BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
	)	
NASIM KALHOR, D.P.M.	)	**Case No. 500-2014-000144**
	)	
	)	
Doctor of Podiatric Medicine	)	
License No. E-4581	)	
	)	
Respondent	)	
	)	

DECISION AND ORDER

The attached Stipulated Settlement is hereby adopted as the Decision and Order of Board of Podiatric Medicine, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 25, 2018.

IT IS SO ORDERED December 26, 2017.

BOARD OF PODIATRIC MEDICINE

By: _____
Michael A. Zapf, D.P.M., President

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Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: NASIM KALHOR, D.P.M. 4955 Van Nuys Boulevard, #615 Sherman Oaks, California 91403 Podiatrist License No. E4581, Respondent.	Case No. 500-2014-000144 OAH No. 2017020252 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Brian Naslund (Complainant) is the Executive Officer of the California Board of Podiatric Medicine (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

2. Respondent Nasim Kalhor, D.P.M. (Respondent) is represented in this proceeding by attorney C. Keith Greer, of Greer & Associates, A.P.C., 17150 Via Del Campo, Suite 100 San Diego, California 92127.

3. On July 7, 2004, the Board issued Podiatrist License No. E4581 to Respondent. That

license was in full force and effect at all times relevant to the charges brought in Accusation No. 500-2014-000144, and will expire on May 31, 2018, unless renewed.

JURISDICTION

4. Accusation No. 500-2014-000144 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 7, 2016. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 500-2014-000144 is attached as exhibit A and incorporated herein by reference. There are now two additional pending complaints before the Board, identified as Control Number 500-2015-000291 and 500-2016-000447. The Parties stipulate to consolidating these two complaints into this stipulation.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 500-2014-000144. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. For the purpose of resolving the allegations in Accusation No. 500-2014-000144 without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing,

Complainant could present a *prima facie* case establishing the factual basis for each of the allegations contained therein. Respondent hereby gives up her right to contest those charges

10. Respondent agrees that her Podiatrist License is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board of Podiatric Medicine or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board of Podiatric Medicine. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Podiatric Medicine may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Podiatrist License No. E4581 issued to Respondent is

revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. PRESCRIBING PRACTICES COURSE Within 60 days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

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.

Respondent 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.

2. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping, at respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

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.

Respondent 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.

3. CLINICAL COMPETENCE ASSESSMENT PROGRAM Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical competence assessment

program approved in advance by the Board or its designee.

The program shall consist of a Comprehensive Assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or sub-specialty. The program shall take into account data obtained from the pre-assessment, self-report form and interview, and the Decision(s), Accusation(s), the medical records and Podiatric Consultant opinions at issue in the complaint files identified as Control Numbers 500-2015-000291 and 500-2016-000447, and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program. The program shall require respondent'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.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the respondent has demonstrated the ability to practice safely and independently. Based on respondent'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 respondent's practice of podiatric medicine. Respondent shall comply with program recommendations.

The program's determination whether or not respondent passed the examination or successfully completed the program shall be binding.

Respondent shall complete the program not later than six months after respondent's initial enrollment unless the Board or its designee agrees in writing to a later time for completion. Failure to participate in and complete successfully all phases of the clinical competence assessment program outlined above is a violation of probation.

If respondent fails to complete the clinical competence assessment program within the designated time period, respondent shall cease the practice of medicine within 72 hours after being notified by the Board or its designee that respondent failed to complete the clinical competence assessment program.

Failure to participate in and complete successfully the professional enhancement program outlined above is a violation of probation.

4. MONITORING - PRACTICE If the clinical competence assessment program recommends that a practice monitor be appointed, the entire practice shall be monitored, including, but not limited to the following: medical records, charting, pre and postoperative evaluations, all surgical procedures and billing records.

The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the monitor.

The monitor shall provide quarterly reports to the Board or its designee which include an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of podiatric medicine or billing, or both, and whether respondent is practicing podiatric medicine safely.

The Board or its designee shall determine the frequency and practice areas to be monitored. Such monitoring shall be required during the entire period of probation. The Board or its designee may at its sole discretion also require prior approval by the monitor of any medical or surgical procedures engaged in by the respondent. The respondent shall pay all costs of such monitoring and shall otherwise comply with all requirements of his or her contract with the monitor, a copy of which is attached as "Appendix A - Agreement to Monitor Practice and/or Billing." If the monitor terminates the contract, or is no longer available, the Board or its designee shall appoint a new monitor immediately. Respondent shall not practice at any time during the probation until the respondent provides a copy of the contract with the current monitor to the probation investigator and such contract is approved by the Board.

Respondent shall provide access to the practice monitor of respondent's patient records and such monitor shall be permitted to make direct contact with any patients treated or cared for by respondent and to discuss any matters related to respondent's care and treatment of those patients. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the

monitor to provide to the Board or its designee any relevant information. If the practice monitor deems it necessary to directly contact any patient, and thus require the disclosure of such patient's identity, respondent shall notify the patient that the patient's identity has been requested pursuant to the Decision. This notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by respondent and a copy of such notification shall be maintained in each patient's file. The notifications signed by respondent's patients shall be subject to inspection and copying by the Board or its designee at any time during the period of probation that respondent is required to comply with this condition. The practice monitor will sign a confidentiality agreement requiring him or her to keep all patient information regarding respondent's patients in complete confidence, except as otherwise required by the Board or its designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above, is a violation of probation.

In lieu of a monitor, respondent may participate in the professional enhancement program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, which includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

5. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of podiatric 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 respondent. Respondent shall submit proof of compliance to the Division or its designee within 15 calendar days.

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

6. PHYSICIAN ASSISTANTS Prior to receiving assistance from a physician assistant, respondent must notify the supervising physician of the terms and conditions of his/her probation.

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

8. QUARTERLY DECLARATIONS Respondent 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. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

9. PROBATION COMPLIANCE UNIT Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses. 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).

Respondent shall not engage in the practice of podiatric medicine in respondent's place of residence. Respondent shall maintain a current and renewed California doctor of podiatric medicine's license.

Respondent 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.

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office with the Board or its designee, upon request, at various intervals and either with or without notice throughout the term of probation.

11. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is

defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent 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 Law; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if respondent's periods of temporary or permanent residence or practice outside California totals two years. However, respondent's license shall not be cancelled as long as respondent is residing and practicing podiatric medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

Any respondent disciplined under Business and Professions Code sections 141(a) or 2305 may petition for modification or termination of penalty: 1) if the other state's discipline terms are modified, terminated or reduced; and 2) if at least one year has elapsed from the effective date of the California discipline.

12. FAILURE TO PRACTICE PODIATRIC MEDICINE - CALIFORNIA RESIDENT

In the event the respondent resides in the State of California and for any reason respondent stops practicing podiatric medicine in California, respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California as defined in this condition will not apply to the reduction of the probationary term and does not relieve respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time

exceeding thirty calendar days in which respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code section 2472.

13. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate will be fully restored.

14. VIOLATION OF PROBATION If respondent violates probation in any respect, the Board, after giving respondent 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 is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, the period of probation shall be extended until the matter is final, and no petition for modification of penalty shall be considered while there is an accusation or petition to revoke probation pending against respondent.

15. COST RECOVERY Within 90 calendar days from the effective date of the Decision or other period agreed to by the Board or its designee, respondent shall reimburse the Board the amount of AG COST $11,534.50 for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by respondent shall not relieve the respondent of his/her obligation to reimburse the Board for its costs.

16. LICENSE SURRENDER Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of

respondent's license. The Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice podiatric medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a podiatric medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. PROBATION MONITORING COSTS Respondent 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 Board of Podiatric Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

18. NOTICE TO EMPLOYEES Respondent shall, upon or before the effective date of this Decision, post or circulate a notice which actually recites the offenses for which respondent has been disciplined and the terms and conditions of probation to all employees involved in his/her practice. Within fifteen (15) days of the effective date of this Decision, respondent shall cause his/her employees to report to the Board in writing, acknowledging the employees have read the Accusation and Decision in the case and understand respondent's terms and conditions of probation.

19. CHANGES OF EMPLOYMENT Respondent shall notify the Board in writing, through the assigned probation officer, of any and all changes of employment, location, and address within thirty (30) days of such change.

20. COMPLIANCE WITH REQUIRED CONTINUING MEDICAL EDUCATION Respondent shall submit satisfactory proof biennially to the Board of compliance with the requirement to complete fifty hours of approved continuing medical education, and meet continuing competence requirements for re-licensure during each two (2) year renewal period.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, C. Keith Greer. I understand the stipulation and the effect it will have on my Podiatrist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Podiatric Medicine.

DATED: 8/17/17

NASIM KALHOR, D.P.M.
Respondent

I have read and fully discussed with Respondent NASIM KALHOR, D.P.M. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 8/18/17

C. KEITH GREER
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Podiatric Medicine.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

CHRIS LEONG
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, C. Keith Greer. I understand the stipulation and the effect it will have on my Podiatrist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Podiatric Medicine.

DATED: _____ _____

NASIM KALHOR, D.P.M.
Respondent

I have read and fully discussed with Respondent NASIM KALHOR, D.P.M. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____ _____

C. KEITH GREER
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Podiatric Medicine.

Dated: 8/18/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

CHRIS LEONG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 500-2014-000144

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO September 7 20 16
BY R. Firdaus ANALYST

BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: NASIM KALHOR, D.P.M. 4955 Van Nuys Blvd., Suite 615 Sherman Oaks, CA 91403 Podiatric Medicine Certificate No. E4581, Respondent.	Case No. 500-2014-000144 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kathleen Cooper (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Officer of the Board of Podiatric Medicine (Board).

2. On July 7, 2004, the Board issued Podiatric Medicine Certificate Number E4581 to Nassim Kalhor, D.P.M. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2018, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2222 of the Code states

"The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.

"The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

6. Section 2497 of the Code states:

"(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

"(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board."

7. Section 2234 of the Code states, in relevant part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(b) Gross Negligence

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent act followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence."

8. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

COST RECOVERY

9. Section 2497.5 of the Code states:

"(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

"(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

"(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

"(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

"(e)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

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"(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for those unpaid costs.

"(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence - Patient E.N.)[1]

10. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he was grossly negligent and/or repeatedly negligent and/or incompetent in his care and treatment of Patient E.N. The circumstances are as follows:

11. Patient E.N. first presented to Respondent on February 17, 2011, with a complaint of pain left worse than right foot. Over the next twenty-two months, the patient received care including at least sixty-four outpatient visits and two surgical episodes until his last visit on December 11, 2013. The patient was forty-two years old and described himself as active, but unable to perform activities without pain, tingling and numbness of the left forefoot. The patient was diagnosed with equinus, chronic fasciitis, a plantar flexed met and chronic neuroma; left foot. Alcohol was first injected into the left third interspace on February 23, 2011. A second alcohol injection was performed in the left third interspace on March 4, 2011. A third alcohol injection in the left third interspace was performed March 10, 2011. On March 16, 2011, a fourth alcohol injection was made in the left third interspace. On April 5, 2011, a fifth alcohol injection was given in the left third interspace and orthotics were dispensed. The sixth alcohol injection was place in the left third interspace on May 3, 2011. The seventh alcohol injection in the left third interspace was performed on May 26, 2011, at which time a hammertoe fourth left foot was described.

[1] Patient initials will be used to protect the patient's privacy. Respondent may learn the names of the patients during discovery.

12. On June 16, 2011, pain upon third metatarsal phalangeal joint range of motion was noted along with pain in the third metatarsal head and a painful palpable mass was noted in the third interspace. Patient E.N. was placed in a Controlled Ankle Movement (CAM) walker with a diagnosis of possible hairline fracture of the third metatarsal along with dislocated third metatarsal phalangeal joint and chronic neuroma third intermetatarsal space. Surgical treatment including neuroma excision and hammertoe correction was discussed. A second entry for June 16, 2011, describes neuroma third interspace, hammertoe fourth and plantar flexed met. Handwritten notes for this same day state "(L) foot doing ok, still some pain & ltd ROM", and appear to describe surgical treatment to the left third toe and metatarsal.

13. June 21, 2011, was the date of surgery number one. Notes state: "Excision of benign lesion third interspace left foot, Hammertoe correction fourth left foot, Metatarsal phalangeal joint capsulotomy and Flexor tendon release fourth toe left foot."

14. On both June 28, 2011 and on July 5, 2011, X-rays were taken. No clear indication was given. Suture removal was anticipated in one week.

15. On July 13, 2011, ankle pain was described. The Kirshner wire was removed from the fourth toe and additional x-rays were obtained. An ankle support was dispensed. Suture removal was not described, but the placement of a suture at the distal fourth toe was described along with instruction to keep the foot clean and dry.

16. On July 19, 2011, the patient returned with a history of an extended period of Jacuzzi use, a blister / abscess was noted, and a second degree burn was diagnosed. Debridement was performed and Keflex was prescribed.

17. On July 27, 2011, the burn was described as being on the third toe; positive for granulation, maceration and fibrotic tissue. Use of silvadene was instructed.

18. On August 4, 2011, the burn was described as being on the fourth toe. Apligraft was applied and the patient was instructed to return in two to three weeks.

19. On August 10, 2011, "debridement of the wound was done to get the area ready for grafting" was described, with instructions to return in one week. On August 17, 2011, the patient was described as improving.

20. On August 22, 2011, patient E.N. returned to Respondent's office, after a visit to the emergency room where he was told the foot was infected. A second abscess was debrided and the patient was instructed to use iodosorb and iodoform along with clindamycin and Cipro. The patient was noted to have improved on August 31, 2011.

21. On September 7, 2011, the third toe was noted to underlap - X-rays are described to confirm the under lapping but also to confirm satisfactory alignment of the second metatarsal phalangeal joint.

22. On September 14, 2011, a wound was again described and debridement followed by secondary wound closure with nylon suture. On September 21, 2011, satisfactory progress was described and suture removal was planned for the following week.

23. On September 28, 2011, left ankle pain was described and sutures were removed. On October 12, 2011, a foreign body was described and removed. "Good alignment of the metatarsals and metatarsal phalangeal joints" was noted.

24. On November 2, 2011, continued drainage was described and the patient was to apply Gentamicin to the wound daily. On November 16, 2011, continued drainage was reported by the patient, a wound was described in the medical records as "small / decreased in size without drainage, odor or cellulitis." Pain was described at the distal aspect of the left fourth toe and dexamethasone was injected into the proximal interphalangeal joint. On November 30, 2011, the wound was described as at the fourth metatarsal phalangeal joint. Contracture was noted at the wound site.

25. On December 7, 2011, pain was noted in the medical records, at the second metatarsal phalangeal joint, the third toe was described as "under lapping and the wound of the fourth toe was described as 'almost insignificant'". On December 13, 2011, the wound was described as "resolved, no pain was noted upon metatarsal phalangeal joint range of motion and an ankle support was encouraged for use for any activities." Also on the same day, a DMV parking application was completed for "left foot hammertoes / lesion chronic pain".

26. On January 10, 2012, the patient complained of bilateral ankle pain, eschar and contracture was noted at the fourth metatarsal phalangeal joint and there was pain and under

lapping of the third toe. Dexamethasone injections were performed in both ankles. On January 24, 2012, the left ankle remained painful and a painful palpable mass was noted in the second interspace of the left foot. A second dexamethasone injection was given in the left ankle.

27. On February 14, 2012, pain was noted at the third metatarsal phalangeal joint - no pain upon palpation at the third interspace, yet dexamethasone was injected into the third interspace. On April 4, 2012, pain was again noted upon third metatarsal phalangeal joint range of motion and dexamethasone was again injected in the left foot.
On April 25, 2012, the patient complained of painful scar tissue.

28. On May 15, 2012, a flexor tenotomy was performed at the distal interphalangeal joint of the fourth toe left foot. On May 29, 2012, a partial matricectomy of the right hallux was described.

29. On May 29, 2012, an Evaluation Foot/Ankle form describes suture removal left. Respondent stated that the nurse removes sutures when she was not there. On May 29, 2012, a Department of Motor Vehicles (DMV) parking application was completed for "left foot and ankle sprain/strain". On June 12, 2012, pain was noted at the left second interspace and an alcohol injection (first) was administered. On June 12, 2012, a DMV parking application was completed for left foot flexor tendon release.

30. On July 3, 2012, pain was described in the third and fourth digit and the second and third digit - an alcohol injection (second) is made in the second interspace of the left foot. On August 15, 2012, fat pad atrophy is noted - no pain in the third interspace is noted.

31. On August 29, 2012, pain returned to the second and third digits of the left foot and an alcohol injection (third) was performed in the left second interspace. On September 11, 2012, pain was described at both second interspaces but alcohol injection (fourth) in both third interspaces was described.

32. On September 25, 2012, each second interspace was injected with alcohol (fifth). On September 25, 2012, a DMV parking application was completed for "left foot/ankle sp/st". On October 16, 2012, the left second interspace received the alcohol injection (sixth). Ultrasonic exam revealed a neuroma left second interspace, negative for neuroma third interspace.

33. On November 6, 2012, pain at the left third interspace was identified and the assessment was neuroma left third interspace - alcohol was injected in the left third interspace. On November 28, 2012, no pain was noted at the third interspace, but pain and a neuroma was again noted at the second interspace and an additional alcohol injection is performed (seventh). Fat pad atrophy was again described.

34. On January 9, 2013, pain was still noted at the left third and fourth toes and upon palpation of the left second interspace -an (eighth) alcohol injection was given at the left second interspace.

35. On February 16, 2013, diffuse pain was described and neuroma second interspace along with a hammertoe third and persistently contracted fourth toe was described. An alcohol injection (ninth) was given in the left second interspace. Fat pad augmentation was encouraged rather than hammertoe correction. On March 6, 2013, the patient received an alcohol injection (tenth) left second interspace. On March 27, 2013, fifty percent (50%) improvement was described and an alcohol injection (eleventh) was given at the left second interspace. On April 24, 2013, an alcohol injection (twelfth) was performed at the left second interspace. On May 15, 2013, the patient presented for an unrelated visit

36. On May 29, 2013, he received an alcohol injection (thirteenth) in the left second interspace. On June 19, 2013, a DMV parking application was completed for "left foot sprain". No notes beyond the three paged Evaluation Foot I Ankle form describing an alcohol injection (92, 93, 94) are available for review. On July 10, 2013, dexamethasone was injected into the left third metatarsal phalangeal joint.

37. On July 31, 2013, an alcohol injection (fourteenth) was given at the left second interspace.

38. On August 28, 2013, an alcohol injection (fifteenth) was given at the left second interspace, a CAM walker was dispensed for concern of stress fracture - hammertoe correction and nerve release was discussed.

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39. September 4, 2013, Day of Surgery No. 2; excision of neuroma and nerve release left foot (second interspace), Hammertoe correction third toe left foot, Capsular release, third and fourth metatarsal phalangeal joint left foot, Scar revision, third metatarsal phalangeal joint, Fat pad augmentation, sub metatarsals two, three and four left foot. The operative report does not describe surgical treatment to the fourth metatarsal phalangeal joint but can be implied as it describes surgical treatment to the third metatarsal phalangeal joint before and after the second interspace neurolysis and neurectomy. Respondent stated during an interview, that she did not excise the nerve but performed a release, "because she said the neuroma by the fourteenth injection was gone, uh, it was doing better". "So the injections worked. I didn't have to excise the neuroma".

40. On September 11, 2013, an abscess of the third digit was noted and debrided, x-rays confirm satisfactory alignment and fixation. On September 18, 2013, the skin was noted to be intact without dehiscence; sutures and fixation are removed from the third and fourth toes. Non-weight bearing was ordered in a below knee cast. On October 2, 2013, weight bearing was documented along with "hematoma dorsal left foot and possible ligament rupture second metatarsal phalangeal joint based on alignment change" was noted on x-ray.

41. On October 9, 2013, positive healing was described along with eschar and blistering, without odor, drainage or cellulitis. "CONTINUED" use of iodosorb, Trental and Nitro patch near the digits was described. Keflex was prescribed and non-weight bearing was continued. On October 16, 2013, the patient was "GIVEN" Nitro patches and iodosorb. On October 9, 2013 patient also began seeing another DPM - the use of Trental and Nitro patch was documented, Keflex was prescribed.

42. On October 23, 2013, wound improvement was noted - the Nitro patches and iodosorb was continued. On November 6, 2013, the use of Nitro patches and iodosorb was described and debridement of the wound was performed. Additional x-rays were obtained and further review of initial post-op findings was discussed with the patient and iodosorb was continued. On November 11, 2013, a blister unrelated to the incisions was noted dorsal left foot and debridement was performed, iodosorb was continued. The patient was instructed to return to

work and advised to obtain physical therapy for the second metatarsal phalangeal joint.

43. On December 11, 2013, the wound was noted to have healed but a cyst was identified dorsal left foot. The patient was advised to start physical therapy and consideration was given to performing a magnetic resonance imaging (MRI) to rule-out rupture of the plantar plate second digit left foot. Aspiration of the cyst was described, but no description of the contents was made. Subsequent visits with several other providers describe continued difficulty with wound healing, revision surgery and discussion regarding possible amputation of the left third toe.

44. Respondent is subject to discipline under section 2234, subdivision (b) of the Code by reason of the following acts or omissions:

a. Respondent's gave patient E.N. excessive alcohol injections, specifically fifteen alcohol injections (0.5 ml of a 4% solution in bupivacaine plain) to the left second interspace over an extended period at somewhat irregular intervals in addition to intermittent injections (and 7 dose trial prior to surgical excision) at the adjacent third interspace. Respondent also failed to recognize or consider serial changes including hammertoe formation and fat pad atrophy as well as the likelihood that alcohol may have contributed to difficulty in wound healing.

b. Respondent performed corticosteroid (Dexamethasone) injection adjacent to a chronic / non-healed post- operative wound. Corticosteroids are anti-inflammatory medicines used to reduce pain and inflammation. Specific dermatological side effects of Dexamethasone include impairment of wound healing and thinning of the skin. Along with dermatological effects are immunosuppressant effects which would be anticipated to reduce the ability to fight infection. The injection was made adjacent to a wound on the forth toe on November 16, 2011; wound resolution did not occur until December 13, 2011, nearly six (6) months after the day of surgery.

c. Respondent performed surgery immediately prior to stated intent to rule-out a metatarsal stress fracture - twice. On June 16, 2011 and August 28, 2013, Respondent ordered and dispensed a cam-walker under the premise of ruling out a stress or hairline fracture of a metatarsal of the left foot immediately prior to surgical treatment - no x-rays

were taken and no follow-up assessment or care was given.

d. Respondent failed to properly time and analyze the foot surgery. Patient's E.N.'s second toe, inadvertent laceration of lateral structure during the performance of surgery on the second interspace neuroma might be expected to result in medial displacement; surgical treatment would not be expected to result in lateral displacement as exhibited. In contrast, as contracture was noted dorsally after the initial surgery of the fourth toe, there is a possibility that the combination of neuroma surgery and prior alcohol injections into the second interspace may have contributed to the observed lateral displacement. Patient E.N., while seemingly healthy, likely was not a good surgical candidate.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

45. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he was repeatedly negligent in his care and treatment of Patient E.N. The facts and allegations in paragraphs 10 through 44 are hereby incorporated by reference.

a. Respondent's gave patient E.N. excessive alcohol injections, specifically fifteen alcohol injections (0.5 ml of a 4% solution in bupivacaine plain) to the left second interspace over an extended period at somewhat irregular intervals in addition to intermittent injections (and 7 dose trial prior to surgical excision) at the adjacent third interspace. Respondent also failed to recognize or consider serial changes including hammertoe formation and fat pad atrophy as well as the likelihood that alcohol may have contributed to difficulty in wound healing.

b. Respondent performed corticosteroid (Dexamethasone) injection adjacent to a chronic / non-healed post- operative wound. Corticosteroids are anti-inflammatory medicines used to reduce pain and inflammation. Specific dermatological side effects of Dexamethasone include impairment of wound healing and thinning of the skin. Along with dermatological effects are immunosuppressant effects which would be anticipated to reduce the ability to fight infection. The injection was made adjacent to a wound on the forth toe on

November 16, 2011; wound resolution did not occur until December 13, 2011, nearly six (6) months after the day of surgery.

c. Respondent performed surgery immediately prior to stated intent to rule-out a metatarsal stress fracture - twice. On June 16, 2011 and August 28, 2013, Respondent ordered and dispensed a cam-walker under the premise of ruling out a stress or hairline fracture of a metatarsal of the left foot immediately prior to surgical treatment - no x-rays were taken and no follow-up assessment or care was given.

d. Respondent failed to properly time and analyze the foot surgery. Patient E.N.'s second toe, inadvertent laceration of lateral structure during the performance of surgery on the second interspace neuroma might be expected to result in medial displacement; surgical treatment would not be expected to result in lateral displacement as exhibited. In contrast, as contracture was noted dorsally after the initial surgery of the fourth toe, there is a possibility that the combination of neuroma surgery and prior alcohol injections into the second interspace may have contributed to the observed lateral displacement. Patient E.N., while seemingly healthy, likely was not a good surgical candidate.

e. Respondent failed to maintain adequate and accurate records.

1) On June 16, 2011, two dissimilar dictations are in the Medical Record and there is some disconnection with the handwritten notes of the same day.

2) On August 4, 2011, the burn was described as being on the fourth toe; Apligraft was applied and the patient was instructed to return in two to three weeks. Six days later, on August 10, 2011, "debridement of the wound was done to get the area ready for grafting" was described, with instructions to return in one week.

3) On May 29, 2012, a DMV parking application is completed for "left foot and ankle sprain / strain", yet the last medical record entry with. However the ankle complaint was on January 24, 2012.

4) On May 29, 2012, no discussion of suture removal is made, yet the handwritten notes from the same day describe suture removal and Respondent stated in the subject interview, that a nurse removes the sutures at a time that she is out of the

clinic.

5) On June 12, 2012, a DMV parking application was completed for "left foot flexor tendon release", yet there is no assessment of the involved toe after May 29, 2012.

6) On September 25, 2012, a DMV parking application was completed for "LT foot / ankle spa / sty", yet again, the last entry re: an ankle complaint was January 24, 2012.

7) On June 19, 2013, a DMV parking application was completed for "Lt foot sprain". No dictated notes were available for this date, but the Evaluation Foot / Ankle from that date simply describe an "ALC INJ".

8) On October 9, 2013, a notation was made to "CONTINUE iodosorb, Trental and Nitro patch - no documentation on initiation of treatment is described until the following visit on October 16, 2013, where documentation of dispensing both Nitro patches and iodosorb was made. There were two entries for June 16, 2011. However, there was no entry for June 19, 2013.

9) There was not an interpretable time stamp or indication of time of dictation and transcription on the medical records.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

46. Respondent is subject to disciplinary action under section 2234, subdivision (d), of the Code in that he was incompetent in his care and treatment of Patient E.N. The facts and allegations in paragraphs 10 through 45 are hereby incorporated by reference.

a. Respondent performed repeat flexor tenotomy for fourth toe overlapping third toe. The performance of a flexor tenotomy with the goal of reduction of an elevated toe indicates lack of knowledge. Respondent described flexor tenotomy at the time of initial fourth hammertoe repair on June 21, 2011), followed by a repeated flexor tenotomy on May 15, 2012. To a degree, the extensor and flexor tendon balance each other, thus the flexor tenotomy can best be expected to lead to further elevation of the toe.

b. Respondent diagnosed a second degree burn, post-operatively indicates lack of knowledge. While a surgical incision is recognized as weaker than the surrounding tissue, especially during the initial 3 weeks of healing, it is irrational to expect blistering consistent with a second degree burn following a thermal exposure in a Jacuzzi localized to a single surgical incision without concomitant burn to adjacent incisions or diffuse burn to a lesser degree to all submerged skin.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

47. Respondent is subject to disciplinary action under section 2266 of the Code in that she failed to maintain adequate and accurate records relating to the provision of services to patient E.N. The facts and allegations in paragraphs 10 through 46 are hereby incorporated by reference.

DISCIPLINE CONSIDERATIONS

48. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on September 5, 2002, in a prior disciplinary proceeding before the Board entitled In the Matter of the Statement of Issues Against Nasim Kalhor, Case No. 1B-2002-135561, a Statement of Issues was filed (Exhibit A). On January 15, 2003 A Decision and Order was issued by the Board in this case (Exhibit B). Respondent's application for a Podiatric Medicine Certificate was denied. However, said denial was stayed for three (3) years, and Respondent was issued a probationary license on terms and conditions. Respondent petitioned for reconsideration. On March 14, 2014 the Board issued an order Denying Petition for Reconsideration and the Decision became effective (Exhibit C). The records of this proceeding are attached and are incorporated herein as if fully set forth.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Podiatric Medicine issue a decision:

1. Revoking or suspending Podiatric Medicine Certificate Number 4581, issued to Nasim Kalhor, DPM.;

2. Ordering Nasim Kalhor, DPM to pay the Board of Podiatric Medicine the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

3. Ordering Nasim Kalhor, DPM to pay the Board of Podiatric Medicine the probation monitoring costs, if placed on probation;

4. Taking such other and further action as deemed necessary and proper.

DATED: September 7, 2016

KATHLEEN COOPER
Interim Executive Officer
Board of Podiatric Medicine
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO September 5, 2002
BY [signature] ANALYST

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

In the Matter of the Statement of Issues Against: **NASIM KALHOR** 20564 Ventura Blvd. #123 Woodland Hills, California 91364 Respondent	Case No. 1B-2002-135561 **STATEMENT OF ISSUES**

Complainant alleges:

PARTIES

1. James Rathlesberger ("Complainant") brings this statement of issues solely in his official capacity as the Executive Officer of the Board of Podiatric Medicine, Department of Consumer Affairs.

2. On or about June 18, 2002, Nasim Kalhor ("Respondent") submitted an application for a Certificate to Practice Podiatric Medicine to the Board of Podiatric Medicine. The application was denied on or about June 25, 2002.

JURISDICTION

3. This Statement of Issues is brought before the Board of Podiatric Medicine, Medical Board of California ("Board"), under the authority of the following sections of the Business and Professions Code ("Code").

4. Section 2497 of the Code states:

(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board.

5. Section 2222 of the Code states the California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.

The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

6. Section 480 of the Code states:

"(a) A board may deny a license regulated by this code on the grounds that the

applicant has one of the following:

"(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.

"(2) Done any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another; or

"(3) Done any act which if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license. "The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions or duties of the business or profession for which application is made.

"(b) Notwithstanding any other provision of this code, no person shall be denied a license solely on the basis that he has been convicted of a felony if he has obtained a certificate of rehabilitation under Section 4852.01 and following of the Penal Code or that he has been convicted of a misdemeanor if he has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

"(c) A Board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact required to be revealed in the application for such license."

FIRST CAUSE FOR DENIAL OF APPLICATION

(Conviction of Crime)

7. The application for licensure of respondent, NASIM KALHOR, aka Nasim Kalhorbakhtiar, is subject to denial under section 2497, in conjunction with sections 480 and

2222 of the Code, in that on or about September 9, 1998, in a criminal proceeding entitled *People of the State of California v. Nasim Kalhorbakhtiar* in Los Angeles County Superior Court, Van Nuys Judicial District, Case Number 6PN06131, respondent was convicted by plea of nolo contendere to Penal Code Sections 487, subdivision (a) (grand theft), a misdemeanor; 484e, subdivision (a) (petty theft-acquiring credit cards without consent), a misdemeanor; section 459 (burglary), a misdemeanor; and 136.1, subdivision (b)(2) (preventing a witness who has been the victim of a crime from proceeding with prosecution), a misdemeanor . The circumstances are as follows:

A. On or about July 23, 1996, respondent stole a purse from a classmate at California Statue University Northridge (CSUN). The victim had left her purse behind in a classroom, and respondent took it. Respondent then went to the bank, and using the victim's identification, withdrew a $4,000 cash advance from the victim's credit card account. From there, respondent proceeded to the local mall and began shopping, using the victim's credit cards and signing the victim's name. Once the victim informed respondent and a group of students and teachers that the FBI was obtaining video tapes from the victimized stores, bank and mall, respondent proceeded to tell the victim that she (respondent) had picked up the victim's purse, but before she could return it, she was kidnapped by a blonde woman at gunpoint and was forced into the bank to withdraw money. Respondent said that she was forced at gunpoint to the Northridge Mall where she was forced into specific stores and forced to use the victim's credit cards to pay for the merchandise (jewelry, clothes, purses) selected by the armed blonde woman.

B. On or about July 26, 1996, respondent was pulled over and issued a traffic citation while driving her own vehicle. Rather than giving her own driver's license to the police, respondent gave over the driver's license of the victim, whose identification she had stolen.

C. On or about July 29, 1996, during the police interview, respondent admitted that there was no female armed blonde suspect, and that she had created the story because she wanted the money and all of the purchased items, but could not afford to buy them. Respondent provided a written statement to the police in which she admitted that she stole the victim's purse, used her credit cards, and took the $4,000 in cash from the victim's bank.

D. On or about September 19, 1996, respondent pled nolo contendere to four misdemeanor counts: grand theft, petty theft, burglary and preventing a witness from proceeding with prosecution, all in violation of the California Penal Code sections 487 subdivision (a), 484e, subdivision (a), 459, and 136.1, subdivision (b)(2). She was sentenced to 3 years summary probation, 120 days in jail, 600 hours of community service and restitution to the courts, and the victim, she was further ordered to obey the restraining orders imposed by the court.

E. On or about September 19, 1999, pursuant to the provisions of Penal Code sections 1203.3 and 1203.4, the plea of nolo contendere was set aside, a plea of not guilty entered, and the case was ordered dismissed.

SECOND CAUSE OF DENIAL OF APPLICATION

(Knowingly Making a False Statement of Fact on Application)

8. Respondent's application is subject to denial under section 2497 in conjunction with section 2222 of the Code, in that she knowingly made a false statement of fact on her application. The circumstances are as follows:

A. On or about June 18, 2002, respondent submitted a licensing application to the Board. Question 23 asked: " Have you ever been convicted of , or pled guilty, or nolo contendere to any offense, misdemeanor or felony of any state, the United States, or a foreign country?" Respondent answered "no." This question requires the applicant to list any conviction that has been set aside and dismissed under Section 1203.4 of the Penal Code.

B. The petition form dated September 19, 1999, pursuant to the provisions of Penal Code sections 1203.3 and 1203.4, contains a statement that " the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery."

C. Complainant reefers to, and by this reference incorporates the allegations set forth in paragraphs 7, subparagraphs A through E, inclusive, above as though set forth fully.

THIRD CAUSE FOR DENIAL OF APPLICATION

(Dishonesty)

9. Respondent's application is subject to denial under section 480 in conjunction with section 2222 of the Code in that her conduct of theft and dishonesty, which resulted in a criminal conviction pursuant to a plea of nolo contendere, and lying on her application for a certificate to practice Podiatric Medicine constitutes dishonesty.

A. Complainant hereby refers to, and by this reference incorporates the allegations set forth in paragraphs 7, subparagraphs A through E, and 8, subparagraphs A through C, inclusive, above, as though set forth fully.

FOURTH CAUSE FOR DENIAL OF APPLICATION

(Unprofessional Conduct)

10. Respondent's application is subject to denial under section 480 in conjunction with section 2222 of the Code in that her conduct of theft and dishonesty, which resulted in a criminal conviction pursuant to a plea of nolo contendere, and lying on her application for a certificate to practice Podiatric Medicine, constitutes unprofessional conduct.

A. Complainant hereby refers to, and by this reference incorporates the allegations set forth in paragraphs 7, subparagraphs A through E, and 8, subparagraphs (A) inclusive, and 9 above, as though set forth fully.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Podiatric Medicine issue a decision:

1. Denying the application of Nasim Kalhor for a Certificate to practice Podiatric Medicine;

2. Taking such other and further action as deemed necessary and proper.

DATED: September 5, 2002

JAMES RATHLESBERGER
Executive Officer
Board of Podiatric Medicine
Department of Consumer Affairs
State of California
Complainant

EXHIBIT B

BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against:	)	File No: 1B-2002-135561
NASIM KALHOR	)	OAH No: L-2002090609
Respondent.	)	

DECISION AND ORDER

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

This Decision shall become effective on February 14, 2003 and the license will only be issued and probation to commence upon completion of any remaining requirements for licensure.

DATED January 15, 2003

BOARD OF PODIATRIC MEDICINE

Anne Kronenberg
President

BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: NASIM KALHOR, Respondent.	Case No. 1B-2002-135561 OAH No. L2002090609

PROPOSED DECISION

On November 25and 26, 2002 Administrative Law Judge Timothy S. Thomas, Office of Administrative Hearings, heard this matter in Los Angeles, California.

Karen Chappelle, Deputy Attorney General, represented the Board of Podiatric Medicine (hereinafter the board).

Michael Goch, Attorney at Law, represented Nasim Kalhor (hereinafter respondent, or Kalhor).

The matter was submitted on November 26, 2002.

FACTUAL FINDINGS

1. James Rathlesberger, Executive Officer of the board, filed the Statement of Issues in his official capacity.

2. Respondent filed an Application for a Certificate to Practice Podiatric Medicine with the board on June 18, 2002.[1] Application question 23 asked: "Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any state, the United States, or a foreign country? (except violations of traffic laws resulting in fines of $300.00 or less) ... You are required to list any conviction that has been set aside and dismissed under Section 1203.4 Penal Code or under any other provision of law."

[1] The license sought was a limited license to permit respondent to practice in a residency program. Respondent had passed Parts I and II of the examination conducted by the National Board of Podiatric Medical Examiners by March 2002.

Respondent answered "no." The answer misrepresented the truth. The application was denied on June 25, 2002.

3. On July 23, 1996 a student at California State University, Northridge (CSUN) inadvertently left her backpack in a classroom. The backpack contained credit cards, $600 in cash and many other personal items. Respondent, who was attending summer school at CSUN and was in the same class, noticed the abandoned backpack and took it with her when she left the classroom. Instead of attempting to return the property, respondent went to the Northridge Mall and used the credit cards to purchase multiple items at several different stores. The total value of the purchases exceeded $5,000. In addition, respondent went to the victim's bank and obtained a $4,000 cash advance on one of the stolen credit cards.

4. The victim of the crime reported the missing backpack/purse to campus security. On July 24, 1996 respondent overheard the victim telling others of the theft and that her credit card companies had reported extensive use of the cards the previous day. Respondent inquired of the status of the investigation and the victim told her that the F.B.I. might become involved in the case. Respondent became upset. She concocted a story that she told to the victim to the effect that she (respondent) had been kidnapped at gunpoint by a blonde girl who forced her to withdraw the cash and make the purchases at the mall. She said that the blonde kidnapper threatened both respondent and the purse's owner with physical harm if they involved the police. Respondent urged the victim not to involve the police further. She said she thought she could negotiate a return of the victim's property. Respondent then returned much of the merchandise she had purchased with the victim's credit cards. She also used some of the $4,000 cash to clear credit card debt for items that she was unable to return. In one instance respondent purchased an item that she could not return for $700 of her own money in order to clear the victim's credit card account of that item.

5. On July 26, 1996 respondent was stopped for a traffic violation and because she didn't have her own purse with her used the victim's driver's license when asked for identification by the police officer. CSUN police, having been informed of respondent's kidnapping tale by the victim, interviewed and then arrested respondent later that day. Respondent verbally confessed, and three days later gave the investigating officer a written confession as well.

6. Respondent was charged with 18 criminal counts, including grand theft, petty theft, forgery, burglary, and attempting to dissuade a witness from prosecuting.[2] All counts were charged as misdemeanors. On September 19, 1996 respondent was arraigned and pleaded nolo contendere in the Van Nuys Municipal Court to one count of grand theft, one count of petty theft, one count of burglary and the sole count of attempting to dissuade a witness (the victim) from cooperating in the prosecution of the matter. All other counts were dismissed. Sentence was pronounced immediately. Respondent was placed on probation for three years

[2] Count 18 charged respondent with possession of child pornography, but that charge was apparently included in error. There is no evidence in the police inventory of property or any other record to substantiate such a charge.

and ordered to 1) spend 120 days in jail, 2) perform 600 hours of community service, 3) pay a fine of $100, and 4) stay away from CSUN, the Northridge Mall and the victim.

7. The criminal convictions suffered by respondent are substantially related to the qualifications, functions or duties of the licensed profession.

8. On January 2, 1997 respondent reported to the court to begin her jail sentence. She served one day in jail and was released under electronic monitoring to her home. An exception to her house arrest was made to allow her to attend school. By June 20, 1997 respondent had paid her fine, completed the community service obligation and the electronically monitored confinement.

9. Various attorneys, privately retained, represented respondent in the criminal matter. Attorney David S. Kestenbaum first appeared in court on respondent's behalf on February 24, 1997, and appeared again on June 20, 1997 when proof of compliance with conditions of probation was offered. At some point in time at the conclusion of his representation of respondent, Kestenbaum advised respondent that she would receive a letter from his office shortly before the end of her three-year probationary term suggesting that she authorize him to file a petition to expunge the convictions from her record. He told her that her record would be eligible for expungement if she completed her probationary period successfully. He also told her that if the petition were granted she would not have to disclose her convictions unless she ran for public office. He did not tell her that she would have to disclose the convictions in connection with an application for licensure by the state.[3]

10. On September 20, 1999 Kestenbaum filed the petition with the Municipal Court seeking to expunge the convictions pursuant to Penal Code sections 1203.3 and 1203.4. By that time respondent had successfully completed her probationary term. On October 18, 1999 the court granted the petition. On October 22, 1999 Kestenbaum's secretary mailed a copy of the signed court order to respondent at her parents' address. The cover letter stated: "Congratulation (sic) your case has been expunged. Enclosed please find a signed copy of the expungement. Expungement has the effect of setting aside your conviction and dismissing the case. This allows you in most instances, when asked, to indicate you have not been convicted of a criminal offense. This is very important for matters involving immigration, employment, etc." The cover letter did not cite or mention Penal Code section 1203.4.

The form of the expungement order reads, in small type at the bottom of the page: "It is hereby ordered that the plea, verdict, or finding of guilt in the above-entitled action be set aside and vacated and a plea of not guilty be entered; and that the complaint be, and is hereby dismissed. Further, if this order is granted pursuant to the provisions of 1203.4 the defendant

[3] Respondents commonly defend their failure to disclose convictions subsequently expunged on the grounds that their attorneys, or agency representatives in response to a telephone inquiry, advised them that disclosure was not necessary. Here, the attorney in question testified at the hearing and confirmed the factual basis for respondent's explanation of events.

is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery."

11. As the letter and order were sent to respondent's parents' address and respondent was attending school in New York at the time, respondent did not immediately see the documents. Her mother called her and read the cover letter to her. When respondent returned home for a visit (apparently within weeks of the receipt of the letter and order copy) respondent reviewed the cover letter but did not read the fine print of the order itself. She believed, based upon her attorney's representations to her and the wording of the cover letter, that in connection with future applications for employment she would not have to disclose her convictions. Respondent, who was born in Tehran, Iran and came to this country at the age of 12,[4] and spoke no English at that time, did not appreciate the distinction between applications for employment and applications for licensure.

12. Respondent was a straight-A student in high school. She attended the University of California, Irvine and earned a bachelor's degree in science at UC Santa Barbara in 1997. After taking one year off from school, respondent attended the New York College of Podiatric Medicine (NYCPM) in New York City, where she continued to excel scholastically. Respondent was named to the Dean's List (for students with grade point averages over 3.5) for three of her four years at the college. In addition, she received numerous awards and scholarships, and graduated in 2002 among the top 10 in her class of 90 students.

13. Respondent frequently volunteered to assist the school and faculty with various research projects, and to tutor other students, work for which she received neither pay nor academic credit. She also volunteered to assist in the provision of podiatric care to the indigent. She gave blood and helped distribute food in the aftermath of September 11, 2001.

14. It is apparent that respondent earned the respect and admiration of the faculty and administrative staff at NYCPM. Numerous letters of reference were written that attest to respondent's intelligence, compassion, kindness, maturity and responsibility. Justin Wernick, DPM, traveled to Los Angeles from New York to testify on behalf of respondent. Dr. Wernick is the chair of the Department of Orthopedic Sciences at NYCPM, and has taught there since 1968. He describes respondent as one of the five or six most outstanding students he has ever taught (and he has taught 3500 students). Wernick stresses respondent's desire to learn and to excel in her chosen profession. Despite his knowledge of her criminal record, Wernick believes respondent to be ethical and honest, and states that her reputation among the faculty for integrity and good character is good. He personally observed her interactions with patients and notes her respectful treatment of them and her capacity for empathy. He concludes that she would be an asset to the profession of podiatric medicine.

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[4] Respondent became a naturalized citizen in 1994.

15. At the request of counsel for respondent, Scott L. Carder, M.D. conducted a psychiatric evaluation of respondent on September 28, 2002. Dr. Carder reviewed the Statement of Issues and the investigation and arrest reports related to the 1996 theft. He also relied on his interview of respondent and on the results of psychological testing (MMPI-2) administered by a clinical psychologist. Dr. Carder concluded that respondent's criminal act in 1996 was an isolated incident not likely to be repeated. He further concluded that respondent is being honest with respect to her claim that she concealed her convictions from the board in the belief that the record expungement legally permitted her to do so.

16. Respondent was raised in a very strict home environment. Her father, who was a general in the Shah of Iran's army prior to the overthrow of that government, would not permit respondent or her sister to wear makeup or date boys through high school. Respondent was humiliated and embarrassed by her act of thievery and tried to keep the fact of her arrest from her father. However, he did find out and would not speak to her, although they lived in the same residence during her house arrest, for two months.

17. Respondent recently married a podiatrist who practices in California. As the remainder of her family also lives in this state, respondent desires to practice here as well. She obtained, under very competitive circumstances, a surgical residency at Sherman Oaks Hospital & Health Center, where she has worked since July 2002. Due to the rejection of her application, respondent has been denied the right to see patients. Instead, she now works as an assistant to the office manager, who testified by affidavit pursuant to Government Code 11514, that respondent has proven to be a trustworthy and honest employee.

18. There is no evidence of criminal conduct either before or since July 1996. Respondent appears genuine in her expressions of remorse and embarrassment. While the convictions resulted from conduct of an exceedingly serious nature, her record while on probation, and her record of achievement and volunteerism since her conviction attest to her good character. The acts leading to the convictions occurred more than six years ago, when respondent was 21 years of age. It is highly unlikely that this applicant will repeat any conduct of a criminal nature. The first-hand assessment of Dr. Wernick is particularly persuasive in reaching the decision to grant a probationary license.

LEGAL CONCLUSIONS

1. The board may order the denial of an application for a certificate to practice podiatric medicine to any applicant guilty of unprofessional conduct, or for any cause that would subject a license to suspension or revocation. (Business and Professions Code sections 2222, 2221 and 2497.) A board may deny a license on the ground that the applicant has been convicted of a crime, including a conviction based on a plea of nolo contendere, that is substantially related to the qualifications, functions or duties of the licensed profession. (Business and Professions Code section 480a.) But no person shall be denied a license solely on the basis that she has been convicted of a misdemeanor if she has met all

applicable requirements of criteria developed by the board to evaluate the rehabilitation of the applicant. (Business and Professions Code section 480b.)

2. When considering the denial of a license under section 480 of the Business and Professions Code, the board shall consider, in evaluating the rehabilitation of the applicant and her eligibility for a license, the following criteria: (a) The nature and severity of the acts or crimes committed; (b) Evidence of any acts or crimes committed subsequent to those under consideration; (c) The time that has elapsed since commission of the acts or crimes; (d) The extent to which the applicant has complied with any terms of probation imposed; and (e) Evidence of rehabilitation submitted by the applicant. (Title 16 California Code of Regulations section 1309.)

With respect to four of the five criteria (b, c, d and e), respondent satisfies the board's legitimate concerns about licensing persons convicted of serious crimes. With respect to the first criterion, no amount of analysis regarding respondent's strict upbringing or the immaturity of youth will serve to excuse or even explain how an otherwise law-abiding, well-adjusted, intelligent young woman would suddenly commit such serious acts. But as to the *nature* (as opposed to seriousness) of the crimes committed, one can conclude from the evidence that the acts were spontaneous, not the product of a sophisticated criminal intent. The absurd cover story about the blonde, gun-toting kidnapper only serves to highlight the amateurish and impetuous nature of the conduct and her desperate attempt to somehow retract that which she immediately knew could be the undoing of years of effort and accomplishment.

3. As for the allegations of dishonesty and misrepresentation on her application, the facts support respondent's contention that she held an honest belief that she need not disclose her convictions. The application did not refer specifically to an expungement, but instead referred to Penal Code section 1203.4. It is believable that a person in respondent's position would not know or recall the reference to that code section in the face of rather sweeping advice from her attorney to the effect that she did not have to disclose the convictions when applying for employment. Furthermore, an application for a license is logically part and parcel of the employment process. In fact, in respondent's case the application process was directly related to her need for a license to qualify for employment as a resident podiatrist with the Sherman Oaks facility.

4. Cause exists to deny respondent's application for licensure pursuant to Business and Professions Code sections 480a, 2497, 2222 and 2221, in that she has been convicted of a crime substantially related to the qualifications, functions or duties of the licensed profession, based on Factual Findings 2 through 7. However, respondent has presented proof of rehabilitation sufficient to satisfy the requirements of Business and Professions Code section 480b, and her failure to disclose her criminal convictions did not represent fraud or misrepresentation within the meaning of Business and Professions Code section 2235, based on Factual Findings 8 through 18.

ORDER

Respondent's application for licensure to practice podiatric medicine is denied. However, said denial is stayed for three (3) years, and respondent shall be issued a probationary license upon the following terms and conditions:

1. Within 15 days of the effective date of this Decision respondent shall provide the board or its designee proof of service of a copy of this Decision on the chief of staff or chief executive officer of every hospital where respondent engages in the practice of podiatry. In addition, respondent shall provide proof of service of a copy of this Decision on the director of any residency program in which respondent services as a resident podiatrist.

2. Respondent shall obey all federal, state and local laws, and all rules governing the practice of podiatric medicine in California.

3. Within 60 days of the effective date of this decision, respondent shall submit to the Board of Podiatric Medicine for its prior approval a course in Ethics, which respondent shall successfully complete during the first year of probation.

4. Respondent shall pay the administrative costs incurred by the board associated with probation monitoring each and every year of probation. Such costs shall be payable to the board at the end of each fiscal year. Respondent will be provided with an invoice at the close of each fiscal year that must be paid within 30 days of receipt. The final invoice will be provided upon termination of probation and is also due and payable within 30 days of receipt. Failure to pay such costs shall be considered a violation of probation.

5. Respondent shall notify the board in writing, through the assigned probation officer, of any and all changes of employment, location, and address within thirty (30) days of such change.

6. Respondent 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. Notwithstanding any provision for tolling of requirements of probation, during the cessation of practice respondent shall continue to submit quarterly declarations under penalty of perjury.

7. Respondent shall comply with the board's probation surveillance program.

8. Respondent shall appear in person for interviews with the board's medical consultant, upon request, at various intervals and with reasonable notice.

9. In the event respondent should leave California to reside or to practice outside the state, respondent must notify the board in writing of the dates of departure and return. Periods of residency or practice outside California will not apply to the reduction of this probationary period.

10. If respondent violates probation in any respect, the board, after giving respondent 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 is filed against respondent during probation, the board shall have continuing jurisdiction until the matter is final, the period of probation shall be extended until the matter is final and no petition for modification of penalty shall be considered while there is an accusation or petition to revoke probation pending against respondent.

11. Upon successful completion of probation, respondent's certificate will be granted unconditionally. However, this order shall not be construed to relieve respondent of the obligation to fulfill experience or other requirements of licensure unrelated to the issues decided herein.

DATED: December 2, 2002

TIMOTHY S. THOMAS
Administrative Law Judge
Office of Administrative Hearings

EXHIBIT C

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

In the Matter of the Petition for Reconsideration of:	)	
NASIM KALHOR	)	Case No: 1B-2002-135561
Petitioner.	)	

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition for Reconsideration filed by Deputy Attorney General Karen Chappelle in the above-entitled matter, having been read and considered by the Board of Podiatric Medicine is hereby denied.

This Decision remains effective at 5:00 p.m. on March 14, 2003.

IT IS SO ORDERED: March 14, 2003

BOARD OF PODIATRIC MEDICINE

Arlene Krzysinski
for **James Rathlesberger,**
Executive Officer