any statute, rule, or order regulating an occupation or profession under this title,

(f) practicing . . . an occupation or profession regulated under this title despite being physically or mentally unfit to do so.

§58-37-6(7)(f) governs various aspects of the prescription of controlled substances. Subsection (v1) thus provides each prescription for a controlled substance "may contain only one controlled substance per prescription form ."

R156-37-502(6) defines unprofessional conduct to include "knowingly prescribing any controlled substance to a drug dependent person, as defined in Subsection 58-37-2(s), except for legitimate purposes as permitted by law" A drug dependent person is thus defined as "any individual who unlawfully and habitually uses any controlled substance to endanger the public morals, health, safety or welfare . "

The Division contends Respondent repeatedly failed to comply with various requirements of the January 11, 2007 Stipulation and Order, as well as the August 27, 2009 Addendum. The Division thus asserts Respondent has engaged in unprofessional conduct, violative of §58-1-501(2)(a).

The Division also contends Respondent is not physically and mentally fit to practice medicine. The Division thus relies on Dr Pompa's evaluation report and testimony, the testimony of Ms Taxin, Andy Free (Division Investigator) and Respondent's submission of the above described letters to numerous individuals

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The Division next asserts Respondent has prescribed more than one controlled substance on a given prescription form, as violative of §58-37-6(7)(f)(v1) Moreover, the Division claims Respondent violated R156-37-502(6) when he knowingly prescribed controlled substances to two drug dependent persons

The Board readily finds and concludes a proper factual and legal basis exists to enter a disciplinary sanction as to Respondent's licenses Both the January 11, 2007 Stipulation and Order and the August 27, 2009 Addendum were entered to protect the public and prompt Respondent's continuous compliance with the statutes and rules which govern the practice of medicine and the prescription of controlled substances

Moreover, those Orders were entered to ensure Respondent's medical practice was subject to adequate supervision Further, those Orders were also the means whereby this Board could effectively monitor Respondent's ongoing efforts to correct various deficiencies and thus realize sufficient improvement in that regard

Despite the foregoing, it is obvious Respondent has a cavalier disinterest in complying with the Orders governing his licensure His serious noncompliance with the necessary terms and conditions of those Orders constitutes unprofessional conduct, as

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defined by §58-1-501(2)(a) Respondent's prescriptive practices as to controlled substances establish his violation of §58-37-6(7)(f)(vi) and R156-37-604(2)

Based on the results of the December 29, 2009 urine analysis and Respondent's admission to Ms. Taxin that he engages in alcohol abuse, Respondent frequently consumes alcohol beyond that permitted in conjunction with weekly church services. However, the Board concludes no sufficient evidence exists to find Respondent has practiced medicine while impaired due to his alcohol consumption.

The Board also finds and concludes Respondent either does not understand or elects to disregard the need to maintain a proper relationship with the patients for whom he has provided psychiatric care. Given the extremely sensitive nature of issues which can arise in that setting, it was entirely inappropriate for Respondent to inform any patients of his ongoing licensure issues with the Division and to then enlist any patient as his advocate in that regard.

Respondent exhibited extremely poor judgment when he repeatedly submitted taunting and/or verbally abusive letters to a wide range of individuals. The intensity of Respondent's communications reflects much more than mere disagreement,

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frustration or an elevated and possibly understandable adversarial position. Notwithstanding Respondent's tardy acknowledgment that he should not have written those letters, the content and tone of those letters is strikingly disturbing

There are various aggravating circumstances to be considered in this proceeding Respondent has been subject to disciplinary action on two occasions since 2007, he has engaged in a pattern of misconduct and multiple offenses have occurred during that time Respondent attempted to have J D recant her statements to the Division and he thus engaged in a deceptive practice relative to this disciplinary process

Respondent has failed to acknowledge the wrongful nature of his misconduct Respondent's psychiatric patients are relatively vulnerable and were likely susceptible to his influence in his efforts to preserve his licenses Respondent has substantial experience in the practice of medicine Such experience should have enabled Respondent to avoid the unprofessional conduct set forth herein.

Based on the foregoing, the Board concludes there is no more than a very dubious likelihood Respondent would diligently pursue rehabilitative efforts as to realize significant improvement in various aspects of his medical practice. Any such

! efforts would be further compromised by Respondent's mindset that he should be the ultimate arbiter regarding which practice requirements he should satisfy

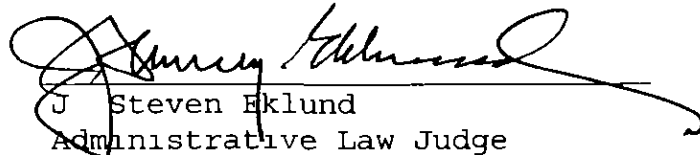
The Board thus submits the following Recommendation to the Division for its review and action

RECOMMENDED ORDER

WHEREFORE, IT IS ORDERED Respondent's licenses to practice medicine and to administer and prescribe controlled substances in this state shall be revoked Those revocations shall be effective on the date this Recommended Order is adopted

It is further ordered Respondent shall not apply for any relicensure prior to five (5) years from the date this Recommended Order may become effective

On behalf of the Physicians Licensing Board, I hereby certify the foregoing Findings of Fact, Conclusions of Law and Recommended Order were submitted to W Ray Walker, Regulatory and Compliance Officer of the Division of Occupational and Professional Licensing, on the 4th day of May 2010 for his review and action


J Steven Eklund
Administrative Law Judge
Department of Commerce