

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the First Amended  
Accusation Against:

Ronald Godwin Persaud, M.D.

Physician's and Surgeon's  
Certificate No. C 52276

Respondent.

Case No.: 800-2018-049765

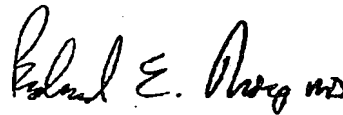
**DECISION**

The attached Stipulation Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 30, 2022.

IT IS SO ORDERED: August 31, 2022.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
Deputy Attorney General  
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8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the First Amended Accusation  
Against:

15 **RONALD GODWIN PERSAUD, M.D.**

16 **4505 Las Virgenes Road, Suite 204**  
17 **Calabasas, CA 91302**

18 **Physician's and Surgeon's Certificate No.**  
19 **C 52276**

20 Respondent.

Case No. 800-2018-049765

OAH No. 2021120297

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

21  
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
23 entitled proceedings that the following matters are true:

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
26 California (Board). He brought this action solely in his official capacity and is represented in this  
27 matter by Rob Bonta, Attorney General of the State of California, by Keith C. Shaw, Deputy  
28 Attorney General.



1 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
2 every right set forth above.

3 **CULPABILITY**

4 9. Respondent understands and agrees that the charges and allegations in First Amended  
5 Accusation No. 800-2018-049765, if proven at a hearing, constitute cause for imposing discipline  
6 upon his Physician's and Surgeon's Certificate.

7 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
8 further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant  
9 could establish a *prima facie* case with respect to the charges and allegations contained in the  
10 First Amended Accusation.

11 11. Respondent agrees that if he ever petitions for early termination or modification of  
12 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
13 Medical Board of California, all of the charges and allegations contained in First Amended  
14 Accusation No. 800-2018-049765 shall be deemed true, correct and fully admitted by Respondent  
15 for purposes of any such proceeding or any other licensing proceeding involving Respondent in  
16 the State of California.

17 12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
18 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
19 Disciplinary Order below.

20 **CONTINGENCY**

21 13. This stipulation shall be subject to approval by the Medical Board of California.  
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
23 Board of California may communicate directly with the Board regarding this stipulation and  
24 settlement, without notice to or participation by Respondent or his counsel. By signing the  
25 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 14. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
8 enter the following Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 52276 issued  
11 to Respondent Ronald Godwin Persaud, M.D., is revoked. However, the revocation is stayed and  
12 Respondent is placed on probation for four (4) years from the effective date of the Decision on  
13 the following terms and conditions:

14 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**  
15 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled  
16 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
17 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
18 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
19 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
20 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
21 and 4) the indications and diagnosis for which the controlled substances were furnished.

22 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
23 records and any inventories of controlled substances shall be available for immediate inspection  
24 and copying on the premises by the Board or its designee at all times during business hours and  
25 shall be retained for the entire term of probation.

26 2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
27 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
28 for its prior approval educational program(s) or course(s) which shall not be less than 30 hours

1 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
2 correcting any areas of deficient practice or knowledge, including an emphasis on the prescribing  
3 of controlled substances, and shall be Category I certified. The educational program(s) or  
4 course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical  
5 Education (CME) requirements for renewal of licensure. Following the completion of each  
6 course, the Board or its designee may administer an examination to test Respondent's knowledge  
7 of the course. Respondent shall provide proof of attendance for 55 hours of CME of which 30  
8 hours were in satisfaction of this condition.

9 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
10 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
11 advance by the Board or its designee. Respondent shall provide the approved course provider  
12 with any information and documents that the approved course provider may deem pertinent.  
13 Respondent shall participate in and successfully complete the classroom component of the course  
14 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
15 complete any other component of the course within one (1) year of enrollment. The prescribing  
16 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
17 Medical Education (CME) requirements for renewal of licensure.

18 A prescribing practices course taken after the acts that gave rise to the charges in the First  
19 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of  
20 the Board or its designee, be accepted towards the fulfillment of this condition if the course would  
21 have been approved by the Board or its designee had the course been taken after the effective date  
22 of this Decision.

23 Respondent shall submit a certification of successful completion to the Board or its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
27 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
28 advance by the Board or its designee. Respondent shall provide the approved course provider

1 with any information and documents that the approved course provider may deem pertinent.  
2 Respondent shall participate in and successfully complete the classroom component of the course  
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
4 complete any other component of the course within one (1) year of enrollment. The medical  
5 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
6 Medical Education (CME) requirements for renewal of licensure.

7 A medical record keeping course taken after the acts that gave rise to the charges in the  
8 First Amended Accusation, but prior to the effective date of the Decision may, in the sole  
9 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the  
10 course would have been approved by the Board or its designee had the course been taken after the  
11 effective date of this Decision.

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the course, or not later than  
14 15 calendar days after the effective date of the Decision, whichever is later.

15 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
16 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
17 meets the requirements of Title 16, California Code of Regulations section 1358.1. Respondent  
18 shall participate in and successfully complete that program. Respondent shall provide any  
19 information and documents that the program may deem pertinent. Respondent shall successfully  
20 complete the classroom component of the program not later than six (6) months after  
21 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
22 time specified by the program, but no later than one (1) year after attending the classroom  
23 component. The professionalism program shall be at Respondent's expense and shall be in  
24 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

25 A professionalism program taken after the acts that gave rise to the charges in the First  
26 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of  
27 the Board or its designee, be accepted towards the fulfillment of this condition if the program  
28 would have been approved by the Board or its designee had the program been taken after the

1 effective date of this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its  
3 designee not later than 15 calendar days after successfully completing the program or not later  
4 than 15 calendar days after the effective date of the Decision, whichever is later.

5 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
6 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
7 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
8 licenses are valid and in good standing, and who are preferably American Board of Medical  
9 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
10 relationship with Respondent, or other relationship that could reasonably be expected to  
11 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
12 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
13 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

14 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
15 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
16 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
17 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
18 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
19 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
20 signed statement for approval by the Board or its designee.

21 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
22 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
23 make all records available for immediate inspection and copying on the premises by the monitor  
24 at all times during business hours and shall retain the records for the entire term of probation.

25 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
26 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
27 cease the practice of medicine within three (3) calendar days after notification. Respondent shall  
28 cease the practice of medicine until a monitor is approved to provide monitoring responsibility.



1 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
3 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
4 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
5 that the monitor submits the quarterly written reports to the Board or its designee within 10  
6 calendar days after the end of the preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
8 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
9 the name and qualifications of a replacement monitor who will be assuming that responsibility  
10 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within  
11 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
12 notification from the Board or its designee to cease the practice of medicine within three (3)  
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
14 replacement monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program  
16 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
17 review, semi-annual practice assessment, and semi-annual review of professional growth and  
18 education. Respondent shall participate in the professional enhancement program at Respondent's  
19 expense during the term of probation.

20 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
21 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief  
22 of Staff or the Chief Executive Officer at every hospital where privileges or membership are  
23 extended to Respondent, at any other facility where Respondent engages in the practice of  
24 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
25 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
26 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
27 15 calendar days.

28 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

1           8.    SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
2 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
3 advanced practice nurses.

4           9.    OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
5 governing the practice of medicine in California and remain in full compliance with any court  
6 ordered criminal probation, payments, and other orders.

7           10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
8 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
9 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena  
10 enforcement, as applicable, in the amount of \$4,960.00. Costs shall be payable to the Medical  
11 Board of California. Failure to pay such costs shall be considered a violation of probation.

12           Any and all requests for a payment plan shall be submitted in writing by respondent to the  
13 Board.

14           11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
15 under penalty of perjury on forms provided by the Board, stating whether there has been  
16 compliance with all the conditions of probation.

17           Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
18 of the preceding quarter.

19           12. GENERAL PROBATION REQUIREMENTS.

20           Compliance with Probation Unit

21           Respondent shall comply with the Board's probation unit.

22           Address Changes

23           Respondent shall, at all times, keep the Board informed of Respondent's business and  
24 residence addresses, email address (if available), and telephone number. Changes of such  
25 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
26 circumstances shall a post office box serve as an address of record, except as allowed by Business  
27 and Professions Code section 2021, subdivision (b).

28    ///

1           Place of Practice

2           Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
4 facility.

5           License Renewal

6           Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8           Travel or Residence Outside California

9           Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
11 (30) calendar days.

12           In the event Respondent should leave the State of California to reside or to practice  
13 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
14 departure and return.

15           13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
16 available in person upon request for interviews either at Respondent's place of business or at the  
17 probation unit office, with or without prior notice throughout the term of probation.

18           14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
21 defined as any period of time Respondent is not practicing medicine as defined in Business and  
22 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
23 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
24 Respondent resides in California and is considered to be in non-practice, Respondent shall  
25 comply with all terms and conditions of probation. All time spent in an intensive training  
26 program which has been approved by the Board or its designee shall not be considered non-  
27 practice and does not relieve Respondent from complying with all the terms and conditions of  
28 probation. Practicing medicine in another state of the United States or Federal jurisdiction while

1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

4 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
5 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
6 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
7 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
8 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

9 Respondent's period of non-practice while on probation shall not exceed two (2) years.

10 Periods of non-practice will not apply to the reduction of the probationary term.

11 Periods of non-practice for a Respondent residing outside of California will relieve  
12 Respondent of the responsibility to comply with the probationary terms and conditions with the  
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
15 Controlled Substances; and Biological Fluid Testing..

16 15. COMPLETION OF PROBATION. Respondent shall comply with all financial  
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
19 be fully restored.

20 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
21 of probation is a violation of probation. If Respondent violates probation in any respect, the  
22 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
23 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
24 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
25 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
26 the matter is final.

27 17. LICENSE SURRENDER. Following the effective date of this Decision, if  
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.  
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
3 determining whether or not to grant the request, or to take any other action deemed appropriate  
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
8 application shall be treated as a petition for reinstatement of a revoked certificate.

9 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
10 with probation monitoring each and every year of probation, as designated by the Board, which  
11 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
12 California and delivered to the Board or its designee no later than January 31 of each calendar  
13 year.

14 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
15 a new license or certification, or petition for reinstatement of a license, by any other health care  
16 licensing action agency in the State of California, all of the charges and allegations contained in  
17 First Amended Accusation No. 800-2018-049765 shall be deemed to be true, correct, and  
18 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
19 seeking to deny or restrict license.

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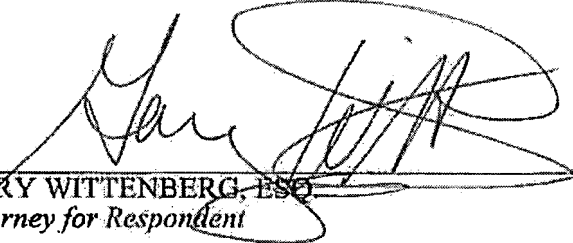
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**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Gary Wittenberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7/18/22   
RONALD GODWIN PERSAUD, M.D.  
*Respondent*

I have read and fully discussed with Respondent Ronald Godwin Persaud, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 7/18/22   
GARY WITTENBERG, ESQ.  
*Attorney for Respondent*

**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: July 18, 2022

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
  
*Keith Shaw*  
KEITH C. SHAW  
Deputy Attorney General  
*Attorneys for Complainant*

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1 ROB BONTA  
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6 San Diego, CA 92186-5266  
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7 Facsimile: (619) 645-2012

8 *Attorneys for Complainant*

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
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14 In the Matter of the First Amended Accusation  
Against:  
15 **RONALD GODWIN PERSAUD, M.D.**  
16 4505 Las Virgenes Road, Suite 204  
Calabasas, CA 91302  
17  
18 **Physician's and Surgeon's Certificate**  
**No. C 52276,**  
19  
20 Respondent.

Case No. 800-2018-049765  
**FIRST AMENDED ACCUSATION**

21 **PARTIES**

- 22 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his  
23 official capacity as the Executive Director of the Medical Board of California, Department of  
24 Consumer Affairs (Board).
- 25 2. On or about March 30, 2006, the Board issued Physician's and Surgeon's Certificate  
26 No. C 52276 to Ronald Godwin Persaud, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
28 expire on November 30, 2023, unless renewed.

JURISDICTION

1  
2       3.    This First Amended Accusation is brought before the Medical Board of California,  
3 Department of Consumer Affairs, under the authority of the following laws. All section  
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

5       4.    Section 2227 of the Code states:

6           “(a) A licensee whose matter has been heard by an administrative law judge  
7 of the Medical Quality Hearing Panel as designated in Section 11371 of the  
8 Government Code, or whose default has been entered, and who is found guilty,  
9 or who has entered into a stipulation for disciplinary action with the board, may, in  
10 accordance with the provisions of this chapter:

11           “(1) Have his or her license revoked upon order of the board.

12           “(2) Have his or her right to practice suspended for a period not to exceed  
13 one year upon order of the board.

14           “(3) Be placed on probation and be required to pay the costs of probation  
15 monitoring upon order of the board.

16           “(4) Be publicly reprimanded by the board. The public reprimand may  
17 include a requirement that the licensee complete relevant educational courses approved by  
18 the board.

19           “(5) Have any other action taken in relation to discipline as part of an order  
20 of probation, as the board or an administrative law judge may deem proper.

21           “(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
22 medical review or advisory conferences, professional competency examinations,  
23 continuing education activities, and cost reimbursement associated therewith that  
24 are agreed to with the board and successfully completed by the licensee, or other  
25 matters made confidential or privileged by existing law, is deemed public, and shall be  
26 made available to the public by the board pursuant to Section 803.1.”

27    ///

28    ///



1           5.     Section 2234 of the Code, states:

2           “The board shall take action against any licensee who is charged with unprofessional  
3     conduct. In addition to other provisions of this article, unprofessional conduct includes, but  
4     is not limited to, the following:

5           “ . . .

6           “(b) Gross negligence.

7           “(c) Repeated negligent acts. To be repeated, there must be two or more negligent  
8     acts or omissions. An initial negligent act or omission followed by a separate and distinct  
9     departure from the applicable standard of care shall constitute repeated negligent acts.

10          “(1) An initial negligent diagnosis followed by an act or omission medically  
11     appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

12          “(2) When the standard of care requires a change in the diagnosis, act, or omission  
13     that constitutes the negligent act described in paragraph (1), including, but not limited to, a  
14     reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs  
15     from the applicable standard of care, each departure constitutes a separate and distinct  
16     breach of the standard of care.

17          “ . . . .”

18          6.     Section 725 of the Code states:

19          “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
20     administering of drugs or treatment, repeated acts of clearly excessive use of  
21     diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
22     treatment facilities as determined by the standard of the community of licensees is  
23     unprofessional conduct for a physician and surgeon, dentist, podiatrist,  
24     psychologist, physical therapist, chiropractor, optometrist, speech-language  
25     pathologist, or audiologist.

26          “(b) Any person who engages in repeated acts of clearly excessive  
27     prescribing or administering of drugs or treatment is guilty of a misdemeanor and  
28     shall be punished by a fine of not less than one hundred dollars (\$100) nor more

1 than six hundred dollars (\$600), or by imprisonment for a term of not less than 60  
2 days nor more than 180 days, or by both that fine and imprisonment.

3 “(c) A practitioner who has a medical basis for prescribing, furnishing,  
4 dispensing, or administering dangerous drugs or prescription controlled substances  
5 shall not be subject to disciplinary action or prosecution under this section.

6 “(d) No physician and surgeon shall be subject to disciplinary action pursuant to this  
7 section for treating intractable pain in compliance with Section 2241.5.”

8 7. Section 2266 of the Code states:

9 “The failure of a physician and surgeon to maintain adequate and accurate records  
10 relating to the provision of services to their patients constitutes unprofessional conduct.”

11 8. Section 2229 of the Code states that the protection of the public shall be the highest  
12 priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a  
13 licensee should be made when possible, Section 2229, subdivision (c), states that when  
14 rehabilitation and protection are inconsistent, protection shall be paramount.

#### 15 COST RECOVERY

16 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
17 administrative law judge to direct a licensee found to have committed a violation or violations of  
18 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
19 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
20 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
21 included in a stipulated settlement.

#### 22 PERTINENT DRUGS

23 10. **Adderall**, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a  
24 central nervous system (CNS) stimulant of the amphetamine class, and is a Schedule II controlled  
25 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous  
26 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
27 indicated, it is used for attention-deficit hyperactivity disorder (ADHD) and narcolepsy.

28 According to the Drug Enforcement Administration (DEA), amphetamines, such as Adderall, are

1 considered a drug of abuse. “The effects of amphetamines and methamphetamine are similar to  
2 cocaine, but their onset is slower and their duration is longer.” (Drugs of Abuse – A DEA  
3 Resource Guide (2017), at p. 50.) Adderall and other stimulants are contraindicated for patients  
4 with a history of drug abuse.

5 11. **Clonazepam**, a benzodiazepine, is a centrally acting hypnotic-sedative that is a  
6 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
7 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When  
8 properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. The  
9 maximum daily dose of clonazepam is generally not to exceed 4 mg per day. Concomitant use of  
10 clonazepam with opioids “may result in profound sedation, respiratory depression, coma, and  
11 death.” The DEA has identified benzodiazepines, such as clonazepam, as a drug of abuse.  
12 (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.)

13 12. **Gabapentin** is a prescription painkiller belonging to its own drug class,  
14 Gabapentinoids. It is primarily used as an anti-epileptic drug, and also used as an anticonvulsant  
15 and nerve pain medication.

16 13. **Lisdexamfetamine**, commonly known by the trade name Vyvanse, is a central  
17 nervous system stimulant. It affects chemicals in the brain and nerves that contribute to  
18 hyperactivity and impulse control. Lisdexamfetamine is used to treat ADHD. The DEA has  
19 identified amphetamines, such as lisdexamfetamine, as a drug of abuse. (Drugs of Abuse, DEA  
20 Resource Guide (2017 Edition), at p. 50.)

21 14. **Lorazepam**, also known by the trade name Ativan, is used for anxiety and sedation in  
22 the management of anxiety disorder for short-term relief from the symptoms of anxiety or anxiety  
23 associated with depressive symptoms. It is a dangerous drug as defined in section 4022 and a  
24 Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.  
25 Lorazepam is not recommended for use in patients with primary depressive disorders. Sudden  
26 withdrawal from lorazepam can produce withdrawal symptoms including seizures.

27 15. **Methylphenidate**, commonly known by the trade name Ritalin, is a central nervous  
28 system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and

1 impulse control. Methylphenidate is used to treat ADHD and narcolepsy. The DEA has  
2 identified amphetamines, such as methylphenidate, as a drug of abuse. (Drugs of Abuse, DEA  
3 Resource Guide (2017 Edition), at p. 50.)

4 16. **Paroxetine**, an antidepressant, belongs to a group of drugs known as an SSRI  
5 (selective serotonin reuptake inhibitor). It's commonly used to treat depression and sometimes  
6 for obsessive compulsive disorder (OCD), panic attacks, anxiety or post-traumatic stress disorder  
7 (PTSD).

8 17. **Soma**, a trade name for carisoprodol tablets, is a muscle-relaxant and sedative. It is a  
9 dangerous drug as defined in section 4022 and is a Schedule IV controlled substance as defined  
10 by Health and Safety Code section 11057. It can be habit forming and its side effects may impair  
11 thinking or reactions; it can increase dizziness and drowsiness.

12 18. **Tramadol** is a synthetic opioid used to treat moderate to severe pain, especially post-  
13 surgery. It has a high risk for addiction and dependence.

14 19. **Trazodone** is an antidepressant used to treat major depressive disorder. It belongs to  
15 a group of drugs called serotonin receptor antagonists and reuptake inhibitors (SARIs).

16 20. **Venlafaxine**, an antidepressant, belongs to a group of drugs called SSNRIs.  
17 Venlafaxine affects chemicals in the brain that may be unbalanced in people with depression.

18 21. **Xanax** (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is  
19 a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
20 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.  
21 When properly prescribed and indicated, it is used for the management of anxiety disorders.  
22 Concomitant use of Xanax with opioids "may result in profound sedation, respiratory depression,  
23 coma, and death." The DEA has identified benzodiazepines, such as Xanax, as a drug of abuse.  
24 (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.)

25 22. **Zolpidem**, known by the trade name Ambien, is a Schedule IV controlled substance,  
26 and a sedative primarily used to treat insomnia. It is an addictive substance and users should  
27 avoid alcohol as serious interactions may occur.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 23. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
4 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care  
5 and treatment of patients L and B,<sup>1</sup> as more particularly alleged hereinafter:

6 **PATIENT L**

7 24. Respondent began treatment with Patient L, a then 25-year-old male, on or about  
8 September 6, 2018. The patient reported a history of anxiety, panic attacks, insomnia, and  
9 ADHD. Patient L stated that his ADHD symptoms were being adequately treated by Adderall.  
10 He denied substance use disorder. Patient L had a spinal cord disorder and was paralyzed from  
11 the waist down. Following a comprehensive mental status examination, Respondent diagnosed  
12 Patient L with panic disorder and ADHD. Respondent continued the patient on Adderall (60 mg  
13 daily), and started alprazolam (1 mg daily), zolpidem (10 mg nightly), and paroxetine (20 mg  
14 daily). The dosage of Adderall prescribed to Patient L was above the maximum recommended  
15 dosage, yet Respondent did not document the reason for this high dosage, nor obtain vital signs of  
16 the patient. Additionally, Respondent did not provide the justification or document informed  
17 consent regarding the combination of scheduled medications prescribed, nor did he check  
18 CURES<sup>2</sup> prior to prescribing these medications. Respondent also failed to provide an adequate  
19 justification for the long-term use of zolpidem, a medication indicated for short-term use.

20 25. On or about September 13, 2018, Respondent tripled the dosage of alprazolam (3 mg  
21 daily) and provided an early refill without an office visit. Further, Respondent did not document  
22 this increase in dosage (other than the medication log), provide a reason for the increased dosage,  
23 nor review CURES prior to issuing this prescription. On or about October 3, 2018, Respondent  
24 again increased the dosage of alprazolam (3.5 mg), despite Patient L reporting that he was taking  
25 4 mg daily, more than the prescribed dosage. Further, Respondent did not document a discussion

26 <sup>1</sup> The patients listed in this document are unnamed to protect their privacy. Respondent  
27 knows the name of the patients and can confirm their identity through discovery.

28 <sup>2</sup> The Controlled Substance Utilization Review and Evaluation System (CURES) is a  
platform that tracks all Schedule II – IV controlled substances dispensed to patients in California.

1 regarding any concerns of substance use disorder or diversion. Respondent continued regular  
2 prescriptions for Adderall and zolpidem, increased the dosage of paroxetine (30 mg daily), and  
3 started trazadone (100 mg nightly) and buspirone, an anti-anxiety medication (30 mg daily).  
4 Respondent checked CURES the day prior to this visit. On or about November 1, 2018,  
5 Respondent again increased the dosage of alprazolam (4 mg daily).

6 26. Respondent committed gross negligence in his care and treatment of Patient L which  
7 included, but was not limited to, the following:

- 8 (a) Respondent tripled the dosage of alprazolam without an office visit  
9 and failed to adequately document this increased dosage, provide a  
10 justification, or review CURES prior to prescribing this medication.

11 **PATIENT B**

12 27. Respondent began treating Patient B, a then 24-year-old female, on or about March 6,  
13 2018. The patient reported a history of numerous psychiatric symptoms, including anxiety,  
14 ADHD, and psychosis. Following a comprehensive mental status examination, Respondent  
15 diagnosed Patient B with schizophrenia and ADHD. Respondent continued her prior  
16 prescriptions for lurasidone, an antipsychotic (60 mg daily); aripiprazole, an antipsychotic (2 mg  
17 daily);<sup>3</sup> lamotrigine (anticonvulsant); lisdexamfetamine (20 mg daily); clonazepam (1 mg daily);  
18 vilazodone (SSRI antidepressant); and trazodone (100 mg nightly).

19 28. On or about May 29, 2018, Patient B reported anxiety and command auditory  
20 hallucinations of self-harm. However, Respondent did not conduct a suicide risk assessment,  
21 document how to treat the patient's psychosis, or document the risks associated with the use of  
22 stimulants by a patient with psychosis. Respondent discontinued lisdexamfetamine and started  
23 Adderall (10 mg daily).

24 29. On or about July 3, 2018, Patient B reported continued auditory hallucinations.  
25 Respondent discontinued trazodone as it was reportedly contributing to the patient's nightmares.  
26 The following month, Patient B again reported auditory hallucinations, but her medications were

27 <sup>3</sup> The general starting daily dosage of aripiprazole to treat schizophrenia is 10 mg, yet  
28 Respondent only prescribed 2 mg; Respondent prescribed lurasidone at 60 mg even though the  
maximum dosage is 160 mg, then decreased it further to 40 mg in April 2019.

1 unchanged. On or about November 5, 2018, Respondent discontinued clonazepam and started  
2 alprazolam (1.5 mg daily). On this date, Respondent also checked CURES for the first time, and  
3 would check CURES on six additional occasions through approximately June 2020. Yet on none  
4 of these occasion did Respondent document an analysis of his CURES review or note that Patient  
5 B was regularly prescribed opiates by other providers, including oxycodone and hydrocodone.

6 30. Between approximately May 2019 and September 2019, Respondent's documentation  
7 indicated that Patient B did not have any prescription refills, but pharmacy records reflect that  
8 numerous prescriptions were issued by Respondent during this time, including Adderall. On or  
9 about November 18, 2019, Adderall was discontinued, but it was not documented. On or about  
10 December 5, 2019, Patient B reported having a seizure and increased anxiety from Adderall, and  
11 Respondent switched her back to lisdexamfetamine. Several days later, Respondent issued a  
12 prescription for clonazepam without an office visit and ceased alprazolam, however, it is only  
13 noted in the medication logs and not the medical notes.

14 31. On or about January 3, 2020, Patient B reported worsening anxiety and panic.  
15 Respondent increased clonazepam (3 mg daily) and lamotrigine (150 mg daily). On or about  
16 March 3, 2020, Patient B was switched from lisdexamfetamine to methylphenidate (20 mg daily)  
17 without an office visit or documenting informed consent. Soon after, the patient reported  
18 palpitations associated with methylphenidate, and Respondent lowered the dosage to 10 mg daily.

19 32. On or about June 8, 2020, Patient B reported taking a higher dosage of  
20 methylphenidate than prescribed, and again hearing command auditory hallucinations of self-  
21 harm. Respondent in turn increased the dosage of methylphenidate back to 20 mg daily, but  
22 again failed to conduct a suicide risk assessment or substance use disorder assessment.

23 33. Respondent committed gross negligence in his care and treatment of Patient B which  
24 included, but was not limited to, the following:

25 (a) Respondent failed to adequately address the patient's command  
26 auditory hallucinations of self-harm on or about May 29, 2018; and

27 (b) Respondent failed to adequately address the patient's command  
28 auditory hallucinations of self-harm on or about June 8, 2020.

1 SECOND CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 34. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
4 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent  
5 acts in his care and treatment of patients L, S, and B, as more particularly alleged herein.

6 PATIENT L

7 35. Respondent committed repeated negligent acts in his care and treatment of Patient L  
8 which included, but was not limited to, the following:

- 9 (a) Paragraphs 23 through 26, above, are hereby incorporated by reference  
10 and realleged as if fully set forth herein;
- 11 (b) Respondent failed to address the reason Adderall was prescribed above  
12 the maximum recommended daily dosage;
- 13 (c) Respondent failed to provide a clear justification and explanation of the  
14 risks associated with the concurrent use of Adderall, alprazolam, and  
15 zolpidem;
- 16 (d) Respondent failed to monitor CURES prior to prescribing controlled  
17 substances;
- 18 (e) Respondent failed to obtain vital signs when prescribing scheduled  
19 medications, including Adderall;
- 20 (f) Respondent prescribed zolpidem, a medication indicated for short-term  
21 insomnia use, for long-term use without clear justification; and
- 22 (g) Respondent failed to address concerns of diversion or substance use  
23 disorder following the patient's admission to taking more than the  
24 prescribed dosage of alprazolam.

25 PATIENT S

26 36. Respondent started treating Patient S, a then 42-year-old male, on or about August 26,  
27 2016. The patient reported symptoms of depression and ADHD, and denied substance use  
28 disorder. Following a comprehensive mental status examination, Respondent diagnosed Patient S



1 with persistent depressive disorder and ADHD. Respondent continued the patient's previously  
2 prescribed medications, including venlafaxine (150 mg daily), lisdexamfetamine (200 mg daily),  
3 trazodone (200 mg nightly), and gabapentin (3200 mg daily). Patient S came in for monthly  
4 appointments the remainder of 2016 and the treatment plan remained unchanged. On or about  
5 November 29, 2016, Patient S began receiving regular prescriptions for tramadol from another  
6 prescriber.

7 37. On or about January 13, 2017, Patient S reported worsening symptoms of depression.  
8 Respondent switched him from lisdexamfetamine to Adderall (20 mg daily), while continuing the  
9 other regular prescriptions. Starting in approximately January 2017 through January 2018,  
10 Patient S received regular prescriptions for opioids from another provider, and at times, multiple  
11 providers. These medications included acetaminophen-codeine and hydrocodone. Patient S also  
12 started receiving regular prescriptions for Soma from another provider from approximately  
13 February 2017 through April 2018. On or about February 17, 2017, Patient S reported  
14 drowsiness from taking trazodone, which was then decreased.

15 38. On or about March 17, 2017, Respondent increased the dosage of Adderall (30 mg  
16 daily) and trazodone (150 mg nightly) following Patient S reporting poor focus and anxiety. On  
17 or about October 4, 2017, Patient S reported being in a car accident. On or about December 18,  
18 2017, Respondent added lorazepam (1 mg daily) as the patient reported continuing depression  
19 and anxiety. On or about June 11, 2018, Respondent switched venlafaxine to desvenlafaxine,  
20 another antidepressant, but resumed venlafaxine the following month after Patient S reported  
21 having withdrawal symptoms from stopping venlafaxine.

22 39. On or about October 31, 2018, Respondent checked CURES for the first time, and  
23 would check CURES on six additional occasions through approximately May 2020. However, on  
24 none of these occasions did Respondent document an analysis of his CURES review or make  
25 notations of the multiple opioids being prescribed by other providers. On or about January 18,  
26 2019, Respondent switched the patient from lorazepam to alprazolam (.75 mg daily) after Patient  
27 S reported lorazepam to be ineffective. Even though Respondent noted that lorazepam was  
28

1 discontinued on this date, he prescribed lorazepam on two additional occasions to the patient. On  
2 or about May 31, 2019, Patient S reported having cannabis in his urine.

3 40. Since starting treatment with Respondent on or about August 26, 2016, Patient S  
4 repeatedly complained of symptoms of ongoing depression and life stressors. However,  
5 Respondent did not alter his antidepressant medications until starting desvenlafaxine on or about  
6 June 11, 2018, and the antidepressants were largely unchanged thereafter. Moreover, Respondent  
7 failed to document a suicide risk assessment following numerous reports of increasing depression,  
8 and prescribed benzodiazepines, which can worsen depression. Further, Respondent did not  
9 advise Patient S of the risks associated with the concurrent use of opiates and benzodiazepines at  
10 the time he prescribed benzodiazepines.

11 41. Respondent committed repeated negligent acts in his care and treatment of Patient S which  
12 included, but was not limited to, the following:

- 13 (a) Respondent failed to timely monitor CURES and, as a result,  
14 overlooked that the patient was being prescribed opiates and sedatives  
15 by other providers at the same time Respondent was prescribing  
16 controlled substances;
- 17 (b) Respondent prescribed lorazepam despite a recent car accident and  
18 complaints of drowsiness, and without monitoring CURES;
- 19 (c) Respondent noted that lorazepam was discontinued, yet issued two  
20 subsequent prescriptions without proper documentation;
- 21 (d) Respondent failed to document a consideration of substance use  
22 disorder when the patient admitted to marijuana use;
- 23 (e) Respondent failed to document an analysis of his CURES review or  
24 make notations of the multiple opioids being prescribed by other  
25 prescribers;
- 26 (f) Respondent failed to advise the patient of the risks associated with the  
27 concurrent use of opiates and benzodiazepines;

28 ///

- 1 (g) Respondent failed to properly address the patient's symptoms of  
2 depression; and  
3 (h) Respondent failed to document a suicide risk assessment despite  
4 repeated reports of depression and life stressors.

5 **PATIENT B**

6 42. Respondent committed repeated negligent acts in his care and treatment of Patient B  
7 which included, but was not limited to, the following:

- 8 (a) Paragraphs 27 through 33, above, are hereby incorporated by reference  
9 and realleged as if fully set forth herein;  
10 (b) Respondent failed to timely monitor CURES and, as a result, missed  
11 that the patient was also being prescribed opiates by other providers at  
12 the same time Respondent was prescribing controlled substances;  
13 (c) Respondent failed to document an analysis of his CURES review or  
14 make notations of the multiple opiates being prescribed by other  
15 prescribers;  
16 (d) Respondent failed to adequately document prescriptions of controlled  
17 substances between May 2019 through September 2019;  
18 (e) Respondent prescribed clonazepam on or about December 8, 2019,  
19 without an office visit;  
20 (f) Respondent switched Patient B from lisdexamfetamine to  
21 methylphenidate on or about March 3, 2020, without an office visit or  
22 documenting informed consent;  
23 (g) Respondent failed to conduct a substance use disorder assessment  
24 following the patient's admission that she was taking more than the  
25 prescribed amount of methylphenidate; and  
26 (h) Respondent failed to increase and/or change the patient's antipsychotic  
27 medications despite continuous psychotic symptoms.

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**THIRD CAUSE FOR DISCIPLINE**

**(Repeated Acts of Clearly Excessive Prescribing)**

43. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 725, of the Code, in that he has committed repeated acts of clearly excessive prescribing of drugs or treatment to patients L, S, and B, as determined by the standard of the community of physicians, as more particularly alleged in paragraphs 23 through 42, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**FOURTH CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate and Accurate Records)**

44. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of patients L, S, and B, as more particularly alleged in paragraphs 23 through 43, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

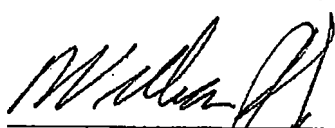
1. Revoking or suspending Physician's and Surgeon's Certificate No. C 52276, issued to Respondent Ronald Godwin Persaud, M.D.;
2. Revoking, suspending or denying approval of Respondent Ronald Godwin Persaud, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Ronald Godwin Persaud, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, to pay the Board the costs of probation monitoring; and

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4. Taking such other and further action as deemed necessary and proper.

DATED: JUN 23 2022

  
\_\_\_\_\_  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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