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

In the Matter of the Petition for Reinstatement Against: Chivano Chhieng Physician's and Surgeon's Certificate No. A 71847 Respondent.	Case No.: 800-2024-105521

DECISION AFTER NON-ADOPTION

The attached Decision After Non-Adoption 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 January 14, 2026.

IT IS SO ORDERED: December 15, 2025.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., 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:

CHIVANO CHHIENG, Petitioner.

Agency Case No. 800-2024-105521

OAH No. 2024120846

DECISION AFTER NON-ADOPTION

Administrative Law Judge (ALJ) Holly M. Baldwin, State of California, Office of Administrative Hearings, heard this matter on June 16, 2025, by videoconference.

Attorney Nathan Mubasher represented petitioner Chivano Chhieng, who was present at hearing.

Deputy Attorney General (DAG) Nilufar Majd represented the Department of Justice, Office of the Attorney General.

The record closed and the matter was submitted for decision on June 16, 2025. ALJ Baldwin issued a proposed decision on July 15, 2025.

On August 27, 2025, Panel A of the Medical Board of California (Board) issued an Order of Non-Adoption of Proposed Decision. Oral argument on the matter was heard by the Board on December 3, 2025, with ALJ Juliet Cox presiding. DAG Majd appeared pursuant to the provisions of Government Code section 11522. Petitioner was present via

videoconference and represented himself. The Board, having read and considered the entire record, including the transcript and the exhibits, and having considered the written and oral argument, hereby enters this Decision After Non-Adoption.

FACTUAL FINDINGS

1. On June 1, 2000, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number A 71847 to petitioner Chivano Chhieng. The Board accepted petitioner's surrender of this certificate effective July 14, 2020, after the disciplinary proceedings described in Factual Findings 13 and 14.

2. Petitioner submitted a petition for reinstatement containing two signature dates: March 1, 2023, and January 25, 2024. A Board investigator interviewed petitioner on June 4, 2024. This hearing followed.

Education and Professional Experience

3. Petitioner graduated from medical school in 1997. He completed an internship in Hawaii from 1998 to 1999. Petitioner completed a residency in family medicine from 1999 to 2002 at Riverside County Regional Medical Center, serving as chief resident during his final year.

4. Petitioner obtained his board certification in family medicine from the American Board of Family Medicine (ABFM) in July 2002 and maintained that certification until the surrender of his California certificate in July 2020.

5. Following his residency, petitioner practiced medicine in California from 2002 to 2019, focusing on urgent care. He was an urgent care physician at multiple Kaiser Permanente locations from 2002 to 2007, and also worked as a student health physician for the University of California, Los Angeles (2004 to 2006), and the University of California, Irvine (2006 to 2008).

6. Petitioner also served as a flight surgeon with the rank of Major in the United States Air Force Reserves from 2004 to 2012.

7. Petitioner was a partner and urgent care physician at Sharp Rees-Stealy medical group in San Diego from 2007 to 2017. He then worked as an urgent care physician on a locum tenens basis at clinics in Southern California from 2017 to 2019.

8. In spring 2019, petitioner moved to Guam and began practicing medicine there. Petitioner's Guam medical license (Number M-2153) has been active since 2019 without discipline, and is renewed through December 31, 2025.

9. Petitioner worked as a staff physician in the urgent care department at FHP Medical Center in Guam from April 2019 to April 2020. Petitioner then worked as a physician managing the urgent care side of the emergency department at Guam Memorial Hospital from April 2020 to June 2021. The hospital would not extend his employment at that time without board certification.

10. Petitioner did not practice medicine from June 2021 to the fall of 2023. During that time, he was studying for the ABFM certification examination, completing continuing medical education courses, spending time with family and caring for an ill uncle, and seeking employment. In June 2022, petitioner moved to Hawaii to pursue licensing there, but the Hawaii Medical Board denied his application in March 2023 due to the California Board's discipline.

11. Petitioner regained his ABFM certification in November 2022, after passing the board's examination; his certification remains current.

12. Since October 2023, petitioner has been employed in his former role as an urgent care physician in the emergency department at Guam Memorial Hospital.

Disciplinary History

13. On January 17, 2020, the Board's executive director filed an accusation, alleging cause for discipline based on petitioner's errors in his treatment of three patients as an urgent care physician at Sharp Rees-Stealy in 2015 and 2016, constituting gross negligence (Patient A), repeated negligent acts (Patients A, B, and C), failure to maintain adequate records (Patient C), and violations of the Medical Practice Act (Patients A, B, and C). The underlying facts are summarized in Factual Findings 15 through 17.

14. Petitioner resolved the disciplinary matter by signing a stipulated surrender of his certificate, which was accepted by the Board in a Decision and Order effective July 14, 2020. The stipulation provided that petitioner could petition for reinstatement after two years, and that if he sought reinstatement, all allegations and charges in the accusation were deemed true and admitted.

15. Patient A was a 49-year-old man who presented to the urgent care clinic in May 2016 with complaints of chest pain radiating to his left shoulder and jaw, shortness of breath, nausea, and cold sweat. Petitioner ordered an echocardiogram (EKG) and lab tests. Upon reviewing Patient A's EKG, petitioner noted ST-segment depressions in the anterolateral leads, but failed to notice ST-segment elevations in the inferior leads. Petitioner placed an order to transport Patient A to the emergency department at a nearby hospital, by Critical Care Transport (CCT), with an estimated response time of 45 minutes, rather than calling 911. When the CCT arrived, petitioner reviewed the EKG again and this time he noticed two ST-segment elevations in the inferior leads, which were so elevated as to create the classic pattern characteristic for ST-elevation myocardial infarction (STEMI), a severe type of heart attack. Despite noting the STEMI, petitioner allowed CCT to transport Patient A to the emergency

department, rather than upgrading the transportation status to a 911 "lights and siren" level. After Patient A left the urgent care by CCT, petitioner was notified of the lab results, which showed elevated troponin levels indicative of an acute myocardial infarction. Petitioner did not notify the receiving physician at the emergency department of Patient A's elevated troponin levels.

Petitioner committed gross negligence by failing to notice the indications of a STEMI upon initial review of the EKG, choosing to send the patient by CCT rather than 911 lights and siren, and failing to notify the receiving physician of abnormal blood results. Petitioner committed negligence by failing to upgrade the patient's transportation status after noticing the ST-segment elevations on the EKG.

16. Patient B was a 36-year-old man who presented to the urgent care clinic in May 2015 with complaints of rash and throat swelling. Petitioner diagnosed acute urticaria (hives) with throat closing, and ordered three medications (diphenhydramine, methylprednisolone, and epinephrine). Petitioner gave verbal orders for the first two medications to be administered intravenously, and for the epinephrine to be given by intramuscular injection. The nurse administering the medications heard petitioner as saying all three medications should be given intravenously, and attempted to clarify. The nurse again heard petitioner as saying the epinephrine should be administered intravenously, and proceeded to give it in that manner.

Petitioner was negligent in failing to ensure accurate communication regarding proper administration of medications.

17. Patient C was a 33-year-old man who presented to the urgent care clinic in December 2016 after injuring his wrist in a motorcycle accident. Petitioner examined the patient and ordered imaging studies. Petitioner documented in the record that Patient C had no deformity, normal range of motion, and minimal swelling. Imaging

studies revealed Patient C had fractures in his right wrist. Petitioner immobilized Patient C's wrist with a splint and sling, and told him to follow up with an orthopedist. Petitioner subsequently documented that the swelling in Patient C's wrist was moderate to severe, and that diffuse swelling resulted in limited range of motion.

Petitioner committed negligence in failing to adequately and accurately document his physical examination of Patient C's wrist, and failing to maintain adequate and accurate medical records for that patient.

Petitioner's Evidence of Rehabilitation

18. Petitioner's testimony was forthright and credible in all respects.

19. In his testimony, narrative statement, and Board interview, petitioner discussed the errors he made in his treatment of the three patients, what he has learned since then, and what corrective actions he has taken. Petitioner accepted responsibility for his conduct, expressed remorse for his errors, and demonstrated a commitment to improved medical practice.

20. Regarding Patient A, petitioner acknowledged that he should have noticed the indications of a STEMI upon his initial review of the EKG, and that if he had done so, he would have ordered transport by 911 rather than CCT, because a STEMI is a type of heart attack requiring urgent treatment. The clinic was very busy, and petitioner admitted that he took a shortcut and just glanced at the EKG. Petitioner explained that this was an unusual case, in that the ST-elevations only appeared in two leads, rather than all of them. Now every time he reviews an EKG, petitioner systematically reviews its components in order, including the rhythm strip, anterior leads, lateral leads, and inferior leads, to ensure that he will not miss anything.

21. Petitioner has completed a number of continuing education courses related to cardiac issues. Petitioner's ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support) certifications are current. In addition, he listens to podcasts from a renowned cardiologist, which he described as very useful.

22. Regarding Patient B, petitioner understands that he should have clarified his verbal medication orders. Petitioner has changed his practices and now tries to minimize the use of verbal orders. If the clinic is busy and he needs to give verbal orders, petitioner asks the nurse to repeat the medication order back to him so he can confirm it is correct in a "closed loop communication." He also confirms that the order was correctly documented in the medical record when he returns to the computer.

23. Patient C presented to the urgent care clinic on a Saturday night, and there was no radiologist onsite. Petitioner looked at the X-ray, and asked a colleague to review it, but he did not contact a radiologist. If he had done so, he would have realized the patient had a peri-lunate dislocation of the wrist. Now, if an imaging study is not straightforward, petitioner contacts the on-call radiologist to get a preliminary "wet reading."

Petitioner made a documentation error in this case by clicking through a template in the electronic medical record and incorrectly choosing the option for full range of motion instead of limited range of motion. Petitioner has improved his documentation practices. He takes more time to ensure correct documentation, having learned that mistakes can occur when clicking through the electronic medical record templates too quickly. Petitioner also writes a concise narrative note in addition to checking boxes on the template, including patient history, assessment and plan, and all pertinent positives and negatives from his examination. Petitioner begins writing his

chart note while taking a patient history and conducting the examination, and then completes the note's assessment and plan after they are determined.

24. Petitioner has completed over 450 hours of continuing medical education from 2019 to 2025 on a variety of topics relevant to family medicine and emergency medicine, including cardiac issues. Among the trainings completed by petitioner was a 35-hour course in emergency medicine from January to July 2021. Petitioner undertook an intensive course of study in preparation for his family medicine board recertification examination.

25. After surrendering his California certificate, petitioner continued to practice medicine in Guam with an unrestricted license, with no patient care issues.

26. Since the fall of 2023, petitioner has resumed his work in the emergency department at Guam Memorial Hospital. He currently sees about 20 to 30 patients per day during flu season, and 10 to 15 patients a day at other times. Petitioner described his position as the physician in the "fast track" portion of the emergency department, handling sub-acute patient care, so that the emergency physicians treating the sicker patients are not inundated with less urgent treatment needs. Petitioner assesses and triages patients to determine whether the level of acuity is high or low and whether the patient should be managed in urgent care or sent to the emergency room or admitted to the hospital, and he provides treatment to the sub-acute patients.

27. In October 2024, petitioner received a certificate of recognition from Guam Memorial Hospital, for achieving the most "Always" ratings from the hospital's patient experience survey.

28. Petitioner has had no patient care issues or complaints since the time of his errors in treating Patients A, B, and C in 2015 and 2016.

29. During the two-year period that he was unemployed, petitioner spent his savings, liquidated his investments, and obtained financial support from his brother.

30. Petitioner has no current plan to practice medicine in California. He lives and practices medicine in Guam, which he described as an underserved area with a high need for physicians. Petitioner's elderly mother lives in California, and petitioner may wish to move closer to her and practice medicine in California in the future.

31. Petitioner understands that if his California certificate is reinstated, he must comply with all of the Board's laws, rules, and regulations.

REFERENCES

32. Petitioner submitted two letters of support with his petition.

(a) Martin Arrisueno, M.D., wrote a letter dated June 20, 2023. Dr. Arrisueno is a board-certified emergency department physician who worked with petitioner at Guam Memorial Hospital from April 2020 to June 2021. Dr. Arrisueno found that petitioner performed well in a challenging medical environment. He praised petitioner as exhibiting professionalism and providing exceptional medical care, with good bedside manners and patient rapport, and effective communication with staff and consultants. The hospital's emergency department is adjacent to its urgent care clinic, and due to the high volume and acuity of cases at the hospital, petitioner was at times asked to manage sicker patients who would not normally be seen in an urgent care setting. Dr. Arrisueno reported that petitioner managed those patients well, and was not afraid to ask for help or for a second opinion. He concluded by describing petitioner as "a reliable colleague, a team player, a compassionate professional and a competent medical professional."

(b) Mo-Ping Tham, D.O., wrote a letter dated April 6, 2023. Dr. Tham is the chair of the urgent care department at FHP Medical Center in Guam, and worked closely with petitioner there from April 2019 to June 2020. Dr. Tham wrote: "[Petitioner] exhibited good medical knowledge and sound decision making with his patients. He worked well with the staff and had a good bedside manner. I respect him as a physician and I would not hesitate to hire him again to work in our Urgent Care."

LEGAL CONCLUSIONS

1. In a proceeding for the restoration of a license, the burden rests on the petitioner to prove that he or she is rehabilitated and entitled to have the license reinstated. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) The standard of proof is clear and convincing evidence. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315-316.)

2. Business and Professions Code section 2307 governs petitions for reinstatement after a certificate is surrendered for unprofessional conduct. This petition was submitted more than three years after the surrender of petitioner's certificate, and the Board may consider the petition. (Factual Findings 1, 2, 14.)

3. In determining whether to grant reinstatement, "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" may be considered. (Bus. & Prof. Code, § 2307, subd. (e).)

4. In exercising its disciplinary functions, protection of the public is the Board's paramount concern. (Bus. & Prof. Code, § 2229, subd. (a).) At the same time, the Board is charged with taking disciplinary action that is calculated to aid

the rehabilitation of the licensee whenever possible, as long as the Board's action is not inconsistent with public safety. (Bus. & Prof. Code, § 2229, subds. (b), (c).)

5. The above-described criteria have been considered to determine the outcome of petitioner's request for reinstatement.

6. Petitioner's medical errors and violations were serious. However, the conduct leading to his license discipline occurred 9 to 10 years ago, and he has had no other patient care complaints or problems since that time, despite several years of unrestricted practice in another jurisdiction. Petitioner has reflected upon the factors that led to his mistakes and errors of judgment, and has incorporated changes to his practice aimed at preventing their recurrence. He has undertaken significant continuing medical education, has regained family medicine board certification, and has performed well in his medical practice in Guam.

Petitioner has demonstrated by clear and convincing evidence that he has taken sufficient steps toward rehabilitation to warrant granting his petition for reinstatement with a period of probation and appropriate terms and conditions.

7. The Board has authority to reinstate petitioner's physician's and surgeon's certificate on probationary terms. (Bus. & Prof. Code, § 2307, subd. (f).) While the ALJ's proposed decision recommended reinstating petitioner's certificate without imposing any probationary terms, after considering all the evidence, the Board finds that a period of probation is necessary to protect the public.

As discussed above, petitioner surrendered his certificate in 2020 to resolve a pending disciplinary matter involving the care and treatment of three patients. By surrendering his certificate, petitioner avoided being evaluated and monitored by the Board. The Board recognizes that petitioner has practiced outside of California without

further disciplinary issues. However, petitioner has not been assessed or monitored by the Board to confirm that the serious deficiencies discussed in paragraphs 21 through 23 have been addressed. Now that petitioner seeks reinstatement of his California certificate, public protection requires that he be placed on probation for three years, complete a clinical competence assessment program, have a practice monitor, and be subject to the standard terms and conditions of probation. Allowing petitioner to resume the practice of medicine in California with these safeguards in place is consistent with public protection.

ORDER

Physician's and Surgeon's Certificate Number A 71847, formerly held by petitioner Chivano Chhieng, M.D., is reinstated. However, the certificate is immediately revoked, the revocation stayed, and petitioner is placed on probation for three (3) years under the following terms and conditions.

1. Clinical Competence Assessment Program

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Petitioner shall successfully complete the program no 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.

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

2. Monitoring - Practice

Within 30 calendar days of the effective date of this Decision, petitioner shall submit to the Board or its designee for prior approval as a practice monitor(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 shall be monitored by the approved monitor. Petitioner shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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

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

If the monitor resigns or is no longer available, petitioner shall, within 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.

3. 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.

4. Supervision of Physician Assistants and Advanced Practice Nurses

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

5. Obey All Laws

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

6. Quarterly Declarations

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

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

7. General Probation Requirements

Compliance with Probation Unit

Petitioner shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

8. Interview with the Board or its Designee

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

9. Non-Practice While on Probation

Petitioner shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of petitioner's return to practice. Non-practice is defined as any period of time petitioner is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If petitioner resides in California and is considered to be in non-practice, petitioner shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve petitioner from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event petitioner's period of non-practice while on probation exceeds 18 calendar months, petitioner shall successfully complete the Federation of State

Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

10. Completion of Probation

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

11. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If petitioner violates probation in any respect, the Board, after giving petitioner notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke

Probation, or an Interim Suspension Order is filed against petitioner during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

12. License Surrender

Following the effective date of this Decision, if petitioner ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request to surrender his or her license. The Board reserves the right to evaluate petitioner's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, petitioner shall within 15 calendar days deliver petitioner's wallet and wall certificate to the Board or its designee and petitioner shall no longer practice medicine. Petitioner will no longer be subject to the terms and conditions of probation. If petitioner re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

13. Probation Monitoring Costs

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

The Decision shall become effective at 5:00 p.m. on January 14, 2026.

IT IS SO ORDERED this 15th day of December, 2025.

Veling Tsai, M.D., Chair
Panel A
Medical Board of California