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

In the Matter of the Petition for Reinstatement of: Ashwani Duggal Physician's and Surgeon's Certificate No. A 71611 Respondent.	Case No.: 800-2023-101402

DECISION AFTER NON-ADOPTION

Consistent with the attached Stipulation of the Parties to Modify Decision After Non-Adoption, the Medical Board of California, Department of Consumer Affairs, State of California, adopts the attached Proposed Decision as its Decision and Order with the following changes:

The Proposed Decision shall be modified to replace the last paragraph of the condition for Non-Practice While on Probation with the following:

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

The Proposed Decision shall be further modified to correct the numbering error under the Order, so that the conditions below are numbered as indicated:

13. NOTIFICATION
14. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES
15. OBEY ALL LAWS
16. QUARTERLY DECLARATIONS
17. GENERAL PROBATION REQUIREMENTS
18. INTERVIEW WITH THE BOARD OR ITS DESIGNEE
19. NON-PRACTICE WHILE ON PROBATION
20. COMPLETION OF PROBATION
21. VIOLATION OF PROBATION
22. LICENSE SURRENDER
23. PROBATION MONITORING COSTS

All other terms and conditions in the Proposed Decision shall remain the same.

This Decision shall become effective at 5:00 p.m. on July 11, 2025.

IT IS SO ORDERED: June 11, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle A. Bholat, M.D., Chair
Panel A

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

In the Matter of the Petition for Reinstatement Against: **Ashwani Duggal** **4625 Spyglass Drive** **Stockton CA 95219** **Physician's and Surgeon's Certificate No. A 71611,** Petitioner.	Case No. 800-2023-101402 OAH No. 2024110663 **STIPULATION OF THE PARTIES TO MODIFY DECISION AFTER NON-ADOPTION**

To the Medical Board of California (Board):

On May 27, 2025, the Board issued an Order of Non-Adoption of Proposed Decision in Case No. 800-2023-101402. The Proposed Decision was missing standard language under the condition for Non-Practice While on Probation. Additionally, several paragraphs under the Order in the Proposed Decision were misnumbered.

To expedite this matter, the parties agree that the Proposed Decision shall be modified to replace the last paragraph of the condition for Non-Practice While on Probation with the following:

Periods of non-practice for a respondent residing outside of California, will relieve petitioner of the responsibility to comply with the probationary terms and conditions with the

exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

The parties further agree that the Proposed Decision shall be modified to correct the numbering error under the Order, so that the conditions below are numbered as indicated:

13. NOTIFICATION

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16. QUARTERLY DECLARATIONS

17. GENERAL PROBATION REQUIREMENTS

18. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

19. NON-PRACTICE WHILE ON PROBATION

20. COMPLETION OF PROBATION

21. VIOLATION OF PROBATION

22. LICENSE SURRENDER

23. PROBATION MONITORING COSTS

The parties agree that all other terms and conditions in the Proposed Decision shall remain the same.

The parties hereby waive their right to request oral argument or to submit written argument, provided the Board limits its actions to modifying the Proposed Decision as noted above. After filing the fully executed stipulation with the Board, a stipulated Decision After Non-Adoption shall be entered reflecting the modifications agreed to above and shall become effective 30 days after the date of the Order.

IT IS SO STIPULATED:

Dated: 06/08/2025

ASHWANI DUGGAL, M.D.
Petitioner

Dated: June 9, 2025

RAYMOND J. McMAHON, ESQ.
Attorney for Respondent

Dated: June 9, 2025

ROB BONTA
Attorney General of California
STEVE DIEHL
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Wendy Widlus

WENDY WIDLUS
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Petition for Reinstatement of:

ASHWANI DUGGAL,

Petitioner.

Agency Case No. 800-2023-101402

OAH No. 2024110663

PROPOSED DECISION

Thomas Heller, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on April 1, 2025.

Raymond J. McMahon, Esq., Doyle Schafer McMahon, LLP, represented petitioner Ashwani Duggal.

Wendy Widlus, Deputy Attorney General, represented the Attorney General of the State of California.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on April 1, 2025.

SUMMARY

The Medical Board of California (Board) revoked petitioner's physician's and surgeon's certificate in 2012 due to his felony criminal convictions in the State of Indiana for sexual battery and criminal confinement, which also resulted in disciplinary action against petitioner's Indiana medical license. The victim of petitioner's crimes was not a patient. After the Board denied petitioner's first petition for reinstatement in 2020, he now petitions again for reinstatement, contending he is rehabilitated and ready to resume practicing in California. Considering the Board's criteria of rehabilitation, petitioner's evidence proves he is sufficiently rehabilitated for the Board to reinstate his certificate on a probationary basis.

FACTUAL FINDINGS

Background

1. The following background information comes from the Board's decision denying petitioner's first petition for reinstatement. (Exhibit 7 [Decision After Non-Adoption, Sept. 14, 2020, No. 800-2018-044394, OAH No. 2019050956].)

2. Petitioner obtained his medical education in Punjab, India in approximately 1976 and completed an internship in the early 1980's, specializing in pathology. He practiced pathology and was a junior-faculty lecturer at Medical College, Ludhiana for approximately five years. He immigrated to the United States in 1992, and he obtained medical licensure in Indiana in the early 1980's and in Michigan in approximately 1994. On May 11, 2000, the Board issued physician's and surgeon's certificate number A 71611 to petitioner.

3. On December 13, 2011, the Board's then-executive director signed and thereafter filed Accusation No. 16-2011-218313 against petitioner. The Accusation alleged petitioner's certificate was subject to discipline due to a criminal conviction that constituted unprofessional conduct under Business and Professions Code section 2234, and was substantially related to the qualifications, functions or duties of a physician and surgeon under Business and Professions Code section 2236. Complainant further alleged that because the conviction required him to register as a sex offender, his certificate was subject to revocation under Business and Professions Code section 2232. Lastly, the Accusation alleged that the Indiana Medical Licensing Board (Indiana Board) disciplined petitioner due to the conviction, and that pursuant to Business and Professions Code sections 2305 and 141, such action by the Indiana Board subjected Petitioner's certificate to discipline for unprofessional conduct. At the time the Accusation was filed, Petitioner had no prior history of discipline.

4. The allegations in the Accusation involved Petitioner's November 16, 2009 conviction, on a plea of guilty, in Indiana Superior Court, to one count of sexual battery and one count of criminal confinement, both felonies. Petitioner committed these crimes against his housekeeper while in his Indiana residence.

5. On May 17, 2012, the Board sustained each cause for discipline charged in the Accusation and revoked Petitioner's certificate. The preceding year, in August 2011, the Indiana Board placed petitioner on indefinite probation, with terms and conditions including a six-month actual suspension.

First Petition for Reinstatement

6. Petitioner submitted his first petition for reinstatement to the Board in October 2018. By that time, petitioner's criminal convictions had been dismissed, and

he was no longer required to register as a sex offender. After a hearing before an administrative law judge, the Board denied the petition in September 2020, determining petitioner's showing of rehabilitation was insufficient to grant the petition. Of particular concern to the Board were: (1) petitioner still owed approximately $55,000 to the victim of his crimes under a civil judgment, which was more than the original judgment of $50,000 due to accrued interest; (2) while petitioner showed remorse and recognized that alcohol abuse was a factor in his wrongdoing, his rehabilitation from alcohol use was marred by a relapse in May 2011; (3) petitioner relapsed again in January 2016, which resulted in a misdemeanor public intoxication conviction; (4) while the public intoxication conviction had been dismissed and petitioner had remained sober since his January 2016 relapse, he was not completely forthright with an evaluator about the relapse, claiming there were no driving under the influence charges against him when in fact he was initially charged with that crime. (Exhibit 7, p. A80.)

7. Considering all the evidence, the Board concluded petitioner fell short of demonstrating by clear and convincing evidence that he was rehabilitated. Therefore, the Board denied the petition.

Current Petition for Reinstatement

8. Petitioner submitted the current petition for reinstatement in April 2023, with letters of support from multiple physicians and other persons, including the victim of petitioner's sexual battery and criminal confinement. In the accompanying narrative statement, petitioner stated he had gained insight into his past actions and fully accepted responsibility for his prior criminal convictions. Petitioner also stated he had been sober for over seven years and had "fully embraced an alcohol-free lifestyle." (Exhibit 10, p. A130.) He had continued to attend Alcoholics Anonymous meetings,

counseling for the past sexual battery conviction, and many continuing medical education courses. Additionally, petitioner reported he had no additional criminal or license disciplinary history since his last petition for reinstatement.

9. A Board investigator interviewed petitioner in September 2024 about the petition and his current activities. Petitioner stated he lives in California and travels to India about three times per year to volunteer as a visiting consultant pathologist under his medical license in that country. Petitioner also stated he traveled to the State of Indiana about three times per year to work as an unpaid clinical trainee under another physician's supervision, most recently in June 2023. Petitioner reported that his Indiana medical license is on probation indefinitely, and the Indiana Board granted him permission to work as a clinical trainee. Petitioner's trips to India typically last one to one and a half months, and his trips to Indiana typically last two weeks.

10. Petitioner reported he remains current in his medical knowledge – especially pathology, his field of practice – through continuing medical education course and his work in India. Petitioner also stated he had maintained his sobriety and satisfied the victim's civil judgment against him in 2022. Petitioner also described the circumstances underlying his public intoxication conviction in 2016, and earlier driving under the influence convictions in 2006 and 2011, the latter of which resulted in a probation violation in his 2009 criminal case. (Exhibit 13, pp. A249-254.) According to petitioner, that criminal conviction in 2011 has also been dismissed.

11. The Board investigator also contacted three of the physicians who provided letters of support to petitioner. Arun Softa, M.D., stated petitioner accepted responsibility for the events that led to revocation of his license, and Dr. Softa has not seen any evidence of alcohol abuse or addiction. Subhash Reddy, M.D., a physician in Indiana, stated that before the COVID-19 pandemic, petitioner would go to Dr.

Reddy's office once or twice a month to observe patients, and Dr. Reddy never saw evidence of alcohol abuse or addiction. Ashish Khemka, M.D., another Indiana physician, was unaware petitioner had participated in a substance abuse program or had once been required to register as a sex offender. Nonetheless, Dr. Khemka stated he still supported the reinstatement of petitioner's certificate.

Hearing on Petition

12. At the hearing on the petition, petitioner expressed remorse for his past misconduct and testified he blacked out from consuming alcohol on the day of his sexual battery and criminal confinement of his housekeeper. Petitioner stated he has had no relapses into alcohol abuse since 2016 and has satisfied all requirements of his past criminal cases. He requests reinstatement of his license because he wants to work for the community, regain his reputation, and benefit his family. He is ready to comply with the probation terms that the Board deems appropriate, including regular alcohol screening tests.

13. Petitioner's evidence at the hearing included a Release of Judgment that petitioner identified as proof of satisfaction of the civil judgment to the victim. (Exhibit I.) The document does not reflect the amount paid to the victim; petitioner testified he paid a total of $30,000. Petitioner's evidence also included recent negative drug and alcohol screening results, and a letter dated November 6, 2024, from John F. Fielder, Ph.D., a psychologist who evaluated petitioner in connection with his first petition for reinstatement. Dr. Fielder wrote that an updated mental status examination of petitioner "suggested no psychopathology, or impairments of relevant cognitive functions, for example, critical thinking, judgment, and impulse control. It is my continuing opinion that Dr. Duggal is not a sexual predator or harasser, and is fully capable both cognitively and emotionally to work in his chosen profession as a

physician. I am confident that he is not a danger to anyone in any manner." (Exhibit D, p. B15.)

14. Additionally, petitioner's evidence includes an updated psychiatric evaluation from Janak K. Mehtani, M.D., a psychiatrist who evaluated petitioner in connection with his first petition for reinstatement. Dr. Mehtani was the evaluator referenced in the Board's denial of that petition to whom petitioner was not completely forthright about the criminal charges he originally faced in the 2016 case that resulted in his public intoxication conviction. Dr. Mehtani's report of the updated psychiatric evaluation includes petitioner's explanation that his miscommunication of the charges he originally faced was simply a mistake. (Exhibit O, pp. B100-101.) Dr. Mehtani also opinion petitioner "continues to be very stable and free of any psychopathology." (*Id.* at p. B105.)

15. The Attorney General opposes the petition, contending petitioner has not adequately show rehabilitation with respect to the civil judgment for the victim. According to the Attorney General, it was unclear how much petitioner actually paid on the judgment due to inadequate documentation of the amount.

16. Overall, the evidence presented on the current petition establishes that petitioner has continued his rehabilitative efforts since his first petition for reinstatement. He has maintained sobriety since 2016 and gained additional insight into his prior misconduct. The current petition also includes evidence that he has satisfied the civil judgment in favor of the victim, which was a matter of concern to the Board in denying the first petition. The Attorney General's concern that the evidence does not document the amount paid to obtain the Release of Judgment does not undermine petitioner's showing of rehabilitation in a significant way. Therefore, the

evidence presented on this petition makes a stronger case for reinstatement than the evidence presented on the prior petition.

LEGAL CONCLUSIONS

1. A person whose physician's and surgeon's certificate has been revoked may petition the Board for reinstatement after a minimum of five years have elapsed from the effective date of the revocation. (Bus. & Prof. Code, § 2307, subds. (a), (b).) In deciding the petition, the Board "may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability." (*Id.*, subd. (e).) "Protection of the public shall be the highest priority for the [Board] in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." (Bus. & Prof. Code, § 2001.1.)

2. "'[I]n a proceeding for the restoration of a revoked license, the burden at all times rests on the petitioner to prove that he has rehabilitated himself and is entitled to have his license restored, and not on the board to prove the contrary.'" (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398, quoting *Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315.) To meet that burden, a petitioner must show they are no longer deserving of the adverse character judgment associated with the discipline imposed against a license. (*Tardiff v. State Bar* (1980) 27 Cal.3d 395, 404-405.) A petitioner for reinstatement of a professional license must prove rehabilitation by clear and convincing evidence to a reasonable certainty. (*Housman v. Board of Medical Examiners, supra*, 84 Cal.App.2d at pp. 315-316; see also

Hippard v. State Bar (1989) 49 Cal.3d 1084, 1091-1092.) Clear and convincing evidence "requires a finding of high probability," and has been described as "requiring that the evidence be '"so clear as to leave no substantial doubt"; "sufficiently strong to command the unhesitating assent of every reasonable mind."' [Citation.]" (*In re Angelia P.* (1981) 28 Cal.3d 908, 919.)

3. On a petition for reinstatement, if the revocation was based on professional misconduct, the Board shall consider whether the petitioner made a showing of rehabilitation using the criteria stated in California Code of Regulations, title 16, section 1360.2, subdivision (b). The evidence about those criteria in this case is as follows:

(1) The nature and gravity of the act(s), professional misconduct, or crime(s) under consideration as grounds for denial.

The Board revoked petitioner's license in 2012 due to felony criminal convictions for sexual battery and criminal confinement of his housekeeper, which also resulted in disciplinary action against petitioner's Indiana medical license. The gravity of petitioner's crimes is self-evident.

(2) Evidence of any act(s), professional misconduct, or crime(s) committed subsequent to the act(s), professional misconduct, or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Business and Professions Code section 480.

Petitioner was convicted of driving under the influence in 2011 and public intoxication in 2016, which could also be considered as grounds for denial. (Bus. & Prof. Code, § 480, subd. (a)(1).) Petitioner also admitted to relapses into alcohol abuse

in 2011 and 2016, which if done by a licentiate would be grounds to revoke or suspend a medical license. (Bus. & Prof. Code, §§ 480, subd. (a)(3), 2239.)

(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivisions (1) or (2).

Almost 16 years have elapsed since petitioner's criminal convictions for sexual battery and criminal confinement. About nine years have elapsed since petitioner's last criminal conviction for public intoxication. Petitioner's last relapse into alcohol abuse was also about nine years ago.

(4) In the case of a suspension or revocation based upon the conviction of a crime, the criteria set forth in Section 1360.1, subdivisions (b)(2), (b)(4), and (b)(6).

The referenced criteria pertain to petitioner's total criminal record; his compliance with parole, probation, or other criminal sanctions, and evidence of dismissal proceeding pursuant to Section 1203.4 of the Penal Code. Based on the evidence presented, petitioner's total criminal record includes convictions for sexual battery and criminal confinement in 2009, driving under the influence in 2006 and 2011, and public intoxication in 2016. According to petitioner, the criminal conviction in 2011 constituted a probation violation in the 2009 case. Petitioner otherwise complied with the terms of his criminal cases, all of which have been dismissed.

(5) The criteria in subdivisions (a)(1)-(5), as applicable.

These criteria included the nature and gravity of petitioner's crimes and details about probation and parole, which are addressed adequately above.

(6) Evidence, if any, of rehabilitation submitted by the petitioner.

Petitioner expressed remorse for his misconduct and acknowledged responsibility for it. His testimony indicates a commitment to sobriety and a commitment not to engage in additional misconduct. In addition, petitioner presented evidence of satisfaction of the civil judgment for the victim, recent negative drug and alcohol screening results, and positive psychological and psychiatric reports. He also presented evidence of continuing education efforts to remain current in his medical knowledge.

4. Considering these criteria, petitioner's showing of rehabilitation is sufficient to reinstate his license on a probationary basis. Substantial time has elapsed since his license revocation, and even more time has elapsed since the crimes and out-of-state discipline that prompted the revocation. Petitioner has also maintained his sobriety since 2016, and he has sufficiently addressed the concerns of the Board that caused the denial of his first petition for reinstatement.

5. Nothing stated above diminishes the severity of Petitioner's past misconduct. But "[r]ehabilitation . . . is a 'state of mind' and the law looks with favor upon rewarding with the opportunity to serve, one who has achieved 'reformation and regeneration.' [Citation.]" (*March v. Committee of Bar Examiners* (1967) 67 Cal.2d 718, 732.) Given Petitioner's showing of rehabilitation, protection of the public no longer requires that he be entirely prohibited from practicing medicine in the state. Instead, the public will be protected through the reinstatement of Petitioner's license on a probationary basis, with terms and conditions appropriate to the circumstances.

6. While petitioner's sexual battery and criminal confinement convictions were the direct cause of his license revocation, the evidence shows that alcohol abuse was a factor in the misconduct, and that petitioner relapsed into alcohol abuse in 2011 and 2016. Therefore, inclusion of the uniform probationary conditions for substance-

abusing licenses is appropriate, along with additional terms and conditions appropriate to petitioner's specific misconduct and lengthy period of license revocation.

ORDER

The petition of Ashwani Duggal for reinstatement of his physician's and surgeon's certificate is granted. Physician's and surgeon's certificate number A 71611 is reinstated. However, the certificate is immediately revoked, the revocation stayed, and petitioner is placed on probation for five years under the following terms and conditions.

1. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS

Within thirty (30) calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as may be required by the Board or its designee, petitioner shall undergo and complete a clinical diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed board certified physician and surgeon. The examiner shall consider any information provided by the Board or its designee and any other information he or she deems relevant, and shall furnish a written evaluation report to the Board or its designee.

The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of physicians and surgeons with substance abuse disorders, and is approved by the Board or its designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. The evaluator shall not have a current

or former financial, personal, or business relationship with petitioner within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation. The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether petitioner has a substance abuse problem, whether petitioner is a threat to himself or herself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to petitioner's rehabilitation and ability to practice safely. If the evaluator determines during the evaluation process that petitioner is a threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

In formulating his or her opinion as to whether petitioner is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the evaluator shall consider the following factors: petitioner's license type; petitioner's history; petitioner's documented length of sobriety (i.e., length of time that has elapsed since petitioner's last substance use); petitioner's scope and pattern of substance abuse; petitioner's treatment history, medical history and current medical condition; the nature, duration and severity of petitioner's substance abuse problem or problems; and whether petitioner is a threat to himself or herself or the public.

For all clinical diagnostic evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator requests additional information or time to complete the evaluation and report, an extension may be granted, but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

The Board shall review the clinical diagnostic evaluation report within five (5) business days of receipt to determine whether petitioner is safe to return to either

part-time or full-time practice and what restrictions or recommendations shall be imposed on petitioner based on the recommendations made by the evaluator. Petitioner shall not be returned to practice until he or she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of Regulations.

Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic evaluation, including any and all testing deemed necessary by the examiner, the Board or its designee, shall be borne by the licensee.

Petitioner shall not engage in the practice of medicine until notified by the Board or its designee that he or she is fit to practice medicine safely. The period of time that petitioner is not practicing medicine shall not be counted toward completion of the term of probation. Petitioner shall undergo biological fluid testing as required in this Decision at least two (2) times per week while awaiting the notification from the Board if he or she is fit to practice medicine safely.

Petitioner shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the Board or its designee.

2. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION

Within seven (7) days of the effective date of this Decision, petitioner shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Petitioner shall also provide

specific, written consent for the Board, petitioner's worksite monitor, and petitioner's employers and supervisors to communicate regarding petitioner's work status, performance, and monitoring. For purposes of this section, "supervisors" shall include the Chief of Staff and Health or Well Being Committee Chair, or equivalent, if applicable, when the petitioner has medical staff privileges.

3. BIOLOGICAL FLUID TESTING

Petitioner shall immediately submit to biological fluid testing, at petitioner'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. Petitioner shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Petitioner shall be tested on the date of the notification as directed by the Board or its designee. The Board may order petitioner to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the petitioner.

During the first year of probation, petitioner shall be subject to 52 to 104 random tests. During the second year of probation and for the duration of the probationary term, up to five (5) years, petitioner shall be subject to 36 to 104 random tests per year. Only if there have been no positive biological fluid tests in the previous five (5) consecutive years of probation, may testing be reduced to one (1) time per month. Nothing precludes the Board from increasing the number of random tests to the first-year level of frequency for any reason.

Prior to practicing medicine, petitioner 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 and meets all the following standards:

(a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the United States Department of Transportation.

(b) Its specimen collectors conform to the current United States Department of Transportation Specimen Collection Guidelines.

(c) Its testing locations comply with the Urine Specimen Collection Guidelines published by the United States Department of Transportation without regard to the type of test administered.

(d) Its specimen collectors observe the collection of testing specimens.

(e) Its laboratories are certified and accredited by the United States Department of Health and Human Services.

(f) Its testing locations shall submit a specimen to a laboratory within one (1) business day of receipt and all specimens collected shall be handled pursuant to chain of custody procedures. The laboratory shall process and analyze the specimens and provide legally defensible test results to the Board within seven (7) business days of receipt of the specimen. The Board will be notified of non-negative results within one (1) business day and will be notified of negative test results within seven (7) business days.

(g) Its testing locations possess all the materials, equipment, and technical expertise necessary in order to test petitioner on any day of the week.

(h) Its testing locations are able to scientifically test for urine, blood, and hair specimens for the detection of alcohol and illegal and controlled substances.

(i) It maintains testing sites located throughout California.

(j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the petitioner to check in daily for testing.

(k) It maintains a secure, HIPAA-compliant website or computer system that allows staff access to drug test results and compliance reporting information that is available 24 hours a day.

(l) It employs or contracts with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory biological fluid test results, medical histories, and any other information relevant to biomedical information.

(m) It will not consider a toxicology screen to be negative if a positive result is obtained while practicing, even if the petitioner holds a valid prescription for the substance.

Prior to changing testing locations for any reason, including during vacation or other travel, alternative testing locations must be approved by the Board and meet the requirements above.

The contract shall require that the laboratory directly notify the Board or its designee of non- negative results within one (1) business day and negative test results within seven (7) business days of the results becoming available. Petitioner 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 petitioner.

If a biological fluid test result indicates petitioner has used, consumed, ingested, or administered to himself or herself a prohibited substance, the Board shall order petitioner to cease practice and instruct petitioner to leave any place of work where petitioner is practicing medicine or providing medical services. The Board shall immediately notify all of petitioner's employers, supervisors and work monitors, if any, that petitioner may not practice medicine or provide medical services while the cease-practice order is in effect.

A biological fluid test will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited substance use exists, the Board shall lift the cease-practice order within one (1) business day.

After the issuance of a cease-practice order, the Board shall determine whether the positive biological fluid test is in fact evidence of prohibited substance use by consulting with the specimen collector and the laboratory, communicating with the licensee, his treating physician(s), other health care provider, or group facilitator, as applicable.

For purposes of this condition, the terms "biological fluid testing" and "testing" mean the acquisition and chemical analysis of a petitioner's urine, blood, breath, or hair.

For purposes of this condition, the term "prohibited substance" means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by petitioner and approved by the Board, alcohol, or any other

substance the petitioner has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

If the Board confirms that a positive biological fluid test is evidence of use of a prohibited substance, petitioner has committed a major violation, as defined in section 1361.52(a), and the Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to any other terms or conditions the Board determines are necessary for public protection or to enhance petitioner's rehabilitation.

4. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS

Within thirty (30) days of the effective date of this Decision, petitioner shall submit to the Board or its designee, for its prior approval, the name of a substance abuse support group which he or she shall attend for the duration of probation. Petitioner shall attend substance abuse support group meetings at least once per week, or as ordered by the Board or its designee. Petitioner shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meeting shall have a minimum of three (3) years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with petitioner within the last five (5) years. Petitioner's previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The facilitator shall provide a signed document to the Board or its designee showing petitioner's name, the group name, the date and location of the meeting,

petitioner's attendance, and petitioner's level of participation and progress. The facilitator shall report any unexcused absence by petitioner from any substance abuse support group meeting to the Board, or its designee, within twenty-four (24) hours of the unexcused absence.

5. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE

Within thirty (30) calendar days of the effective date of this Decision, petitioner shall submit to the Board or its designee for prior approval as a worksite monitor, the name and qualifications of one or more licensed physician and surgeon, other licensed health care professional if no physician and surgeon is available, or, as approved by the Board or its designee, a person in a position of authority who is capable of monitoring the petitioner at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with petitioner, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board or its designee. If it is impractical for anyone but petitioner's employer to serve as the worksite monitor, this requirement may be waived by the Board or its designee, however, under no circumstances shall petitioner's worksite monitor be an employee or supervisee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms and conditions of petitioner's disciplinary order and agrees to monitor petitioner as set forth by the Board or its designee.

Petitioner shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with petitioner in the work environment on as frequent a basis as determined by the Board or its designee, but not less than once per week; interview other staff in the office regarding petitioner's behavior, if requested by the Board or its designee; and review petitioner's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the Board and petitioner's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the Board's normal business hours, the verbal report shall be made to the Board or its designee within one (1) hour of the next business day. A written report that includes the date, time, and location of the suspected abuse; petitioner's actions; and any other information deemed important by the worksite monitor shall be submitted to the Board or its designee within 48 hours of the occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board or its designee which shall include the following: (1) petitioner's name and Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3) the worksite monitor's license number, if applicable; (4) the location or location(s) of the worksite; (5) the dates petitioner had face-to-face contact with the worksite monitor; (6) the names of worksite staff interviewed, if applicable; (7) a report of petitioner's work attendance; (8) any change in petitioner's behavior and/or personal habits; and (9) any indicators that can lead to suspected substance abuse by petitioner. Petitioner shall complete any required consent forms and execute agreements with the approved worksite monitor and the Board, or its designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

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

6. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING LICENSEE

Failure to fully comply with any term or condition of probation is a violation of probation.

A. If petitioner commits a major violation of probation as defined by section 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order petitioner to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at petitioner's expense. The cease-practice order issued by the Board or its designee shall state that petitioner must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice. For purposes of determining the length of time a petitioner must test negative while undergoing continuous

biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Petitioner may not resume the practice of medicine until notified in writing by the Board or its designee that he or she may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer petitioner for further disciplinary action, such as suspension, revocation, or other action as determined by the Board or its designee. (Cal. Code Regs., tit. 16, § 1361.52, subd. (b).)

B. If petitioner commits a minor violation of probation as defined by section 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of petitioner;

(4) Order increased documentation;

(5) Issue a citation and fine, or a warning letter;

(6) Order petitioner to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at petitioner's expense;

(7) Take any other action as determined by the Board or its designee. (Cal. Code Regs., tit. 16, § 1361.52, subd. (d).)

C. Nothing in this Decision shall be considered a limitation on the Board's authority to revoke petitioner's probation if he or she has violated any term or condition of probation. (See Cal. Code Regs., tit. 16, § 1361.52, subd. (e).) If petitioner violates probation in any respect, the Board, after giving petitioner notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against petitioner during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

7. CONTROLLED SUBSTANCES – ABSTAIN FROM USE

Petitioner 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 petitioner by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, petitioner 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 petitioner 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, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The petitioner 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 the petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the petitioner with a hearing within 30 days of the request, unless the petitioner 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 petitioner with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

8. ALCOHOL – ABSTAIN FROM USE

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

If petitioner has a confirmed positive biological fluid test for alcohol, petitioner shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The petitioner 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 the petitioner requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the petitioner with a hearing within 30 days of the request, unless the petitioner 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 petitioner with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

9. CLINICAL COMPETENCE ASSESSMENT PROGRAM

Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Petitioner shall successfully complete the program not later than six (6) months after petitioner's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of petitioner's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to petitioner's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require petitioner's on-site participation for a minimum of 3 and no more than 5 days as determined by the program for the assessment and clinical education evaluation. Petitioner shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the petitioner has demonstrated the ability to practice safely and independently. Based on petitioner's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting petitioner's practice of medicine. Petitioner shall comply with the program's recommendations.

Determination as to whether petitioner successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

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

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10. PSYCHIATRIC EVALUATION

Within 30 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the Board or its designee, petitioner shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Petitioner shall pay the cost of all psychiatric evaluations and psychological testing.

Petitioner shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within 15 calendar days after being notified by the Board or its designee.

11. SOLO PRACTICE PROHIBITION

Petitioner is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) petitioner merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) petitioner is the sole physician practitioner at that location.

If petitioner fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being

so notified. The petitioner shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the petitioner's practice setting changes and the petitioner is no longer practicing in a setting in compliance with this Decision, the petitioner shall notify the Board or its designee within 5 calendar days of the practice setting change. If petitioner fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The petitioner shall not resume practice until an appropriate practice setting is established.

12. THIRD PARTY CHAPERONE

During probation, petitioner shall have a third party chaperone present while consulting, examining or treating female patients. Petitioner shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its designee for prior approval name(s) of persons who will act as the third party chaperone.

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

Each third party chaperone shall sign (in ink or electronically) and date each patient medical record at the time the chaperone's services is provided. Each third

party chaperone shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party chaperone.

Petitioner shall maintain a log of all patients seen for whom a third party chaperone is required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical record number; and 3) date of service. Petitioner shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

Petitioner is prohibited from terminating employment of a Board-approved third party chaperone solely because that person provided information as required to the Board or its designee.

If the third party chaperone resigns or is no longer available, petitioner shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name of the person(s) who will act as the third party chaperone. If petitioner fails to obtain approval of a replacement chaperone within 30 calendar days of the resignation or unavailability of the chaperone, petitioner shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Petitioner shall cease the practice of medicine until a replacement chaperone is approved and assumes monitoring responsibility.

Petitioner shall provide written notification to petitioner's patients that a third party chaperone shall be present during all consultations, examination, or treatment with female patients. Petitioner shall maintain in the patient's file a copy of the written

notification, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the notification for the entire term of probation.

14. NOTIFICATION

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

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

15. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES

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

16. OBEY ALL LAWS

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

17. QUARTERLY DECLARATIONS

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

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

18. GENERAL PROBATION REQUIREMENTS

Compliance with Probation Unit – Petitioner shall comply with the Board's probation unit.

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

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

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

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

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

19. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

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

20. NON-PRACTICE WHILE ON PROBATION

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

that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

21. COMPLETION OF PROBATION

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

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22. VIOLATION OF PROBATION

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

23. LICENSE SURRENDER

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

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24. PROBATION MONITORING COSTS

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

DATE: 05/01/2025

Thomas Heller (May 1, 2025 16:40 PDT)

THOMAS HELLER

Administrative Law Judge

Office of Administrative Hearings