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

In the Matter of the Petition to Revoke Probation Against: **Shilla Nassi, M.D.** **Physician's and Surgeon's Certificate No. A 138352** **Respondent.**	**Case No. 800-2019-062817**

DECISION

The attached Stipulated Surrender of License and Order 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 DEC 0 1 2020 **.**

IT IS SO ORDERED NOV 2 4 2020 **.**

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
CHRIS LEONG
Deputy Attorney General
State Bar No. 141079
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 269-6460
Facsimile: (916) 731-2117
E-mail: chris.leong@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Petition to Revoke Probation Against: SHILLA NASSI, M.D. 1317 Amherst Avenue #1 Los Angeles, California 90025 Physician's and Surgeon's Certificate No. A 138352 Respondent.	Case No. 800-2019-062817 OAH No. 20207050688 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

2. Shilla Nassi, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg, 1901 Avenue of the Stars, Suite 1750, Los Angeles, California 90067.

//

3. On September 18, 2015, the Board issued Physician's and Surgeon's Certificate No. A 138352 to Respondent. That license expired on July 31, 2019, and has not been renewed.

JURISDICTION

4. A Petition to Revoke Probation in Board case No. 800-2019-062817 was filed, and is currently pending against Respondent. The Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on March 26, 2020. Respondent timely filed her Notice of Defense contesting the Petition to Revoke Probation. A copy of Petition to Revoke Probation No. 800-2019-062817 is attached as Exhibit A and is incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Petition to Revoke Probation No. 800-2019-062817. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

8. Respondent understands that the charges and allegations in Petition to Revoke Probation No. 800-2019-062817, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Petition to Revoke Probation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Petition to Revoke Probation and that those charges constitute cause for discipline. Respondent hereby gives up her right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation, she enables the Board to issue an order accepting the surrender of her Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

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

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

ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 138352, issued to Respondent Shilla Nassi, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline

against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Petition to Revoke Probation No. 800-2019-062817 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Petition to Revoke Probation, No. 800-2019-062817 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Gary Wittenberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Nov 9, 2020

SHILLA NASSI, M.D.
Respondent

I have read and fully discussed with Respondent Shilla Nassi, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: November 9, 2020

GARY WITTENBERG, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: November 10, 2020

Respectfully submitted,

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

CHRIS LEONG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Petition to Revoke Probation No. 800-2019-062817

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
CHRIS LEONG
Deputy Attorney General
State Bar No. 141079
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 269-6460
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Petition to Revoke Probation Against: SHILLA NASSI, M.D. 1317 Amherst Avenue #1 Los Angeles, California 90025 Physician's and Surgeon's Certificate A 138352, Respondent.	Case No. 800-2019-062817 PETITION TO REVOKE PROBATION

Complainant alleges:

PARTIES

1. Christine J. Lally (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Interim Executive Director of the Medical Board of California (Board).

2. On September 18, 2015, as a result of the proceedings described below, the Board issued a probationary Physician's and Surgeon's Certificate Number A 138352 to Shilla Nassi, M.D. (Respondent). That license expired on July 31, 2019, and has not been renewed.

3. In a disciplinary action effective September 18, 2015, entitled *In the Matter of Statement of Issues Against Shilla Nassi,* in Case No. 20-2013-234138, the Board issued a decision (hereinafter, the Decision), in which Respondent's medical license was revoked. However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was

issued but immediately placed on probation for a period of thirty-five (35) months with certain terms and conditions. A copy of the Decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Board under the authority of the following provisions of the California Business and Professions Code (Code), unless otherwise indicated.

5. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) ...

FIRST CAUSE TO REVOKE PROBATION

(Failure to Maintain a Current and Renewed Medical License)

6. The Board's Decision provides that the Respondent "shall comply with the Board's probation unit and all terms and conditions of this Decision . . . ."

7. Condition 8 of the Board's Decision and Order further provided that the Respondent "shall maintain a current and renewed California physician's and surgeon's license . . . ."

8. Respondent's probation is subject to revocation because she failed to comply with Probation Condition 8, referenced above, by failing to maintain a current and renewed license. The facts and circumstances regarding this violation are as follows: On July 31, 2019, Respondent failed to renew her license, which expired, and has remained expired since that time.

SECOND CAUSE TO REVOKE PROBATION

(Non-Practice While on Probation)

9. Condition 10 of the Board's Decision stated, "Applicant'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 will relieve Applicant 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; and General Probation Requirements . . . ."

10. Respondent's probation is subject to revocation because she failed to comply with Probation Condition 10, referenced above. The facts and circumstances regarding this violation are as follows: On or about August 22, 2019, while on probation, Respondent's period of non-practice exceeded two years.

THIRD CAUSE TO REVOKE PROBATION

(Failure to Pay Probation Monitoring Costs)

11. Condition 14 of the Board's Decision stated that: "[The Respondent] shall pay the costs associated with probation monitoring each 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. Respondent's probation is subject to revocation because she failed to comply with Probation Condition 14, by failing to pay probation monitoring costs. The facts and circumstances regarding this violation are as follows: In 2017, Respondent was assessed probation monitoring costs of $4,052. Respondent made a partial payment of $1,714. Respondent owes outstanding probation monitoring cost of $2,338.18.

DISCIPLINE CONSIDERATIONS

13. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about September 18, 2015, in the Decision referenced above, Respondent's license was denied, with the denial stayed for thirty-five months (35) probation with terms and conditions, because she suffered from physical illnesses and/or mental illness which affected her competency to practice medicine safely. That decision is now final and is incorporated by reference as if fully set forth.

PRAYER

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

1. Revoking the probation that was granted in Case No. 20-2013-234138 and imposing the disciplinary order that was stayed, thereby revoking Physician's and Surgeon's Certificate No. A 138352 issued to Shilla Nassi, M.D.;

2. Revoking or suspending the Physician's and Surgeon's Certificate No. A 138352 issued to Shilla Nassi, M.D.;

3. Revoking, suspending or denying approval of Shilla Nassi, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

4. If placed on probation, ordering Shilla Nassi M.D. to pay the Medical Board of California the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring; and

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

DATED: MAR 26 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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Exhibit A

Decision and Order

Medical Board of California Case No. 20-2013-234138

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

In the Matter of Statement of Issues Against: SHILLA NASSI, Applicant.	Case No. 20-2013-234138 OAH No. 2014080502

DECISION AFTER NON-ADOPTION

This matter came before Laurie R. Pearlman, Administrative Law Judge, Office of Administrative Hearings, in Los Angeles, California, on February 19-20, 2015.

Joshua M. Templet, Deputy Attorney General, represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

Shilla Nassi (Applicant) was present and was represented by Gary E. Wittenberg, Attorney at Law.

Oral and documentary evidence was received at the hearing and the matter was submitted for decision.

The Proposed Decision of the administrative law judge was submitted to Panel B of the Medical Board of California ("Board") on April 3, 2015. After due consideration thereof, the Board declined to adopt said Proposed Decision and thereafter on May 15, 2015 issued its Order of Non-Adoption. On June 30, 2015 it issued a Notice of Hearing for Oral Argument setting the date for July 30, 2015.

The Board has received, read, and considered the entire record, including the transcript and exhibits of the hearing, oral and written arguments[1], and now hereby adopts the following decision of the administrative law judge.

FACTUAL FINDINGS

1. Complainant filed the Statement of Issues on July 29, 2014, in her official capacity.

[1] Written arguments were timely filed by both parties, however they were not provided to the board until the day of oral argument. A recess was taken to allow the board to read and consider the written arguments.

2. On December 21, 2011, the Board received an application for a Physician's and Surgeon's Certificate from Applicant. On December 14, 2011, Applicant certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. Thereafter, Applicant rejected the Board's offer of a probationary license. On May 20, 2014, Applicant's application was denied on the grounds that she suffers from physical illness and/or mental illness affecting her competency to practice medicine. Applicant requested a hearing and this matter ensued.

3. Complainant served the Statement of Issues, the Notice of Hearing, and all other required documents on Applicant.

Applicant's Education and Employment

4. Applicant received a bachelor's degree in chemical engineering from Stanford University in 1991. From July 1993 until June 2002, Applicant was enrolled in an M.D./Ph.D program at Albert Einstein College of Medicine in New York (Albert Einstein). In years one through three, she passed all classes and rotations, and graduated with a Ph.D. in neuroscience.

5. However, in April 2002, in her second year of medical school at Albert Einstein, Applicant was administratively withdrawn from the M.D. program. She was having difficulties interacting with residents and attending physicians, primarily on her obstetrician/gynecologist rotation. She testified that the faculty was harsh and routinely used raised voices in speaking with students and residents. Applicant did not tolerate that atmosphere well. Applicant's peers complained that she argued with a resident, had difficulties with punctuality, and performed an unsupervised pelvic exam. Applicant stated that these accusations were not valid, but acknowledged that she got along poorly with co-workers on this rotation, and was a poor fit for the abrasive style of this service.

6. The Albert Einstein faculty held two committee meetings to discuss these complaints against Applicant. She attended the first meeting, and it was her impression that she was not in any serious trouble. A second committee meeting was scheduled, but instead of attending this meeting, Applicant chose to go to an interview for a residency slot at Cornell University, which she was very interested in obtaining. In lieu of attending the meeting, she submitted a letter to the committee. The committee recommended Applicant's administrative withdrawal from Albert Einstein. In hindsight, Applicant would have attended the meeting and she believes that she would have been able to complete her medical education at Albert Einstein if she had done so.

7. From September 2002, through March 2005, Applicant worked as a private tutor for college-level biology and physiology courses.

8. From January 2004, through April 2007, Applicant attended Ross University School of Medicine (Ross) in Dominica, an island nation in the Caribbean. In 2006, she was stressed because of a relationship breakup and an exhausting rotation. Ross authorized a leave of absence between June 2, 2006 and July 13, 2006, and between August 25, 2006 and October 2, 2006. Applicant completed her medical education at Ross with no conflicts, problems or disciplinary actions and obtained her M.D. degree on March 31, 2007. She passed a three-step examination for medical licensure in the United States.

9. From September 2010 through the present, Applicant has been designing an electronic medical records program. She has also been writing fiction and is part-way through a novel.

Psychiatric Residency at the USC Keck School of Medicine

10. From July 2007 through August 2010, Applicant attended Los Angeles County-University of Southern California Keck School of Medicine (Keck) in a psychiatric residency. She felt exhausted all of the time, struggled on rotations that required her to be on overnight call, and had concerns about handling her patient load and communicating with her team, especially after overnight call. She was eventually diagnosed with idiopathic thrombocytopenic purpura (ITP), an autoimmune condition typically involving a rash; low thyroid hormone levels; low vitamin D levels; chronic migraines; and depression. Applicant continued to feel tired, distracted, and sad. Medications did not help.

11. On May 11, 2009, Applicant was placed on probation, due to difficulties with her clinical performance.

12. Applicant took a leave of absence for medical reasons from May 18, 2009 through February 28, 2010.

13. In March 2010, Applicant achieved a less than satisfactory score on her adult inpatient rotation due to evaluating patients in an unsafe manner; confusing charts of two different patients; charting deficiencies; need for more supervision than average; lack of dependability; difficulty accepting feedback about her less-than-expected performance, and difficulty keeping up with a small caseload. Nurses and peers complained about Applicant's poor patient management.

14. On April 22, 2010, Applicant was informed that she needed improvement in professionalism, punctuality, and completion of work, and must be a better team member and complete her chart notes. Residency faculty cited the following examples: she interviewed a male on sexual precautions while alone with the door closed, failed to review a chart in preparation for a court hearing, wrote an improper 14-day hold, and routinely asked other residents and students to do her work for her. Peers and nurses found it difficult to work with her because she was defensive and occasionally made inappropriate comments. Appellant became overwhelmed when new tasks were assigned to her.

15. When Applicant returned to the residency program at Keck, she had continued difficulties with clinical performance, and her dismissal from the residency program was recommended on June 17, 2010. Applicant was not offered a contract to commence a third year of training at Keck. Having satisfactorily completed two years of her residency, she is eligible to obtain a physician's and surgeon's license from the Board. However, she would need to complete an additional year of residency in order to practice psychiatry.

Physical and Mental Health Issues

16. Appellant has had some psychiatric problems since 1986, when she was 17-years-old. Her father passed away at that time, and she had one visit with a counselor at that time.

She recalls having the onset of a variety of symptoms in 1989. She had significant fatigue which was attributed to depression. She was also suffering from vascular urticaria, which has been intermittent, and sometimes severe, since the age of 15. She had also developed headaches for which she was referred to a therapist for guided imagery.

17. Applicant was diagnosed with hypothyroidism in 2007. At the end of 2007, she was diagnosed with Hashimoto's thyroiditis, which did not improve with treatment. Applicant was seen by a general practitioner, Dr. Michael Silao, on May 15, 2009. She complained of mood changes, fatigue, and diminished concentration, depression, anxiety, and migraine. She was diagnosed with Hashimoto's thyroiditis. There were multiple follow-up visits until November 2009, at which time Dr. Silao recommended that Applicant consult an endocrinologist and a psychiatrist.

18. Dr. Neil Wenger, an internist at UCLA, provided care to Applicant between May 2009 and August 2011. Her chief complaints were fatigue, depression, and intractable headaches. She was on Wellbutrin, Synthroid, Cytomel, and Provigil and was given a diagnosis of major depressive disorder and headache. During the time of treatment, Applicant improved. Her headaches were better controlled, and she was more functional and able to carry out activities, although she continued to have some headaches and some anxiety.

19. On August 3, 2009, Applicant sought treatment for Hashimoto's thyroiditis from Dr. Wendy Sacks, an endocrinologist at Cedars-Sinai Medical Center. She complained of fatigue, depression, weight gain, poor concentration, and poor memory. These symptoms appeared to be unrelated to her thyroid condition, since Dr. Sacks found that her thyroid levels were in the normal range on her current level of Synthroid. Applicant opined that her fatigue and depression were due to low thyroid hormone levels, but Dr. Sacks disagreed. She concluded that Applicant's fatigue is mostly related to her depression, as well as situational stressors, rather than thyroid dysfunction. Dr. Sacks saw Applicant again on September 6, 2012.

20a. From December 2009 through January 2010, Applicant was evaluated by Dr. Pantea-Sharifi Hannauer, a pediatric neurologist. Applicant's neurological examination was normal. Dr. Hannauer noted that Applicant has struggled all of her life with social relationships, has been dismissed from multiple programs, and is unaware of the reasons for this. Dr. Hannauer found Applicant's symptoms to be consistent with Asperger's disorder, and the self-report scales support this diagnosis. Dr. Hannauer concluded that Applicant's anxiety and depression are secondary to Asperger's Syndrome. Applicant attended group therapy to help her master group dynamics.

20b. At the time she was evaluated by Dr. Hannauer, Applicant believed that the Asperger's Syndrome diagnosis explained why she had difficulty with rotations that involved being on overnight call. Dr. Hannauer advised her to avoid extremely stressful situations, especially overnight call. Prior to returning to USC, Applicant requested accommodations for Asperger's syndrome from her residency program at Keck. It was her hope that she could "work around" overnight call and use a laptop that recognizes voice and handwriting for better efficiency. However, these accommodations were not provided. Applicant is no longer under the care of Dr. Hannauer and no longer believes that Asperger's Syndrome was a correct diagnosis.

21. In 2012, Applicant was seen by an internist at Kaiser Permanente, Dr. Moira Casillas. Dr. Casillas concluded that Applicant has three autoimmune processes: chronic urticaria, Hashimoto's thyroiditis, and ITP. Dr. Casillas started Applicant on prednisone, an oral steroid, and her symptoms and laboratory results improved significantly. Respondent's mood is better and she continues on prednisone. Dr. Casillas concluded that although Applicant has several chronic medical conditions for which she is receiving treatment, her prognosis is very good. From her perspective as a primary care physician, she does not anticipate any relapses. However, Dr. Casillas noted that she cannot speak to Applicant's psychiatric diagnoses as she is not the treating physician for those conditions.

22. Since 2007, Applicant has been seen by a number of rheumatologists at Kaiser Permanente and also by Dr. Ami Ben-Artzi, at the University of California Los Angeles. Dr. Ben-Artzi concluded that she has systemic lupus erythematosus (lupus) and that this has been the cause of her depression and fatigue all along. Hashimoto's thyroiditis was also a potential cause of fatigue and difficulties concentrating. However, her fatigue persisted even after thyroid hormone levels were normalized. Once she was started on prednisone to treat lupus in about July or August of 2012, Applicant experienced a dramatic improvement in her energy, concentration, and functionality.

23a. When Applicant began her residency in psychiatry at Keck in 2007, she was having significant problems with fatigue and concentration and struggled with her rotations. Treatment with a psychiatrist, Dr. Adib H. Bitar, started around that time. Applicant reports being physically exhausted and unable to keep up with the demands of her residency. Applicant had severe problems with fatigue and concentration interfering with her work at that time.

23b. Dr. Bitar treated Applicant from December 2007 through September 2011 and on November 1, 2012. The initial diagnosis was major depression. She presented with atypical depression and Dr. Bitar noted that Applicant's treatment response to psychiatric and psychological interventions were minimal at best. Applicant had tried selective serotonin re-uptake inhibitors (SSRIs) for depression, but testified that they were not effective. She also was taking Synthroid, Cytomel, birth control pills to modulate her headache, and Adderall for fatigue. Dr. Bitar prescribed Wellbutrin, which somewhat alleviated her depression. Applicant told Dr. Bitar that once she began taking prednisone, this medication has helped her both physically and psychologically. She still sees Dr. Bitar every several months because he is prescribing Adderall for her fatigue. Currently, she is not experiencing any depression, is not taking any medication for depression, and is not in psychotherapy.

23c. Dr. Bitar concluded that Applicant's mood disorder is related to lupus. With treatment for lupus, her mood disorder has been in remission. On Applicant's visit to Dr. Bitar on April 13, 2013, she had no complaints of depression. Adderall is prescribed to treat mild fatigue, which Dr. Bitar considers to be a somatic manifestation of lupus. Dr. Bitar has diagnosed Applicant with mood disorder, secondary to a general medical condition (i.e., multiple autoimmune disorders), with a prognosis from fair to good.

24. Applicant currently reports that her range of emotions is neither depressed nor highly elevated, she is sleeping well, and has no problems with concentration. She does note some mild fatigue, but it is nothing like the fatigue she was experiencing at the time she left the residency program at Keck. Her opinion is that she is significantly improved due to the fact that

she is being treated with prednisone for lupus. Applicant states that her relationships with her patients were the most rewarding part of being a physician and that "nothing compared to my love of being someone's doctor." Applicant believes that she is capable of completing a residency program at this time and can manage well in a post-residency career in "a small, limited practice" or a job that does not involve long hours.

Examination and Opinions of Stuart Shipko, M.D.

25. On June 25, 2013, at the Board's direction, Applicant underwent a psychiatric evaluation and psychological testing by Stuart Shipko, M.D., a Board-appointed board certified psychiatrist. The purpose of this evaluation and testing was to evaluate Applicant's mental status and functionality. Dr. Shipko considered all information provided by the Board and other relevant information.

26. At the time of the exam, Applicant did not complain of any psychiatric symptoms and had a normal mental status examination. She was alert and oriented to time, place, person, and reason for the interview. She was neatly groomed, polite, and cooperative. She had good hygiene and grooming. During the interview, she made good eye contact and showed normal speech and normal motor activity. There were no involuntary movements. Her mood was euthymic, and her affect was broad and appropriate to the content of speech. There were times during the interview when she was mildly distressed. Dr. Shipko and Applicant discussed in detail the difficulties that she had at Albert Einstein, as well as the difficulties that she had at Keck. When Dr. Shipko asked her why she took a leave of absence from Ross, Applicant told him that the leave was not due to any medical or personal difficulties, but "was related to gaps in scheduling clerkships." Applicant composed herself well and showed appropriate concern about the events that had transpired. Dr. Shipko did not observe clinical depression or anxiety during this examination. Her thought processes were logical and goal directed.

27. Dr. Shipko performed formal testing of cognition. The testing indicated normal attention, concentration, and memory, abstract reasoning was intact, and insight and judgment were good.

28. Dr. Shipko administered a personality inventory test, the Minnesota Multiphasic Personality Inventory (MMPI-2), a 567 true-false questionnaire which provides information concerning clinical illness and personality. Applicant's testing results are consistent with a patient who has numerous medical complaints. The individual scales for depression and anxiety are within the normal range, and the results are inconsistent with personality disorder.

29. Dr. Shipko's diagnostic impression was:

Axis I: Depressive disorder NOS currently in remission
Axis II: No diagnosis
Axis III: Systemic lupus erythematosus, ITP, migraine headache, vascular urticarial, and Hashimoto's thyroiditis.
Axis IV: Health problems. Axis V: GAF is 90.

30. Dr. Shipko opined that currently Applicant is not suffering from any symptoms of an identifiable mental illness or from Asperger's Syndrome. This was supported by his examination, discussion with Dr. Bitar, and the MMPI-2 results.

31. Dr. Shipko took into consideration that Applicant had performed unacceptably during her psychiatric residency at Keck during a period of time when her physical symptoms were most severe. She was struggling with a high degree of fatigue which was affecting her concentration and her ability to keep up with her work load. The fatigue was based on difficult to diagnose physical conditions and not primarily on emotional symptoms. The fatigue, which impaired her functioning, is reportedly improved to a significant degree at the present time with Prednisone.

32. Dr. Shipko concluded that Applicant would not be able to practice medicine safely with a full and unrestricted license. Although the examination he conducted was normal, the degree of impairment that Applicant showed prior to stopping work is very high and represents unsafe patient care. She has not practiced medicine for three years. While severe fatigue related to as yet undiagnosed lupus is a reasonable explanation for the sharp and serious decline in her work in the months prior to going on probation and on a medical leave of absence from her residency at Keck, it is unclear what role anxiety and depression may also have played in this decline.

33. Dr. Shipko furnished a written evaluation report to the Board. He recommended that to ensure patient safety, Applicant should be allowed to practice only in a highly structured and supervised setting, such as a residency program. Psychiatric examination at least quarterly with Dr. Bitar, or another psychiatrist, should be required. He concluded that these conditions are needed for one year with psychiatric re-evaluation, or a written statement from the attending psychiatrist, attesting to mental status and functionality prior to release from probation.

Examination and Opinions of Annette Swain, Ph.D. ABPP.

34. Dr. Swain is a clinical psychologist with 19 years of practice as a neuropsychologist. During that time, she has conducted approximately 240 evaluations a year. She spent eight to nine hours evaluating the Applicant, two hours of which were face to face contact.

35. Dr. Swain opined that the test conducted showed that Applicant had no psychiatric disturbance at this time, and noted that from a neuropsychological and psychological standpoint there was no evidence of any condition that would impair Applicant's ability to practice medicine safely, competently, and without restriction. Dr. Swain disagrees with Dr. Shipko's findings, because he based his opinion on a period when Applicant was not yet diagnosed.

36. Dr. Swain acknowledged that Applicant was taking Prednisone when she evaluated her, not working full time, and was not practicing medicine. She opined that Applicant could practice safely even when she is no longer on Prednisone.

LEGAL CONCLUSIONS

1. Business and Professions Code (Code) section 2221 states:

(a) The board may deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license; or, the board in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions . . . .

2. Section 480, subdivision (a)(3)(A), of the Code provides that the board may deny a license on the grounds that the applicant has done any act that would be grounds for suspension or revocation of a license if done by a licentiate of the profession.

3. Section 822 of the Code states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.
(b) Suspending the licentiate's right to practice.
(c) Placing the licentiate on probation.
(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

4. Cause exists to deny the application pursuant to sections 480, subdivision (a)(3)(A), 822 and 2221 because Applicant suffers from physical illness and/or mental illness affecting her competency to practice medicine, by reason of Factual Findings 4 through 33.

5. Applicant did not present sufficient evidence to establish that she would be able to practice medicine safely with a full and unrestricted license. She has several chronic medical conditions for which she is receiving treatment and has not practiced medicine for three years. Although the mental status examination conducted by Dr. Shipko on June 25, 2013 was essentially normal, Dr. Shipko credibly and persuasively opined that if Applicant were to practice medicine with the significant degree of impairment she demonstrated prior to leaving her residency at Keck, it could pose a danger to patients in her care. Greater weight is given to Dr. Shipko's assessment over that of Dr. Swain's because his assessment is based on the entire record as opposed to Applicant's current condition alone.

6. The Board's consumer protection charge mandates that it thoroughly evaluate the entire circumstance of the Applicant, and as a result, the Board must consider the Applicant's performance during residency. The Board additionally notes that though Applicant completed two years of residency in psychiatry, to practice in that area, she would need to complete an additional year of residency in psychiatry. A period of monitoring greater than one year is therefore necessary.

7. Code section 2229 mandates that protection of the public shall be the highest priority for the Medical Board. Granting Applicant a probationary license for a thirty-five (35) month period, with the following terms and conditions, is appropriate and necessary for the protection of the public.

ORDER

Shilla Nassi's application for a full and unrestricted Physician's and Surgeon's Certificate is denied. However, a probationary license shall be issued for a period of thirty-five (35) months, with the following terms and conditions. If all terms and conditions are met, at the probationary period, Applicant shall be granted a full and unrestricted license. If, prior to the completion of probation, Applicant is found to be mentally unfit to undertake the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over her license and the period of probation shall be extended until the Board determines that she is mentally fit to undertake the practice of medicine without restrictions.

1. Prohibited Practice

During probation, Applicant is prohibited from practicing in an unstructured or unsupervised setting.

2. Solo Practice Prohibition

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

If Applicant 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, Applicant 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. Applicant shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, Applicant's practice setting changes and Applicant is no longer practicing in a setting in compliance with this Decision, she shall notify the Board or its designee within 5 calendar days of the practice setting change. If Applicant 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, Applicant 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. She shall not resume practice until an appropriate practice setting is established.

3. 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, Applicant 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. The evaluator shall additionally assess whether psychotherapy is indicated. Psychiatric evaluations conducted prior to the effective date of this Decision shall not be accepted towards the fulfillment of this requirement. Applicant shall pay the cost of all psychiatric evaluations and psychological testing.

Applicant 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.

4. Notification

Within seven (7) days of the effective date of this Decision, Applicant shall provide a true copy of this Decision and Statement of Issues to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to her, at any other facility where she 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 her. Applicant 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.

5. Supervision of Physician Assistants

During probation, Applicant is prohibited from supervising physician assistants.

6. Obey All Laws

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

7. Quarterly Declarations

Applicant 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.

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

8. General Probation Requirements

Compliance with Probation Unit: Applicant shall comply with the Board's probation unit and all terms and conditions of this Decision.

Address Changes: Applicant shall, at all times, keep the Board informed of her 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: Applicant shall not engage in the practice of medicine in her or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

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

Travel or Residence Outside California: Applicant 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 she should leave the State of California to reside or to practice, Applicant shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

9. Interview with the Board or its Designee

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

10. Non-practice While on Probation

Applicant 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 her return to practice. Non-practice is defined as any period of time she is not practicing medicine in California 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. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. 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 Applicant's period of non-practice while on probation exceeds 18 calendar months, she shall successfully complete a clinical training 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.

Applicant'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 will relieve Applicant 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; and General Probation Requirements.

11. Completion of Probation

Applicant shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Applicant shall be granted a full and unrestricted license.

12. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If Applicant violates probation in any respect, the Board, after giving her 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 Applicant 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.

13. License Surrender

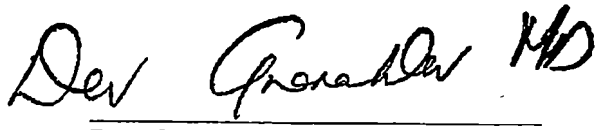
Following the effective date of this Decision, if Applicant ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, she may request to surrender her license. The Board reserves the right to evaluate her request and to exercise its 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, Applicant shall within 15 calendar days deliver her wallet and wall certificate to the Board or its designee and she shall no longer practice medicine. Applicant will no longer be subject to the terms and conditions of probation. If she re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

14. Probation Monitoring Costs

Applicant shall pay the costs associated with probation monitoring each 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.

This Decision shall become effective on: September 18, 2015.

It is so ORDERED: August 19, 2015



Dev Gnanadev, M.D., Chair
Panel B, Medical Board of California

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

In the Matter of the Statement of Issues Against:	)	
SHILLA NASSI	)	Case No.: **20-2013-234138**
	)	OAH No.: **2014080502**
Applicant.	)	

ORDER OF NON-ADOPTION OF PROPOSED DECISION

The Proposed Decision of the Administrative Law Judge in the above-entitled matter has been **non-adopted.** A panel of the Medical Board of California (Board) will decide the case upon the record, including the transcript and exhibits of the hearing, and upon such written arguments as the parties may wish to submit directed to the question of whether the proposed penalty should be modified. The parties will be notified of the date for submission of such arguments when the transcript of the above-mentioned hearing becomes available.

To order a copy of the transcript, please contact Kennedy Court Reporters, their telephone number is (714) 835-0366.

To order a copy of the exhibits, please submit a written request to this Board.

In addition, oral argument will only be scheduled if a party files a request for oral argument with the Board within 20 days from the date of this notice. If a timely request is filed, the Board will serve all parties with written notice of the time, date and place for oral argument. Oral argument shall be directed only to the question of whether the proposed penalty should be modified. Please do not attach to your written argument any documents that are not part of the record as they cannot be considered by the Panel. The Board directs the parties attention to Title 16 of the California Code of Regulations, sections 1364.30 and 1364.32 for additional requirements regarding the submission of oral and written arguments.

Please remember to serve the opposing party with a copy of your written argument and any other papers you might file with the Board. The mailing address of the Board is as follows:

MEDICAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-3831
(916) 263-2349
Attention: John F. Yelchak

Date: May 15, 2015

Dev Gnanadev MD

Dev Gnanadev, M.D., Chair
Panel B

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

In the Matter of Statement of Issues Against: SHILLA NASSI, Applicant.	Case No. 20-2013-234138 OAH No. 2014080502

PROPOSED DECISION

This matter came before Laurie R. Pearlman, Administrative Law Judge, Office of Administrative Hearings, in Los Angeles, California, on February 19-20, 2015.

Joshua M. Templet, Deputy Attorney General, represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

Shilla Nassi (Applicant) was present and was represented by Gary E. Wittenberg, Attorney at Law.

Oral and documentary evidence was received at the hearing and the matter was submitted for decision.

FACTUAL FINDINGS

1. Complainant filed the Statement of Issues on July 29, 2014, in her official capacity.

2. On December 21, 2011, the Board received an application for a Physician's and Surgeon's Certificate from Applicant. On December 14, 2011, Applicant certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. Thereafter, Applicant rejected the Board's offer of a probationary license. On May 20, 2014, Applicant's application was denied on the grounds that she suffers from physical illness and/or mental illness affecting her competency to practice medicine. Applicant requested a hearing and this matter ensued.

3. Complainant served the Statement of Issues, the Notice of Hearing, and all other required documents on Applicant.

Applicant's Education and Employment

4. Applicant received a bachelor's degree in chemical engineering from Stanford University in 1991. From July 1993 until June 2002, Applicant was enrolled in an M.D./Ph.D program at Albert Einstein College of Medicine in New York (Albert Einstein). In years one through three, she passed all classes and rotations, and graduated with a Ph.D. in neuroscience.

5. However, in April 2002, in her second year of medical school at Albert Einstein, Applicant was administratively withdrawn from the M.D. program. She was having difficulties interacting with residents and attending physicians, primarily on her obstetrician/gynecologist rotation. She testified that the faculty was harsh and routinely used raised voices in speaking with students and residents. Applicant did not tolerate that atmosphere well. Applicant's peers complained that she argued with a resident, had difficulties with punctuality, and performed an unsupervised pelvic exam. Applicant stated that these accusations were not valid, but acknowledged that she got along poorly with co-workers on this rotation, and was a poor fit for the abrasive style of this service.

6. The Albert Einstein faculty held two committee meetings to discuss these complaints against Applicant. She attended the first meeting, and it was her impression that she was not in any serious trouble. A second committee meeting was scheduled, but instead of attending this meeting, Applicant chose to go to an interview for a residency slot at Cornell University, which she was very interested in obtaining. In lieu of attending the meeting, she submitted a letter to the committee. The committee recommended Applicant's administrative withdrawal from Albert Einstein. In hindsight, Applicant would have attended the meeting and she believes that she would have been able to complete her medical education at Albert Einstein if she had done so.

7. From September 2002, through March 2005, Applicant worked as a private tutor for college-level biology and physiology courses.

8. From January 2004, through April 2007, Applicant attended Ross University School of Medicine (Ross) in Dominica, an island nation in the Caribbean. In 2006, she was stressed because of a relationship breakup and an exhausting rotation. Ross authorized a leave of absence between June 2, 2006 and July 13, 2006, and between August 25, 2006 and October 2, 2006. Applicant completed her medical education at Ross with no conflicts, problems or disciplinary actions and obtained her M.D. degree on March 31, 2007. She passed a three-step examination for medical licensure in the United States.

9. From September 2010 through the present, Applicant has been designing an electronic medical records program. She has also been writing fiction and is part-way through a novel.

Psychiatric Residency at the USC Keck School of Medicine

10. From July 2007 through August 2010, Applicant attended Los Angeles County-University of Southern California Keck School of Medicine (Keck) in a psychiatric residency. She felt exhausted all of the time, struggled on rotations that required her to be on overnight call, and had concerns about handling her patient load and communicating with her team, especially after overnight call. She was eventually diagnosed with idiopathic thrombocytopenic purpura (ITP), an autoimmune condition typically involving a rash; low thyroid hormone levels; low vitamin D levels; chronic migraines; and depression. Applicant continued to feel tired, distracted, and sad. Medications did not help.

11. On May 11, 2009, Applicant was placed on probation, due to difficulties with her clinical performance.

12. Applicant took a leave of absence for medical reasons from May 18, 2009 through February 28, 2010.

13. In March 2010, Applicant achieved a less than satisfactory score on her adult inpatient rotation due to evaluating patients in an unsafe manner; confusing charts of two different patients; charting deficiencies; need for more supervision than average; lack of dependability; difficulty accepting feedback about her less-than-expected performance, and difficulty keeping up with a small caseload. Nurses and peers complained about Applicant's poor patient management.

14. On April 22, 2010, Applicant was informed that she needed improvement in professionalism, punctuality, and completion of work, and must be a better team member and complete her chart notes. Residency faculty cited the following examples: she interviewed a male on sexual precautions while alone with the door closed, failed to review a chart in preparation for a court hearing, wrote an improper 14-day hold, and routinely asked other residents and students to do her work for her. Peers and nurses found it difficult to work with her because she was defensive and occasionally made inappropriate comments. Appellant became overwhelmed when new tasks were assigned to her.

15. When Applicant returned to the residency program at Keck, she had continued difficulties with clinical performance, and her dismissal from the residency program was recommended on June 17, 2010. Applicant was not offered a contract to commence a third year of training at Keck. Having satisfactorily completed two years of her residency, she is eligible to obtain a physician's and surgeon's license from the Board. However, she would need to complete an additional year of residency in order to practice psychiatry.

Physical and Mental Health Issues

16. Appellant has had some psychiatric problems since 1986, when she was 17-years-old. Her father passed away at that time, and she had one visit with a counselor at that time. She recalls having the onset of a variety of symptoms in 1989. She had significant

fatigue which was attributed to depression. She was also suffering from vascular urticaria, which has been intermittent, and sometimes severe, since the age of 15. She had also developed headaches for which she was referred to a therapist for guided imagery.

17. Applicant was diagnosed with hypothyroidism in 2007. At the end of 2007, she was diagnosed with Hashimoto's thyroiditis, which did not improve with treatment. Applicant was seen by a general practitioner, Dr. Michael Silao, on May 15, 2009. She complained of mood changes, fatigue, and diminished concentration, depression, anxiety, and migraine. She was diagnosed with Hashimoto's thyroiditis. There were multiple follow-up visits until November 2009, at which time Dr. Silao recommended that Applicant consult an endocrinologist and a psychiatrist.

18. Dr. Neil Wenger, an internist at UCLA, provided care to Applicant between May 2009 and August 2011. Her chief complaints were fatigue, depression, and intractable headaches. She was on Wellbutrin, Synthroid, Cytomel, and Provigil and was given a diagnosis of major depressive disorder and headache. During the time of treatment, Applicant improved. Her headaches were better controlled, and she was more functional and able to carry out activities, although she continued to have some headaches and some anxiety.

19. On August 3, 2009, Applicant sought treatment for Hashimoto's thyroiditis from Dr. Wendy Sacks, an endocrinologist at Cedars-Sinai Medical Center. She complained of fatigue, depression, weight gain, poor concentration, and poor memory. These symptoms appeared to be unrelated to her thyroid condition, since Dr. Sacks found that her thyroid levels were in the normal range on her current level of Synthroid. Applicant opined that her fatigue and depression were due to low thyroid hormone levels, but Dr. Sacks disagreed. She concluded that Applicant's fatigue is mostly related to her depression, as well as situational stressors, rather than thyroid dysfunction. Dr. Sacks saw Applicant again on September 6, 2012.

20a. From December 2009 through January 2010, Applicant was evaluated by Dr. Pantea-Sharifi Hannauer, a pediatric neurologist. Applicant's neurological examination was normal. Dr. Hannauer noted that Applicant has struggled all of her life with social relationships, has been dismissed from multiple programs, and is unaware of the reasons for this. Dr. Hannauer found Applicant's symptoms to be consistent with Asperger's disorder, and the self-report scales support this diagnosis. Dr. Hannauer concluded that Applicant's anxiety and depression are secondary to Asperger's Syndrome. Applicant attended group therapy to help her master group dynamics.

20b. At the time she was evaluated by Dr. Hannauer, Applicant believed that the Asperger's Syndrome diagnosis explained why she had difficulty with rotations that involved being on overnight call. Dr. Hannauer advised her to avoid extremely stressful situations, especially overnight call. Prior to returning to USC, Applicant requested accommodations for Asperger's syndrome from her residency program at Keck. It was her hope that she could "work around" overnight call and use a laptop that recognizes voice and handwriting for better

efficiency. However, these accommodations were not provided. Applicant is no longer under the care of Dr. Hannauer and no longer believes that Asperger's Syndrome was a correct diagnosis.

21. In 2012, Applicant was seen by an internist at Kaiser Permanente, Dr. Moira Casillas. Dr. Casillas concluded that Applicant has three autoimmune processes: chronic urticaria, Hashimoto's thyroiditis, and ITP. Dr. Casillas started Applicant on prednisone, an oral steroid, and her symptoms and laboratory results improved significantly. Respondent's mood is better and she continues on prednisone. Dr. Casillas concluded that although Applicant has several chronic medical conditions for which she is receiving treatment, her prognosis is very good. From her perspective as a primary care physician, she does not anticipate any relapses. However, Dr. Casillas noted that she cannot speak to Applicant's psychiatric diagnoses as she is not the treating physician for those conditions.

22. Since 2007, Applicant has been seen by a number of rheumatologists at Kaiser Permanente and also by Dr. Ami Ben-Artzi, at the University of California Los Angeles. Dr. Ben-Artzi concluded that she has systemic lupus erythematosus (lupus) and that this has been the cause of her depression and fatigue all along. Hashimoto's thyroiditis was also a potential cause of fatigue and difficulties concentrating. However, her fatigue persisted even after thyroid hormone levels were normalized. Once she was started on prednisone to treat lupus in about July or August of 2012, Applicant experienced a dramatic improvement in her energy, concentration, and functionality.

23a. When Applicant began her residency in psychiatry at Keck in 2007, she was having significant problems with fatigue and concentration and struggled with her rotations. Treatment with a psychiatrist, Dr. Adib H. Bitar, started around that time. Applicant reports being physically exhausted and unable to keep up with the demands of her residency. Applicant had severe problems with fatigue and concentration interfering with her work at that time.

23b. Dr. Bitar treated Applicant from December 2007 through September 2011 and on November 1, 2012. The initial diagnosis was major depression. She presented with atypical depression and Dr. Bitar noted that Applicant's treatment response to psychiatric and psychological interventions were minimal at best. Applicant had tried selective serotonin re-uptake inhibitors (SSRIs) for depression, but testified that they were not effective. She also was taking Synthroid, Cytomel, birth control pills to modulate her headache, and Adderall for fatigue. Dr. Bitar prescribed Wellbutrin, which somewhat alleviated her depression. Applicant told Dr. Bitar that once she began taking prednisone, this medication has helped her both physically and psychologically. She still sees Dr. Bitar every several months because he is prescribing Adderall for her fatigue. Currently, she is not experiencing any depression, is not taking any medication for depression, and is not in psychotherapy.

23c. Dr. Bitar concluded that Applicant's mood disorder is related to lupus. With treatment for lupus, her mood disorder has been in remission. On Applicant's visit to Dr. Bitar on April 13, 2013, she had no complaints of depression. Adderall is prescribed to treat mild

fatigue, which Dr. Bitar considers to be a somatic manifestation of lupus. Dr. Bitar has diagnosed Applicant with mood disorder, secondary to a general medical condition (i.e., multiple autoimmune disorders), with a prognosis from fair to good.

24. Applicant currently reports that her range of emotions is neither depressed nor highly elevated, she is sleeping well, and has no problems with concentration. She does note some mild fatigue, but it is nothing like the fatigue she was experiencing at the time she left the residency program at Keck. Her opinion is that she is significantly improved due to the fact that she is being treated with prednisone for lupus. Applicant states that her relationships with her patients were the most rewarding part of being a physician and that "nothing compared to my love of being someone's doctor." Applicant believes that she is capable of completing a residency program at this time and can manage well in a post-residency career in "a small, limited practice" or a job that does not involve long hours.

Examination and Opinions of Stuart Shipko, M.D.

25. On June 25, 2013, at the Board's direction, Applicant underwent a psychiatric evaluation and psychological testing by Stuart Shipko, M.D., a Board-appointed board certified psychiatrist. The purpose of this evaluation and testing was to evaluate Applicant's mental status and functionality. Dr. Shipko considered all information provided by the Board and other relevant information.

26. At the time of the exam, Applicant did not complain of any psychiatric symptoms and had a normal mental status examination. She was alert and oriented to time, place, person, and reason for the interview. She was neatly groomed, polite, and cooperative. She had good hygiene and grooming. During the interview, she made good eye contact and showed normal speech and normal motor activity. There were no involuntary movements. Her mood was euthymic, and her affect was broad and appropriate to the content of speech. There were times during the interview when she was mildly distressed. Dr. Shipko and Applicant discussed in detail the difficulties that she had at Albert Einstein, as well as the difficulties that she had at Keck. When Dr. Shipko asked her why she took a leave of absence from Ross, Applicant told him that the leave was not due to any medical or personal difficulties, but "was related to gaps in scheduling clerkships." Applicant composed herself well and showed appropriate concern about the events that had transpired. Dr. Shipko did not observe clinical depression or anxiety during this examination. Her thought processes were logical and goal directed.

27. Dr. Shipko performed formal testing of cognition. The testing indicated normal attention, concentration, and memory, abstract reasoning was intact, and insight and judgment were good.

28. Dr. Shipko administered a personality inventory test, the Minnesota Multiphasic Personality Inventory (MMPI-2), a 567 true-false questionnaire which provides information concerning clinical illness and personality. Applicant's testing results are consistent with a patient who has numerous medical complaints. The individual scales for depression and anxiety are within the normal range, and the results are inconsistent with personality disorder.

29. Dr. Shipko's diagnostic impression was:

Axis I: Depressive disorder NOS currently in remission
Axis II: No diagnosis
Axis III: Systemic lupus erythematosus, ITP, migraine headache, vascular urticarial, and Hashimoto's thyroiditis.
Axis IV: Health problems.
Axis V: GAF is 90.

30. Dr. Shipko opined that currently Applicant is not suffering from any symptoms of an identifiable mental illness or from Asperger's Syndrome. This was supported by his examination, discussion with Dr. Bitar, and the MMPI-2 results.

31. Dr. Shipko took into consideration that Applicant had performed unacceptably during her psychiatric residency at Keck during a period of time when her physical symptoms were most severe. She was struggling with a high degree of fatigue which was affecting her concentration and her ability to keep up with her work load. The fatigue was based on difficult to diagnose physical conditions and not primarily on emotional symptoms. The fatigue, which impaired her functioning, is reportedly improved to a significant degree at the present time with Prednisone.

32. Dr. Shipko concluded that Applicant would not be able to practice medicine safely with a full and unrestricted license. Although the examination he conducted was normal, the degree of impairment that Applicant showed prior to stopping work is very high and represents unsafe patient care. She has not practiced medicine for three years. While severe fatigue related to as yet undiagnosed lupus is a reasonable explanation for the sharp and serious decline in her work in the months prior to going on probation and on a medical leave of absence from her residency at Keck, it is unclear what role anxiety and depression may also have played in this decline.

33. Dr. Shipko furnished a written evaluation report to the Board. He recommended that to ensure patient safety, Applicant should be allowed to practice only in a highly structured and supervised setting, such as a residency program. Psychiatric examination at least quarterly with Dr. Bitar, or another psychiatrist, should be required. He concluded that these conditions are needed for one year with psychiatric re-evaluation, or a written statement from the attending psychiatrist, attesting to mental status and functionality prior to release from probation.

LEGAL CONCLUSIONS

1. Business and Professions Code (Code) section 2221states:

(a) The board may deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to

revocation or suspension of his or her license; or, the board in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions . . . .

2. Section 480, subdivision (a)(3)(A), of the Code provides that the board may deny a license on the grounds that the applicant has done any act that would be grounds for suspension or revocation of a license if done by a licentiate of the profession.

3. Section 822 of the Code states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.
(b) Suspending the licentiate's right to practice.
(c) Placing the licentiate on probation.
(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

4. Cause exists to deny the application pursuant to sections 480, subdivision (a)(3)(A), 822 and 2221 because Applicant suffers from physical illness and/or mental illness affecting her competency to practice medicine, by reason of Factual Findings 4 through 33.

5. Applicant did not present sufficient evidence to establish that she would be able to practice medicine safely with a full and unrestricted license. She has several chronic medical conditions for which she is receiving treatment and has not practiced medicine for three years. Although the mental status examination conducted by Dr. Shipko on June 25, 2013 was essentially normal, Dr. Shipko credibly and persuasively opined that if Applicant were to practice medicine with the significant degree of impairment she demonstrated prior to leaving her residency at Keck, it could pose a danger to patients in her care.

6. Code section 2229 mandates that protection of the public shall be the highest priority for the Medical Board. Granting Applicant a probationary license for a one-year period, with the following terms and conditions, is appropriate and necessary for the protection of the public.

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ORDER

Shilla Nassi's application for a full and unrestricted Physician's and Surgeon's Certificate is denied. However, a probationary license shall be issued for a period of one year, with the following terms and conditions. If all terms and conditions are met, at the end of one year, Applicant shall be granted a full and unrestricted license. If, prior to the completion of probation, Applicant is found to be mentally unfit to undertake the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over her license and the period of probation shall be extended until the Board determines that she is mentally fit to undertake the practice of medicine without restrictions.

1. Prohibited Practice

During probation, Applicant is prohibited from practicing in an unstructured or unsupervised setting.

2. Solo Practice Prohibition

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

If Applicant 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, Applicant 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. Applicant shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, Applicant's practice setting changes and Applicant is no longer practicing in a setting in compliance with this Decision, she shall notify the Board or its designee within 5 calendar days of the practice setting change. If Applicant 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, Applicant 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. She shall not resume practice until an appropriate practice setting is established.

3. Psychotherapy

Within 60 calendar days of the effective date of this Decision, Applicant 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, Applicant 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. Applicant shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Applicant shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Applicant to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Applicant is found to be mentally unfit to undertake the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over her license and the period of probation shall be extended until the Board determines that she is mentally fit to undertake the practice of medicine without restrictions.

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

4. Notification

Within seven (7) days of the effective date of this Decision, Applicant shall provide a true copy of this Decision and Statement of Issues to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to her, at any other facility where she 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 her. Applicant 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.

5. Supervision of Physician Assistants

~~During probation, Applicant is prohibited from supervising physician assistants.~~

6. Obey All Laws

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

7. Quarterly Declarations

Applicant 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.

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

8. General Probation Requirements

Compliance with Probation Unit: Applicant shall comply with the Board's probation unit and all terms and conditions of this Decision.

Address Changes: Applicant shall, at all times, keep the Board informed of her 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: Applicant shall not engage in the practice of medicine in her or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

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

Travel or Residence Outside California: Applicant 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 she should leave the State of California to reside or to practice, Applicant shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

9. Interview with the Board or its Designee

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

10. Non-practice While on Probation

Applicant 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 her return to practice. Non-practice is defined as any period of time she is not practicing medicine in California 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. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. 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 Applicant's period of non-practice while on probation exceeds 18 calendar months, she shall successfully complete a clinical training 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.

Applicant'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 will relieve Applicant 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; and General Probation Requirements.

11. Completion of Probation

Applicant shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Applicant shall be granted a full and unrestricted license.

12. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If Applicant violates probation in any respect, the Board, after giving her 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 Applicant 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.

13. License Surrender

Following the effective date of this Decision, if Applicant ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, she may request to surrender her license. The Board reserves the right to evaluate her 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, Applicant shall within 15 calendar days deliver her wallet and wall certificate to the Board or its designee and she shall no longer practice medicine. Applicant will no longer be subject to the terms and conditions of probation. If she re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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14. Probation Monitoring Costs

Applicant shall pay the costs associated with probation monitoring each 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.

DATED: March 19, 2015

LAURIE R. PEARLMAN
Administrative Law Judge
Office of Administrative Hearings

KAMALA D. HARRIS
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
JOSHUA M. TEMPLET
Deputy Attorney General
State Bar No. 267098
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-5529
Facsimile: (415) 703-5480
E-mail: Joshua.Templet@doj.ca.gov
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 22, 2014
BY: [illegible] ANALYST

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

In the Matter of the Statement of Issues Against: **SHILLA NASSI** 1317 Amherst Avenue #1 Los Angeles, CA 90025, Applicant.	Case No. 20-2013-234138 **STATEMENT OF ISSUES**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Statement of Issues solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about December 21, 2011, the Medical Board of California (Board), Department of Consumer Affairs received an application for a Physician's and Surgeon's Certificate from Shilla Nassi (Applicant). On December 14, 2011, Applicant certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. Thereafter, Applicant rejected the Board's offer of a probationary license. On May 20, 2014, Applicant's application was denied and Applicant requested a hearing.

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JURISDICTION

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

4. Section 2221 of the Code states:

> (a) The board may deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license; or, the board in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions . . . .

5. Section 480 of the Code states:

> (a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:
>
> . . . .
>
> (3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

6. Section 822 of the Code states:

> If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:
>
> (a) Revoking the licentiate's certificate or license.
>
> (b) Suspending the licentiate's right to practice.
>
> (c) Placing the licentiate on probation.
>
> (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.
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> . . . .

CAUSE FOR DENIAL OF APPLICATION

(Physical Illness and/or Mental Illness Affecting Competency)

7. Applicant's application is subject to denial under section 2221 in that she suffers from physical illness and/or mental illness affecting her competency to practice medicine.

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8. A report based on the June 25, 2013 psychiatric evaluation of Applicant by psychiatrist Stuart Shipko, M.D. concludes that Applicant is unable to practice medicine safely with a full and unrestricted license.

9. Dr. Shipko's report is based, in part, on findings that Applicant took a leave of absence and was ultimately terminated from her psychiatric residency, in which she was enrolled from July 2007 until June 2010. Dr. Shipko's report documents that Applicant "performed unacceptably during her psychiatric residency, . . . [when] [s]he was struggling with a high degree of fatigue, which was affecting her concentration and her ability to keep up with her work load." Regarding Applicant's medical care as a resident, Dr. Shipko observed that ". . . the degree of impairment that Dr. Nassi showed prior to stopping work is very high and represents unsafe patient care."

10. Dr. Shipko made the following recommendations regarding Applicant's practice of medicine to ensure patient safety:

> To ensure patient safety, Dr. Nassi should be allowed to practice only in a highly structured and supervised setting, such as a residency program. Psychiatric examination, at least quarterly . . . would also help ensure patient safety.
>
> These conditions are needed for a one year duration with psychiatric reevaluation or a written statement from the attending psychiatrist attesting to mental status and functionality prior to release from these conditions.

PRAYER

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

1. Denying the application of Shilla Nassi for a Physician's and Surgeon's Certificate;

2. Ordering Applicant, if she is issued a license and placed on probation, to pay the costs of probation monitoring;

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3. Denying or suspending approval of Applicant's authority to supervise physician assistants, pursuant to section 3527 of the Code, if she is issued a license and placed on probation; and

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

DATED: July 29, 2014

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

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