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

In the Matter of the Petition for Reinstatement of: Harry Dassah, M.D. Physician's and Surgeon's Certificate No. A 38503 Respondent.	Case No.: 800-2024-108778

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 16, 2026.

IT IS SO ORDERED: February 13, 2026.

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 by:

HARRY DASSAH, Petitioner.

Agency Case No. 800-2024-108778

OAH No. 2025090170

PROPOSED DECISION

Administrative Law Judge Holly M. Baldwin, State of California, Office of Administrative Hearings, heard this matter on December 15, 2025, by videoconference.

Petitioner Harry Dassah represented himself at hearing.

Deputy Attorney General Maryam Ahmad appeared for the Office of the Attorney General, Department of Justice.

The record was held open for petitioner to submit additional medical records and for any response. Petitioner submitted documents which were marked and admitted into evidence as Exhibit B. The Office of the Attorney General submitted a response, which was marked for identification as Exhibit 10.

The record closed and the matter was submitted for decision on January 23, 2026.

FACTUAL FINDINGS

1. The Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. A 38503 to petitioner Harry Dassah on June 14, 1982. The Board accepted petitioner's surrender of this certificate, effective September 14, 2016, to resolve the disciplinary proceeding described below in Factual Findings 11 and 12.

2. Petitioner first requested reinstatement of his certificate in April 2018. That petition was denied by the Board, after an administrative hearing, in a Decision effective April 2, 2021, as described in Factual Finding 13.

3. In May 2024, petitioner submitted a second petition for reinstatement. This hearing followed.

Education and Professional Experience

4. Petitioner completed medical school in 1971, in Italy. He completed a pediatric residency in Italy in 1974. He then moved to the United States and completed an internal medicine residency in Connecticut in 1976. Between 1976 and 1981, he completed fellowships in pediatric and adult cardiology, in Canada and Massachusetts.

5. Petitioner became board certified in internal medicine in 1981, in cardiovascular disease in 1985, and in geriatrics in 1994. Petitioner became board certified in interventional cardiology in 2008.

6. Petitioner served in the United States Air Force between 1981 and 1986, practicing cardiology at Travis Air Force Base in Fairfield.

7. From 1986 to 2016, petitioner was in private practice as a cardiologist, including practicing at North Bay Healthcare in Fairfield and Vaca Valley Hospital in

Vacaville. For a number of years he also treated patients at a state prison in Vacaville and a state psychiatric hospital in Napa.

2016 PACE Evaluation

8. In late 2015, the medical chief of staff at North Bay Healthcare referred petitioner for a fitness for duty evaluation after concerns were raised about his cognitive skills and judgment during a pacemaker procedure.

9. On March 16, 2016, petitioner underwent a fitness for duty evaluation at the University of California, San Diego, Physician Assessment and Clinical Education (PACE) Program, including a physical examination by Martin Schulman, M.D., and a comprehensive neuropsychological evaluation by clinical neuropsychologist William Perry, Ph.D. The PACE Program issued a report on May 2, 2016, concluding that petitioner was unfit for duty due to neuropsychological deficits.

Dr. Schulman found petitioner had notable hearing loss, likely due to cerumen impaction (earwax blockage), and recommended an ear lavage and formal audiogram. He also recommended that petitioner follow up with his primary care physician regarding his elevated blood pressure.

Dr. Perry found that petitioner had significant cognitive impairments, describing "a consistent pattern of impaired performance . . . within the domains of attention, visuospatial processing/organization, and executive functioning." Dr. Perry explained that these areas of impairment have important implications for petitioner's practice as a physician. The PACE evaluation report gave petitioner a rating of "unfit for duty," concluding that his neuropsychological deficits raised concerns about his ability to practice medicine safely, "especially when faced with novel and complex situations

where sustained attentional control to clinical details, mental flexibility, and problem solving of abstract situations is required."

10. After issuance of the May 2016 PACE report, petitioner resigned from his position with North Bay Healthcare and notified the Board that he had retired.

Prior Disciplinary Proceedings

11. On August 11, 2016, the Board's Executive Director issued an accusation based on the results of the PACE evaluation, alleging that petitioner's cognitive deficits rendered him unfit to practice medicine and subject to disciplinary action under Business and Professions Code section 822 (licensee's ability to practice safely is impaired by mental or physical illness affecting competency).

12. Eight days later, petitioner signed a stipulated surrender of his certificate, agreeing that there was cause for discipline under Business and Professions Code section 822. Petitioner agreed that if he sought reinstatement, the allegations in the accusation would be deemed true, and agreed to wait at least one year before seeking reinstatement. The Board accepted this surrender, effective September 14, 2016.

13. After an administrative hearing in January 2021, the Board denied petitioner's 2018 petition for reinstatement because he had not demonstrated that the cognitive impairment underlying his surrender had been resolved.

Petitioner's Evidence

14. Petitioner is now 82 years old. He does not wish to resume interventional cardiology. Petitioner wants to return to medical practice in general cardiology, internal medicine, and geriatrics. He envisions himself providing cardiology clinical

consultations for state prisons, and performing locum tenens work. Petitioner does not plan to engage in solo medical practice if reinstated.

15. Petitioner performs volunteer work through his church.

16. In his testimony at hearing, petitioner briefly discussed the pacemaker procedure in 2015 that led to his referral for a fitness for duty evaluation, and stated that he had to make several attempts before entering a vein but the surgery was completed without complications. He was surprised to hear the cardiac catheterization lab staff had concerns, stating that he has put in hundreds of pacemakers during his career. Petitioner expressed the view that his referral for a PACE evaluation was related to his personal conflicts with the administration at North Bay Healthcare.

17. Petitioner stated that at the time of his 2016 PACE evaluation, he was angry and frustrated and he presented himself poorly. It was not clear how that would have resulted in the deficits described by Dr. Perry, the neuropsychological evaluator.

18. In 2018, petitioner contacted Nathan H. Thuma, M.D., and requested that he administer a Montreal Cognitive Assessment (MOCA), a brief screening tool for cognitive impairment. Dr. Thuma is a psychiatrist who knew petitioner through his work at Napa State Hospital. On March 13, 2018, Dr. Thuma met with petitioner, administered the MOCA, and wrote a letter that was submitted in support of the 2018 petition for reinstatement. Petitioner scored 30 out of 30 on the MOCA, and Dr. Thuma wrote that there was no indication of cognitive impairment. Dr. Thuma relayed petitioner's description to him about the events leading to the surrender of his medical certificate; it did not appear that Dr. Thuma reviewed any documents from the Board discipline proceedings.

19. At the recommendation of his former attorney, petitioner underwent a clinical competency evaluation by the PACE Program, conducted over a total of four days between June and December 2023. It included a physical examination by family medicine physician Cecilia Gutierrez, M.D., and a comprehensive neuropsychological fitness for duty evaluation by Dr. Perry. Petitioner conducted a mock patient history and physical examination, and his performance was evaluated by Dr. Gutierrez. Ajit Raisinghani, M.D., conducted an oral clinical examination of petitioner, presenting three clinical scenarios of patients presenting common cardiac issues. Lastly, petitioner completed one standardized patient encounter, and his performance was evaluated by Dr. Gutierrez and Lynette Cederquist, M.D., the interim director of the PACE Program.

20. The PACE Program issued an assessment report dated January 29, 2024, giving petitioner an overall rating of "Pass with Recommendations - Category 3." This is the lowest passing category for a PACE physician competency assessment, signifying a conclusion that the physician is capable of practicing safely, but that significant deficiencies were noted in multiple domains, which require remediation.

The PACE evaluators found that petitioner's overall performance was varied. He demonstrated unsatisfactory medical interviewing and physical examination skills during the mock patient encounter, and his write-up of the encounter was also unsatisfactory. On the oral examination covering cardiology, petitioner's performance was adequate but not optimal, and Dr. Raisinghani noted that petitioner needed to update his knowledge in multiple areas. Petitioner's performance on the standardized patient evaluation was minimally satisfactory.

On physical examination, Dr. Gutierrez found petitioner's vision and hearing were both significantly diminished. She found that petitioner should not return to

medical practice until he obtained in-depth evaluations of his vision and hearing, and followed any recommendations for treatment.

On the neuropsychological evaluation, Dr. Perry found that petitioner performed better on several measures than he had in 2016, although his manual dexterity had declined. Dr. Perry found petitioner's general level of intellectual functioning to be in the average range, with preserved language/verbal reasoning and memory. Petitioner's performance on measures of attention, information processing speed, visuospatial organization, and executive functioning were more varied.

The PACE evaluators' overall conclusion was:

> [Petitioner's] overall performance indicates that he is likely capable of practicing general outpatient cardiology. However, his knowledge requires significant updating. Due to his declining manual dexterity, he should not return to performing interventional cardiology procedures.

The PACE Program made six specific recommendations for petitioner to remediate the deficiencies found during the assessment:

- Improve his knowledge through continuing medical education (CME) and self-study, obtaining double the CME requirement for at least three years. He needed comprehensive updating of his general cardiology knowledge.
- Take a medical record keeping course to improve his documentation.
- Improve his knowledge and technique for history taking and physical examination, through self-study and/or CME.

- Be assigned a Board-approved practice monitor for at least three years.
- Undergo an ophthalmic examination and follow any recommendations for vision treatment.
- Undergo an audiometry hearing test and follow any recommendations for hearing treatment.

21. Petitioner agrees that he needs education refresher courses. Petitioner provided four certificates for completing a total of 112.75 credits of CME offered by the American College of Physicians Medical Knowledge Self-Assessment Program (MKSAP): Cardiovascular Medicine (30 credits); General Internal Medicine 1 (27.75 credits); General Internal Medicine 2 (31 credits); and Rheumatology (24 credits). Each of these four certificates was dated February 6, 2023. Petitioner contends that he cannot complete additional CME courses until his medical license is reinstated. He did not explain how that contention is consistent with his completion of the above credits. Petitioner stated he is currently working on additional review courses.

22. Petitioner plans to take the recommended medical record keeping course if his license is reinstated.

23. Petitioner reports that he has done self-study reading on cardiology, physical examination, and geriatrics.

24. Petitioner agrees with the PACE Program's recommendation to have a practice monitor if he is reinstated. He believes that three years of such monitoring is longer than necessary, but is willing to comply with what the Board requires.

25. Petitioner received treatment for his vision after the PACE assessment. He underwent cataract surgery for his right eye on April 29, 2024, and cataract surgery for

his left eye on August 5, 2024. Petitioner stated at hearing that the cataract surgeries were successful in improving his vision and that he no longer needs glasses apart from reading glasses. Petitioner stated he has mild glaucoma, treated with eye drops, and that he has ophthalmology follow-up appointments every six months. Petitioner did not provide any documents reflecting a post-surgical evaluation of his vision.

26. In his testimony, petitioner stated that he did not think there was any problem with his hearing, that his primary care doctor had cleaned out earwax, and that a prior audiology examination found no need for hearing aids. That is not fully consistent with the documents petitioner subsequently provided.

On November 22, 2023, petitioner had an audiology evaluation, which found mild to moderately severe hearing loss in the right ear and mild to severe hearing loss in the left ear, with likely difficulty understanding speech at a distance or in the presence of background noise. The audiologist recommended that petitioner try amplification devices.

On December 18, 2025, petitioner had another audiology evaluation, which was essentially unchanged since November 2023. The audiologist noted petitioner did not believe there was a problem, but the audiologist recommended bilateral hearing aids. (Apparently petitioner had not pursued the prior recommendation for hearing aids.)

Petitioner provided an undated document reflecting a purchase of bilateral hearing aids from Costco. Petitioner did not state whether the hearing aids had been received yet or whether he is using them.

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 his or her license fully restored. (*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, subdivision (b)(3), states that a reinstatement petition may be filed at least one year after an individual's license is revoked or surrendered for mental or physical illness. Petitioner surrendered his certificate in 2016, agreeing that there was cause for discipline under Business and Professions Code section 822. This petition for reinstatement was filed in 2024. (Factual Findings 1, 3.) The Board may consider this petition.

3. The Board may not reinstate petitioner to medical licensure without "competent evidence of the absence or control of the condition which caused its action." (Bus. & Prof. Code, § 822.) In addition, the evidence must show that petitioner's reinstatement will not jeopardize "public health and safety." (*Ibid.*)

4. In determining whether to grant a reinstatement petition, "all activities of the petitioner since the disciplinary action was taken, the offense for which 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).)

5. Factors considered in determining whether a licensee has been rehabilitated include: the nature and gravity of the misconduct; any subsequent

misconduct; the amount of time that has elapsed since the misconduct took place; evidence of rehabilitation; and for cases involving a criminal conviction, total criminal record, compliance with probation, parole, or other sanctions, and evidence of dismissal proceedings under Penal Code section 1203.4. (Cal. Code Regs., tit. 16, §§ 1360.1 & 1360.2.)

6. The primary purpose of this proceeding is to protect the public, not to punish the licensee. (*Camacho v. Youde* (1979) 95 Cal.App.3d 161, 164.) This view is consistent with the Medical Practice Act, which provides that in exercising its disciplinary authority, the Board's highest priority is the protection of the public. (Bus. & Prof. Code, § 2229, subd. (a).)

7. The Board has authority to reinstate petitioner's physician's and surgeon's certificate on probationary terms. (Bus. & Prof. Code, §§ 823, 2227, 2228, 2307, subd. (f).)

Analysis

8. The PACE Program's January 2024 assessment report (Factual Findings 19-20) provides competent evidence that the cognitive deficits that led to the surrender of petitioner's certificate have been remediated. While the PACE Program found petitioner is capable of practicing medicine safely, it made specific recommendations to remediate his areas of deficiency. Those recommendations are reasonable and appropriate, and may be addressed by appropriate conditions of probation upon reinstatement.

The Office of the Attorney General contends that petitioner obtaining the additional education recommended by the PACE Program is a condition precedent to his resumed medical practice, but that contention is not supported by the PACE report.

However, the PACE evaluators did determine that evaluation and treatment of petitioner's vision and hearing impairments are necessary before he resumes practice.

Documentation provided by petitioner reflects that since the PACE evaluation, he has taken steps to address his vision and hearing impairments, although his delay in following the recommendation for hearing aids is concerning. Petitioner has not provided documentation to establish that his visual acuity and hearing (with hearing aids) are currently adequate to practice medicine safely. However, that may be addressed by requiring petitioner to undergo a medical examination as a condition of probation and a condition precedent to resuming practice.

The Board's Manual of Model Disciplinary Orders and Disciplinary Guidelines, 12th Edition 2016 (Disciplinary Guidelines), recommends at least five years of probation for cases in which a certificate is disciplined for mental or physical illness affecting competency. That recommendation is appropriate in this matter.

Reinstating petitioner to medical practice, on probation for a period of five years, with conditions designed to address his identified areas of deficiency, would not be inconsistent with public protection. Petitioner must undergo a medical examination to ensure he is physically fit to practice medicine, including evaluation of his vision and hearing, and follow any recommendations for treatment, as a condition precedent to resuming practice. In addition, petitioner must complete additional education, complete a medical record keeping course, have a practice monitor, not engage in solo medical practice, and not perform interventional cardiology procedures.

ORDER

The petition by Harry Dassah for reinstatement to licensure is granted. Physician's and Surgeon's Certificate No. A 38503 is reinstated but immediately revoked. The revocation is stayed, however, and petitioner is placed on probation for five years, on the following conditions.

1. Medical Evaluation and Treatment

Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, petitioner shall undergo a medical evaluation by a Board-appointed physician who shall consider any information provided by the Board or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the Board or its designee. Petitioner shall provide the evaluating physician any information and documentation that the evaluating physician may deem pertinent.

Following the evaluation, petitioner shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after being notified by the Board or its designee. If petitioner is required by the Board or its designee to undergo medical treatment, petitioner shall within 30 calendar days of the requirement notice, submit to the Board or its designee for prior approval the name and qualifications of a California licensed treating physician of petitioner's choice. Upon approval of the treating physician, petitioner shall within 15 calendar days undertake medical treatment and shall continue such treatment until further notice from the Board or its designee.

The treating physician shall consider any information provided by the Board or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Petitioner shall have the treating physician submit quarterly reports to the Board or its designee indicating whether or not the petitioner is capable of practicing medicine safely. Petitioner shall provide the Board or its designee with any and all medical records pertaining to treatment, the Board or its designee deems necessary.

If, prior to the completion of probation, petitioner is found to be physically incapable of resuming the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over petitioner's license and the period of probation shall be extended until the Board determines that petitioner is physically capable of resuming the practice of medicine without restrictions. Petitioner shall pay the cost of the medical evaluation(s) and treatment.

Condition Precedent: Petitioner shall not engage in the practice of medicine until notified in writing by the Board or its designee of its determination that petitioner is medically fit to practice safely.

2. 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.

3. Medical Record Keeping Course

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a course in medical record keeping 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 months after petitioner's initial enrollment. Petitioner shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at petitioner's expense and shall be in addition to the CME requirements for renewal of licensure.

A medical record keeping 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.

4. 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 Decisions and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decisions, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decisions and Accusation, 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 calendar days after being so notified. Petitioner shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor 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 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.

5. 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 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 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 calendar days after being so notified. Petitioner shall not resume practice until an appropriate practice setting is established.

6. Prohibited Practice

During probation, petitioner is prohibited from performing interventional cardiology procedures. After the effective date of this Decision, all patients being

treated by the petitioner shall be notified that the petitioner is prohibited from performing interventional cardiology procedures. Any new patients must be provided this notification at the time of their initial appointment.

Petitioner shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Petitioner shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

7. Notification

Within seven 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.

8. Supervision of Physician Assistants and Advanced Practice Nurses

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

9. 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.

10. 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.

11. 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 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.

12. 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.

13. 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 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.

14. 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.

15. 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.

16. 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.

17. Probation Monitoring Costs

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

DATE: 01/28/2026

Holly M. Baldwin

HOLLY M. BALDWIN
Administrative Law Judge
Office of Administrative Hearings