

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

**In the Matter of the Petition for
Reinstatement Against:**

Babar Iqbal, M.D.

**Physician's and Surgeon's
Certificate No. A 104410**

Case No.: 800-2025-114789

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 September 26, 2025.

IT IS SO ORDERED: August 27, 2025.

MEDICAL BOARD OF CALIFORNIA

 M.D.

**Veling Tsai, M.D., Vice Chair
Panel A**

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

In the Matter of the Petition for Reinstatement of:

BABAR IQBAL, Petitioner

Case No. 800-2025-114789

OAH No. 2025040697

PROPOSED DECISION

Mary Agnes Matyszewski, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on June 19, 2025.

Steven L. Simas and Frances E. Heredia, Attorneys, Simas & Associates, LTD., represented petitioner, Babar Iqbal, who was present.

Jason J. Ahn, Deputy Attorney General, (DAG Ahn) represented the Office of the Attorney General, State of California, pursuant to Government Code section 11522.

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision on June 19, 2025.

FACTUAL FINDINGS

Jurisdictional Matters

LICENSE AND DISCIPLINE HISTORY

1. On June 13, 2008, the board issued Physician and Surgeon's Certificate No. A 104410 to petitioner. Petitioner formerly practiced pain management.

2. On February 21, 2020, an accusation in Case Number 800-2017-030760 was filed against petitioner. The accusation alleged that petitioner was negligent and failed to keep adequate and accurate records during his care and treatment of three patients because he failed to document the specific steroid injection dosages he provided. Effective August 19, 2020, pursuant to a stipulation, the board issued a public reprimand and ordered petitioner to complete a medical records course.

3. On March 6, 2020, as part of the criminal case detailed below involving allegations of health insurance fraud, the Superior Court of California, County of Riverside, Case No. RIF1880191, in *People of the State of California v. Babar Iqbal*, issued an order requiring petitioner to retain a board-approved billing monitor to oversee his practice. On August 31, 2020, following its review of the certified court records, the board "determined the Order restricting the medical license of [petitioner] issued on March 6, 2020, is terminated."

4. On July 1, 2021, a second accusation was filed against petitioner resulting from the criminal conviction in the insurance fraud matter and the conduct underlying that conviction, in Case No. 800-2018-043525. The accusation alleged four causes for discipline: conviction of a substantially related crime, dishonesty or fraud, insurance fraud, and unprofessional conduct. The accusation set forth the underlying facts,

derived from the plea agreement referenced below, that led to the criminal charges and conviction.

5. Effective August 10, 2021, pursuant to a stipulation, petitioner surrendered his license.

6. On December 13, 2024, petitioner filed his petition for reinstatement.

7. On April 15, 2025, DAG Ahn filed a Request to Set at OAH and this hearing followed.

Evidence at Hearing

8. Documents were introduced and witnesses testified. The factual findings reached herein are based on that evidence.

COURT RECORDS REGARDING CONVICTION

9. On a date not established, a 28-count criminal complaint was filed against petitioner in Superior Court of California, County of Riverside, Case No. RIF1880191, *People of the State of California v. Babar Iqbal*. The complaint involved allegations of health insurance fraud.

10. According to the facts set forth in Accusation Case No. 800-2018-043525, petitioner was approached to have patients sign up with Free Choice Healthcare Foundation (Free Choice) for additional insurance policies that would pay for services not covered by their existing policies. This would allow petitioner to perform additional treatments. Patient information was provided to Free Choice which then enrolled the patients as employees of fictitious companies. Once insured, petitioner billed those fraudulent insurance policies for his services and sent 35 percent of what he collected

to Free Choice. Petitioner also entered into a consulting agreement where he used a pharmacy selected by Free Choice. Petitioner's arrangement with Free Choice took place from January 1, 2015, through July 30, 2017.

11. Petitioner pled guilty to the following criminal charges: Count 3, violating Penal Code sections 182, subdivision (a)(1), and 503 [conspiracy to commit a crime – embezzlement], a felony; Count 4, violating Penal Code section 550, subdivision (a)(6), [knowingly making or causing to be made any false or fraudulent claim for payment of healthcare benefits], a felony with a special allegation of violating Penal Code section 186.11, subdivision (a)(2), [additional prison time ordered when the loss exceeds \$500,000]; and Count 24, violating Penal Code section 530.5, subdivision (a), [using personal information for an unlawful purpose], a felony.

12. After entering his guilty plea, the court imposed sentencing on August 31, 2020. The court denied petitioner's request for probation and imposed a two-year prison sentence for Count 4, and imposed a five-year prison sentence for the Count 4 enhancement, but stayed the enhancement. For Count 3, the court sentenced petitioner to one year, four months in prison to run concurrently with Count 4's two-year sentence. For Count 24, the court imposed a prison sentence of one year, four months to run concurrently with Count 4's two year sentence. Petitioner was given credit for presentence time served of 815 actual days plus 815 days pursuant to Penal Code section 4019 [the section that applies to county jails], for a total of 1,630 days. The court ordered petitioner to pay restitution fines, court fees, and victim restitution of \$2,799,550.41 to be distributed as follows: \$1,331,846.59 to HealthNet insurance, \$1,424,232 to United insurance, \$42,471.82 to AETNA insurance. All remaining funds were returned to petitioner.

13. In a court hearing on September 29, 2020, the court corrected its order to reflect that the victim restitution to AETNA should be \$43,471.82.

14. Petitioner's counsel argued, and petitioner testified, that no jail time was ordered. However, those claims were contradicted by the certified court records. The court ordered two years of state prison when it sentenced petitioner, but gave him credit for 815 days, which is more than two years. This explains why petitioner did not serve any jail time after sentencing, but is not the same as not having jail time ordered.

15. Petitioner testified he has paid all the court-ordered fees, fines, and restitution. He was never placed on probation; in fact, when he reported to the probation office he was told no probation was ordered, he did not need to stay in touch with the probation office, and "We don't care if you move to Timbuktu."

Petition

16. Petitioner filed his petition which contained several documents, including his attorney's letter summarizing the history of discipline and all petitioner has done since his license was revoked. He identified his medical specialty as pain management.

CURRICULUM VITAE

17. Petitioner obtained his undergraduate degree in biology from the University of California, Berkeley in 1995. He received his medical degree from Ross University in 2002. He did an internship in internal medicine from 2000 to 2003 at Prince George's Hospital Center in Maryland. He did a residency in anesthesiology from 2003 to 2006, and a fellowship in pain management from 2006 to 2007, both at the University of Louisville in Kentucky. His work experience has been in several pain management clinics.

NARRATIVE STATEMENT

18. Petitioner began his seven-page narrative, written under penalty of perjury, by stating:

Helping people is important to me. Being a doctor afforded me the opportunity to better people's lives. My greatest hope has been that I will someday return to practice and continue providing specialized and compassionate care to people suffering from chronic pain. Thank you for your consideration of my petition for reinstatement.

Petitioner then detailed his education and employment background, explaining all that he learned while treating pain patients to help them avoid addiction and the negative consequences of having chronic pain. He described how he found it rewarding to see patients recover and lead happier, more productive lives, how pain management was his calling, and how he focused on rebuilding patients' lives and rehabilitating them. His "area of focus, interest, and passion was always in interventional pain management – meaning procedures." He opened his own practice when he returned to California in 2009.

His pain management practice was not a typical one that prescribed opiates, narcotics or other medications for pain control. He looked for alternative ways to address patient's pain. In 2014 he began the initial planning to expand his practice to build a surgery center. He successfully passed the rigorous Medicare certification process for ambulatory surgery centers. He had trained and certified staff and performed several outpatient neurosurgical procedures without any complications. The procedures were also extremely cost-effective as they did not require hospitalization

for the procedure. Petitioner described his care for his patients and community outreach, describing the education he provided to both patients and physicians about the negative long-term effects of opioid therapy.

Consistent with his testimony, petitioner explained the circumstances leading to the criminal charges and surrender of his license. He prefaced his statements by acknowledging full responsibility for what occurred. He was approached by an acquaintance who introduced a program, Free Choice, explaining it connected patients with insurance for the procedures. The idea of finding ways to help patients pay for their care appealed to petitioner because many chronic pain patients have limited financial resources. Petitioner saw this as an opportunity to help more patients afford care. He sought an evaluation and legal opinion from a healthcare attorney law firm. That firm provided an analysis of Free Choice's program in contract, which is detailed below. After doing additional research, talking to other doctors who used Free Choice, and making changes to the Free Choice contract, petitioner's office would refer patients to Free Choice for assistance with payment or their procedures. Petitioner's practice did not manage any aspect of the program except referring patients. Petitioner did not know there was any issue with the program until United Healthcare stopped paying for services in the summer of 2016. Petitioner continued seeing United Healthcare patients even though he was not being paid. United Healthcare then requested that petitioner attend courses and evaluations, which he did in August 2017, but did not understand why since he didn't have any issues with medical knowledge or judgment or competence. Petitioner also complied with United Healthcare's multiple requests for records, providing the same documents several times. Petitioner initially thought there was a misunderstanding or billing error; he did not realize that at the time United Healthcare was working with the district attorney's office to build an insurance fraud case against him. Petitioner's practice was later "raided," which was "a

rude awakening and began a painful chapter for my practice and my family, and I've been working towards making things right every day since then."

Petitioner described retaining a criminal law attorney, exhausting his finances, borrowing from others to pay legal fees, and being required to wear an ankle monitor. "To make things right as best I could and to stop the ongoing turmoil in our lives, I pled guilty to [Penal Code section 182, subdivision (a)(1) – felony, conspiracy to commit a crime]." Of note, petitioner pled guilty to three crimes, not one. The board then filed its accusation and with respect to that, petitioner stated:

I take full responsibility for my failures in practice management and for my plea agreement in the criminal matter. I completely understand that the Board must protect the public from all harm and uphold the integrity of the practice of medicine. It was painful, but I entered into a stipulated surrender of my medical license in August 2021.

Petitioner wrote that during the time his license has been revoked, he has "dedicated myself to retraining, mending my relationship with the community, and becoming a person and a doctor that the board can place their faith in and reinstate. Providing specialized interventions for pain management is a field that brought me purpose and joy." Petitioner described the mentorship opportunities he provided before these events, performing outreach, giving public talks, and volunteering in physicians' offices. Petitioner cooperated with the district attorney and testified several times in the prosecution of others involved in the Free Choice scheme. Petitioner has continued to volunteer and mentor medical students and young professionals, maintained contact with physicians and other medical professionals, conducted pain management research and successfully completed 401.75 hours of continuing medical

education courses (CMEs). (Of note, since his narrative he has completed additional CMEs.)

19. Should the board grant his petition, the changes petitioner will make to his practice going forward include hiring an office manager, working primarily with HMOs which have clear and straightforward billing practices, hiring an outside billing and payroll monitoring company, facilitating communication about billing practices with staff to educate them on best practices, mindfulness and staff training regarding access the practice premises and records, having no direct contact with representatives, and retaining a healthcare attorney to manage representative contact, review contracts, and handle legal matters. Petitioner also plans to conduct quarterly audits of practice contracts and billing, likely through a risk management company. His volunteering and maintaining connections with other medical professionals has provided him with resources for better practice management. Further, his "drive to make amends and move forward will prevent any recurrence of the conduct that led" to the revocation of his license. If reinstated, he plans to work with Citrus Valley Medical Associates with supporting physicians, Chris Bovetas, M.D., Helen Patzanakidis, M.D., as well as reaching out to Moshin Shah, M.D. owing to his previous practice reputation and ongoing contact with these medical providers, they are willing to contract with petitioner, refer patients to him, and provide supervision and support. Petitioner intends to be "mindful of the policies and billing practices, and if allowed, "will re-enter the medical field a better doctor and utilize my extensive experience in unique perspective to care for patients in my community." In his conclusion, petitioner wrote:

I am pained and sincerely remorseful that the
aforementioned billing practices ever occurred in my prior

practice. I deeply appreciate the Board's consideration of my Petition and Reinstatement, and the journey I have undertaken the past 3 years to get to this place and my potential return to the practice of medicine. I understand that practicing medicine is a privilege and not a right.

I understand that the Board often grants probationary licenses when it grants Petitions for Reinstatement. I am willing to accept probation, if required, and my contacts and mentors are mindful of this and willing to support me. Alternatively, if allowed to return to private practice I would secure a practice monitor to report directly to the Board. This would allow me to work more broadly in the community and help more patients in collaboration with their primary care and specialist providers without compromising the Board's objectives.

Petitioner's Additional Testimony

20. Petitioner presented as an extremely humble witness who expressed his gratitude for the opportunity to address the board. He expressed sincere and credible remorse for his role in the Free Choice program, albeit he was unaware that fraud was being committed. He relied on the memo from ReedSmith, a healthcare law firm, referenced below, which advised him that the program complied with the law. The Free Choice executive director was someone petitioner knew, which is one of the reasons why he never thought the program was illegal. Petitioner was shocked when police raided his home and office and when he was arrested. He is someone who has

never had even so much as a traffic ticket, so being criminally indicted was extremely distressing.

21. Petitioner believed the best thing was to take responsibility for what happened since his "practice, name, and reputation were connected to this activity." His criminal defense attorney and his family all advised that he settle the case so he could put the matter behind him and move forward. He felt the right thing to do was to accept responsibility because, even though unintentional, his participation with Free Choice had caused harm. This is why he took responsibility and accepted the plea agreement. He explained that there was not much negotiation regarding the terms of the plea agreement and he signed it even though he did not knowingly participate in a crime. However, he testified that due to his negligence, failure to follow up, and not being more involved in the administrative side of his practice, caused these series of events to take place. Petitioner is deeply sorry for what occurred.

22. He was also committed to doing the right thing and fully cooperated with the district attorney's office, providing them with all information of which he was aware and testifying several times in various criminal trials against codefendants. It was during that time that he learned, for the first time, that the Free Choice executive director had previously engaged in insurance fraud. Also during this time after the indictment and working with the district attorney, the inner workings of Free Choice were made plain to him; he was unaware of that information beforehand.

23. Petitioner described the tremendous financial burden he faced because of the indictment and plea agreement, and how he had to borrow money from family and friends. He is extremely grateful for the support of his family and friends, including his very devoted wife and children. It is because of that support that he has had the strength to carry on.

24. Petitioner described his great love of medicine and helping patients, especially pain patients, and how he sought educate both patients and physicians about the dangers of prescribing opiates and narcotics. He looked for alternative ways to treat pain and was operating a very successful pain management practice when first approached by Free Choice. Unfortunately, because of his focus on the medical aspect of his practice, he did not pay close attention to the business aspect, which played a role in how this program with Free Choice came about. Should he be lucky enough to have his license reinstated, he described the various things he will do to ensure that the business side of his practice gets as much attention as the medical side. His testimony in this regard was consistent with his narrative statement setting forth the changes he will make should he be reinstated. If his license is reinstated, petitioner would comply with any and all terms and conditions the board imposed.

25. Petitioner has made tremendous efforts to remain current with his medical skills, taking numerous CME courses and reading literature. His clinical skills have never been at issue. In fact, in 2017 he successfully completed the Coalition for Physician Enhancement Program (CPEP), a clinical assessment and education program requested by United Healthcare. As he explained, when United Healthcare was requesting records and ceasing payment for treatments, they required him to successfully attend and complete CPEP, which he thought was being required as part of the payment issue. However, unbeknownst to him, United Healthcare was working with authorities building a criminal case against petitioner. Petitioner's two sons are also physicians and he has mentored them and others, as well as former colleagues, doing all he can to maintain his medical skills.

Legal Opinion Re: Free Choice's Proposal

26. Petitioner testified that he retained a healthcare law firm to review the Free Choice proposal to see if it was legal. On January 28, 2016, the law firm of ReedSmith issued a five page memorandum containing its analysis of the Free Choice proposal. It noted that Free Choice was "a not-for-profit 501(c)(3) charitable organization." The memorandum set forth the facts, relevant laws, and its conclusions, including its recommendations. ReedSmith concluded that petitioner's involvement did not violate the law.

27. In the memorandum, ReedSmith noted that in late November 2015, petitioner asked it to review the agreement with Free Choice and the program Free Choice proposed "to confirm compliance with applicable law." "During the period December 2015 through January 2016," ReedSmith had discussions with petitioner, reviewed materials provided by petitioner, discussed the program with Free Choice's executive director, and examined publicly available information regarding Free Choice.

28. ReedSmith determined that the program "largely is consistent with the terms and conditions of the Agreement." On January 15, 2015, petitioner's surgery center entered into the agreement with Free Choice whereby Free Choice would provide "premium assistance to certain of the [surgery center's] uninsured or underinsured patients." ReedSmith determined that the agreement and the program "likely complies with applicable law," but recommended "certain minor revisions to the Agreement to further conform operation of the Program with applicable law." Attached to the ReedSmith memorandum were those recommended revisions.

29. ReedSmith's memorandum also provided a summary of how the program operated and Free Choice's role in obtaining insurance for patients. At no point in that

analysis did ReedSmith indicate that the patients would be listed as employees of nonexistent companies as it appears that neither the law firm nor petitioner was aware of that fact. ReedSmith's factual summary was consistent with petitioner's testimony, namely that he would provide patient information to Free Choice which would then assist the patients with obtaining insurance to pay for petitioner's treatment. Although for purposes of reinstatement the allegations in the accusation are deemed to be true, the ReedSmith memorandum was consistent with petitioner's testimony that he was unaware of the insurance fraud Free Choice committed. Petitioner's denial of that knowledge does not undermine his credibility because he is not required to accept the board's conclusions by making a false act of contrition. (*Hall v. Committee of State Bar Examiners* (1979) 25 Cal.3d 730, 744-745.)

30. Petitioner testified that he provided all the information he had about Free Choice to ReedSmith which then had several discussions with Free Choice about its operations. Based upon ReedSmith's legal opinion, petitioner believed that the program with Free Choice was legally operating consistent with all applicable laws.

Continuing Medical Education Courses (CMEs)

31. Petitioner provided proof of having attended close to 450 hours of CMEs. He took courses to keep his skills current, as well as recordkeeping courses to address the issues set forth in the accusations.

Character Witness Testimony and Letters of Support

32. Chris Bovetas, M.D., authored a letter in support of the petition under penalty of perjury which was consistent with his testimony given at hearing. He was shocked petitioner was involved in a criminal matter as that is not the person he knows. He has known petitioner since 2009 when petitioner assumed the pain

management contract for Citrus Valley Medical Associates. Dr. Bovetas has shared numerous patients with petitioner, all of whom have always expressed complete satisfaction with the care petitioner provided. Patients continue to ask about petitioner and when he will resume practicing medicine. Petitioner has also cared for Dr. Bovetas and his family members and he would not hesitate referring individuals to petitioner. Dr. Bovetas was surprised by the criminal charges, especially because petitioner was always a physician who provided care regardless of a patient's ability to pay, often providing care for free. Given that practice, it was surprising that petitioner would be involved with insurance fraud. Moreover, those charges did not comport with the honest individual whom Dr. Bovetas knows. In his discussions with petitioner since the indictment, petitioner has expressed his desire to improve himself and "get his life and license back." Petitioner never blamed anyone but himself for what happened and acknowledged his responsibility for what occurred.

33. Helen Patzanakidis, M.D., authored a letter in support of the petition under penalty of perjury which was consistent with her testimony given at hearing. She has known petitioner since 2009 and has referred many patients to him. She has also attended the many trainings petitioner has provided. She could not believe it when he was criminally charged because it is not in his character to be dishonest. She has reviewed the records at issue and discussed this conviction with petitioner who stated he was not aware that anything illegal was taking place. He has expressed great remorse for his actions and done all he can to learn from it. She does not believe he will ever repeat those mistakes if relicensed. Dr. Patzanakidis described what a great loss it was to the pain management community when petitioner's license was revoked and how patients continually ask if they can be referred to him for care and/or ask about him. If his license were reinstated, she would have no reservations about referring patients to him.

34. Moshin Shah, M.D., authored a letter in support of the petition under penalty of perjury which was consistent with his testimony given at hearing. Dr. Shah is a board-certified neurosurgeon, certified in neuroendovascular surgery. He has known petitioner since 2012, when petitioner first referred patients to Dr. Shah. He was "impressed with [petitioner's] professionalism and competence in the manner he treated his patients and his patients were always very complementary of [petitioner]. They fully trusted his judgment and recommendations," which led Dr. Shah to refer patients to petitioner. Those patients were "equally satisfied" with petitioner's treatment of them. Dr. Shah has "never doubted [petitioner's] professionalism, judgment, and pure humanity in his approach to patient care." Dr. Shah provides his "utmost support" for this petition and "would happily refer" patients to petitioner should his license be reinstated. Petitioner is extremely remorseful and upset at the whole situation. Despite seeking legal advice, he participated in illegal activity and is very upset for having done so. However he has used it as "a learning moment." Dr. Shah explained that it is very common for physicians to use intermediaries in their practices, and oftentimes physicians do not fully understand how those work, but petitioner has expressed that if he had known then what he knows now, he never would have worked with Free Choice. Dr. Shah is willing to be petitioner's practice monitor should his license be reinstated.

35. Four patients wrote letters attesting to the wonderful care they received when petitioner was practicing medicine. They described petitioner's compassion, knowledge, and ability to effectively address their pain complaints.

36. Petitioner's former medical assistant, Tamrahneka Alls-Cole, who worked with petitioner for almost five years, wrote a letter to the board under penalty of perjury describing the training petitioner provided and the care and compassion he

had for patients. She believes petitioner "will perform his professional duties and honorable manner" if reinstated. She has "complete confidence" in petitioner's "integrity and professional abilities."

37. Petitioner's friend, Sairaj Uddin, who has known him since 2012, and whose children attend the same school as petitioner's children, wrote a letter to the board under penalty of perjury in support of the petition. The friend described the close friendship the two men share. The friend referenced petitioner's "kind, honest nature and high moral values." There has never been any reason to doubt petitioner's independence or character and he has "trusted [petitioner's] judgment on many occasions with no regrets." The friend often reaches out to petitioner with any medical issues with the friend's family and petitioner "has always gone above and beyond" to help. Petitioner has openly discussed what happened and "stepped forward to take complete accountability and make amends." This was a "devastating and catastrophic" event for him as being a physician is part of petitioner's identity. Petitioner has "learned a great deal and has spent a lot of time understanding how to prevent such occurrences [as happened here] in the future." The friend also praised petitioner's work ethic, professionalism, volunteer work in the community, and how much he is valued by others.

38. Anthony Pirritano, D.C., a licensed chiropractor, issued a letter under penalty of perjury attesting to petitioner's character and his "unwavering support" of the petition for reinstatement. The chiropractor previously referred patients to petitioner and wrote about the extremely positive feedback he received from his patients about petitioner's work ethic, competence and kindness. The chiropractor is aware of the allegations but considers petitioner "to be truthful, honest, and upright

citizen." Petitioner has conveyed "his incredible remorse" and took steps to "come forward and accept responsibility for any mistakes or negligence" he committed.

39. Tom Ku, a licensed physician assistant who has known petitioner since 2009, wrote a letter under penalty of perjury in support of the petition. Petitioner was the physician assistant's preferred pain management specialist for the physician assistant's patients with chronic and acute pain. He always found petitioner to be "very professional and competent in caring for our mutual patients." There were never any complaints regarding petitioner's care and treatment and his skills were such that the physician assistant, himself, treated with petitioner. The physician assistant found petitioner's "medical knowledge and expertise in pain management to be vast and unique and as a result, he was the pain specialist of choice" for the physician assistant's medical group.

40. Hasib Haidary, a current medical student who has known petitioner for over 15 years, authored a letter in support of the petition under penalty of perjury. The student described the close bond between his family and petitioner's family. The student "had the honor of shadowing [petitioner] during" the student's undergraduate years. He witnessed firsthand petitioner's competence and compassion when dealing with patients, as well as his work ethic and dedication. Currently, petitioner has been the student's mentor and provided him with crucial support throughout his medical education and "entire journey into medicine." Petitioner "played a pivotal role" in guiding the student "toward success and constantly pushes" the student "to be the best person" the student can be.

41. Petitioner's younger sister, Nigar Flores, wrote a two-page letter to the board under penalty of perjury attesting to her brother's character, kind and generous nature, and the efforts he has made to learn and grow from what happened. The sister

worked as a medical assistant with petitioner and was able to observe petitioner's competence and compassion towards patients. She also witnessed petitioner's hard work to educate other physicians and patients regarding pain management and the dangers of opioids. As an employee, the sister was "an integral part of the investigation," a witness, and fully aware of the details surrounding the criminal charges. Petitioner has expressed remorse for his actions and spent "countless hours" staying current in his field and "to better himself professionally."

42. Ray Lin, an operating room surgical technician (surgical tech) who has known petitioner since 2015 wrote a letter under penalty of perjury in support of the petition. The surgical tech assisted petitioner with several surgeries and always found petitioner to be "very organized and thorough in regards to patient procedures in his facility. The sense of responsibility he felt towards his patients was very clear in all my experiences while working there. He always put patient care and safety first." The surgical tech was surprised by the criminal charges and has discussed them at length with petitioner over the years and found petitioner to be "extremely remorseful" about what occurred. The surgical tech has "never doubted [petitioner's] character or willingness to help his patients even after the recent events in his professional career." The surgical tech would refer family or friends to petitioner.

43. Ahmed El-Bershawi, a pulmonologist who has known petitioner since 2013, authored a letter under penalty of perjury in support of the petition. During their professional relationship, the pulmonologist found petitioner "to be a person of unwavering honesty, hard work, and integrity. He has always demonstrated a deep commitment to his patients' well-being and has consistently exhibited the highest standards of professionalism in his practice." The pulmonologist and his mother have also been petitioner's patients and "demonstrated great care" achieving an "excellent

outcome." Despite all that has happened, the pulmonologist "firmly believe[s]" petitioner "has learned from his past mistakes and is fully committed to making amends and returning to his chosen profession." The pulmonologist has "complete confidence in [petitioner's] honesty, integrity, and professional abilities." He would not hesitate to refer patients or family members to petitioner.

Attorney General's Position

44. The Attorney General primarily opposes the petition and asserted, without any evidence in support thereof, that the ReedSmith memo was obtained so that petitioner would have a defense should he be criminally indicted. The Attorney General further asserted petitioner has not been sufficiently rehabilitated because he still denies his crime even though he pled guilty to it, refuting petitioner's claim he could not negotiate the language of the plea agreement, again without any evidence.

45. Alternatively, if the petition is granted, the Attorney General requested that at least three years of probation be ordered and terms and conditions be imposed including requiring petitioner to successfully complete a clinical competence program such as the Physician Assessment and Clinical Education Program (PACE) offered at the University of California San Diego School of Medicine, be prohibited from engaging in solo practice, and have a billing monitor oversee his practice.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In a pleading to restore a disciplined professional license, the burden rests on a petitioner to prove that he has rehabilitated himself and that he is entitled

to have the license restored. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.)

2. A person seeking reinstatement must present strong proof of rehabilitation sufficient to overcome the board's former adverse determination. The standard of proof is clear and convincing evidence. (*Housman v. Bd. of Medical Examiners* (1948) 84 Cal.App.2d 308, 315; *Hippard v. State Bar of California* (1989) 49 Cal.3d 1084, 1092-1093.)

Relevant Code Sections and Regulation

3. A person whose physician's and surgeon's certificate has been revoked for unprofessional conduct may petition the Board for reinstatement. (Bus. & Prof. Code, § 2307, subd. (a).) Protection of the public shall be the highest priority for the board in exercising all its licensing, regulatory, and disciplinary functions, including when deciding a petition for reinstatement; 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.)

4. Government Code section 11522 provides in part:

A person whose license has been revoked . . . may petition the agency for . . . reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition. The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present either oral or written argument before the

agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor.....This section shall not apply if the statutes dealing with the particular agency contain different provisions for reinstatement or reduction of penalty.

5. Business and Professions Code section 2307 states, in part:

(a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

[1] [1]

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physicians and surgeons licensed in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board or the California Board of Podiatric Medicine, as applicable, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition 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. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge designated in Section 11371 of the Government Code reinstating a certificate or

modifying a penalty may recommend the imposition of any terms and conditions deemed necessary. . . .

6. California Code of Regulations, title 16, section 1360.2, states:

When considering a petition for reinstatement of a license, certificate or permit holder pursuant to the provisions of Section 11522 of the Government Code, the division or panel shall evaluate evidence of rehabilitation submitted by the petitioner considering the following criteria:

(a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(b) Evidence of any act(s) or crime(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480.

(c) The time that has elapsed since commission of the act(s) or crime(s) referred to in subsections (a) or (b).

(d) In the case of a suspension or revocation based upon the conviction of a crime, the criteria set forth in Section 1360.1, subsections (b), (d) and (e).

(e) Evidence, if any, of rehabilitation submitted by the applicant.

Rehabilitation

7. Rehabilitation is a state of mind, and a person who has reformed should be rewarded with the opportunity to serve. (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041, 1058.)

8..... "While a candid admission of misconduct and a full acknowledgement of wrongdoing may be a necessary step in the process, it is only a first step. In our view, a truer indication of rehabilitation will be presented if petitioner can demonstrate by his sustained conduct over an extended period of time that he is once again fit to practice....." (*In re Conflenti* (1981) 29 Cal.3d 120, 124-125.)

The Board's Disciplinary Guidelines

9. Official Notice was taken of the board's Manual of Model Disciplinary Orders and Disciplinary Guidelines (12th Edition 2016).

10. California Code of Regulations, title 16, section 1361, states:

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code section 11400 et seq.), the Medical Board of California shall consider the disciplinary guidelines entitled "Manual of Model Disciplinary Orders and Disciplinary Guidelines" (12th Edition/2016) which are hereby incorporated by reference. Deviation from these orders and guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines by adoption of a proposed decision or stipulation that the facts of the

particular case warrant such a deviation -- for example: the presence of mitigating factors; the age of the case; evidentiary problems.

11. The Guidelines are intended to be used in the physician disciplinary process but "are not binding standards." Further,

The Board expects that, absent mitigating or other appropriate circumstances such as early acceptance of responsibility, demonstrated willingness to undertake Board-ordered rehabilitation, the age of the case, and evidentiary problems, Administrative Law Judges hearing cases on behalf of the Board and proposed settlements submitted to the Board will follow the guidelines, including those imposing suspensions. Any proposed decision or settlement that departs from the disciplinary guidelines shall identify the departures and the facts supporting the departure.

12. The Guidelines contain the factors to be considered in determining discipline as set forth California Code of Regulations, title 16, section 1360.1:

When considering the suspension or revocation of a license, certificate or permit on the ground that a person holding a license, certificate or permit under the Medical Practice Act has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his or her eligibility for a

license, certificate or permit shall consider the following criteria:

- (a) The nature and severity of the act(s) or offense(s).
- (b) The total criminal record.
- (c) The time that has elapsed since commission of the act(s) or offense(s).
- (d) Whether the licensee, certificate or permit holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.
- (e) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
- (f) Evidence, if any, of rehabilitation submitted by the licensee, certificate or permit holder.

Those factors were considered in this decision.

Evaluation and Disposition

13. Petitioner provided clear and convincing testimony that he is sufficiently rehabilitated such that reinstating his license with terms and conditions is not contrary to public protection. Although he stands convicted of these crimes, petitioner's testimony that he was unaware of the insurance fraud being committed was credible and his belief in the legitimacy of the Free Choice arrangement was supported by the legal opinion he received from ReedSmith. As noted above, he is not required to make a false act of contrition to have his license reinstated. However, be that as it may, he

fully acknowledged his responsibility for the criminal activity, recognizing the part he played in it, and made full restitution to the insurance companies, as well as having paid all court-ordered fees and fines. Moreover, he voluntarily cooperated with the district attorney serving as a witness for the district attorney's prosecution of the other parties involved in the insurance fraud scheme.

Petitioner presented as a sincere, contrite witness who did all he could to right his wrong, and took full accountability for what transpired. He has continued to take CMEs to keep his medical knowledge current, mentors other medical professionals, and enjoys an excellent reputation among his peers, family and friends, even after his conviction. Petitioner has spent time reflecting on what happened and steps he can take to prevent it from happening again, and has the support of numerous medical professionals. On this record, it would not be contrary to public protection to grant the petition, and reinstate petitioner's license with appropriate terms and conditions.

Deviation from the Disciplinary Guidelines is warranted in this case given the evidence set forth above. Based upon the evidence of record, the following standard term of probation will not be ordered:

- Petitioner will not be prohibited from supervising physician assistants and advanced practice nurses because this condition is not necessary in this case for public protection. Petitioner previously enjoyed an exemplary career and reputation based on his medical knowledge and patient care. He was a valued leader who trained others. Ordering this term would be unduly punitive. The purpose of discipline is not to punish, but to protect the public by eliminating practitioners who are dishonest, immoral, disreputable or incompetent. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.)

ORDER

Petitioner Babar Iqbal's petition for reinstatement of Physician's and Surgeon's Certificate No. A 104410 is granted. Said certificate shall be issued to petitioner and immediately be revoked. However, the order of revocation shall be stayed, and petitioner shall be placed on probation for a period of three years with the following terms and conditions.

Severability Clause

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. Notification

Within seven (7) days of the effective date of this Decision, the 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.

2. 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.

3. 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.

4. 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, subdivision (b).

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.

5. 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.

6. 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.

7. 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.

8. Education Course

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, petitioner shall submit to the board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at petitioner's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the board or its designee may administer an examination to test petitioner's knowledge of the course. Petitioner shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

9. Professionalism Program (Ethics Course)

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Petitioner shall participate in and successfully complete that program. Petitioner shall provide any information and documents that the program may deem pertinent. Petitioner shall successfully complete the classroom component of the program not later than six (6) months after

petitioner's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at petitioner's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

10. Monitoring – Practice/Billing

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 and billing monitor(s), 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.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, petitioner's practice and billing 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 billing, and whether petitioner is practicing medicine safely, and billing appropriately. 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 (5) 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.

11. Solo Practice Prohibition

Petitioner is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) petitioner merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) petitioner is the sole physician practitioner at that location.

If petitioner fails to establish a practice with another physician or secure employment in an appropriate practice setting 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. The petitioner shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the petitioner's practice setting changes and the petitioner is no longer practicing in a setting in compliance with this Decision, the petitioner shall notify the board or its designee within 5 calendar days of the practice setting change. If petitioner fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, 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. The petitioner shall not resume practice until an appropriate practice setting is established.

12. 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 3 and no more than 5 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 the 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.

If petitioner fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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. The petitioner shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the petitioner did not successfully complete the clinical competence assessment program, the

petitioner shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

13. 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.

14. 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.

15. 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 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.

DATE: July 8, 2025



Mary Agnes Matyszewski (Jul 8, 2025 08:51 PDT)
MARY AGNES MATYSZEWSKI
Administrative Law Judge
Office of Administrative Hearings