

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE

You answered yes to a conviction/disciplinary action question. Provide details and attach certified copies of all legal documents.

RENEWAL APPLICATION – PHYSICIAN AND SURGEON (MD)

Alton L. Lawson, M.D.  
Full Name  
[Redacted]  
Street Address  
[Redacted]  
City State Zip Code  
MD025961E  
License Number

RETURN TO:

State Board of Medicine  
PO Box 8414  
Harrisburg, PA 17105-8414

Check If appropriate

- ☐ ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- ☐ NAME CHANGE – The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- ☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.
- ☐ I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements. Renewal must be completed and fee required.

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	If you answered yes to questions 2 through 8, provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN
	X	1. Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction? LIST: _____
	X	2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?
	X	3. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
X		4. Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court?
	X	5. Since your initial application or your last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
	X	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
	X	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	X	8. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
X		9. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

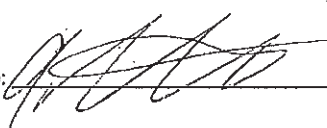
**SECTION B – CONTINUING EDUCATION – SELECT ONE BELOW.** *You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2014.*

- ☒ During this renewal cycle (1/1/11-12/31/12) I have completed the required 100 hours of continuing education with at least 20 hours in courses granted AMA Category 1 approval and at least 12 credit hours in approved activities in the area of patient safety/risk management.
- ☐ I am currently enrolled/have participated in an accredited training program during this renewal cycle (1/1/11-12/31/12) and I am exempt from the continuing education requirement.

**SECTION C – VERIFICATION OF INFORMATION**

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory):



Date:

11-16-12

EXPIRATION DATE: →	<b>December 31, 2012</b>
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	Fee-waived for 2012 renewal only!
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
<b>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</b>	
<b>RETURN BY: DECEMBER 1, 2012</b>	



Richard J. Kabbert  
Attorney-at-Law  
Admitted in PA, WV

Direct Dial: 412-392-5465  
Direct Fax: 888-811-7144  
rkabbert@dmclaw.com

December 11, 2012

Commonwealth of Pennsylvania  
State Board of Medicine  
P.O. Box 8414  
Harrisburg, PA 17105-8414

Re: Alton L. Lawson, S.C.D., M.D., F.A.C.D.G.  
License #MD025961E  
Our File No.: 54947.329436

Dear Board:

This letter is in response to the Renewal Application of Dr. Alton Lawson, and specifically, in response to license renewal question #4. Dr. Lawson was accepted into the Accelerated Rehabilitative Disposition Program on July 27, 2012. This program period is for 9 months and Dr. Lawson has agreed to, and is, completing 100 hours of community service within this time frame. Attached is a copy of the ARD Procedures and Conditions in this matter. Attorney Kevin R. Zinski represented Dr. Lawson in these proceedings.

The circumstances surrounding the acceptance into the ARD Program involve the prescribing of Diethylpropion on one occasion for a Mark Wagner, a lab technician employed, at the time, for Allegheny Womens Center. The one-time prescribing of this medication occurred in or around 2006 when, Dr. Lawson was the Medical Director at AWC. At that time, Mr. Wagner had asked for permission to order Diethylpropion under Dr. Lawson's DEA number. Mr. Wagner represented to Dr. Lawson that this drug had been prescribed to Mr. Wagner by his psychiatrist. Dr. Lawson was aware of Mr. Wagner's mental history and hospitalization so he agreed, this one time, as a favor to Mr. Wagner. Dr. Lawson did not maintain records for drugs dispensed or administered at AWC as this was the responsibility of other AWC employees.

Dr. Lawson acknowledges his role in prescribing this medication and has voluntarily entered, and been accepted, into the ARD Program.

Dr. Lawson has fully cooperated with all investigating authorities, including the District Attorney's Office as well as the Department of State. He will continue to cooperate as necessary and continue to perform his community service as well as practice medicine in conformance with the laws of this Commonwealth.

Commonwealth of Pennsylvania  
December 11, 2012  
Page 2

After you review this correspondence, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'R. Kabbert', with a stylized flourish at the end.

Richard J. Kabbert

RJK/cap  
Attachment



## ARD PROCEDURES AND CONDITIONS

DEFENDANT'S NAME: Alfon Lawson

OTN# or CC#: 20111698

1. You must voluntarily waive your right to speedy trial under Rule 600.
2. You will pay all the costs of the court proceedings through the Clerk of Courts during your period of probation.
  - 2a. A minimum payment of \$ 250.00 / (\$ 50.00) must be made on the above-mentioned ARD Hearing Date.

**MAKE PAYMENT AT ALLEGHENY COUNTY DEPARTMENT OF COURT RECORDS ROOM 114 PRIOR TO ARD HEARING.**  
**All payments made during your period of probation are non refundable under any circumstances.**

Cash or money order only **NO PERSONAL CHECKS**

3. You will appear in courtroom 313 of the Allegheny County Courthouse for an ARD hearing at which time a judge will acknowledge your acceptance into the program.

HEARING DATE July 27, 2012 at 6:30 a.m.

4. You will be placed on 9 months probation and will be supervised by the County Probation Department.

5. If you are charged with Driving Under the Influence, you must undergo an alcohol evaluation at the Allegheny County Alcohol Highway Safety Program located at Manor Building, 554 Forbes Avenue and must attend safe driving classes at the following program. You must comply with any other conditions established during the evaluation, such as attendance at counseling and/or treatment facilities. It is your responsibility to complete all requirements and pay all required fees. **IF BAC .16 OR GREATER YOU MUST COMPLETE FULL D&A ASSESSMENT.**

6. If you are charged with Driving Under the Influence, your driver's license will be suspended for 90 days. The Pennsylvania Department of Transportation should contact you within 4 to 6 weeks after the ARD hearing regarding the procedure governing your suspension. Credit for the license suspension will not begin until PennDot receives your license. Driving during the period of suspension may lead to the filing of charges mandating a sentence of ninety (90) days in prison and a one thousand (\$1,000.00) dollar fine. If you had refused to submit the requested breath or blood sample at the time of your arrest, the above suspension is in addition to any penalty that PennDot may impose.

7. When required, you will participate as a volunteer and perform 100 hours of community service that must be completed within 9 months of the ARD hearing. You must pay the required fee associated with this condition.

8. If restitution is required, then you will make payments through the Allegheny County, Department of Court Records as set forth below:

I understand that I must pay restitution in the total amount of \_\_\_\_\_ at a rate of \_\_\_\_\_ on the day of the ARD hearing and the balance in \_\_\_\_\_ consecutive monthly payments. I further understand that failure to have the indicated amount on the hearing date will result in my case not being recommended for the ARD program.

8a. I understand the total restitution amount due is to be determined. \_\_\_\_\_ and all payments made are non refundable under any circumstances.

9. When you have successfully completed all conditions of the ARD program, the County Probation Office will confirm and notify the District Attorney's Office who in turn will inform the court and the charges against you will be dismissed and your arrest record will be expunged. The process of expungement takes approximately six months from your successful completion of the ARD program. However, if you fail to meet any of the conditions of your ARD probation or violate your probation with a conviction of another crime, then your ARD probation will be revoked and your case listed for trial.

10. I understand and agree to comply with the conditions set forth above and acknowledge that no promises or recommendations, other than those contained in this document have been made or offered to me by the representative of the Allegheny County District Attorney's Office conducting this ARD interview.

DEFENDANT

ATTORNEY

ARD CASE WORKER

DATE



Commonwealth of Pennsylvania  
v.  
Alton L. Lawson

IN THE COURT OF COMMON PLEAS OF  
ALLEGHENY COUNTY, PENNSYLVANIA

CRIMINAL DIVISION

DOCKET NO: CP-02-CR-0011698-2011  
OTN: G5357656

## ORDER

AND NOW, this 27th day of July, 2012, after consideration of the Attorney for the Commonwealth's Motion to admit the defendant into the Accelerated Rehabilitative Disposition Program in the above-captioned case and following a colloquy before the Court wherein the defendant expressed an understanding of the program, agreed to the terms in Pa.R.Crim.P. 312, and requested to participate, it is ORDERED that the Motion is GRANTED.

### CHARGE(S)

<u>Statute</u>	<u>Offense</u>	<u>Grade</u>	<u>Disposition</u>	<u>BAC</u>
35 § 780-113 §§ A15	Sale Of Controlled Substance	M	ARD - County	
35 § 780-113 §§ A15	Sale Of Controlled Substance	M	ARD - County	

The defendant is accepted into the Accelerated Rehabilitative Disposition Program, subject to his/her compliance with the attached conditions.

DEFENDANT to be placed on ARD for the period specified below and supervised by the ARD Probation Department to whom he or she shall report as directed.

ARD Program Period: 9 months

DEFENDANT will abstain from drugs and intoxicating liquor and be of good behavior.

COSTS OF PROSECUTION and restitution if any will be paid through the Department of Court Records, Criminal Division.

The SPECIAL CONDITIONS of this Post-Indictment program are as follows:

All court costs payable as determined by and through the Department of Court Records, Criminal Division. Actor to complete 100 hours of Community Service within 9 months of the hearing. All Summary Offense(s) are hereby withdrawn.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE

## RENEWAL APPLICATION - PHYSICIAN AND SURGEON (MD)

Alton L. Lawson, Sc.D., M.D.

Full Name

RETURN TO:

Street Address

State Board of Medicine

PO Box 8414

Harrisburg, PA 17105-8414

City

State

Zip Code

MD025961E

License Number

## Check if appropriate

- ☐ ADDRESS CHANGE - The address above is a new address and not on file with the Board.
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- ☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.
- ☐ I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements. Renewal must be completed and fee required.

## SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	If you answered yes (questions 2 through 8, provide details AND attach certified copies of legal document(s) IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN:
	<input checked="" type="checkbox"/>	1. Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction? LIST: _____
	<input checked="" type="checkbox"/>	2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?
	<input checked="" type="checkbox"/>	3. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration; had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
<input checked="" type="checkbox"/>		4. Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded not to contend, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court?
	<input checked="" type="checkbox"/>	5. Since your initial application or your last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
	<input checked="" type="checkbox"/>	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
	<input checked="" type="checkbox"/>	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	<input checked="" type="checkbox"/>	8. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. **If you previously reported the complaint to the Board provide the docket number _____
<input checked="" type="checkbox"/>		9. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

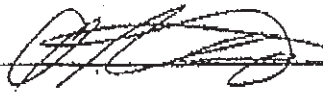
**SECTION B - CONTINUING EDUCATION - SELECT ONE BELOW.** You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2014.

- ☒ During this renewal cycle (1/1/11-12/31/12) I have completed the required 100 hours of continuing education with at least 20 hours in courses granted AMA Category 1 approval and at least 12 credit hours in approved activities in the area of patient safety/risk management.
- ☐ I am currently enrolled/have participated in an accredited training program during this renewal cycle (1/1/11-12/31/12) and I am exempt from the continuing education requirement.

**SECTION C - VERIFICATION OF INFORMATION**

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory):



Date:

12/21/12

EXPIRATION DATE:	December 31, 2012
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	Fee-waived for 2012 renewal only!
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTION AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2012	



Alton L. Lawson, Sc.D., M.D., F.A.C.D.G.

Diplomate, American Board of Obstetrics and Gynecology  
4111 Penn Avenue  
Pittsburgh, PA 15224

(412) 605-0999

FAX (412)-605-0909



affiliated in  
Gynecology

FACSIMILE TRANSMISSION COVER SHEET

DATE: December 21, 2012  
DELIVER TO: Richard Kabbert  
Dickie, McCamey & Chilcote, P.C.  
TELEPHONE: (412) 281-7272  
FAX NUMBER: (1) 888-811-7144

This facsimile transmission contains 8 pages(s), including this cover sheet.  
Please call us as soon as possible if you do not receive the entire facsimile  
transmission.

NOTICE

This facsimile transmission contains medical records and/or laboratory reports  
and/or non-medical data. The information displayed on the reports should be  
considered CONFIDENTIAL and treated accordingly. ...

NOTES: I faxed the enclosed two forms to the  
board. Please email them as well.

## FACSIMILE

**Dickie McCamey**PLEASE HAND DELIVER, AS SOON AS POSSIBLE, THE FOLLOWING FACSIMILE TRANSMISSION TO:

NAME:	Alton Lawson, MD	DATE:	December 21, 2012
COMPANY:		PHONE NO.:	(412) 605-0999
FAX NO.:	(412) 605-0909	RE:	Renewal Applications
FILE NO.:	329436	FROM:	Richard J. Kabbert
CLIENT NO.:	54947	TOTAL NUMBER OF PAGES (including cover sheet):	5

Message: Dr. Lawson: Please complete and send the attached 2 forms to the Board. Please fax us back a completed copy of these forms and we can e-mail the forms also, if you wish, to the Board.

IF YOU HAVE ANY PROBLEMS RECEIVING THIS TRANSMISSION,

PLEASE CONTACT: Cindy Pollack PHONE NO.: 412-392-5465 FAX NO.: 888-811-7144

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

DICKIE, McCAMEY & CHILCOTE, P.C. ATTORNEYS AT LAW  
 MAIN: 412-281-7772 FAX: 848-811-7184  
 TWO PPG PLACE, SUITE 400 | PITTSBURGH, PA 15222-5402 | WWW.DMKLAW.COM

Cherokee, NC | Columbus, OH | Haddonfield, NJ  
 Harrisburg, PA | Philadelphia, PA | Pittsburgh, PA | Raleigh, NC  
 Shadyside, OH | Wheeling, WV | Wilmington, DE



Richard J. Kabbert  
Attorney-at-Law  
Admitted in PA, WV

Direct Dial: 412-392-5465  
Direct Fax: 888-811-7144  
rkabbert@dmclaw.com

December 11, 2012

Commonwealth of Pennsylvania  
State Board of Medicine  
P.O. Box 8414  
Harrisburg, PA 17105-8414

Re: Alton L. Lawson, S.C.D., M.D., F.A.C.D.G.  
License #MD025961E  
Our File No.: 54947.329436

Dear Board:

This letter is in response to the Renewal Application of Dr. Alton Lawson, and specifically, in response to license renewal question #4. Dr. Lawson was accepted into the Accelerated Rehabilitative Disposition Program on July 27, 2012. This program period is for 9 months and Dr. Lawson has agreed to, and is, completing 100 hours of community service within this time frame. Attached is a copy of the ARD Procedures and Conditions in this matter. Attorney Kevin R. Zinski represented Dr. Lawson in these proceedings.

The circumstances surrounding the acceptance into the ARD Program involve the prescribing of Diethylpropion on one occasion for a Mark Wagner, a lab technician employed, at the time, for Allegheny Womens Center. The one-time prescribing of this medication occurred in or around 2006 when, Dr. Lawson was the Medical Director at AWC. At that time, Mr. Wagner had asked for permission to order Diethylpropion under Dr. Lawson's DEA number. Mr. Wagner represented to Dr. Lawson that this drug had been prescribed to Mr. Wagner by his psychiatrist. Dr. Lawson was aware of Mr. Wagner's mental history and hospitalization so he agreed, this one time, as a favor to Mr. Wagner. Dr. Lawson did not maintain records for drugs dispensed or administered at AWC as this was the responsibility of other AWC employees.

Dr. Lawson acknowledges his role in prescribing this medication and has voluntarily entered, and been accepted, into the ARD Program.

Dr. Lawson has fully cooperated with all investigating authorities, including the District Attorney's Office as well as the Department of State. He will continue to cooperate as necessary and continue to perform his community service as well as practice medicine in conformance with the laws of this Commonwealth.

DICKIE, McCAMEY & CHILCOTE, P.C. | ATTORNEYS AT LAW  
MAIN: 412-281-7272 FAX: 888-811-7144  
TWO PPG PLACE, SUITE 400 | PITTSBURGH, PA 15222-5402 | WWW.DMCLAW.COM

Charlotte, NC | Columbus, OH | Haddonfield, NJ  
Harrisburg, PA | Philadelphia, PA | Pittsburgh, PA | Raleigh, NC  
Stauntonville, OH | Wheeling, WV | Wilmington, DE

Commonwealth of Pennsylvania  
December 11, 2012  
Page 2

After you review this correspondence, please do not hesitate to contact me.

Very truly yours,



Richard J. Kabbert

RJK/cap  
Attachment

STEPHEN A. ZAPPALA, JR.  
DISTRICT ATTORNEY

OFFICE OF THE DISTRICT ATTORNEY  
County of Allegheny



## ARD PROCEDURES AND CONDITIONS

DEFENDANT'S NAME: Alton Lawson OTN# or CC#: 20111698

1. You must voluntarily waive your right to speedy trial under Rule 600.
2. You will pay all the costs of the court proceedings through the Clerk of Courts during your period of probation.  
2a. A minimum payment of \$250.00 / \$50.00 must be made on the above-mentioned ARD Hearing Date.

**MAKE PAYMENT AT ALLEGHENY COUNTY DEPARTMENT OF COURT RECORDS ROOM 114 PRIOR TO ARD HEARING.**  
All payments made during your period of probation are non refundable under any circumstances.

Cash or money order only **NO PERSONAL CHECKS**

3. You will appear in courtroom 313 of the Allegheny County Courthouse for an ARD hearing at which time a judge will acknowledge your acceptance into the program.

HEARING DATE: July 27, 2012 at 9:30 a.m.

4. You will be placed on 9 months probation and will be supervised by the County Probation Department.

5. If you are charged with Driving Under the Influence, you must undergo an alcohol evaluation at the Allegheny County Alcohol Highway Safety Program located at Manor Building, 554 Forbes Avenue and must attend safe driving classes at the following program. You must comply with any other conditions established during the evaluation, such as attendance at counseling and/or treatment facilities. It is your responsibility to complete all requirements and pay all required fees. IF BAC .16 OR GREATER YOU MUST COMPLETE FULL D&A ASSESSMENT.

6. If you are charged with Driving Under the Influence, your driver's license will be suspended for 90 days. The Pennsylvania Department of Transportation should contact you within 4 to 6 weeks after the ARD hearing regarding the procedure governing your suspension. Credit for the license suspension will not begin until PennDot receives your license. Driving during the period of suspension may lead to the filing of charges mandating a sentence of ninety (90) days in prison and a one thousand (\$1,000.00) dollar fine. If you had refused to submit the requested breath or blood sample at the time of your arrest, the above suspension is in addition to any penalty that PennDot may impose.

7. When required, you will participate as a volunteer and perform 100 hours of community service that must be completed within 9 months of the ARD hearing. You must pay the required fee associated with this condition.

8. If restitution is required, then you will make payments through the Allegheny County, Department of Court Records as set forth below:

I understand that I must pay restitution in the total amount of \_\_\_\_\_ at a rate of \_\_\_\_\_ on the day of the ARD hearing and the balance in \_\_\_\_\_ consecutive monthly payments. I further understand that failure to have the indicated amount on the hearing date will result in my case not being recommended for the ARD program.

8a. I understand the total restitution amount due is to be determined. \_\_\_\_\_ and all payments made are non refundable under any circumstances.

9. When you have successfully completed all conditions of the ARD program, the County Probation Office will confirm and notify the District Attorney's Office who in turn will inform the court and the charges against you will be dismissed and your arrest record will be expunged. The process of expungement takes approximately six months from your successful completion of the ARD program. However, if you fail to meet any of the conditions of your ARD probation or violate your probation with a conviction of another crime, then your ARD probation will be revoked and your case listed for trial.

10. I understand and agree to comply with the conditions set forth above and acknowledge that no promises or recommendations, other than those contained in this document have been made or offered to me by the representative of the Allegheny County District Attorney's Office conducting this ARD interview.

DEFENDANT

ATTORNEY

ARD CASE WORKER

DATE

10:18988117144

412605089

12/05/2012 12:17 4122617878

DEC-21-2012 11:55 FROM: ALTON LAWSON, M.D.



Commonwealth of Pennsylvania  
v.  
Alton L. Lawson

IN THE COURT OF COMMON PLEAS OF  
ALLEGHENY COUNTY, PENNSYLVANIA

CRIMINAL DIVISION

DOCKET NO: CP-02-CR-0011698-2011  
OTN: G5357688

## ORDER

AND NOW, this 27th day of July, 2012, after consideration of the Attorney for the Commonwealth's Motion to admit the defendant into the Accelerated Rehabilitative Disposition Program in the above-captioned case and following a colloquy before the Court wherein the defendant expressed an understanding of the program, agreed to the terms in Pa.R.Crim.P. 312, and requested to participate, it is ORDERED that the Motion is GRANTED.

CHARGE(S)				BAC
Statute	Offense	Grade	Disposition	
35 § 780-113 §§ A16	Sale Of Controlled Substance	M	ARD - County	
35 § 780-113 §§ A16	Sale Of Controlled Substance	M	ARD - County	

The defendant is accepted into the Accelerated Rehabilitative Disposition Program, subject to his/her compliance with the attached conditions.

DEFENDANT to be placed on ARD for the period specified below and supervised by the ARD Probation Department to whom he or she shall report as directed.

ARD Program Period: 9 months

DEFENDANT will abstain from drugs and intoxicating liquor and be of good behavior.

COSTS OF PROSECUTION and restitution if any will be paid through the Department of Court Records, Criminal Division.

The SPECIAL CONDITIONS of this Post-Indictment program are as follows:

All court costs payable as determined by and through the Department of Court Records, Criminal Division. Actor to complete 100 hours of Community Service within 9 months of the hearing. All Summary Offense(s) are hereby withdrawn.

**Richard J. Kabbert**  
Attorney-at-Law  
Admitted in PA, WV

Direct Dial: 412-392-5465  
Direct Fax: 888-811-7144  
rkabbert@dmclaw.com

December 11, 2012

Commonwealth of Pennsylvania  
State Board of Medicine  
P.O. Box 8414  
Harrisburg, PA 17105-8414

Re: Alton L. Lawson, S.C.D., M.D., F.A.C.D.G.  
License #MD025961E  
Our File No.: 54947.329436

Dear Board:

This letter is in response to the Renewal Application of Dr. Alton Lawson, and specifically, in response to license renewal question #4. Dr. Lawson was accepted into the Accelerated Rehabilitative Disposition Program on July 27, 2012. This program period is for 9 months and Dr. Lawson has agreed to, and is, completing 100 hours of community service within this time frame. Attached is a copy of the ARD Procedures and Conditions in this matter. Attorney Kevin R. Zinski represented Dr. Lawson in these proceedings.

The circumstances surrounding the acceptance into the ARD Program involve the prescribing of Diethylpropion on one occasion for a Mark Wagner, a lab technician employed, at the time, for Allegheny Womens Center. The one-time prescribing of this medication occurred in or around 2006 when, Dr. Lawson was the Medical Director at AWC. At that time, Mr. Wagner had asked for permission to order Diethylpropion under Dr. Lawson's DEA number. Mr. Wagner represented to Dr. Lawson that this drug had been prescribed to Mr. Wagner by his psychiatrist. Dr. Lawson was aware of Mr. Wagner's mental history and hospitalization so he agreed, this one time, as a favor to Mr. Wagner. Dr. Lawson did not maintain records for drugs dispensed or administered at AWC as this was the responsibility of other AWC employees.

Dr. Lawson acknowledges his role in prescribing this medication and has voluntarily entered, and been accepted, into the ARD Program.

Dr. Lawson has fully cooperated with all investigating authorities, including the District Attorney's Office as well as the Department of State. He will continue to cooperate as necessary and continue to perform his community service as well as practice medicine in conformance with the laws of this Commonwealth.

DEC 14 2012

Commonwealth of Pennsylvania  
December 11, 2012  
Page 2

After you review this correspondence, please do not hesitate to contact me.

Very truly yours,



Richard J. Kabbert

RJK/cap  
Attachment

DEC 14 2012



**DEFENDANT'S NAME:**

Alfonso Lawson

OTN# or CC#:

201111698

1. You must voluntarily waive your right to speedy trial under *Rule 600*.
2. You will pay all the costs of the court proceedings through the Clerk of Courts during your period of probation.
- 2a. A minimum payment of \$ 250.00 / (\$ 50.00) must be made on the above-mentioned ARD Hearing Date.

MAKE PAYMENT AT ALLEGHENY COUNTY, DEPARTMENT OF COURT RECORDS ROOM 114 PRIOR TO AND HEARING.  
All payments made during your period of probation are non refundable under any circumstances.

3. You will appear in courtroom 313 of the Allegheny County Courthouse for an ARD hearing at which time a judge will acknowledge your acceptance into the program.

HEARING DATE: July 21, 2012 at 7:00 a.m.

4. You will be placed on 1 months probation and will be supervised by the County Probation Department.

5. If you are charged with Driving Under the Influence, you must undergo an alcohol evaluation at the Allegheny County Alcohol Highway Safety Program located at Manor Building, 554 Forbes Avenue and must attend safe driving classes at the following program. You must comply with any other conditions established during the evaluation, such as attendance at counseling and/or treatment facilities. It is your responsibility to complete all requirements and pay all required fees. IF BAC .16 OR GREATER YOU MUST COMPLETE FULL DEA ASSESSMENT.

8. If you are charged with Driving Under the Influence, your driver's license will be suspended for \_\_\_\_\_ days. The Pennsylvania Department of Transportation should contact you within 4 to 6 weeks after the ARD hearing regarding the procedure governing your suspension. Credit for the license suspension will not begin until PennDot receives your license. Driving during the period of suspension may lead to the filing of charges mandating a sentence of ninety (90) days in prison and a one thousand (\$1,000.00) dollar fine. If you had refused to submit the requested breath or blood sample at the time of your arrest, the above suspension is in addition to any penalty that PennDot may impose.

7. When required, you will participate as a volunteer and perform 100 hours of community service that must be completed within 9 months of the ARD hearing. You must pay the required fee associated with this condition.

8. If restitution is required, then you will make payments through the Allegheny County, Department of Court Records as set forth below:

I understand that I must pay restitution in the total amount of \_\_\_\_\_ at a rate of \_\_\_\_\_ on the day of the ARD hearing and the balance in \_\_\_\_\_ consecutive monthly payments. I further understand that failure to have the indicated amount on the hearing date will result in my case not being recommended for the ARD program.

8a. I understand the total restitution amount due is to be determined.                      Int. and all payments made are non refundable under any circumstances.

8. When you have successfully completed all conditions of the ARD program, the County Probation Office will confirm and notify the District Attorney's Office who in turn will inform the court and the charges against you will be dismissed and your arrest record will be expunged. The process of expungement takes approximately six months from your successful completion of the ARD program. However, if you fail to meet any of the conditions of your ARD probation or violate your probation with a conviction of another crime, then your ARD probation will be revoked and your case listed for trial.

10. I understand and agree to comply with the conditions set forth above and acknowledge that no promises or recommendations, other than those contained in this document have been made or offered to me by the representative of the Allegheny County District Attorney's Office conducting this ARD interview.

DEFENDANT

ARD CASE WORKER

PAGE 02/03

~~CONFIDENTIAL~~  
ATTORNEY

DATE \_\_\_\_\_

4122817878

12/05/2012 12:17

Commonwealth of Pennsylvania  
v.  
Alton L. Lawson

IN THE COURT OF COMMON PLEAS OF  
ALLEGHENY COUNTY, PENNSYLVANIA

CRIMINAL DIVISION

DOCKET NO: CP-02-CR-0011698-2011  
OTN: G5357656

## ORDER

AND NOW, this 27th day of July, 2012, after consideration of the Attorney for the Commonwealth's Motion to admit the defendant into the Accelerated Rehabilitative Disposition Program in the above-captioned case and following a colloquy before the Court wherein the defendant expressed an understanding of the program, agreed to the terms in Pa.R.Crim.P. 312, and requested to participate, it is ORDERED that the Motion is GRANTED.

### CHARGE(S)

Statute	Offense	Grade	Disposition	BAC
36 § 780-113 §§ A15	Sale Of Controlled Substance	M	ARD - County	
36 § 780-113 §§ A15	Sale Of Controlled Substance	M	ARD - County	

The defendant is accepted into the Accelerated Rehabilitative Disposition Program, subject to his/her compliance with the attached conditions.

DEFENDANT to be placed on ARD for the period specified below and supervised by the ARD Probation Department to whom he or she shall report as directed.

ARD Program Period: 9 months

DEFENDANT will abstain from drugs and intoxicating liquor and be of good behavior.

COSTS OF PROSECUTION and restitution if any will be paid through the Department of Court Records, Criminal Division.

The SPECIAL CONDITIONS of this Post-Indictment program are as follows:

All court costs payable as determined by and through the Department of Court Records, Criminal Division. Actor to complete 100 hours of Community Service within 9 months of the hearing. All Summary Offense(s) are hereby withdrawn.

DEC 14 2012



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

Official Use Only

010316

M D - 0 2 5 9 6 1 - E

L A W S O R N E W

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

STATE BOARD OF MEDICINE  
P.O. BOX 8414  
HARRISBURG, PA. 17105-8414

ALTON LIONEL LAWSON

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1998. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 MADE PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1998. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

- ( ) ☒ 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.
- ( ) ☒ 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- ( ) ☒ 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- ( ) ☒ 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- ( ) ☒ 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- ( ) ☒ 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY A MEDICAL ASSISTANCE AGENCY FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.  
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

10/12/98

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

Official Use Only

011657

M D - 0 2 5 9 6 1 - E  
L A W S O R N E W

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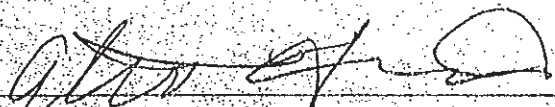
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- YES NO
- ( ) (X) 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE: \_\_\_\_\_
- ( ) (X) 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
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SIGNATURE



DATE

09/27/00