

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

In the Matter of the Accusation)
Against:)
)
)
Robert William Sears, M.D.)
)
Physician's and Surgeon's)
Certificate No. A 60936)
)
Respondent)
_____)

Case No. 800-2015-012268

DECISION

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

This Decision shall become effective at 5:00 p.m. on July 27, 2018.

IT IS SO ORDERED: June 27, 2018.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL,
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
4 State Bar No. 207764
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, California 90013
6 Telephone: (213) 269-6516
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 800-2015-012268

12 ROBERT WILLIAM SEARS, M.D.

OAH No. 2017100889

13 26933 Camino de Estrella
14 Capistrano Beach, California 92624

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate A60936,
16 Respondent.

17
18 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California (Board). She brought this action solely in her official capacity and is represented in
23 this matter by Xavier Becerra, Attorney General of the State of California, by Trina L. Saunders,
24 Deputy Attorney General.

25 2. Respondent Robert William Sears, M.D. (Respondent) is represented in this
26 proceeding by attorney Raymond J. McMahon, whose address is, 5440 Trabuco Road
27 Irvine, California 92620.
28

1 conditions.

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

12 2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
13 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
14 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
15 Respondent shall participate in and successfully complete that program. Respondent shall
16 provide any information and documents that the program may deem pertinent. Respondent shall
17 successfully complete the classroom component of the program not later than six (6) months after
18 Respondent's initial enrollment, and the longitudinal component of the program not later than the
19 time specified by the program, but no later than one (1) year after attending the classroom
20 component. The professionalism program shall be at Respondent's expense and shall be in
21 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

27 Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the program or not later

1 than 15 calendar days after the effective date of the Decision, whichever is later.

2 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
3 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
4 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
5 licenses are valid and in good standing, and who are preferably American Board of Medical
6 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
7 relationship with Respondent, or other relationship that could reasonably be expected to
8 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
9 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
10 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

11 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
12 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
13 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
14 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
15 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
16 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
17 signed statement for approval by the Board or its designee.

18 Within 60 calendar days of the effective date of this Decision, and continuing throughout
19 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
20 make all records available for immediate inspection and copying on the premises by the monitor
21 at all times during business hours and shall retain the records for the entire term of probation.

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

27 The monitor(s) shall submit a quarterly written report to the Board or its designee which
28 includes an evaluation of Respondent's performance, indicating whether Respondent's practices

1 are within the standards of practice of medicine and whether Respondent is practicing medicine
2 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
3 that the monitor submits the quarterly written reports to the Board or its designee within 10
4 calendar days after the end of the preceding quarter.

5 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
6 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
7 name and qualifications of a replacement monitor who will be assuming that responsibility within
8 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
9 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
10 notification from the Board or its designee to cease the practice of medicine within three (3)
11 calendar days after being so notified. Respondent shall cease the practice of medicine until a
12 replacement monitor is approved and assumes monitoring responsibility.

13 In lieu of a monitor, Respondent may participate in a professional enhancement program
14 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
15 review, semi-annual practice assessment, and semi-annual review of professional growth and
16 education. Respondent shall participate in the professional enhancement program at Respondent's
17 expense during the term of probation.

18 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
19 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
20 Chief Executive Officer at every hospital where privileges or membership are extended to
21 Respondent, at any other facility where Respondent engages in the practice of medicine,
22 including all physician and locum tenens registries or other similar agencies, and to the Chief
23 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
24 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
25 calendar days.

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

27 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
28 NURSES. During probation, Respondent is prohibited from supervising physician assistants and

1 advanced practice nurses.

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

5 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
6 under penalty of perjury on forms provided by the Board, stating whether there has been
7 compliance with all the conditions of probation.

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

10 8. COMPLIANCE WITH PROBATION UNIT. Respondent shall comply with the
11 Board's probation unit.

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

17 10. PLACE OF PRACTICE. Respondent shall not engage in the practice of medicine in
18 Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility
19 or other similar licensed facility.

20 11. LICENSE RENEWAL. Respondent shall maintain a current and renewed California
21 physician's and surgeon's license.

22 12. TRAVEL OR RESIDENCE OUTSIDE CALIFORNIA. Respondent shall
23 immediately inform the Board or its designee, in writing, of travel to any areas outside the
24 jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar
25 days.

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

1 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
2 available in person upon request for interviews either at Respondent's place of business or at the
3 probation unit office, with or without prior notice throughout the term of probation.

4 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
7 defined as any period of time Respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 Respondent resides in California and is considered to be in non-practice, Respondent shall
11 comply with all terms and conditions of probation. All time spent in an intensive training
12 program which has been approved by the Board or its designee shall not be considered non-
13 practice and does not relieve Respondent from complying with all the terms and conditions of
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
15 on probation with the medical licensing authority of that state or jurisdiction shall not be
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
17 period of non-practice.

18 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
19 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
20 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
21 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
22 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;
28 General Probation Requirements; Quarterly Declarations.

1 15. COMPLETION OF PROBATION. Respondent shall comply with all financial
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall
4 be fully restored.

5 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
6 of probation is a violation of probation. If Respondent violates probation in any respect, the
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
9 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
11 the matter is final.

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

22 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
23 with probation monitoring each and every year of probation, as designated by the Board, which
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
25 California and delivered to the Board or its designee no later than January 31 of each calendar
26 year.

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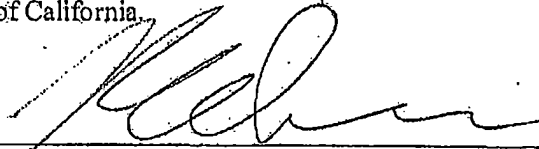
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. 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 Medical Board of California.


DATED: May 1, 2018



ROBERT WILLIAM SEARS, M.D.
Respondent

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

DATED: May 1, 2018



RAYMOND J. McMAHON
Attorney for Respondent

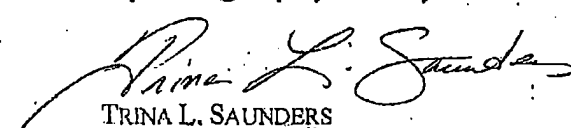
ENDORSEMENT

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

Dated: May 2, 2018

Respectfully submitted,

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



TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO September 22 20 16
BY D. Firdaus ANALYST

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

In the Matter of the Accusation Against:

ROBERT SEARS, M.D.

26933 Camino de Estrella
Capistrano Beach, California 92624

Physician's and Surgeon's Certificate
No. A60936,

Respondent.

Case No. 800-2015-012268

ACCUSATION

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).
2. On or about September 25, 1996, the Medical Board issued Physician's and Surgeon's Certificate Number A60936 to Robert Sears, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2018, unless renewed.

JURISDICTION

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

1 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

21 5. Section 2234 of the Code, states:

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

25 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
26 violation of, or conspiring to violate any provision of this chapter.

27 “(b) Gross negligence.

28

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

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

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

11 “(d) Incompetence.

12 “(e) The commission of any act involving dishonesty or corruption which is substantially
13 related to the qualifications, functions, or duties of a physician and surgeon.

14 “(f) Any action or conduct which would have warranted the denial of a certificate.

15 “(g) The practice of medicine from this state into another state or country without meeting
16 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
17 apply to this subdivision. This subdivision shall become operative upon the implementation of the
18 proposed registration program described in Section 2052.5.

19 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
20 participate in an interview by the board. This subdivision shall only apply to a certificate holder
21 who is the subject of an investigation by the board.”

22 6. Section 2266 of the Code states:

23 “The failure of a physician and surgeon to maintain adequate and accurate records relating
24 to the provision of services to their patients constitutes unprofessional conduct.”

25 ///

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1 **FIRST CAUSE FOR DISCIPLINE**

2 (Gross Negligence)

3 7. Respondent Robert Sears, M.D. is subject to disciplinary action under section 2234(b)
4 in that he was grossly negligent in his care and treatment of patient J.G., a minor, who he saw for
5 six office visits between April 2014 and May 2015. The circumstances are as follows:

6 8. On April 3, 2014, two-year-old J.G. presented to Respondent for the first time. He
7 was seen by Respondent for what the medical records describe as a "2 year." The visit of this date
8 includes a summary of the patient's history with a brief description of J.G.'s prior vaccination
9 reaction, as described by the patient's mother. Her description included, "shut down stools and
10 urine" for 24 hours with 2 month vaccines and limp "like a ragdoll" lasting 24 hours and not
11 himself for up to a week after 3 month vaccines.

12 9. Respondent wrote a letter dated April, 13, 2014, excusing patient J.G. from all future
13 vaccinations. The letter indicates that the patient's kidneys and intestines shut down after prior
14 vaccination and that at three months the patient suffered what appears to be a severe encephalitis
15 reaction for 24 hours, starting approximately ten minutes after his vaccines, with lethargy,
16 limpness, and poor responsiveness. The letter stated that, "Due to the severity of this second
17 reaction, I recommend no more routine childhood vaccines for the duration of his childhood."

18 10. The letter dated April 13, 2014, was not maintained in patient J.G.'s medical chart in
19 Respondent's office.

20 11. On May 14, 2014, patient J.G. had a consult visit with Respondent for constipation.
21 A pertinent history was obtained, the abdominal exam was normal and a detailed treatment plan
22 was devised.

23 12. On June 23, 2014, patient J.G. presented to Respondent with a chief complaint of
24 headache with a history of patient being "hit on head with hammer" by Dad two weeks prior to
25 the visit. A mention is made of a split lip prior to hammer incident without any additional history.
26 A physical examination indicates, "no residual marks now." No additional physical exam,
27 including neurological testing, was performed and no assessment with plans was recorded.
28

1 13. An Emergency Response Notice of Referral Disposition dated June 25, 2014 with
2 “Allegations cannot be substantiated - case closed” outcome is maintained in the patient chart.

3 14. On January 13, 2015, patient J.G. presented to Respondent with possible flu. He had
4 a history of not eating, fever, and cough for three weeks, with lethargy, and a diagnosis of croup
5 recorded per the nurse. His records indicate that the patient’s previous diagnoses were treated
6 with Xopenex and steroids. His OM (otitis media) was treated with Omnicef, all “improved now”
7 with “flu today suddenly.” A diagnosis of flu was made and Tamiflu was prescribed.

8 15. On March 11, 2015, patient J.G. again presented to Respondent. The only history
9 recorded on that date included abdominal pain with a physical exam. Diagnoses made at that time
10 included constipation resolved and mild OM. The plan included miralax, magnesium, aloe,
11 garlic, and testing with urine culture.

12 16. On May 7, 2015, patient J.G. saw Respondent for the last time. Patient J.G. presented
13 with upper respiratory illness/viral. Serous otitis media was diagnosed and garlic prescribed.

14 17. The standard of care requires that a physician evaluating a patient for a possible
15 reaction to vaccines obtain a detailed history of the vaccines previously received as well as the
16 reaction/reactions that occurred. Based on that information the physician should provide an
17 evidence-based recommendation for future immunizations.

18 18. Respondent was grossly negligent and departed from the standard of care in that he
19 did not obtain the basic information necessary for decision making, prior to determining to
20 exclude the possibility of future vaccines, leaving both patient J.G., the patient’s mother, and his
21 future contacts at risk for preventable and communicable diseases.

22 **SECOND CAUSE FOR DISCIPLINE**

23 (Repeated Negligent Acts)

24 19. Respondent Robert Sears, M.D. is subject to disciplinary action under section 2234
25 (c) in that he was repeatedly negligent in his care and treatment of patient J.G. The circumstances
26 are as follows:

27 20. Paragraphs 7 through 18 are incorporated by reference as though fully set forth.

28 21. Respondent departed from the standard of care by:

1 (a) Failing to obtain the basic information necessary to make a decision
2 related to the withholding of future vaccines; and

3 (b) Failing to conduct neurological testing as part of the physical examination
4 of patient J.G. on June 23, 2014, when he presented to Respondent with complaints of headache,
5 following head trauma.

6 **THIRD CAUSE FOR DISCIPLINE**

7 (Failure to Maintain Adequate and Accurate Records)

8 22. Respondent Robert Sears, M.D. is subject to disciplinary action under section 2266 in
9 that he failed to maintain adequate and accurate records related to the care and treatment of
10 patient J.G.

11 23. Specifically, Respondent did not maintain a copy of the letter he prepared exempting
12 patient J.G. from future vaccinations and he failed to document an adequate physical examination
13 of the patient on his visit of April 23, 2014, and merely wrote, "no residual marks."

14 **PRAYER**

15 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
16 and that following the hearing, the Medical Board of California issue a decision:

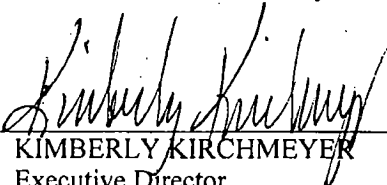
17 1. Revoking or suspending Physician's and Surgeon's Certificate Number A60936,
18 issued to Robert Sears, M.D.;

19 2. Revoking, suspending or denying approval of his authority to supervise physician
20 assistants, pursuant to section 3527 of the Code;

21 3. If placed on probation, ordering him to pay the Board the costs of probation
22 monitoring; and

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

24
25 DATED: September 2, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant