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

In the Matter of the Petition for Reinstatement of: Victor Boon Huat Siew, M.D. Physician's and Surgeon's Certificate No. G 32104 Respondent.	Case No. 800-2025-115332

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 December 24, 2025.

IT IS SO ORDERED November 24, 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:

VICTOR BOON HUAT SIEW, M.D.,

Petitioner.

Agency Case No. 800-2025-115332

OAH No. 2025071118

PROPOSED DECISION

Kimberly J. Belvedere, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on October 6, 2025.

Raymond J. McMahon, Schafer McMahon, LLP, represented petitioner Victor Boon Huat Siew.

Giovanni F. Mejia, Deputy Attorney General, appeared on behalf of the Office of the Attorney General, Department of Justice, 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 October 6, 2025.

SUMMARY

Petitioner requests reinstatement of his physician's and surgeon's certificate, which he surrendered effective January 10, 2018, while disciplinary charges were pending against him for 2017 convictions substantially related to the qualifications, functions and duties of a physician and his conduct underlying those convictions (substantially related convictions). The conduct underlying the convictions involved petitioner's prescribing of various types of controlled substances. Petitioner served time in federal prison, paid fines and fees, and completed a period of supervised release.

While in federal prison, petitioner took it upon himself to further his education and use his skills to teach other inmates a new language. Petitioner obtained his Master of Business Administration degree and enrolled himself in a 500-hour rehabilitation program. Following his release from prison, he worked for an accountant for a year and a half in order to comply with his supervised release, completed continuing education hours even though he could not practice medicine, and also completed the after-care portion of the rehabilitation program he began in prison. Petitioner's testimony and a letter he wrote attached to his petition acknowledged his wrongdoing and demonstrated he has remorse for what occurred. Petitioner also submitted several positive character letters, and called character witnesses, in support of his petition.

Clear and convincing evidence established that granting the petition to reinstate petitioner's license can be done in a manner that protects the public, with proper conditions, and if petitioner demonstrates that he can pass a competency examination as a condition precedent to reinstatement given the extended time period

that he has been out of practice and the seriousness of the conduct underlying his convictions.

EVIDENCE RELIED UPON

All exhibits admitted into evidence and testimony presented at hearing were considered in reaching a conclusion, even though the same may not be individually detailed or referenced in this proposed decision.

FACTUAL FINDINGS

Background

LICENSE AND DISCIPLINE HISTORY

1. On July 1, 1976, the Medical Board of California (MBC or Board) issued physician's and surgeon's certificate number G 32104 (license) to petitioner.

2. Effective February 18, 1998, the MBC imposed a public reprimand against petitioner, following the filing of an accusation for aiding and abetting the unlicensed practice of medicine and committing acts involving dishonestly or corruption, which were substantially related to the qualifications, functions, or duties of a physician.

3. Between approximately January 2009 through February 2015, petitioner knowingly and intentionally distributed over $2.5 million in controlled substances (including oxycodone, methadone, and alprazolam) outside the usual course of professional practice and without a legitimate medical purpose. Petitioner's rates of prescription far exceeded average rates of prescription for physicians in the

community. At least four patients died after receiving petitioner's prescriptions. On November 22, 2013, a team including the Fountain Valley Police Department, Drug Enforcement Administration (DEA) agents, and Medi-Cal agents raided petitioner's office and removed supporting evidence. On February 16, 2016, the DEA came to petitioner's office and took away his DEA license. Petitioner continued to practice medicine but could not write any prescriptions for controlled substances. On March 15, 2017, petitioner and two physician assistants who worked with him were indicted by a grand jury in a 56-count indictment pertaining to the illegal distribution of controlled substances.

4. On June 1, 2017, in the United States District Court Central District of California, in Case Number SACR 16-00079, petitioner, pursuant to a plea agreement, plead guilty to one count of distribution of a Schedule II controlled substance (oxycodone) and one count of distribution of a Schedule IV controlled substance (alprazolam). On September 11, 2017, the court sentenced petitioner to 70 months in prison for one count and 60 months on the other, to be served concurrently. The court also ordered petitioner to pay fines, fees, and restitution, and serve three years of supervised release after serving his time in prison. The terms and conditions imposed for petitioner's period of supervised release were standard.

5. On September 12, 2017, petitioner surrendered his medical license.

6. On November 30, 2017, the then-executive officer for the MBC filed an accusation against petitioner alleging, as a result of the convictions and conduct underlying the convictions, general unprofessional conduct, furnishing dangerous drugs without a medical indication, violation of state/federal regulations relating to dangerous drugs or controlled substances, conviction of violating a federal statute or

regulation relating to controlled substances, and conviction of a substantially related crime.

7. By Decision and Order effective January 10, 2018, petitioner's medical license was deemed surrendered.

8. On January 5, 2018, petitioner surrendered to Sheridan Satellite Camp, a federal facility where he served his sentence. After his release on July 22, 2020, petitioner served home confinement until January 3, 2022. Following the termination of home confinement, petitioner served three years of supervised release, which terminated on January 2, 2025.

Evidence Submitted by Petitioner

9. On December 5, 2024, petitioner filed a petition for penalty relief seeking reinstatement of his medical license. In support of his petition, petitioner called three character witnesses, submitted character letters, and provided other documents. The following factual findings are based on those documents, and testimony offered at hearing by petitioner and his witnesses.

PETITIONER'S TESTIMONY

10. Petitioner's testimony is summarized as follows: Petitioner was born in Singapore. He attended medical school at the University of Pennsylvania School of Medicine and completed his Doctor of Medicine degree in 1975. He completed a residency in internal medicine in 1978 and was Board-certified in internal medicine in 1995. Petitioner worked in many capacities over the years, including skilled nursing homes, hospitals, and other medical facilities.

11. Regarding his prior discipline, petitioner said it occurred in the "1980s" when two foreign doctors asked him if they could get training in America before their residency. Petitioner would take the doctors with him to do rounds in nursing homes, and he sometimes allowed them to make rounds on their own. Petitioner would read their charts and cosign them. He did not know it was illegal to do so. Petitioner accepted responsibility for his mistake and was publicly reprimanded.

12. During the time period from 2000 to 2012, petitioner treated mostly diabetics, people with heart and lung disease, and those in need of post-hospital care. In approximately 2009, petitioner started to see patients in need of pain medication. Petitioner believes around that time, many doctors were refusing to see pain patients and they had nowhere else to go. Being a devout Buddhist, petitioner saw it as his duty to relieve pain and suffering. He did not want to turn away patients – especially those who were end-stage cancer patients. Petitioner did refer patients to pain management, but they did not always follow through. He feels that some of the patients took street drugs or other things in addition to what he prescribed, such as marijuana or tranquilizers, and unfortunately a few died because of an overdose. Petitioner nonetheless understands he overprescribed, knows he has "done wrong," and acknowledged he made a mistake by prescribing to "so many pain patients." Petitioner feels that he should have pushed the patients harder to get treatment for pain, and he should have worked to set better boundaries. Petitioner explained that when people cry, he usually gives in; he acknowledged that weakness as a mistake and said if he had it to do all over again, he would not practice any pain management. He would stick strictly with internal medicine.

13. In 2014, after the raid on his home and office, petitioner stopped prescribing narcotics. The DEA made him surrender his DEA registration so he could

no longer prescribe, administer, or dispense controlled substances. Petitioner was under a lot of stress and began consuming alcoholic beverages in excess. Prior to 2015, petitioner never had a problem with alcohol and only consumed alcohol in social settings. Petitioner never consumed alcoholic beverages when he was working and only got "drunk" a few times at home.

14. Criminal charges were brought against him and his two physician assistants in 2017, as a result of illegal prescriptions for controlled substances. Petitioner realized he had used poor judgement and could not fight the charges, so he accepted responsibility. He also surrendered his medical license to the MBC. Petitioner was sentenced to serve 17 months in federal custody, which began on January 15, 2018. Petitioner was permitted to serve his time in a camp, where other inmates were professionals like him. Petitioner focused on optimism, and tried to integrate with the other inmates and turn it into a positive thing. Petitioner likes to teach so he taught GED level math and Mandarin Chinese to other inmates. Petitioner took classes himself in gardening, electrical, plumbing, and computer skills. Petitioner also began his MBA.

15. Petitioner said the best choice he made while serving time was to enroll himself in a residential drug treatment program, as a result of being diagnosed with alcohol use disorder. That program was 500 hours, spanned nine months, and involved many group meetings. The attendees shared their experiences regarding why they abused alcohol or drugs and how substance abuse affected them. Petitioner learned a lot from the program, including ways to fight addiction and how to think differently. Petitioner became a mentor to other inmates after he completed the program. Petitioner left the camp in July of 2020. Petitioner submitted documentation verifying his completion of the residential treatment program. Following his release from the camp, petitioner was on home confinement. He also had to complete the "after-care"

program that followed the residential treatment program. He completed that in December of 2020 and submitted documentation verifying his completion of the after-care program. Petitioner enjoyed meeting people from all walks of life in that program and believes it humbled him. He also believes it will make him a better doctor having gone through that process.

16. While on supervised release, petitioner was required to have a job. Petitioner worked in an accounting office for a year and a half. Petitioner also bought a book on internal medicine and has been reviewing that, in addition to completing 50 to 70 continuing education units per year even though he does not have a medical license. Petitioner has completed all that was required of him by his federal sentence, including supervised release, which terminated in January 2025.

17. Petitioner has two daughters; one of whom is a doctor and works in internal medicine. Petitioner believes that nursing homes and assisted living facilities have big gaps in care, and he can contribute by filling that gap. Petitioner's intention is to work with his daughter's practice, and he feels that while she is younger and has more current knowledge, he is older and has many years of experience. Thus, they compliment each other. Petitioner has no intention of prescribing pain medication and has no intention of working more than about 12 hours per week (part-time). Petitioner feels very privileged to be a doctor, wants to clear his name, and feels he still has a lot to contribute to society.

18. Petitioner also attached a narrative statement to his petition, which mirrored the testimony he provided at hearing.

CHARACTER WITNESSES

19. Viney Soni, M.D., has known petitioner since 1980. Dr. Soni is aware of the background of this case, including petitioner's criminal conviction and license surrender. Dr. Soni described petitioner as a very dedicated clinician who is loved by his patients and colleagues, and who is a very "low key" and "sincere" person. Petitioner is very sorry about what occurred and very remorseful for what happened. Petitioner knows he has made mistakes and wants to give back to the community. It is well known that there is very poor medical care in nursing homes and petitioner can likely be very beneficial in that setting. Petitioner is an excellent geriatrician and will do the right thing for his patients. If petitioner were looking for a job, Dr. Soni would have no problem giving him a job.

20. Jung Yang, M.D., is not aware of the specific details that triggered the petition for reinstatement, but is familiar with petitioner from professional interactions in the past. Dr. Yang wrote petitioner while petitioner was in prison because petitioner is a "decent guy." Dr. Yang believes petitioner wants to focus and care for patients and has a lot to contribute to the medical community.

21. Daniel Chueh, M.D., has known petitioner since before he surrendered his medical license due to an "assortment of problems." He did not state precisely how long he has known petitioner. Dr. Chueh described petitioner as a great clinician who feels a lot of guilt and remorse over what occurred, as well as the harm he caused. Dr. Chueh is aware petitioner wants to practice with his daughter and supports the petition for reinstatement.

CHARACTER LETTERS

22. Petitioner submitted several character letters from individuals who support his petition.

23. Anil Shah, M.D., wrote:

> It is my pleasure to write this letter on behalf Dr. Siew to support his application for reinstatement of his medical license. I have been practicing cardiology for over 30 years in Southern California and have known Dr. Siew for over 20 years. I have consulted on several of his patients- both in-patient and out-patient. Throughout the time I have known him, Dr. Siew has stood out as a highly capable physician, diligent and dedicated to the health of his patients. He served as Chief of Medicine at several hospitals, and Medical Director at many Skilled Nursing Facilities. He has maintained good relationships with his colleagues, nursing staff, patients, and families. In my opinion, he has excellent clinical skills and is a person of remarkable maturity, experience, and reliability. He is loved and respected by the medical community.
>
> I was saddened when I heard of his indictment and subsequent incarceration for "illegal prescription of controlled substances." This was Dr. Siew's first criminal charge. He has always been an outstanding citizen who has served his patient's best interest. He is a kind physician and

could not refuse the request of his patients. His motives have always been to help his patients, not out of greed. Dr. Siew has always put his patients first and help them to the best of his ability.

I am happy Dr. Siew is now on supervised release. I think it is commendable that he completed his M.B.A degree during his sentence, volunteered to teach math and Mandarin to inmates. In my opinion, Dr. Siew is truly remorseful for his mistakes and learned from the errors of his ways. If he is given the opportunity to practice again, he told me that he will set strong boundaries in his medical practice. I believe as a physician Dr. Siew is an asset to the medical community. I strongly recommend Dr. Siew be re-instated to practice medicine as I am confident that he is highly competent and passionate about the work he does. . . .

24. Havinder Sahota, M.D., wrote:

It gives me great pleasure to write this letter of recommendation for Dr. Victor B. Siew. I have known Dr. Siew for almost 30 years as a colleague and neighbor. He was a good medical doctor who worked very hard and took great care of his patients. We had discussed complex patients and he demonstrated good depth of his understanding of medicine and his compassion for his patients.

I am now retired but have practiced cardiology for over 40 years. We practiced more or less in the same geographic area. I have been Chairman of the Department of Medicine of my hospital. I am a Fellow of College of Cardiology and Fellow of Interventional Cardiology. I am the inventor and patent holder of perfusing balloon for angioplasty.

While I do not know all the details of Dr. Siew's indictment, I believe he was trying to help his patients who suffered from severe pain and not receiving the care they needed. I do not believe he was motivated by money and greed. Upon his release to home, he was aware that he committed an error in judgment, and did not set his boundaries. He admitted his regrets to me and said he will be more cautious in the future. Therefore I support his application for re-instatement of his medical license. . . .

Closing Arguments

25. Petitioner argued: The State of California believes in second chances; it realizes that people make mistakes but a past terrible mistake does not mean they should be prohibited from having a license. A petition for reinstatement therefore focuses on rehabilitation. Petitioner takes his conviction/conduct seriously and recognizes the wrongfulness of his conduct. Petitioner is not trying to minimize his actions, but noted that the conduct occurred 10 years ago and it would not be against the public interest to have his license reinstated. Petitioner believes the following would be appropriate: a five-year probationary period; an order of no solo practice; an order prohibiting the prescribing or ordering of controlled substances; an order

prohibiting petitioner from supervising physician assistants and nurse practitioners; and other conditions, as appropriate. Petitioner is willing to do a clinical competency course and a prescribing practices course. Ultimately, petitioner wants to be helpful to the public and that is what the reinstatement process, and a probationary license, would allow.

26. The Attorney General argued: While the Attorney General appreciates petitioner's desire to return to practice, he cannot be allowed to do so at the expense of public safety. Petitioner has not shown that he is rehabilitated and provided little confidence that the public will be protected. Petitioner's conduct was serious, and his intention to practice in facilities that house a vulnerable population is concerning. Nothing in petitioner's testimony indicates that petitioner will use sound clinical judgement. The Attorney General appreciates the offer from petitioner (regarding probation and conditions) but does not feel it goes far enough to protect the public. The Attorney General opposes the petition.

LEGAL CONCLUSIONS

1. 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.)

2. In a proceeding for the restoration of a revoked (or surrendered) license, the burden at all times rests on petitioner to prove that he or she is rehabilitated and entitled to have the license restored. (*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.) The standard of proof is clear and convincing evidence. (*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.)

3. Business and Professions Code section 2307, subdivision (e), provides that in considering a petition for reinstatement, the Board or administrative law judge "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. Further, California Code of Regulations, title 16, section 1360.2, provides:

> When considering a petition for reinstatement of a license pursuant to the provisions of Section 2307, 2522, or 3576.1 of the Business and Professions Code, or Section 11522 of the Government Code, as applicable, the board or panel shall evaluate evidence of rehabilitation submitted by the petitioner as follows:

(a) If the revocation was based in part on the conviction of a crime, the board shall consider whether the petitioner made a showing of rehabilitation if the petitioner completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the board shall consider the following criteria:

(1) The nature and gravity of the crime(s).

(2) The length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

(4) The terms or conditions of parole or probation and the extent to which they bear on the petitioner's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for the modification.

Evaluation

4. Considering the criteria set forth in California Code of Regulations, title 16, section 1360.2, and the general principles of rehabilitation set forth in case law and Business and Professions Code section 2307, subdivision (e), leads to the following conclusions:

Nature and gravity of the crime(s): Petitioner's conduct was quite serious. It involved the overprescribing of controlled substances, and resulted in convictions substantially related to the qualifications, functions, and duties of a physician.

Length(s) of the applicable parole or probation period(s): Petitioner served 17 months at a federal prison camp, and thereafter completed a period of home confinement and supervised release. There is no evidence of any violation while on home confinement or supervised release, and petitioner used his time wisely. Petitioner's supervised release terminated in January 2025.

Extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified: There is no evidence petitioner's supervised release period was shortened, lengthened, or modified.

Terms or conditions of parole or probation and the extent to which they bear on the petitioner's rehabilitation: The terms and conditions of petitioner's criminal probation were unremarkable.

5. Other Evidence of Rehabilitation: Petitioner has been under the supervision of the criminal justice system in one way or another from 2017 to January 2025. It is true that little weight is generally placed on the fact that a licensee did not commit additional crimes or continue errant behavior while on parole, probation, or the federal equivalent – supervised release. (*In re Gossage* (2000) 23 Cal.4th 1080, 1099.) However, there is a difference between simply not engaging in errant behavior while under supervision of the criminal justice system versus taking affirmative steps during that same time period to establish rehabilitation. Petitioner used his time in the prison camp wisely; he not only taught others GED level math and Mandarin Chinese, he also furthered his own knowledge in a wide variety of subjects. Petitioner also

recognized he had an alcohol problem and entered a residential treatment program that also had after-care follow up. He completed both. Petitioner has taken continuing education even though he does not have a license and has tried to stay current in the field of internal medicine by reviewing a book on the subject. Most important, petitioner recognized that he had poor boundary control with his patients and acknowledged his wrongdoing. Petitioner knows he did wrong, and understands that his conduct was serious.

6. Petitioner established by clear and convincing evidence that his license should be reinstated. However, in order to protect the public, petitioner's license needs to be subjected to not only standard conditions but substance abuse conditions as well, given the fact that he has alcohol use disorder and the Board needs to verify ongoing sobriety. Further, given the lengthy time period since petitioner has practiced medicine, a clinical competency course must be completed in order to ensure petitioner can practice medicine safely, among other conditions.

ORDER

The petition of Victor Boon Huat Siew for reinstatement of physician's and surgeon's certificate number G 32104 is granted. However, the license is immediately revoked, the revocation is stayed for a period of five years, and subject to the following terms and conditions:

1. Controlled Substances - Total Restriction

Petitioner shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in the California Uniform Controlled Substances Act.

Petitioner shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5.

If petitioner forms the medical opinion, after an appropriate prior examination and a medical indication, that a patient's medical condition may benefit from the use of marijuana, petitioner shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and a medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, petitioner shall inform the patient or the patient's primary caregiver that petitioner is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on petitioner's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Petitioner shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits petitioner from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

2. Controlled Substances - Abstain From Use

Petitioner shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any

drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to petitioner by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, petitioner shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If petitioner has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the petitioner with a hearing within 30 days of the request, unless the petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

3. Alcohol - Abstain From Use

Petitioner shall abstain completely from the use of products or beverages containing alcohol.

If petitioner has a confirmed positive biological fluid test for alcohol, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide petitioner with a hearing within 30 days of the request, unless the petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

4. Biological Fluid Testing

Petitioner shall immediately submit to biological fluid testing, at petitioner's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, petitioner shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Petitioner shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and petitioner.

If petitioner fails to cooperate in a random biological fluid testing program within the specified time frame, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Petitioner shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If petitioner requests a hearing on the accusation and/or petition to revoke

probation, the Board shall provide petitioner with a hearing within 30 days of the request, unless petitioner stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide petitioner with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

5. 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.

6. Prescribing Practices Course

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

A prescribing practices course 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 course would have been approved by the Board or its designee had the course 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 course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

7. 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.

8. Professional Boundaries Program

Within 60 calendar days from the effective date of this Decision, petitioner shall enroll in a professional boundaries program approved in advance by the Board or its

designee. Petitioner, at the program's discretion, shall undergo and complete the program's assessment of petitioner's competency, mental health and/or neuropsychological performance, and at minimum, a 24-hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the decision(s), accusation(s) and any other information that the Board or its designee deems relevant. The program shall evaluate petitioner at the end of the training and the program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire program not later than six (6) months after petitioner's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on petitioner's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that petitioner can practice medicine safely. Petitioner shall comply with program recommendations. At the completion of the program, petitioner shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at petitioner's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

The program has the authority to determine whether or not petitioner successfully completed the program.

A professional boundaries course 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 course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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.

9. 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 (3) and no more than five (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 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.

10. 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.

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 internal medicine, and whether petitioner is practicing medicine safely, billing appropriately or both. 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.

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. Petitioner shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, petitioner's practice setting changes and petitioner is no longer practicing in a setting in compliance with this Decision, petitioner shall notify the Board or its designee within five (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. Petitioner shall not resume practice until an appropriate practice setting is established.

12. 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.

13. Supervision of Physician Assistants and Advanced Practice Nurses

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

14. 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.

15. 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.

16. 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).

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.

17. 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.

18. 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

19. 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.

20. 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.

21. 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.

22. 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: November 4, 2025

Kimberly J. Belvedere

KIMBERLY J. BELVEDERE
Administrative Law Judge
Office of Administrative Hearings