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

In the Matter of the Accusation and Petition to Revoke Probation Against: Kanwar Bir Varinder Jeet Singh Multani, M.D. Physician's & Surgeon's Certificate No A 143529 Respondent.	Case No.: 800-2022-089893

DENIAL BY OPERATION OF LAW
PETITION FOR RECONSIDERATION

No action having been taken on the petition for reconsideration, filed by March 3, 2025, and the time for action having expired at 5:00 p.m. on March 3, 2025, the petition is deemed denied by operation of law.

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

In the Matter of the Accusation and Petition to Revoke Probation Against: Kanwar Bir Varinder Jeet Singh Multani, M.D. Physician's and Surgeon's Certificate No. A 143529 Respondent.	Case No.: 800-2022-089893

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 3, 2025.

IT IS SO ORDERED: January 30, 2025.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation and Petition to Revoke Probation Against:

KANWAR BIR VARINDER JEET SINGH MULTANI, M.D.,

Respondent

Agency Case No. 800-2022-089893

OAH No. 2024060591

PROPOSED DECISION

Sean Gavin, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on December 2, 2024, from Sacramento, California.

Kalev Kaseoru, Deputy Attorney General, represented Reji Varghese (complainant), Executive Director of the Medical Board of California (Board).

Marvin Firestone, Attorney at Law, represented respondent Kanwar Bir Varinder Jeet Singh Multani, M.D., who was present throughout the hearing.

Evidence was received, the record closed, and the parties submitted the matter for decision on December 2, 2024.

FACTUAL FINDINGS

Respondent's License and Disciplinary History

RESPONDENT'S LICENSE

1. On June 29, 2016, the Board issued respondent Physician's and Surgeon's Certificate Number A 143529 (license). The license is current and scheduled to expire December 31, 2025, unless renewed.

RESPONDENT'S PREVIOUS LICENSE DISCIPLINE

2. On February 11, 2021, in case number 800-2018-049690, the Board's former Executive Director filed an Accusation against respondent's license for gross negligence, repeated negligent acts, failure to maintain adequate and accurate records, and general unprofessional conduct. Specifically, the Accusation alleged that between January and November 2017, while respondent was working as a pediatrician at Rideout Memorial Hospital in Marysville as an employee of Ampla Health Yuba City Pediatrics (Ampla Health), he treated an infant patient multiple times for a variety of reasons. Despite the patient exhibiting unusual bruising on multiple visits, the Accusation alleged respondent did not make a formal report to Child Protective Services or contact a child abuse specialist. The Accusation further alleged respondent did not perform an appropriate medical evaluation, including a timely blood test order, for the unexplained and unusual bruising.

3. Effective December 23, 2021, respondent entered a Stipulated Settlement and Disciplinary Order (Stipulated Settlement) to resolve the Accusation. Pursuant to the Stipulated Settlement, respondent acknowledged that at a hearing, complainant could establish a prima facie case in support of the allegations in the Accusation. He

further acknowledged that the allegations, if so proven, would constitute cause to discipline his license. Moreover, paragraph 13 of the Stipulated Settlement provides that if a petition to revoke probation were to be filed against respondent, all charges and allegations in the Accusation would be deemed true, correct, and fully admitted.

4. Based on the Stipulated Settlement, on December 23, 2021, the Board revoked respondent's license, immediately stayed the revocation, and placed the license on probation for five years subject to the Board's standard terms and conditions. As relevant to this matter, Condition 8 of respondent's probation requires him to obey all laws, and Condition 14 authorizes the Board to revoke probation and institute the original license discipline that was ordered stayed.

Current Accusation and Petition to Revoke Probation

5. On February 29, 2024, complainant signed and thereafter filed an Accusation and Petition to Revoke Probation (Accusation and Petition) against respondent based on his January 2023 conviction for reckless driving involving alcohol. Specifically, on January 25, 2023, in the Superior Court of California, County of Sutter, respondent was convicted, on his no contest plea, of violating Vehicle Code sections 23103, subdivision (a), and 23103.5, subdivision (a) (reckless driving involving the consumption of an alcoholic beverage, or "wet reckless driving"), a misdemeanor. The court suspended imposition of sentence and placed respondent on informal probation for one year with terms and conditions that required him, among other things, to serve two days in jail, with credit for time served, complete a three-month first-offender driving under the influence of alcohol (DUI) course, and pay fines, fees, and restitution.

6. The circumstances underlying respondent's conviction occurred on July 2, 2022, at approximately 1:50 a.m. California Highway Patrol (CHP) officers saw

respondent driving dangerously, including failing to stay within his line and braking without reason. The CHP officers pulled respondent over and noticed he had red watery eyes and his car smelled of alcohol. Respondent told the CHP officers he drank two beers a few hours earlier. After respondent performed poorly on field sobriety tests, the officers arrested him. Respondent declined to submit a breath sample, so the officers sent him to a hospital for a blood sample. At 2:50 a.m., his blood alcohol concentration (BAC) was measured as 0.11 percent via blood sample.

BOARD INVESTIGATION

7. On July 5, 2022, the California Department of Justice notified the Board of respondent's arrest. The Board assigned a Special Investigator to the matter, who ordered respondent's full arrest report and toxicology results. On October 4, 2022, the Board reassigned the matter to Special Investigator Eric Berumen.

8. On March 17, 2023, Mr. Berumen ordered respondent's court documents from the Superior Court. He received the records on April 17, 2023, and learned respondent had pled no contest and been convicted of wet reckless driving on January 25, 2023. Thereafter, he contacted respondent to schedule an interview.

9. On May 23, 2023, Mr. Berumen interviewed respondent. During the interview, respondent told Mr. Berumen that on the night of his arrest, he drank two Budweiser beers with food while attending a child's birthday party at a friend's house. He explained that after the party he went home, showered and journaled, then drove to a fast-food restaurant for a milkshake. He said that when the CHP officers stopped him on his way home, it had been more than four hours after he had used alcohol. He did not feel any lasting effects from the alcohol before driving. He explained he performed poorly on the field sobriety tests because he was tired and was wearing

slippers on a gravelly and slanted roadway. He also told Mr. Berumen he had stopped drinking alcohol after his arrest in July 2022.

10. Regarding reporting his arrest and conviction to the Board, respondent told Mr. Berumen he had notified his probation monitor about his arrest "right away." He further explained he included the information on his first quarterly report following his arrest.

11. On May 24, 2023, respondent sent Mr. Berumen an email to which he attached his Criminal Action Reporting Form and two emails he sent to his probation monitor with the form. Respondent sent the emails on March 22 and April 6, 2023, but they were encrypted because he sent them from his Ampla Health email account.

Respondent's Evidence

RESPONDENT'S TESTIMONY

12. At hearing, respondent testified consistently with his statements to Mr. Berumen during the Board's investigation. He confirmed that on the night of his arrest, he drank two beers and ate dinner at a friend's child's birthday party. He fell asleep on a chair, for which his friends teased him. He explained he usually sleeps after drinking "a couple of beers." His wife later woke him up and drove him home.

13. After the party, respondent showered and journaled before deciding to drive to get a milkshake. He estimated he was home "a couple of hours" before driving. He did not feel any effects from the alcohol before driving. He believes he swerved within his lane because he was tired. He further believes he performed poorly on field sobriety tests because he was cold, was wearing pajamas and slippers, and had trouble keeping his footing on the uneven road.

14. Respondent also explained his history of alcohol use. He was baptized in the Sikh religion in 1999. One of the tenets of Sikhism is to abstain from alcohol. Respondent stayed baptized until 2010. In 2011, when he was approximately 26 years old, he drank alcohol for the first time in his life while attending a cousin's wedding. After that, he drank alcohol at family and social events, but never to excess. The night of his arrest, respondent recalls drinking, but he does not know how much he drank because he used communal bottles that he shared with others.

15. Respondent testified that, following his arrest, he had "fully given up" alcohol. However, he found it difficult to explain to his friends and family that he was not drinking. As a result, he now drinks alcohol under "social pressure." He typically drinks one or two drinks, "just to hold a beer because everyone asks you otherwise." The last time he drank alcohol was "a couple of months" before the hearing.

16. Respondent acknowledged he violated the terms of his Board probation by disobeying the law. Since then, he completed his criminal probation with no violations. He would like to retain his license because he worked hard to earn it and believes he is a valuable member of his local medical community. He attempts to treat his patients as he would treat his children and nieces. He believes he can effectively communicate with young patients. He routinely mentors and advises teenagers and builds strong relationships with his patients and their families because he is deeply involved in his community.

17. Additionally, when the Board decides whether and how to discipline his license, respondent would like the Board to consider that if he had not been arrested and later convicted, he likely would have petitioned to terminate his probation early in December 2023, after two years. Therefore, he reasons that his conviction has already

caused him to complete an extra three years of probation because he believes he no longer qualifies for early termination.

TESTIMONY AND WRITTEN REPORT OF TAKEO TOYOSHIMA, M.D.

18. In August 2024, respondent hired Takeo Toyoshima, M.D., to conduct a psychiatric examination of respondent and render an opinion regarding respondent's fitness to continue practicing in light of his alcohol use and related conviction. Dr. Toyoshima graduated with an undergraduate degree in biomedical engineering in 2008 and his medical degree in 2014. He then completed an adult psychiatric residency program from 2014 to 2018, an addiction psychiatry fellowship from 2018 to 2019, and a forensic psychiatry fellowship from 2019 to 2020. He has been a licensed physician in California since 2015 and is certified in psychiatry, addiction psychiatry, and forensic psychiatry by the American Board of Psychiatry and Neurology.

19. Since 2015, Dr. Toyoshima has held several positions for a variety of employers. He has been an outpatient, inpatient, and emergency psychiatrist in private practice and for numerous hospitals in the San Francisco Bay Area. He has also been a clinical instructor and assistant clinical professor for the University of California, San Francisco (UCSF) Department of Psychiatry since 2020. Presently, he is the Associate Director of the UCSF addiction psychiatry fellowship and the Medical Director of the Drug and Alcohol Treatment Center for the San Francisco Veteran Affairs Medical Center. Additionally, he is a member of several professional psychiatric organizations, including the American Psychiatric Association, the Northern California Psychiatric Association, the American Society of Addiction Medicine, the California Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Association of Psychiatry and the Law, and the Northern California Psychiatric Society, where he is the current President.

20. To evaluate respondent, Dr. Toyoshima reviewed documents, including Mr. Berumen's investigation report and its attachments and the Accusation and Petition. He also interviewed respondent twice, respondent's wife, and respondent's colleague, Nanak Boparai, M.D. Based thereon, Dr. Toyoshima prepared a written report, dated August 31, 2024, in which he summarized his interviews and document review and provided his opinions about respondent's fitness to practice. At hearing, he testified consistently with his report.

21. According to Dr. Toyoshima's report, when asked about the night of his arrest, respondent initially reported information that was consistent with his statements to Mr. Berumen. Specifically, respondent reported drinking two to four lagers between approximately 6:30 p.m. and 9:30 p.m. before he left the party. However, Dr. Toyoshima questioned how that could be true considering respondent had a BAC of 0.11 percent more than four hours later. As stated in his report, Dr. Toyoshima "did not understand how [respondent's] BAC could be as high as 0.11 mg/dL with limited consumption and the blood draw occurring many hours after his last drink." Respondent also could not explain his BAC under those circumstances.

22. However, approximately nine days later, Dr. Toyoshima spoke with respondent again. During their second interview, respondent reported that he had spoken with his friends who were with him on the evening in question "to reconcile facts." As stated in Dr. Toyoshima's report, "[respondent] stated that friends told him that they had consumed India pale ales with higher alcoholic content. [Respondent] stated that these friends recalled each person drinking up to six beers."

23. In his report, Dr. Toyoshima also summarized his interviews with respondent's wife and colleague. His wife explained she was not with respondent on the night in question and therefore did not know how much alcohol he drank. She

drove him home from the party and observed that he did not appear drunk. In her experience, respondent typically drinks one or two beers once or twice per month. He does not drink at home or in front of their children.

24. Dr. Boparai told Dr. Toyoshima that he has known respondent since 2016, when they became coworkers. They have become friendly and socialize outside of work as well. Dr. Boparai was not at the party the night of respondent's arrest, but he has seen respondent drink alcohol at other events. In his opinion, respondent typically drinks one or two drinks per sitting. He would consider it "unimaginable" for respondent to have an alcohol addiction.

25. Based on his document review and witness interviews, Dr. Toyoshima formed opinions about whether respondent has a substance use disorder (SUD) and whether he is fit to continue practicing medicine. Specifically, Dr. Toyoshima wrote in his report that, according to the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5):

> For an individual to be diagnosed with a SUD, one must meet at least two of the following 11 criteria over a period of 12 months.
>
> 1. The substance is taken in larger amounts or over a longer period than was intended.
>
> 2. There is a persistent desire or unsuccessful efforts to cut down or control use.

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

4. Craving, or a strong desire or urge to use the substance.

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

7. Important social, occupational, or recreational activities are given up or reduced because of substance use.

8. Recurrent substance use in physically hazardous situations.

9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.

10. Tolerance, i.e., the need to markedly increase amount of a substance to achieve intoxication or desired effect; or diminished effect with continued use of the same amount.

11. Withdrawal or substance used to avoid withdrawal.

26. After providing the above criteria, Dr. Toyoshima opined:

> [Respondent] does not meet the DSM-5 diagnostic criteria for any SUD including Alcohol Use Disorder (AUD). Following his arrest on July 2, 2022, [respondent] signed a plea agreement leading to one count of wet reckless driving, a misdemeanor. However, this incident was an anomaly in [respondent's] pattern of alcohol use. [Respondent's] typical pattern of alcohol use does not affect his personal and professional obligations. There is no evidence of persistent or recurrent negative consequences, cravings, or problems in controlling the use of alcohol within a 12-month period. There was no consistent or recurrent pattern of alcohol-related problems in [respondent's] history. This is corroborated by available information sources, including his work colleague and his spouse. As such, [respondent] does not suffer from any SUD diagnosis. Similarly, [respondent] does not suffer from any active psychiatric diagnosis.

27. On cross-examination, Dr. Toyoshima acknowledged he based his opinions largely on what respondent reported about his past alcohol use. Although Dr. Toyoshima also relied on the statements of respondent's wife and colleague, he acknowledged he gave less weight to their opinions than respondent's because they were not present the night of respondent's arrest.

28. Furthermore, Dr. Toyoshima acknowledged respondent was incorrect about how much alcohol he drank the night of his arrest until he talked with his friends. Based on that, Dr. Toyoshima was asked whether it was reasonable to believe

respondent was similarly incorrect when he reported his drinking patterns on previous occasions. Dr. Toyoshima conceded such a conclusion might be reasonable, but he nevertheless confirmed he believed respondent's statements about his past alcohol use were accurate.

TESTIMONY OF ANNA GOMEZ

29. Anna Gomez testified at hearing. She is a registered nurse at Ampla Health. She met respondent when she started there as a medical assistant approximately six years ago. Respondent treats Ms. Gomez's children. She considers him a friend. She described respondent as a "dedicated and loving individual" and praised him as trustworthy, loyal, supportive, and reliable.

30. Ms. Gomez was not with respondent the night of his arrest but has seen him drink alcohol at other events. She has never known him to use or be under the influence of alcohol at work. After his arrest, respondent told Ms. Gomez "many hours passed" and he had taken a nap between when he drank alcohol and when he drove.

TESTIMONY OF BALRAJ SINGH

31. Balraj Singh testified at hearing. He is a registered nurse at Adventist Health Rideout Hospital, where he met respondent in 2016. In addition to working together, they are now social friends as well. Mr. Singh considers respondent a "noble and generous person" who "believes in giving back." They both participate in a dance team, where respondent helps train children. Respondent also helps Mr. Singh's wife and parents, especially when they do not listen to Mr. Singh's medical advice.

32. Mr. Singh was with respondent the night of his arrest. He saw respondent drink two beers and then nap on a chair. In Mr. Singh's opinion, respondent was

"perfectly ok" when he left the party. Mr. Singh was surprised when respondent's wife informed him of respondent's arrest.

33. Mr. Singh has never known respondent to drink to excess. Respondent informed Mr. Singh that he stopped drinking altogether after his arrest. Mr. Singh denied being one of the friends with whom respondent spoke to reconcile his high BAC with the number of beers he recalled drinking the night of his arrest.

RESPONDENT'S LETTERS OF SUPPORT

34. Respondent also submitted five letters of support from friends and colleagues. Mr. Singh wrote a letter that was consistent with his hearing testimony. Mustafa Ammar, M.D., the Chief Medical Officer at Ampla Health, praised respondent as "an invaluable asset to our underserved community" based on his "unwavering dedication to pediatric medicine, coupled with his skill set and compassionate approach." Dr. Boparai described respondent as an excellent colleague who is a "well-liked member of our staff and integral to patient care here not only in our clinic but in the hospital as well where we attend an underserved community." Thiyagu Ganesan, M.D., the Vice Chair of the pediatrics department at Rideout Hospital, observed respondent is "a highly skilled and reliable professional" as well as an "individual of high integrity and strong character." Partap Singh, clergy and chief cook at the Gurdwara Tierra Buena Sikh temple in Yuba City, California, praised respondent for his personality and commitment to the temple and its surrounding community.

Analysis

35. There is no dispute that respondent was convicted of wet reckless driving, which is substantially related to the qualifications, functions, or duties of a physician. (See *Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 770.) Therefore,

the appropriate inquiry is not whether license discipline is justified, but rather what discipline is appropriate. When answering that question, the Board must consider the "Manual of Model Disciplinary Orders and Disciplinary Guidelines" (12th Edition/2016) (Disciplinary Guidelines). (Cal. Code Regs., tit. 16, § 1361, subd. (a).) Additionally, for individuals who are determined to be substance-abusing licensees, the Board must use the Uniform Standards for Substance-Abusing Licensees provided in California Code of Regulations, title 16, section 1361.5, without deviation. (*Id.*, subd. (b).) Licensees disciplined for unprofessional conduct involving the abuse of alcohol are presumed to be a substance-abusing licensee. (Cal. Code Regs., tit. 16, § 1361.5, subd. (a).)

36. Here, although respondent's conviction involved the abuse of alcohol, he rebutted the presumption that he is a substance-abusing licensee for purposes of the Uniform Standards for Substance-Abusing Licensees. Respondent's conviction was an isolated event during which he drank more alcohol than he intended or realized and then drove too soon thereafter. As Dr. Toyoshima credibly explained, there is no evidence that respondent's alcohol use has caused any problems before or since his arrest. Respondent's family, friends, and colleagues uniformly reported that respondent typically uses alcohol responsibly.

37. However, even though respondent is not determined to be a substance-abusing licensee, there is still cause for concern regarding both his alcohol use and his attitude about using alcohol. Specifically, respondent repeatedly reported—to his wife and colleagues, the Board's investigator, and Dr. Toyoshima—that he drank approximately two beers the night of his arrest. Based on his BAC of 0.11 percent many hours later, as well as information he later learned from his friends, it appears he was wrong about how much he drank. It is concerning that respondent could lose track of his alcohol intake so egregiously. Indeed, respondent's error led him to drive

recklessly while still under the effects of alcohol, which endangered his well-being and public safety. It is similarly concerning that respondent, a trained physician, did not realize his error until Dr. Toyoshima pointed it out during their interview.

38. Moreover, at hearing, respondent insisted his poor performance on field sobriety tests the night of his arrest was based on the weather, his attire, and road conditions. By blaming those external factors rather than the more obvious cause, his high BAC, respondent demonstrated an ongoing lack of insight into the way alcohol affects him. Apart from showing a lack of accountability, this is alarming because respondent continues to use alcohol. In fact, despite claiming to others, including Mr. Berumen and Mr. Singh, that he stopped using alcohol after his arrest, respondent acknowledged during his testimony that he continues to drink alcohol under "social pressure." Although he claimed he limits himself to one or two drinks, the events leading to his arrest demonstrate he is prone to misestimating or minimizing his alcohol consumption.

39. Finally, respondent was on Board probation when he broke the law and drove recklessly after consuming alcohol. Since then, he has taken some steps to rehabilitate himself, including abstaining from alcohol for a short period of time and completing his criminal probation with no violations. (Cal. Code Regs., tit. 16, § 1360.1, subd. (a).) He also maintains the support of his friends and professional colleagues. However, respondent's misconduct was recent and serious and his evidence of rehabilitation was minimal. His conviction, though an isolated incident, suggests stricter Board monitoring is appropriate to ensure public safety.

40. According to the Disciplinary Guidelines, the recommended discipline for conviction of a crime such as respondent's ranges from the minimum of a stayed revocation with five years of probation to the maximum of complete revocation. When

exercising discretion to determine the appropriate discipline, the ALJ must, wherever possible and consistent with public protection, choose discipline calculated to aid the licensee's rehabilitation. (Bus. & Prof. Code, § 2229, subds. (a), (b).) Applying the Disciplinary Guidelines to the evidence described above, complete revocation of respondent's license would be unduly punitive. Rather, the appropriate discipline is a new probation term of five years under the original terms and conditions, plus additional terms and conditions related to alcohol monitoring and rehabilitation, as described below.

Costs

41. Pursuant to Business and Professions Code section 125.3, complainant requested respondent be ordered to reimburse the Board its costs for the investigation and prosecution of this matter. Complainant submitted a Declaration of Investigative Activity signed by Rashya Henderson, a Supervising Special Investigator, seeking $3,565.50 for 33.25 hours of investigation time. Attached to the certification is a printout detailing the investigative tasks performed and the time spent on those tasks.

42. Complainant also submitted a Certification of Prosecution Costs and Declaration of Mr. Kaseoru that indicates he and his colleagues billed the Board $26,624.50 in costs for 120 hours of time enforcing this matter through November 26, 2024, and includes a daily itemization of the tasks performed and time consumed. Additionally, complainant sought $1,140 based on Mr. Kaseoru's estimate that it would require five hours of his time to prepare between November 26, 2024, and the commencement of the hearing.

43. Respondent objected to complainant's requested costs as excessive. Specifically, respondent argued this was a straightforward case that did not require many exhibits or witnesses. Additionally, respondent argued the practice of the Attorney General's office to bill in increments of one quarter hour, rather than one tenth of an hour, is inconsistent with the general custom within California's legal profession. The request for costs is addressed in the Legal Conclusions below.

LEGAL CONCLUSIONS

Burden and Standards of Proof

1. Complainant has the burden to prove, by clear and convincing evidence, that cause exists to discipline respondent's license. (*Ettinger v. Bd. of Medical Quality Assurance* (1982) 135 Cal.App.3d 853.) This means complainant must establish the charging allegations by proof that is clear, explicit and unequivocal, as to leave no substantial doubt, and sufficiently strong to command the unhesitating assent of every reasonable mind. (*In re Marriage of Weaver* (1990) 224 Cal.App.3d 478, 487.) Rehabilitation is akin to an affirmative defense; consequently, respondent had the burden to prove rehabilitation by a preponderance of the evidence. (*Whetstone v. Bd. of Dental Exam'rs* (1927) 87 Cal.App. 156, 164; Evid. Code § 115.)

2. A regulatory agency may discipline a licensee for violating the terms and conditions of his probation if it proves the allegations in a petition to revoke probation by a preponderance of the evidence. (*Sandarg v. Dental Bd. of California* (2010) 184 Cal.App.4th 1434, 1441.) A preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

Causes for Discipline

3. After a hearing before an ALJ, the Board may discipline a physician's license by revoking the license, suspending the license for up to one year, placing the license on probation and requiring the license to pay probation monitoring costs, publicly reprimanding the license, or taking any other action as the ALJ deems proper. (Bus. & Prof. Code, § 2227, subd. (a).)

4. The Board may discipline a physician's license for unprofessional conduct. (Bus. & Prof. Code, § 2234.) Among other things, unprofessional conduct includes being convicted of any crime substantially related to the qualifications, functions, or duties of a physician. (Bus. & Prof. Code, § 2236, subd. (a).) When determining whether a crime is substantially related to a physician's qualifications, functions, or duties, the Board must consider the nature and gravity of the crime; the number of years elapsed since the date of the crime; and the nature and duties of the profession. (Cal. Code Regs., tit. 16, § 1360, subd. (b).)

5. Here, respondent's conviction for wet reckless driving is substantially related to his qualifications, functions, or duties as a physician because:

> Convictions involving alcohol consumption reflect a lack of sound professional and personal judgment that is relevant to a physician's fitness and competence to practice medicine. Alcohol consumption quickly affects normal driving ability, and driving under the influence of alcohol threatens personal safety and places the safety of the public in jeopardy. It further shows a disregard of medical knowledge concerning the effects of alcohol on vision,

reaction time, motor skills, judgment, coordination and memory, and the ability to judge speed, dimensions, and distance.

(*Griffiths v. Superior Court*, supra, 96 Cal.App.4th at p. 770.)

6. Therefore, complainant proved by clear and convincing evidence that respondent was convicted of an alcohol related crime that is substantially to the qualifications, functions, and duties of his license. Consequently, cause exists to discipline his license pursuant to Business and Professions Code sections 2227; 2234; and 2236, subdivision (a).

7. Unprofessional conduct also includes "[t]he use of any . . . alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public....." (Bus. & Prof. Code, § 2239, subd. (a).)

8. Complainant proved by clear and convincing evidence that on July 1, 2022, respondent used alcoholic beverages before driving, which was dangerous or injurious to himself and the public. Cause therefore exists to discipline his license pursuant to Business and Professions Code sections 2227; 2234; and 2239, subdivision (a).

9. Physicians must report all misdemeanor convictions to the Board in writing within 30 days. (Bus. & Prof. Code, § 802.1, subds. (a)(1)(B), (a)(2).) Failure to timely make a required report is a public offense punishable by a fine not to exceed five thousand dollars. (*Id.*, subd. (b).)

10. Complainant proved by clear and convincing evidence that respondent notified the Board of his conviction on March 22, 2023, via an email to his probation monitor. That was more than 30 days after his conviction on January 25, 2023. Cause therefore exists to fine respondent for violating Business and Professions Code section 802.1, subdivision (a). Based on all the evidence, including respondent's credible testimony that he promptly notified his probation monitor of his arrest and the fact that respondent's delay in reporting his conviction was relatively short, a fine of $500 is appropriate to address the violation.

Cause to Revoke Probation

11. Condition 14 of respondent's probation authorizes the Board to set aside the stay order and revoke respondent's license if he violates the conditions of his probation. Complainant proved by a preponderance of the evidence that respondent violated Condition 8 of his probation when he failed to obey all laws, as evidenced by his criminal conviction. Cause therefore exists to grant complainant's petition, set aside the stay order, and revoke respondent's license, pursuant to probation Condition 14.

Appropriate Discipline

12. Public protection is the Board's highest priority in exercising its disciplinary functions. (Bus. & Prof. Code, § 2229, subd. (a).) The purpose of administrative proceedings regarding professional licenses is not to punish licensees, but to protect the public. (*Hughes v. Bd. of Architectural Exam'rs* (1998) 17 Cal.4th 763, 785-786.)

13. As discussed above, after applying the Disciplinary Guidelines to the evidence, a new probation term of five years, which will include terms and conditions

related to alcohol monitoring and rehabilitation, will fulfill the Board's responsibility to protect the public.

Costs

14. Business and Professions Code section 125.3 provides that a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of the costs sought under statutory provisions such as section 125.3. Those factors include whether the licensee was successful at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his position, whether the licensee raised a colorable challenge to the proposed discipline, and the financial ability of the licensee to pay.

15. Complainant sought $26,624.50 in costs for 120 hours of time enforcing this matter through November 26, 2024, plus an additional $1,140 for an estimated five hours of work between November 26, 2024, and the start of the hearing. Complainant supplied a spreadsheet that included a daily itemization of the tasks performed and time consumed through November 26, 2024. When applying the *Zuckerman* factors, those costs are excessive. This case involved a single conviction of a licensee who was on probation. Complainant was able to present the case with only a few documentary exhibits and without calling any witnesses. Additionally, respondent was successful in reducing the level of discipline complainant requested. Consequently, the enforcement costs should be reduced to $13,312.25, which is half the amount sought.

16. Furthermore, complainant cannot recover the additional $1,140 for Mr. Kaseoru's estimate of five hours of time to prepare for the hearing. "A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case." (Bus. & Prof. Code, § 125.3, subd. (c).). "When the agency presents an estimate of actual costs incurred, its Declaration shall explain the reason actual cost information is not available." (Cal. Code Regs., tit. 1, § 1042, subd. (b)(3).)

17. Here, there was no evidence of Mr. Kaseoru's actual costs between November 26, 2024, and the start of the hearing, nor did complainant explain why the actual costs were not available. Indeed, at hearing, the ALJ offered complainant the opportunity to file an amended cost declaration, but complainant declined. Based thereon, the additional $1,140 is not adequately supported and thus not awarded.

18. Finally, complainant's request for $3,565.50 of investigation costs, covering 33.25 hours, is adequately supported and reasonable. Mr. Berumen spent a significant portion of his time communicating with the CHP and the Superior Court to retrieve respondent's arrest and conviction records. He also interviewed respondent and wrote a thorough report.

19. The reasonable enforcement costs of $13,312.25 and the reasonable investigation costs of $3,565.50 add to $16,877.75. Respondent did not present any evidence of financial hardship or other justification to further reduce the cost award. Respondent's argument about the Attorney General's billing practice was unsupported by evidence and therefore rejected.

ORDER

The Accusation is SUSTAINED in its entirety and the Petition to Revoke Probation is GRANTED. Respondent is hereby ordered to pay the Board a fine of $500, pursuant to Business and Professions Code section 802.1, subdivision (b), within 30 days of the effective date of this Order.

The order in Board Case Number 800-2018-049690, which stayed the revocation of respondent's license, is VACATED. Physician and Surgeon's Certificate No. A 143529, issued to Kanwar Bir Varinder Jeet Singh Multani, M.D., is REVOKED. However, the revocation is stayed and respondent is placed on probation for five years upon the following terms and conditions:

1. NOTIFICATION

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

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

2. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES

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

3. OBEY ALL LAWS

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

4. 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.

5. GENERAL PROBATION REQUIREMENTS

Compliance with Probation Unit: Respondent shall comply with the Board's probation unit.

Address Changes: Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box

serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice: Respondent shall not engage in the practice of medicine in respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal: Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California: 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.

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.

6. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

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

7. NON-PRACTICE WHILE ON PROBATION

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is defined as any period of time respondent is not practicing medicine as defined in Business and Professions

Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If respondent resides in California and is considered to be in non-practice, respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a respondent residing outside of 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 Laws; General Probation Requirements; Quarterly Declarations;

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

8. COMPLETION OF PROBATION

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

9. VIOLATION OF PROBATION

Failure to fully comply with any term or condition of probation is a 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, or an Interim Suspension Order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

10. 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 to surrender his license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, 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 medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

11. 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 Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

12. CONTROLLED SUBSTANCES – ABSTAIN FROM USE

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

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

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice

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

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

13. ALCOHOL – ABSTAIN FROM USE

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

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the Board or its designee to immediately

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

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

14. BIOLOGICAL FLUID TESTING

Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine,

respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

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

If respondent fails to cooperate in a random biological fluid testing program within the specified time frame, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and

other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

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

15. COMMUNITY SERVICE – FREE SERVICES

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval a community service plan in which respondent shall within the first two years of probation, provide 40 hours of free services (e.g., medical or nonmedical) to a community or non-profit organization.

Prior to engaging in any community service respondent shall provide a true copy of the Decision(s) to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where respondent provides community service and shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall also apply to any change(s) in community service.

Community service performed prior to the effective date of the Decision shall not be accepted in fulfillment of this condition.

16. EDUCATION COURSE

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per

year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

17. PROFESSIONALISM PROGRAM (ETHICS COURSE)

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

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

18. PSYCHOTHERAPY

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board-certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require respondent to undergo psychiatric evaluations by a Board-appointed board-certified psychiatrist. If, prior to the completion of probation, respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended

until the Board determines that respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

19. MONITORING – PRACTICE

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

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

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, respondent's practice shall be monitored by the approved

monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

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

20. COSTS

Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of $16,877.75.

Respondent shall be permitted to pay these costs in a payment plan approved by the Board with payments to be completed no later than six months prior to the end of the probation period. The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to reimburse the Board for its investigation and enforcement costs. Failure to make payments in accordance with any formal agreement entered into with the Board or pursuant to any Decision by the Board shall be considered a violation of probation.

//

//

//

//

//

If respondent has not complied with this condition during the probationary period, and respondent presents sufficient documentation of his good faith effort to comply with this condition, and if no other conditions have been violated, the Board or its representatives may, upon written request from respondent, extend the probation period up to one year, without further hearing, in order to comply with this condition. During the extension, all original conditions of probation will apply.

DATE: January 2, 2025

SEAN GAVIN
Administrative Law Judge
Office of Administrative Hearings