

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

In the Matter of the Petition for
Reinstatement Against:

Sona C. Patel, M.D.

Physician's and Surgeon's
Certificate No. A 88229

Case No.: 800-2024-108882

Respondent.

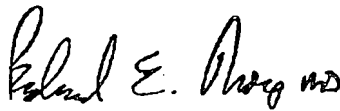
DECISION

The attached Proposed Decision 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 March 12, 2025.

IT IS SO ORDERED: February 10, 2025.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Petition for Reinstatement of:

SONA C. PATEL,

Petitioner

Agency Case No. 800-2024-108882

OAH No. 2024120173

PROPOSED DECISION

Thomas Heller, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on December 30, 2024.

Nicole Valentine, Esq., Goyette, Ruano & Thompson, represented petitioner Sona C. Patel.

Wendy Widlus, Deputy Attorney General, represented the Attorney General of the State of California.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on December 30, 2024.

SUMMARY

Petitioner requests reinstatement of her physician's and surgeon's certificate, which the Medical Board of California (Board) revoked in 2020 for violations of probation requirements imposed in a prior disciplinary case against her. Petitioner now requests reinstatement of her certificate, contending she is rehabilitated and ready to resume practicing medicine. Considering the Board's criteria of rehabilitation, petitioner's evidence proves she is sufficiently rehabilitated to be given another chance to complete probation. Therefore, her certificate is reinstated on a probationary basis.

FACTUAL FINDINGS

Background

1. On July 21, 2004, the Board issued physician's and surgeon's certificate number A 88229 to petitioner.
2. In a Decision effective November 15, 2013, the Board revoked the certificate, stayed the revocation, and placed petitioner on probation for seven years. (Exhibit 3 [Decision, Oct. 18, 2013, Case No. 17-2009-203838].) The Decision was a stipulated resolution of an Accusation charging petitioner with gross negligence, repeated negligent acts, falsifying medical records, dishonest and corrupt acts, and failure to maintain adequate and accurate records.
3. According to the charges, petitioner owned and operated two Los Angeles clinics where she evaluated whether prospective patients were seriously ill Californians, as defined under California law, for the purpose of qualifying for medical marijuana recommendations. Two Board investigators posing as patients seeking

medical marijuana recommendations presented to petitioner in 2010, and petitioner violated her own protocols by not requiring them to provide their medical records or complete paperwork identifying their primary physician and diagnosis. Petitioner also falsely documented conducting physical examinations she did not perform; falsely documented that the investigators posing as patients told her they suffered from anxiety and insomnia and did not want to take prescription medicine; and falsely documented that one investigator, who informed petitioner he drank to excess daily, stated he had stopped abusing alcohol. Furthermore, petitioner failed to take an adequate medical history and conduct good faith examinations of the investigators posing as patients, failed to explore symptoms of potentially significant pre-existing conditions, failed to explore one investigator's claimed depression as a possible symptom of excessive alcohol use and refer him to a specialist, and failed to develop an appropriate treatment plan.

4. As part of the stipulated resolution, petitioner admitted the charges and allegations in the Accusation. The terms of probation included requirements that petitioner serve a 90-day suspension shortly after the start of probation, complete prescribing practices and medical record keeping courses, and complete a professionalism program in ethics. The Board also required monitoring of petitioner's practice and compliance with the Board's standard probation terms, one of which required that any period of non-practice of petitioner while on probation "shall not exceed two (2) years." (Exhibit 3, p. A12.) Another standard term required petitioner to maintain a current and renewed license (i.e., certificate) with the Board during the term of probation. (*Id.* at p. A11.)

5. In June 2016, petitioner sought early termination of probation, contending she had complied with the terms of probation and changed her clinic

procedures to comply with the law. But at the time, her clinic business was in rapid decline and she was not practicing medicine. The matter proceeded to hearing before an administrative law judge in October 2017; by then, petitioner had not practiced medicine for 708 days during her probationary term. The administrative law judge issued a proposed decision recommending that the Board deny the petition for early termination of probation, which the Board adopted. (Exhibit 4 [Decision and Order, Dec. 27, 2017, Case No. 800-2016-023978].) The Board concluded petitioner had not demonstrated by clear and convincing evidence that the public would be safe if she were granted full privileges of licensure. The Board also found, "Petitioner is . . . perilously close to violating the probationary prohibition against non-practice for more than two years," and "her long periods of non-practice . . . make it very difficult for her to demonstrate rehabilitation." (*Id.* at p. A32.)

6. Petitioner's non-practice while on probation continued after the Board's decision, and she also failed to renew her physician's and surgeon's certificate on or before June 30, 2018, thereby allowing it to expire. The license remained expired until petitioner renewed it on January 22, 2019. In May 2019, the Board's Executive Officer filed a petition to revoke probation charging petitioner with violating probation by failing to practice medicine for a period exceeding two years between the start of probation and June 2018, and by failing to maintain a current and renewed license. Petitioner did not file a notice of defense to the petition, and the Board issued a Default Decision and Order sustaining the charges and revoking petitioner's probation and license effective April 24, 2020. (Exhibit 5 [Default Decision and Order, Mar. 26, 2020, Case No. 800-2018-051184].)

7. Petitioner now requests reinstatement of her license, contending she is rehabilitated and fit to resume the practice of medicine. She filed the petition for

reinstatement at issue in June 2024. In a letter accompanying the petition, petitioner wrote she takes full responsibility for the misconduct that resulted in the original disciplinary case against her. Petitioner also wrote she made every effort to comply with the terms of probation in that case, but she was unable to comply due to family and financial pressures. Petitioner explained she became a single parent of a young child with health issues, and she felt burned out and took more non-practice time than her probation allowed. Petitioner attributed her default on the petition to revoke probation to her failure to update her mailing address with the Board.

8. The petition stated that since the revocation of her license, petitioner moved in with her father, who is helping to raise her son. She has not worked since 2016, but she had completed over 100 hours of continuing education coursework as of the petition date to remain current in her medical knowledge. Petitioner also provided letters from three individuals who worked with her before she lost her license who support her reinstatement.

9. A Board investigator interviewed petitioner and two of the three individuals who wrote letters of support for her. Petitioner expressed shame and embarrassment for the conduct that led to her probation with the Board, describing it as dishonest, misleading, and reckless. Petitioner also detailed the financial and emotional pressures underlying her failure to complete probation. Petitioner stated she had now had additional financial and emotional support from her parents, and she had taken many education classes and worked on her moral foundation and ethics, primarily through increased involvement and volunteer work at her temple.

10. The two individuals who wrote letters of support that the investigator interviewed – Daniel Anderson, M.D., and Pravin Shaw, D.O. – had limited knowledge of petitioner's rehabilitative efforts. Dr. Anderson knew petitioner read medical

journals to keep up to date with her medical knowledge. Dr. Shaw knew only about petitioner's trouble complying with the conditions of probation. Their letters of support described petitioner as a hard-working, caring, and compassionate physician.

Hearing on Petition

11. Petitioner testified her probation was going well until June 2016 when family and financial issues affected her compliance. She served the required suspension and completed the prescribing practices and medical record keeping courses and the professionalism program in ethics. But petitioner unexpectedly became a single parent when her husband left her, which was a serious emotional burden on her. Petitioner's child was born prematurely and had health problems requiring her to take significant time off from work. Her clinic business was also not doing well, and she had difficulty paying the costs of her probation monitor. While dealing with these issues, petitioner did not update her mailing address with the Board and did not renew her license in a timely fashion.

12. Petitioner also testified she "really messed up" with respect to the misconduct that led to the original disciplinary case against her. She acknowledges her conduct was dishonest and testified she is mortified by her actions, which she explained were motivated by greed. Since her misconduct, petitioner has become much more involved in her temple, and her increased connection with her religion has strengthened her ethical and moral foundations.

13. Since filing the petition for reinstatement, petitioner has completed additional continuing education courses to remain current in her medical knowledge. In addition, petitioner testified she now has a better support network in place to address the challenges of returning to practice. Her father is retired and able to stay at

home and care for her son, who is older now. Petitioner's father is also willing to assist her with the costs of probation if her license is reinstated, including the costs of a clinical competence assessment program if necessary. Although petitioner is currently unemployed and home schooling her son, she testified the owner of a nearby urgent care facility offered her a job if her license is reinstated. If it is, petitioner plans to work for someone else rather than practice on her own.

14. Dr. Anderson testified he is a psychiatrist at an in-patient facility in San Bernardino County. He worked at one of petitioner's clinics in around 2013 and 2014. At the time, petitioner was overseeing staff and business operations at the clinic. Dr. Anderson learned within the last year the petitioner had lost her license and agreed to write a letter of reference for her.

15. Dr. Shaw testified he is board certified in family medicine. He met petitioner through her family and cousins, and he did a four-week rotation in family medicine with petitioner in 2008 or 2009. Dr. Shaw has not seen petitioner in about 10 years, and he has not stayed in contact with her until recently.

16. When interviewed by a Board investigator, the investigator asked Dr. Shaw if petitioner had admitted wrongdoing or placed blame on others, and Dr. Shaw responded it was "probably somewhere in between." (Exhibit 9, p. A133.) Dr. Shaw testified his statement referred to petitioner's probation violations, which petitioner attributed mainly to a lack of child care for her son. The statement did not refer to the underlying misconduct in the prior disciplinary case against petitioner.

17. The evidence also includes a letter of reference from an additional character witness (Christopher Romig, M.D.), which was included with petitioner's written petition to the Board. But the Attorney General, not petitioner, offered the

letter into evidence, and petitioner did not request consideration of the letter at the hearing.

18. The Attorney General contends petitioner has not made a sufficient showing of rehabilitation, arguing her character witnesses provide little insight into her rehabilitation, and her assurances she will not violate probation again are inadequate.

19. The Attorney General is correct that petitioner's character witnesses provide little insight into her rehabilitation; they have had little contact with her in recent years. But other evidence in the record provides more insight and supports a finding that petitioner has made progress in her rehabilitation. Petitioner's probation violations occurred over six years ago, and she committed the misconduct that led to the original disciplinary case against her about 15 years ago. She has not committed subsequent misconduct, and her testimony indicates she has a better support system in place than when she committed the probation violations and defaulted on the petition to revoke probation. Her testimony also indicates a change in attitude and a commitment not to engage in additional misconduct. These considerations weigh in favor of giving petitioner another chance to complete probation.

LEGAL CONCLUSIONS

1. A person whose physician's and surgeon's certificate has been revoked may petition the Board for reinstatement. (Bus. & Prof. Code, § 2307, subd. (a).) When the Board revoked petitioner's license, a person whose license was revoked for unprofessional conduct could petition for reinstatement after a minimum of three years had elapsed from the effective date of the revocation. (Former Bus. & Prof. Code, § 2307, subd. (b).) Effective January 1, 2024, the minimum period was extended to five

years unless the Board specified otherwise in a disciplinary order (Bus. & Prof. Code, § 2307, subd. (b)), but the revocation of petitioner's license preceded the change, and her petition for reinstatement has proceeded to hearing under the minimum period formerly in effect.

2. In deciding the petition, the Board "may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability." (Bus. & Prof. Code, § 2307, subd. (e).) "Protection of the public shall be the highest priority for the [Board] in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." (Bus. & Prof. Code, § 2001.1.)

3. "[I]n a proceeding for the restoration of a revoked license, the burden at all times rests on the petitioner to prove that he has rehabilitated himself and is entitled to have his license restored, and not on the board to prove the contrary." (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398, quoting *Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315.) To meet that burden, a petitioner must show they are no longer deserving of the adverse character judgment associated with the discipline imposed against a license. (*Tardiff v. State Bar* (1980) 27 Cal.3d 395, 404-405.) A petitioner for reinstatement of a professional license must prove rehabilitation by clear and convincing evidence to a reasonable certainty. (*Housman v. Board of Medical Examiners, supra*, 84 Cal.App.2d at pp. 315-316; see also *Hippard v. State Bar* (1989) 49 Cal.3d 1084, 1091-1092.) Clear and convincing evidence "requires a finding of high probability," and has been described as "requiring that the

evidence be "'so clear as to leave no substantial doubt"; "sufficiently strong to command the unhesitating assent of every reasonable mind.'" [Citation.]" (*In re Angelia P.* (1981) 28 Cal.3d 908, 919.)

4. On a petition for reinstatement, if the revocation was based on professional misconduct, the Board shall consider whether the petitioner made a showing of rehabilitation using the criteria stated in California Code of Regulations, title 16, section 1360.2, subdivision (b). The evidence about those criteria in this case is as follows:

(1) The nature and gravity of the act(s), professional misconduct, or crime(s) under consideration as grounds for denial.

The Board placed petitioner's license on probation for gross negligence, repeated negligent acts, falsifying medical records, and dishonest and corrupt acts, all of which are serious violations. The Board revoked petitioner's probation and license for probation violations involving over two years of non-practice and her failure to keep her license current and renewed.

(2) Evidence of any act(s), professional misconduct, or crime(s) committed subsequent to the act(s), professional misconduct, or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Business and Professions Code section 480.

There is no evidence petitioner engaged in any acts, professional misconduct, or crimes since the revocation of her license in 2020 that could also be considered as grounds for denial under Business and Professions Code section 480.

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(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivisions (1) or (2).

Petitioner's probation violations involved over two years of non-practice between the start of probation and June 30, 2018, and a failure to keep her license current and renewed between June 2018 and January 2019. Over six years have elapsed since these probation violations. Petitioner committed the acts of unprofessional conduct that led to probation in 2010.

(4) In the case of a suspension or revocation based upon the conviction of a crime, the criteria set forth in Section 1360.1, subdivisions (b)(2), (b)(4), and (b)(6).

This criterion is inapplicable.

(5) The criteria in subdivisions (a)(1)-(5), as applicable.

These criteria apply when the prior revocation was based in part on the conviction of a crime, which is not the case here.

(6) Evidence, if any, of rehabilitation submitted by the petitioner.

Petitioner expressed remorse for her misconduct and acknowledged responsibility for it. Her testimony demonstrates she has a better support system in place than when she committed the probation violations that led to revocation of her license. Her testimony also indicates a change in attitude and a commitment not to engage in additional misconduct. In addition, petitioner presented evidence of continuing education efforts to remain current in her medical knowledge.

5. Considering these criteria, petitioner's showing of rehabilitation is sufficient to reinstate her license on a probationary basis. Substantial time has elapsed

since her probation violations, and even more time has elapsed since she committed the misconduct that prompted the original disciplinary case against her. Petitioner's evidence indicates a commitment to compliance and an increased likelihood of successful completion of probation.

6. The terms of petitioner's prior probation included requirements that she serve a 90-day suspension shortly after the start of probation, complete prescribing practices and medical record keeping courses, and complete a professionalism program in ethics. Petitioner completed these requirements before the Board revoked her probation and license, and they will therefore not be reimposed. However, petitioner's lengthy absence from practice weighs in favor of requiring petitioner to complete a clinical competence assessment program before resuming patient care. That competence assessment will include a comprehensive evaluation of petitioner's physical and mental health. The Board also previously required monitoring of petitioner's practice and compliance with the Board's standard probation terms. Those requirements are still warranted and are incorporated below.

ORDER

The petition of Sona C. Patel for reinstatement of her physician's and surgeon's certificate is granted. Physician's and surgeon's certificate number A 88229 is reinstated. However, the certificate is immediately revoked, the revocation stayed, and petitioner is placed on probation for seven years under the following terms and conditions.

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1. CLINICAL COMPETENCE ASSESSMENT PROGRAM

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Petitioner shall successfully complete the program not later than six (6) months after petitioner's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of petitioner's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to petitioner's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require petitioner's on-site participation for a minimum of three and no more than five days as determined by the program for the assessment and clinical education evaluation. Petitioner shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether petitioner has demonstrated the ability to practice safely and independently. Based on petitioner's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting petitioner's practice of medicine. Petitioner shall comply with the program's recommendations.

Determination as to whether petitioner successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

Petitioner shall not practice medicine until petitioner has successfully completed the program and has been so notified by the Board or its designee in writing.

2. MONITORING – PRACTICE

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

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

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

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

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

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

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

3. NOTIFICATION

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

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

4. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES

During probation, petitioner is prohibited from supervising physician assistants and advanced practice nurses.

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5. OBEY ALL LAWS

Petitioner shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

6. QUARTERLY DECLARATIONS

Petitioner shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

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

7. GENERAL PROBATION REQUIREMENTS

Compliance with Probation Unit

Petitioner shall comply with the Board's probation unit.

Address Changes

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

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Place of Practice

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

License Renewal

Petitioner shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

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

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

8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

Petitioner shall be available in person upon request for interviews either at petitioner's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

9. NON-PRACTICE WHILE ON PROBATION

Petitioner shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15

calendar days of petitioner's return to practice. Non-practice is defined as any period of time petitioner is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If petitioner resides in California and is considered to be in non-practice, petitioner shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve petitioner from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a petitioner residing outside of California, will relieve petitioner of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of

probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

10. COMPLETION OF PROBATION

Petitioner shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, petitioner's certificate shall be fully restored.

11. VIOLATION OF PROBATION

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

12. LICENSE SURRENDER

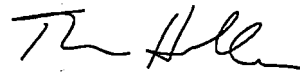
Following the effective date of this Decision, if petitioner ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request to surrender his or her license. The Board reserves the right to evaluate petitioner's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, petitioner shall within 15 calendar days deliver petitioner's wallet and wall certificate to the Board or its designee and petitioner shall

no longer practice medicine. Petitioner will no longer be subject to the terms and conditions of probation. If petitioner re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

13. PROBATION MONITORING COSTS

Petitioner shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATE: 01/28/2025



Thomas Heller (Jan 28, 2025 12:00 PST)

THOMAS HELLER

Administrative Law Judge

Office of Administrative Hearings