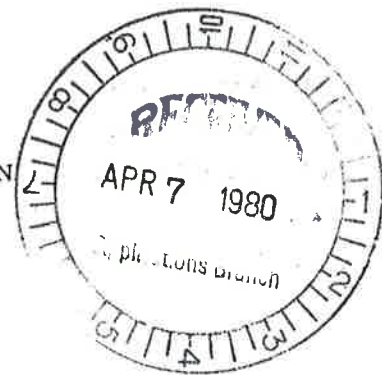


GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF ECONOMIC DEVELOPMENT
OFFICE OF LICENSES AND PERMITS
OCCUPATIONAL AND PROFESSIONAL LICENSING DIVISION
614 H Street, N.W.
Washington, D.C. 20001

Commission on Licensure to Practice The Healing Art



APPLICATION FOR LICENSE TO PRACTICE THE
HEALING ART IN THE DISTRICT OF COLUMBIA

BY:

- ☒ Examination
☐ Endorsement of FLEX
☐ Endorsement of National Board
Diploma
☐ Reciprocity
(Check One)

069

FOR OFFICIAL USE ONLY

APPL. NO.

80-9E-144

EXAM DATE

LICENSE NO.

12475

DATE ISSUED

10/16/80

DENIED

REMARKS

METHOD OF HEALING (Check one): ☐ Osteopathy & Surgery ☐ Medicine & Surgery ☐ Chiropractic ☒ Other (Explain)
Fam. Prac.

1. NAME: First Middle Maiden Last
Joel Wayne - Match
2. BIRTHDAY: Month Day Year 3. BIRTHPLACE: City County State
Pittsburgh Pennsylvania
4. CURRENT ADDRESS: Number Street City State Zip Code Phone No.

Duration of residence at above address:

From

To

5. EDUCATION (including Pre-Medical)

Name of College or University	Location	Dates Attended From To	Degree Received
University of Miami	Coral Gables, Florida	1967 1969	
Virginia Commonwealth Univ.	Richmond, Virginia	1969 1972	B.S.

6. TRAINING AND PRACTICE since date of graduation to the present. Include periods of unemployment and other employment.

Employer	Address	From	To
Autonomous Universidad of Guad.	Guadalajara, Jalisco, Mexico	1974	1978
P. G. General Hospital	Cheverly, Maryland	7/1978	4/1980

7. REFERENCES: List the names and full mailing addresses of 3 personal acquaintances, not relatives, who have knowledge of your character and professional practice; or give the name and address of the chartered State or County Medical Society or other Society nearest your residence.

NAME	ADDRESS
Ruth Steerman, M.D.	c/o Prof. Ed., PGGH&MC, Cheverly, Md. 20785
James D. Levy, M.D.	"
Gabriel B. Jaffe, M.D.	"

8. PREVIOUS LICENSURE: Give the following information concerning the license on which reciprocity is requested. (If no previous licensure, indicate "none".) **NONE**

Jurisdiction of Issuance	License Number	Date of Issue	Basis
--------------------------	----------------	---------------	-------

Give complete mailing address of the board which issued the above license:

N/A

9. State specifically the specialty, if any, and the limit of such specialty:

Family Practice

10. HAS LICENSE EVER BEEN DENIED BY ANY BOARD, OR SUSPENDED, REVOKED, OR SURRENDERED FOR ANY REASON? If "Yes", give full details on an attached sheet. **NO**

11. Declaration of Intent:

As part of my application for licensure to practice the healing art in the District of Columbia, I hereby declare that it is my intention, if issued a license, to engage in the practice of the healing art in the District of Columbia.

I understand that should I be granted a license by examination to practice the healing art in the District of Columbia, the Commission on Licensure to Practice the Healing Art in the District of Columbia will not certify my examination scores to another jurisdiction unless and until I have engaged in the practice of the healing art in the District of Columbia for at least six months subsequent to the issuance of my District of Columbia license.

Signature of Applicant: Joel W. Matot

Date: April 1, 1980

12. If endorsement of FLEX certificate is requested, give date and place of examination:

N/A

13. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY CRIME (other than minor traffic violations)? If "Yes", give full details on attached sheet. **NO**

14. HAVE YOU EVER TAKEN AN EXAMINATION IN THE BASIC SCIENCES OR ANY EXAMINATION IN THE HEALING ART UNDER THE AUTHORITY OF THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART IN THE DISTRICT OF COLUMBIA? Yes. If "Yes", give date and type of examination: Dec, 1979 (BSN)

~~NO~~

15. APPLICANT'S CERTIFICATION

I hereby certify that the statements contained in the foregoing application are true and that I am the identical person whose history of education, practice of medicine, or otherwise, is contained herein.

It is understood and agreed by the applicant that any information contained in this application may be furnished to any State Medical Board or similar organization having an official and legitimate need for same.

Signature of Applicant: Joel W. Matot

Date: April 1, 1980

SUBSCRIBED AND SWORN TO BEFORE ME THIS 1st DAY OF April, 19 80

Signature of Notary Public Betsy J. Norton

(Seal of Notary Public)

My Commission Expires July 1, 1982

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS
OFFICE OF LICENSES AND PERMITS
614 H STREET, N.W., WASHINGTON, D.C. 20001



ADDRESS REPLY TO:
OLP-OP (EXAM)

August 7, 1980

Dr. Joel W. Mat ch

Dear Doctor:

The following scores have been reported for you in the recent Federation Licensing Examination (FLEX) which you wrote in the District of Columbia.

RESULTS: PASS X FAIL

The paragraph below marked (X) applies.

(X) Before your license can be issued, it is necessary for you to remit the required license fee of \$20.00. Make your check or money order payable to "D.C. Treasurer" and return it, along with the payment record, in the self-addressed envelop enclosed for your convenience. Fees cannot be refunded. In accordance with Commissioners' Order No. 66-242, dated March 1, 1966, a charge of \$5.00 will be imposed for dishonored checks. Your license will be mailed to you as soon as it has been prepared, after receipt of the license fee.

() Candidates who took all three parts of the FLEX and failed to achieve a 75% weighted-average are required to repeat all three parts of subsequent FLEX examinations in the District of Columbia. In the event you decide to take the examination again, it will be necessary to obtain another application form from this office. The application must be executed completely and returned with the required fee. It will not be necessary to submit additional supporting data, provided your original application is complete and all documents on file. The completed application for re-examination and required fee must be submitted not later than April 10, for the June examination or October 10, for the December examination, depending on which examination time best suits your needs.

Sincerely,

A handwritten signature in dark ink, appearing to read "Victor E. Hanan", written over a circular stamp.

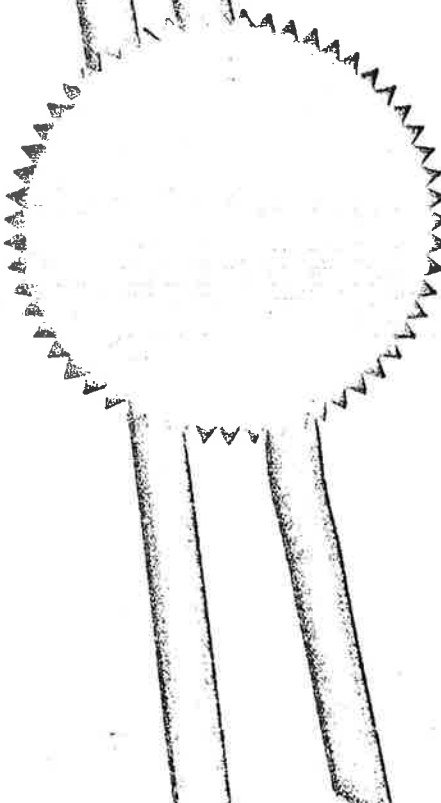
Victor E. Hanan, Chief
Examination Branch

UNITED MEXICAN STATES)
STATE OF JALISCO)
CITY OF GUADALAJARA) SS:
CONSULATE GENERAL OF THE)
UNITED STATES OF AMERICA)

I, Betty J. Collins, Consul of the United States of America at Guadalajara, Jalisco, Mexico duly commissioned and qualified, do hereby certify that Dr. Nestor Velasco Perez and Dr. Luis Garibay Gutierrez, whose true signatures are subscribed and affixed to the annexed document, were on the eighth day of June 1978, the date thereof, Dean of the School of Medicine and Rector, respectively, of the Autonomous University at Guadalajara, Jalisco, Mexico.

For the contents of the foregoing document I assume no responsibility.

IN WITNESS WHEREOF I have hereunto set my hand and affixed the seal of the Consulate General of the United States of America at Guadalajara, Jalisco, Mexico, this fifth day of July 1978.


Betty J. Collins
Consul of the United
States of America

This is a true and accurate copy of the original as seen by me

Betty S. Norton
Notary Public

[My Commission Expires July 7, 1982]

This is a true and accurate copy
of the original as seen by me.

Gregory A. Nardo

Notary Public



My Commission Expires July 1, 1982

UNIVERSIDAD AUTONOMA DE GUADALAJARA

SUITE 1109

1750 PENNSYLVANIA AVENUE, N. W.

WASHINGTON, D. C. 20006

(202) 393-4350

DIPLOMA

Universidad Autonoma de Guadalajara
State of Jalisco, Republic of Mexico

To all who Witness these letters
let it be known that:

The Rector of the University, the Director and Faculty of the School of
Medicine, in conformity with the Examining Tribunals certify that:

JOEL WAYNE MATCH

for the required time and having been subjected to the semestral examina-
tions, has taken and passed those theoretical studies required in the
official curricula in effect for the career of

PHYSICIAN-SURGEON

In consequence thereof, he has been granted all rights, honors, and dignity
corresponding to such career.

In testimony whereof, this Diploma is awarded, sealed by the University
this 10th day of June, 1978.

(signed)

The Rector of the
U.A. of G.

(signed)

The Director of the
School of Medicine

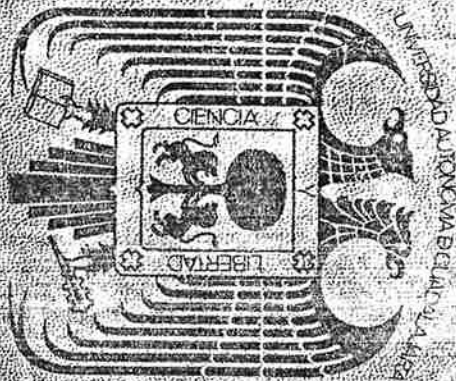
The above is a faithful translation of the Diploma given by the Universidad
Autonoma de Guadalajara. The translation was prepared by the U.A.G.'s Division
of Translators.

John T. Bick

Barney A. Norton

Notary Public

My Commission Expires July 1, 1982



Diploma

Guadaluparensis Universitas Autonoma
Xalisciensis Districtus
In Mexicana Republica.

Omibus has litteras inspecturis notum facimus:
Rectorem Universitatis, Rectorem Rectoris Scholae Medicinae
Professores Examinatoribus iudicium ferentibus.

Joel Wayne March

Medicine ac Chirurgiae

Quare et iura et honores et dignitatem obtendam otorgamus.

Est ergo hoc diploma testimonium ab hac Universitate
signatum, die IIII Maii MDCXXXVIII

Rector H. A. G.

Paul

This is a true and accurate copy
of the original as seen by me.

Garry A. North
Notary Public



My Commission Expires July 1, 1982

UNIVERSIDAD AUTONOMA DE GUADALAJARA

SUITE 1109

1750 PENNSYLVANIA AVENUE, N.W.

WASHINGTON, D.C. 20006

(202) 293-4350

AFFIDAVIT

I, HELEN M. BAKER, hereby depose and say that:

- 1) I have been employed by the Universidad Autonoma de Guadalajara since May, 1973 and am one of the two representatives for the United States. In this capacity, I have a wide range of responsibilities, which include reviewing all translations, both from English into Spanish and vice-versa, for typographical errors, grammatical errors, and accuracy of translation.

One of my major undertakings in 1976 was to re-write the English catalog of the University. This new catalog was prepared from materials sent to me by the fourteen different schools of the University, all of which were in Spanish.

- 2) Formal studies in Spanish were taken at the Instituto Mexicano Norte-americano de Relaciones Culturales, A.C. in Mexico City, Mexico, where I also worked as an Administrative Assistant to the president of an import-export firm. My duties with this company required the knowledge of Spanish, and the ability to prepare Spanish into English translations.
- 3) I was reared in Brownsville, Texas, a town located on the border of Mexico, where the population is 80% Spanish-speaking; and I have always been bilingual.
- 4) Transcript translations prepared by this office are supervised by me. The original master copy of our transcript translation was prepared by me, and has been reviewed by our Faculty of Medicine for accuracy. Our reference book is the Diccionario de Medicina, edited by Francisco Ruiz Torres, Editorial Alhambra, S.A.
- 5) I affirm that I have read the entire translation of the

transcript of DR. JOEL WAYNE MATCH

and that the entire document has been translated and nothing has been omitted or added and that the translation is true and correct.

Helen M. Baker
Helen M. Baker

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the District of Columbia; on this the 6th day of October, 1978.

Sophronia Yvonne Holmes
Sophronia Yvonne Holmes

My Commission Expires: June 14, 1981

This is a true and accurate copy
of the original as seen by me.


Notary Public



My Commission Expires July 1, 1982

UNIVERSIDAD AUTONOMA DE GUADALAJARA
Studies Incorporated with the National
Autonomous University of Mexico

OFFICE OF THE PRESIDENT
General Secretary
Office of Student Affairs
Record No. 396123
Certificate No. 29143
Incorporation No. 8740193

THIS IS TO CERTIFY THAT: MATCH TRACHT JOEL WAYNE,-----
as recorded in the Office of Student Affairs of the Autonomous University of Guadalajara,
with studies incorporated with the National Autonomous University of Mexico, has studied
and received approval by the School of Medicine affiliated with this University in the
following subjects corresponding to the career of PHYSICIAN-SURGEON.

YEARS	SUBJECTS	GRADES
-------	----------	--------

FIRST SEM.

1974-2	Human Anatomy	
1975-1	Human Physiology	
"	Humanistic Medicine	
1974-2	Introduction to Medical Practice	
"	Medical Ethics I (Elective)	

SECOND SEM.

1975-1	Biochemistry	
1974-2	Human Histology	
"	Human Embryology	
1975-2	Medical Psychology	
1975-1	Preventive Medicine	
1974-2	Neuroanatomy (Elective)	

THIRD SEM.

1975-2	Pharmacology	
"	Human Ecology	
"	Public Health	
"	Surgical Education and Techniques	
"	Chemotherapy with Antibiotics (Elective)	

FOURTH SEM.

1976-1	Pathology	
"	Introduction to Clinic	
"	Basic Integral Nosology	
"	Medical Documentation (Elective)	



Universidad Autónoma de Guadalajara
Estudios Incorporados a la
Universidad Nacional Autónoma de México

RECTORIA

SECRETARIA GENERAL
DIRECCION DE SERVICIOS ESCOLARES
OFICINA DE CERTIFICADOS
EXPEDIENTE NUMERO 396123
CERTIFICADO NUMERO 29143
No. Inc. 87401935

HOJA NUMERO DOS DEL CERTIFICADO EXPEDIDO A FAVOR DEL SEÑOR

MATCH TRACHT JOEL WAYNE, -----

SEPTIMO SEM.

1977-2

Clín. 5 A. (Neurología) -----

Clín. 5 B. (Psiquiatría) -----

Hist. y Fil. de la Med. -----

Clín. 6 A. (Infectología) -----

Clín. 6 B. (Endocrinología) -----

Medicina Social -----

OCTAVO SEM.

1978-1

Clín. 7 A. (Gineco-Obstetricia) -----

Clín. 7 B. (Urología) -----

Clín. 8 (Pediatria) -----

Traum. y Uro. Abdom. (Opt.) -----

Escalas de Calificaciones hasta 1970, de 0 a 10.— Mínima de Aprobación 6 (SEIS). A partir de 1971, S. equivalente a Suficiente en escala numérica 6; B. bien en escala numérica 8 y M.B. muy bien en escala numérica 10.

ESTE CERTIFICADO AMPARA TREINTA Y NUEVE MATERIAS CORRESPONDIENTES A LA CARRERA DE MEDICO CIRUJANO, -----

Guadalajara, Jalisco, Julio diecinueve de mil novecientos setenta y ocho.

"CIENCIA Y LIBERTAD"

Director de Servicios Escolares.

Ing. Luis Ontiveros Hernández.

This is a true and accurate copy
of the original as seen by me.

Betsy S. Norder
Notary Public

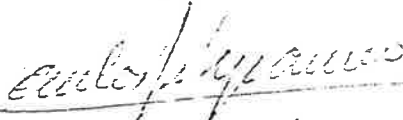
My Commission Expires July 1, 1982

Autónoma de Guadalajara
Incorporados a la
Nacional Autónoma de México

DIRECCION DE SERVICIOS ESCOLARES
OFICINA DE CERTIFICADOS
EXPEDIENTE NUMERO 396123
CERTIFICADO NUMERO 29143
No. Inc. 87401935

HOJA NUMERO TRES DEL CERTIFICADO EXPEDIDO A FAVOR DEL SEÑOR
MATCH TRACHT JOEL WAYNE

Secretario General.



Lic. Carlos Pérez Vizcaino.

EL RECTOR de la Universidad Autónoma de Guadalajara, con Estudios Incorporados a la Universidad Nacional Autónoma de México, CERTIFICA: que las firmas que anteceden del Director de Servicios Escolares, Ing. Luis Ontiveros Hernández y del Secretario General, Lic. Carlos Pérez Vizcaino, son auténticas.

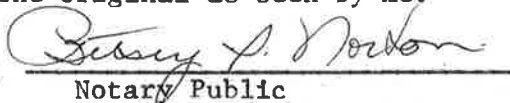


DR. LUIS GARIBAY G.

RECTOR.

REVISO:

This is a true and accurate copy of
the original as seen by me.



Notary Public

My Commission Expires July 1, 1982

1070-3 ~~Sending transcript for pre-med education~~
A-9-3

H E A L I N G A R T

PROCESSING CHECKLIST

NAME Match, Joel W

Applications Clerk

1. Is application form signed and notarized
2. Is photograph attached
3. Is internship certificate (or notarized copy) or certified statement from internship hospital
4. Notarized copy of medical diploma or certified copy or medical school transcript.
5. Notarized copy of ECFMG Certificate (foreign grade only)
6. Fee attached
7. Item 11 signed
8. File folder attached (Re-examination applicants only)

Applications Clerk _____

Applications Examiner

1. Applicant is at least 21 years old
2. Applicant has accounted for all practice since M.D. degree or (reciprocity only) since issue of base license
3. Method of healing
4. Applying for license by
5. (Examination applicant only)
 - (a) Applicant asks exemption from Basic Sciences
 - (b) Questions have been received directly from other Board
6. (Reciprocity applicant only)
 - (a) Written licensing examination by
 - (b) Has provided information re base license
 - (c) Has practiced at least one year out of the last three years immediately prior to this application since issue of base license
 - (d) Applicant has been previously examined in District of Col.
 - (1) Exam taken and failed here before base license
 - (2) Exam taken and failed here after base license
7. Applicant has submitted proper fee

Applications Examiner _____

Disposition

1. Returned to applicant _____ by _____
(date) (initials)
2. Accepted. Form 52 Prepared _____
(initials)

Applications Clerk

1. Assign application number and enter in journal
2. Process Fee
3. Prepare file envelope
4. Forward Form 52
5. File envelope in "pending" file

(Applications Clerk)

Review of Investigation

1. AMA clearance received
2. Police clearance received
3. Satisfactory references received
4. Grades received and approved (National Board and
FLEX only)
5. Licensure verified and reciprocity statement received

(Applications Examiner)

EXAMINER COMMENTS:

COMMISSION COMMENTS AND ACTION

DATE:



HOSPITAL COMMISSION OF PRINCE GEORGE'S COUNTY

October 9, 1979

TO WHOM IT MAY CONCERN:

This is to certify that Joel W. Match, M.D., began serving as a Family Practice Resident in the Family Practice Training Program on July 1, 1978 at the Prince George's General Hospital and Medical Center, Cheverly, Maryland. Dr. Match will continue as a Family Practice Resident in the program through June, 1980.

Sincerely yours,

Albert Roth, M.D.
Program Coordinator
Department of Family Practice

Subscribed and sworn to before me, in my presence,
this 9th day of Oct, 1979, at Cheverly, Maryland
in and for the State of Maryland
Albert Roth
My commission expires Nov 71 1982

PRINCE GEORGE'S GENERAL HOSPITAL & MEDICAL CENTER
Hospital Drive
Cheverly, Maryland 20785
301—341-3300

this is a true and accurate copy
of the original as seen by me.

Antonio S. Norton
Notary Public



My Commission Expires July 1, 1982

UNIVERSIDAD AUTONOMA DE GUADALAJARA
Studies Incorporated with the National
Autonomous University of Mexico

OFFICE OF THE PRESIDENT
General Secretary
Office of Student Affairs
Record No. 396123
Certificate No. 29143
Incorporation No. 87401935

PAGE THREE OF THE CERTIFICATE ISSUED TO: MR. MATCH TRACHT JOEL WAYNE,-----

This Certificate contains thirty nine subjects corresponding to the career of
PHYSICIAN-SURGEON.

Guadalajara, Jalisco, July Nineteen, Nineteen Hundred Seventy eight.

"SCIENCE AND FREEDOM"
Director Office of Student Affairs

(signed)
Ing. Luis Ontiveros Hernandez

Secretary General

(signed)
Lic. Carlos Perez Vizcaino

THE PRESIDENT of the Autonomous University of Guadalajara with Studies Incorporated with
the National Autonomous University of Mexico, CERTIFIES THAT: the previous signatures of
the Director of Student Affairs, Ing. Luis Ontiveros Hernandez, and of the Secretary
General, Lic. Carlos Perez Vizcaino, are authentic.

(signed)
Dr. Luis Garibay G.
President

This is a true and accurate copy
of the original as seen by me.

Betsy S. Norton
Notary Public



My Commission Expires July 1, 1982

UNIVERSIDAD AUTONOMA DE GUADALAJARA
Studies Incorporated with the National
Autonomous University of Mexico

OFFICE OF THE PRESIDENT
General Secretary
Office of Student Affairs
Record No. 396123
Certificate No. 29143
Incorporation No. 8740193

PAGE TWO OF THE CERTIFICATE ISSUED TO: MR. MATCH TRACHT JOEL WAYNE,-----

FIFTH SEM.

1976-2	Clinic 1 A. (Pneumology)
"	Clinic 1 B. (Otorhinolaryngology)
"	Clinic 2 A. (Cardiology)
"	Clinic 2 B. (Ophthalmology)
"	Angiology (Elective)

SIXTH SEM.

1977-1	Clinic 3 (Traumatology)
"	Forensic Medicine
"	Clinic 4 A. (Gastroenterology)
"	Clinic 4 B. (Dermatology)

SEVENTH SEM.

1977-2	Clinic 5 A. (Neurology)
"	Clinic 5 B. (Psychiatry)
"	History and Philosophy of Medicine
"	Clinic 6 A. (Infectology)
"	Clinic 6 B. (Endocrinology)
"	Social Medicine

EIGHTH SEM.

1978-1	Clinic 7 A. (Obstetrics and Gynecology)
"	Clinic 7 B. (Urology)
"	Clinic 8 (Pediatrics)
"	Traumatism and Abdominal Emergencies (Elective)

The Scale of Grades goes from 0 to 10 -- Minimum passing score: 6 (six), "S" is equivalent to satisfactory on the numerical scale of 6; "B", good, on the numerical scale of 8; and "V.G.", very good, on the numerical scale of 10.



Universidad Autónoma de Guadalajara
Incorporados a la Universidad
Nacional Autónoma de México

RECTORIA

SECRETARIA GENERAL

DIRECCION DE SERVICIOS ESCOLARES

OFICINA DE CERTIFICADOS

EXPEDIENTE NUMERO 396123

CERTIFICADO NUMERO 29143

No. Inc. 87401935

CERTIFICO: Que EL SEÑOR MATCH TRACHT JOEL WAYNE-----

según constancias que obran en el Archivo de la Dirección de Servicios Escolares de la Universidad Autónoma de Guadalajara, con Estudios Incorporados a la Universidad Nacional Autónoma de México, cursó y aprobó en la Escuela de Medicina dependiente de esta Universidad, las siguientes materias correspondientes a la carrera de MEDICO CIRUJANO.

AÑOS	MATERIAS	CALIFICACIONES
PRIMER SEM.		
1974-2	Anatomía Humana	.....
1975-1	Fisiología Humana	.....
"	Medicina Humanística	.....
1974-2	Int. a la Práct. Médica	.....
"	Ética Médica 1 Opt.	.....
SEGUNDO SEM.		
1975-1	Bioquímica	.....
1974-2	Histología Humana	.....
"	Embriología Humana	.....
1975-2	Psicología Médica	.....
1975-1	Medicina Preventiva	.....
1974-2	Neuroanatomía Opt.	.....
TERCER SEM.		
1975-2	Farmacología	.....
"	Ecología Humana	.....
"	Salud Pública	.....
"	Educ. y Téc. Quirúrgicas	.....
"	Quimioterapia con Antibióticos Opt.	.....
CUARTO SEM.		
1976-1	Patología	.....
"	Int. a la Clínica	.....
"	Nosología Básica Integral	.....
"	Documentación Médica Opt.	.....
QUINTO SEM.		
1976-2	Clín. 1 A. (Neumología)	.....
"	Clín. 1 B. (Otorrinolaringología)	.....
"	Clín. 2 A. (Cardiología)	.....
"	Clín. 2 B. (Oftalmología)	.....
"	Angiología Opt.	.....
SEXTO SEM.		
1977-1	Clín. 3 (Traumatología)	.....
"	Medicina Forense	.....
"	Clín. 4 A. (Gastroenterología)	.....
"	Clín. 4 B. (Dermatología)	.....

This is a true and accurate copy
of the original as seen by me.

Notary Public
My Comm. Expires July 1, 1982

CHARACTER REFERENCE'S VOUCHER

Oct. 12, 19 79

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since January 1978, I have been so
closely associated with Dr. Joel Match,
residing in Virginia, as to be able to
intelligently express an opinion as to his character, mental condition,
and habits, and that to the best of my knowledge and belief, he/she is of
good moral character and free from mental defects and drug habits liable
to interfere with the proper practice of the healing art.

✓ I certify further that to my personal knowledge he/she has been
actually engaged in the practice of medicine for not less than
one continuous year immediately preceding Oct. 12 - 1979.
date of application

Remarks: _____

Pediatrics
Profession or Business

Ruth L. Steerman, MD
(Name-print or type)

Ruth L. Steerman, MD
Signature (Facsimile not acceptable)

P.O. Box 11

Cheverly, MD 20785
Address

CHARACTER REFERENCE'S VOUCHER

October 12, 19 79

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since August, 1977, I have been so
insert date
closely associated with Dr. Joel Match,
applicant's name

residing in _____, as to be able to
intelligently express an opinion as to his character, mental condition, and habits,
and that to the best of my knowledge and belief, he/^{she} is of good moral character and
free from mental defects and drug habits liable to interfere with the proper
practice of the healing art.

I certify further that to my personal knowledge he/she has been actually
engaged in the practice of medicine for not less than one
continuous year immediately preceding October 12, 1979
date of application

Remarks: Dr. Match is a hard working physician who is dedicated to his profession.

Program Coordinator-Department of Internal Medicine

Profession or Business

Gabriel Jaffe, M.D.

(Name-print or type)

Gabriel Jaffe

Signature (Facsimile not acceptable)

Prince George's General Hospital & Medical

Center, Cheverly, Maryland 20785

Address

CHARACTER REFERENCE'S VOUCHER

October 12, 1979

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since August, 1977, I have been so
insert date
closely associated with Dr. Joel Match,
applicant's name

residing in _____, as to be able to
intelligently express an opinion as to his character, mental condition, and habits,
and that to the best of my knowledge and belief, he/^{she} is of good moral character and
free from mental defects and drug habits liable to interfere with the proper
practice of the healing art.

I certify further that to my personal knowledge he/she has been actually
engaged in the practice of medicine for not less than one
continuous year immediately preceding October 12, 1979
date of application

Remarks: _____

Physician - Teaching Faculty

Profession or Business

James D. Levy, M.D.

(Name - print or type)

James D. Levy

Signature (Facsimile not acceptable)

Prince George's General Hospital & Medical

Center, Cheverly, Maryland 20785

Address

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF DATA RELEASE SERVICES

DATE: 10-23-79

NAME: MATCH, JOEL WAYNE, M.D.
ADDRESS: PRINCE GEORGES GEN HOSP M C CHEVERLY MD 20785
BIRTHPLACE: PITTSBURGH, PA BIRTHDATE:
MEDICAL EDUCATION (SCHOOL YEAR):
FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA, GUADALAJARA, JALISCO 1978
NATIONAL BOARD CERTIFICATION: NOT REPORTED TO DATE
LICENSES:
NOT REPORTED TO DATE
PHYSICIAN'S PROFESSIONAL ACTIVITIES:
NOT CLASSIFIED
PRIMARY SPECIALTY: UNSPECIFIED
SECONDARY SPECIALTY: UNSPECIFIED
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE
INTERNSHIP:
NOT REPORTED TO DATE
RESIDENCY:
NOT REPORTED TO DATE

COPYRIGHT 1979 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

090079293F12094571

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NOV 09 2004

GENERAL INSTRUCTIONS: The information where applicable, including the fee calculation, disciplinary action and could be cause for criminal License Administration, Board of Medicine, and Forms postmarked after the 31st of December

current information on record for your license. Complete all sections of this form, and attach additional sheets. False or misleading statements will be cause for fee, and all supporting documents to: Department of Health, Health Professional Washington, D.C. 20002. This form is due back to HPLA by December 31, 2004. .00. If you have any questions, call HPLA Customer Service at 1-888-204-6193.



1. DEMOGRAPHIC INFORMATION

Please make name and address changes

Preferred mailing address:

JOEL W. MATCH

License Number MD12475

Social Security

Birth Date

Internet Pin:

Other Address

Unknown NA 00000

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revisions Act), applicants are required to provide a Social Security Number (SSN) on applications for a professional license. Please provide your Social Security Number in Section 5 of this form. If a Social Security Number is not available, a sworn affidavit stating that you do not have a Social Security Number must be submitted on a separate notarized letter.

2. SPECIAL INSTRUCTIONS

- Your license expires December 31, 2004.
- Renewal applications submitted after December 31, 2004 will be required to pay a \$65.00 late fee.
- If you are unable to renew your license by December 31, 2004 or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license.
- In addition, you must submit your pictures no later than the 60-day late renewal period. Failure to do so will result in your license lapsing and you will have to apply for reinstatement of your license. **You may not practice your profession in the District of Columbia until you reinstate your license.**
- You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must apply as a new applicant. You will receive a new license number upon approval.

IMPORTANT NOTICE: In compliance with 17 DCMR 4001.1(c), please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Please send the photos along with your Renewal Application form. Photos will be placed on the pocket license. You will also need to submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity. **Your application is not complete and your license will not be renewed until your photos are received.**

INTERNET INSTRUCTIONS: This is a reminder that if you decide to register online, remember to register at: <http://www.dchealth.dc.gov>. You must use the PIN that has been assigned to you.

If you renew online, you are still required to mail in two (2) 2x2 photographs as stated above. **Your license will not be renewed until your photos are received.**

Your PIN is:

Be sure to keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address in the GENERAL INSTRUCTIONS above. This will help ensure that you receive your next renewal notice in a timely manner.

3. LICENSE RENEWAL AND FEES - Select the type of action you wish to take for your license.

Please check the appropriate boxes to indicate other requests you would like to be processed with your license renewal and then total the fee column. This form will be returned unprocessed if the fee is not included or if the fee is less than required. Make your check or money order payable to "Promissor." CASH PAYMENTS WILL NOT BE ACCEPTED.

A. ☒ Renewal OR ☐ Paid Inactive Status Request

(SEE #1&2)

\$ 312.00 = \$

B. ☐ Cancel License (No Fee) (SEE #3)

\$ 0.00 = \$

C. ☐ Late Fee (if postmarked after December 31, 2004) (SEE #4)

\$ 65.00 = \$

D. ☐ Name and/or Address Changed (see reverse side)

\$ 20.00 = \$

E. ☐ Duplicate License Request

QTY: x \$ 26.00 = \$

TOTAL FEE DUE = \$ 312.00

Make check or money order payable to **Promissor.**

Mail to:

**Department of Health
Health Professional Licensing Administration
Board of Medicine - Renewals
825 North Capitol Street, NE
Suite 2224
Washington, D.C. 20002**

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

4. QUESTION ABOUT YOUR PRACTICE

If you have an "MD" or "DO" license prefix, please complete A-D. If you are a chiropractor ("CH" license prefix), complete A, B and E. Otherwise, complete A and B only.

A. Are you in active practice now? (SEE #5 - MDs/DOs Section)

Yes ☒ No ☐

B. If so, do you practice in the District of Columbia at all?

Yes ☒ No ☐

❖ If YES, what % of time? 5-10 %

C. MD's and DO's Only - If your practice is limited to a specialty, please indicate the code from the specialty list at the right.

03
Code

D. MD's and DO's Only - If you are certified by the American Board of any specialty, please indicate the code from the specialty list at the right.

Code

E. Chiropractors Only - Are you authorized to perform non-invasive ancillary procedures?

Yes ☐ No ☐

SPECIALTIES

AD Administrative Medicine
AL Allergy & Immunology
AN Anesthesiology
CO Colon & Rectal Surgery
DE Dermatology
EM Emergency Medicine
FA Family Practice
IN Internal Medicine
MG Medical Genetics
NE Neurological Surgery
NU Nuclear Medicine
OB Obstetrics & Gynecology
OP Ophthalmology

OR Orthopedic Surgery
OT Otolaryngology
PA Pathology
PE Pediatrics
PH Physical Medicine
& Rehabilitation
PL Plastic Surgery
PR Preventive Medicine/
Public Health
PS Psychiatry & Neurology
RA Radiology
SU Surgery
TH Thoracic Surgery
UR Urology

5. CONTINUING EDUCATION

Check the box below if you have completed the required credit hours to renew your license. These courses must have been completed between 1/1/03 and 12/31/04.

Include the copies of certificates of completion with this application.

Physician Assistants ONLY

☒ I have completed the 40 hours of Category I and 60 hours of Category II continuing education required to renew my license.
SEE # 5 FOR REQUIREMENT DETAILS

Chiropractors ONLY

☐ I have completed the 24 hours of continuing education required to renew my license.
SEE # 5 FOR REQUIREMENT DETAILS

Official Only

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District of Columbia
DEPARTMENT OF HEALTH - HEALTH PROFESSIONAL LICENSING ADMINISTRATION
LICENSE RENEWAL APPLICATION

6. NAME CHANGE

If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, divorce decree, or court order.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

MM DD YYYY
DATE OF BIRTH CORRECTION

SSN/FEIN CORRECTION * (Required)

Official Only

7A. HOME ADDRESS CHANGE

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX

NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY STATE ZIP CODE + 4 E-MAIL (OPTIONAL) HOME PHONE NUMBER HOME FAX NUMBER

7B. BUSINESS ADDRESS CHANGE

Please note: This information will be made available to the public.

COMPANY NAME

☐ APARTMENT ☒ SUITE ☐ FLOOR ☐ PO BOX

NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY STATE ZIP CODE + 4 E-MAIL (OPTIONAL) BUS PHONE NUMBER BUS FAX NUMBER

7C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☒ HOME ☐ BUSINESS

8. QUESTIONS - Applicant MUST answer all of the following questions.

Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this form.

Official Only

A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

Yes No

Y N

- Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
- Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
- Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
- Past due taxes;
- Past due District of Columbia Water and Sewer Authority service fees; or
- Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

B. Since your last renewal, have you been convicted or arrested for a crime (other than minor traffic violations) not previously reported to the Board?	YES NO	
C. Since your last renewal: (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES NO	
D. Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES NO	
E. Since your last renewal, have you been diagnosed or treated for substance abuse?	YES NO	
F. Since your last renewal, have you been involved in a malpractice suit? (See #8)	YES NO	
G. Have you ever been terminated or asked to resign from employment since the last renewal or since obtaining your license if this is your first renewal?	YES NO	

9. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

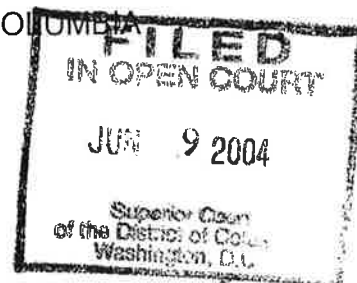
LICENSEE SIGNATURE

LICENSEE NAME (Please print)

DATE

Official Only

SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA
CIVIL Division



CARIN JOHNSON and STEVEN JOHNSON,)
Individually and as Parents and Next Friends)
of AYANNA JOHNSON, a disabled minor)

Plaintiffs,)

v.)

COLUMBIA HOSPITAL FOR WOMEN)
MEDICAL CENTER, INC. et al,)

Defendants.)

Civil Action No. 02CA010139
Judge: Stephanie Duncan-Peters
Calendar 9

PRAECIPE OF DISMISSAL

TO THE CLERK:

Please enter plaintiffs' claims in the above-captioned action against Joel Match,

M.D., only, as "dismissed with prejudice." All parties to bear their own costs. Furthermore, the Defendants, including their agents, employees, and insurers, agree that any existing or potential claims against each other are voluntarily

*ASS
CAB
JHE
KEE*
Karen E. Evans
Sandra H. Robinson, Esq.
Karen E. Evans, Esq.
Jack H. Olender & Associates, P.C.
888 17th St., N.W., 4th Floor
Washington, D.C. 20006
(202) 879-7777
Counsel for Plaintiffs

Leo Roth, Jr.
Leo Roth, Jr., Esq.
Brault, Graham, Scott & Brault, PLLC
110 South Washington Street
Rockville, MD 208506
Counsel for Columbia Hospital for
Women and Mohammad T. Taheri

Andrew J. Spence
Andrew J. Spence, Esq.
Hamilton, Altman, Canale & Dillion, LLC
10306 Eaton Place, Suite 100
Fairfax, VA 22030
Counsel for Joel W. Match, M.D.

Al Belcuore
Al Belcuore, Esq.
Montedonico, Belcuore & Tazzara, P.C.
1020 19th Street, N.W. Suite 420
Washington, D.C. 20036
Counsel for Norman M. Neches, M.D.

APPROVED: Stephanie Duncan-Peters
JUDGE STEPHANIE DUNCAN-PETERS
signed in open court

dismissed and/or forfeited ~~consent~~ with in consideration of the resolution of this litigation.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 9 day of June, 2004 that a copy of the foregoing Praecipe was ^{hand delivered} ~~mailed, postage prepaid~~, to:

Andrew J. Spence, Esquire
Hamilton, Altman, Canale & Dillion, LLC
10306 Eaton Place, Suite 100
Fairfax, VA 22030

- Counsel for Joel W. Match, M.D.

Joseph Montedonico, Esquire
Al Belcuore, Esquire
Montedonico, Belcuore & Tazzara, P.C.
1020 19th Street, N.W. Suite 420
Washington, D.C. 20036

- Counsel for Norman M. Neches, M.D.

Leo Roth, Esq.
Brault, Graham, Scott & Brault, PLLC
1140 Connecticut Avenue, N.W.
Suite 250
Washington, DC 20036

- Counsel for Columbia Hospital for
Women and Mohammad T. Taheri


KAREN E. EVANS

APR - 8 2003

JACK H. OLENDER

AND ASSOCIATES, P.C.
888 17TH STREET, N.W., 4TH FLOOR
WASHINGTON, D. C. 20006-3939

JACK H. OLENDER, D.C., MD., PA.
SANDRA H. ROBINSON, D.C., MD.
MELISSA RHEA, D.C., MD.
KIM M. KEENAN, D.C., VA., MD.
ELIZABETH JESUKIEWICZ FREY, R.N., D.C., MD., PA.
KAREN E. EVANS, R.N., D.C., VA., MD.
NARDA M. NEWBY, D.C., MD.

GARY S. FREEMAN (1949-2001)

TELEPHONE (202) 879-7777
FACSIMILE (202) 393-2245
E-MAIL JHOPC@OLENDER.COM
www.olender.com

OF COUNSEL
HARLOW R. CASE, D.C.
ROBERT S. CHABON, M.D., J.D.

April 7, 2003

Andrew J. Spence, Esquire
10306 Eaton Place, #100
Suite 100
Fairfax, VA 22030

Re: Ayanna Johnson

Dear Andy:

I received your letter of April 1, 2003. Please consider this letter as a supplement to Plaintiff's answers to interrogatories.

Based upon the information currently available to the plaintiffs, Dr Match attended Mrs. Johnson's labor and delivery. Dr. Match is also listed as a physician on the operative report. Therefore, it is our contention that Dr. Match was negligent in his care and treatment of plaintiff Carin Bryce and her infant daughter, including but not limited to the following breaches in the standard of care:

- a) he failed to perform appropriate examinations and evaluations;
- b) he failed to adequately monitor fetal well-being prior to delivery;
- c) he failed to diagnose fetal distress, fetal stress, and promptly deliver the infant now known as Ayanna Johnson;
- d) he failed to identify and diagnose face presentation prior to cesarean section;
- e) he failed to perform a timely cesarean section;

Andrew J. Spence, Esq.
April 3, 2003
Page Two

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f) he failed to perform a cesarean section correctly and expeditiously and without unnecessary trauma;

Also, I am attaching a list of Mrs. Johnson's healthcare providers and a list of Ayanna Johnson's healthcare providers as well.

I will further supplement your discovery requests as needed and information becomes available.

Sincerely,

A handwritten signature in cursive script that reads "Karen".

Karen E. Evans

KEE:bls
Enc.

List of Records re Ayanna Johnson

- **Columbia Hospital for Women - 12/9/99 Birth Records**
- **Children's National Medical Center - Aug. 2000 - Feb. 2001**
- **Pediatrics Associates**
- **Montgomery Co. Public School**
- **Holy Cross Hospital [3/1/01 Inpatient records, 9/16/02 Inpatient Records, 6/6/01 Laboratory report]**
- **McKinney Hills Learning Center**

List of Records re Carin Bryce

- **Columbia Hospital for Women - 12/4/99 Labor & Delivery Records**
 - **Columbia Hospital for Women - Outpatient Records**
 - **Capital Perinatal Associates (Dr. Jean Bolan)**
 - **Norman Neches, M.D.**
- /

NOV 09 2004

Anthony A. Williams
MAYOR

Seal of the District of Columbia

Washington, D.C.
DRIVER LICENSE

DL


DLN: 9547783
EXPIRES: 09-07-2008

JOEL W MATCH

DATE OF BIRTH: 08-31-2004
ISSUE DATE: 08-31-2004
TYPE: 03

SEX: M
HEIGHT: 5-10
WEIGHT: 195
CLASS: D

Joel W Match



Joel W. Match, MD PC
Gynecology – Infertility

1850 Town Center Parkway
Suite 207
Reston, VA 20190
(703) 689-9962

2440 M Street NW
Suite 101
Washington, DC 20037
(202) 421-1777

Health Professional Licensing Administration
Department of Health
899 North Capitol Street SE, First Floor
Washington, DC 20002
Attn: Eugene Irving

Re: Joel W. Match, MD
License Number: MD12475

Dear Mr. Irving:

This is to inform you that my Virginia License Number 0101040957, has been suspended temporary as of May 1st, 2012; the formal hearing will be on May 25th 2012. Please, let me know if I need to provide any other information.



Joel W. Match, MD

**VIRGINIA Department of Health Professions****Public Information System**[\(Download licensee information | DHP Home Page\)](#)

Last updated on 05/09/2012

License Information

License Number	0101040957
Occupation	Medicine & Surgery
Specialization	Anesthesiology: Pain Management (Self Proclaimed) Obstetrics And Gynecology (Self Proclaimed)
Name	JOEL W MATCH
Address of Record	Reston, VA 20190
Initial License	06/01/1987
Expire Date	05/01/2012
License Status	<u>Suspended</u>
Additional Public Information*	<u>Yes</u>

This serves as primary source verification of the credential issued by the Commonwealth of Virginia.

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.G of the Code of Virginia. For additional information click on the "Yes" link above. "No" means no documents are available.*

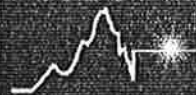
[Back to License Lookup](#)

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Virginia Board of Medicine Practitioner Information



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[Questions](#)

Joel Wayne Match, MD

LICENSE # **0101040957**

Issue Date: **6/1/198**

Expiration Date: **5/1/201**

Status: **Suspended**

This license is not Active. The individual has no statutory responsibility to provide information for the profile web site.

More information may be available at our [License Lookup site](#).

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Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA, 23233-1463
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VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: JOEL W. MATCH, M.D.
License No.: 0101-040957

ORDER OF SUMMARY SUSPENSION

Pursuant to § 54.1-110 of the Code of Virginia (1950), as amended ("Code"), a quorum of the Virginia Board of Medicine ("Board") met on May 1, 2012, by telephone conference call after a good faith effort to convene a regular meeting of the Board failed. The purpose of the meeting was to receive and act upon information indicating that Joel W. Match, M.D., may have violated certain laws and regulations relating to the practice of medicine and surgery in the Commonwealth of Virginia, as more fully set forth in the Statement of Particulars, which is attached hereto and incorporated by reference herein.

WHEREUPON, pursuant to its authority under § 54.1-2408.1 of the Code, the Board concludes that a substantial danger to the public health or safety warrants this action and ORDERS that the license of Joel W. Match, M.D., to practice medicine and surgery in the Commonwealth of Virginia be, and hereby is, SUSPENDED.

Upon entry of this Order of Summary Suspension, the license of Joel W. Match, M.D., will be recorded as suspended and no longer current.

It is further ORDERED that a hearing will be convened forthwith to receive and act upon evidence in this cause, and that the Executive Director of the Board shall be authorized to execute this Order and all other documents, notices, and Orders on behalf of the Board necessary to bring this matter to hearing.

Pursuant to § 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD



William L. Harp, M.D.

Executive Director

Virginia Board of Medicine

ENTERED: 5/1/12

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: JOEL W. MATCH, M.D.
License No.: 0101-040957

STATEMENT OF PARTICULARS

The Virginia Board of Medicine ("Board") alleges that:

1. Dr. Match may have violated Sections 54.1-2915.A(3), (8), (13), (16), (17), and (18) and 54.1-3303.A and 54.1-3408.A of the Code with respect to his care and treatment of Patients A-J at Chantilly Specialists, a pain management clinic located in Chantilly, Virginia, from approximately December 2010 to December 2011, in that:

a. With respect to Patient A, a 53-year-old male whom Dr. Match saw and treated on approximately six occasions from May to December 2011:

i. Dr. Match diagnosed and treated Patient A for tension headaches, root lesion-cervical, cervical spondylosis, intervertebral disc disorder with myelopathy, cervicgia-neck pain, failed back syndrome-cervical, disc disorder-lumbar, lumbago-low back pain, somatic dysfunction cervical region, somatic dysfunction lower extremities, and spondylosis lumbo/sacral, including prescribing oxycodone 30 mg and OxyContin 80 mg (both Schedule II controlled substances), without an adequate medical indication for doing so. Specifically, Dr. Match failed to obtain diagnostic testing or studies or other objective evidence to support these diagnoses or to determine the etiology of Patient A's reported pain and other symptoms.

ii. Dr. Match failed to properly manage and monitor Patient A's narcotics usage, especially in light of the history of aberrant and noncompliant behavior documented in his Chantilly medical record for the three-year period before his first visit with Dr. Match on or about May 13, 2011. Specifically, at that first visit, Dr. Match continued Patient A's narcotic therapy, even though he knew or should have known of this significant prior history of deviant behavior. Further, Dr. Match took no appropriate responsive action, other than requiring more frequent office visits, when Patient A continued such behavior by repeatedly violating the terms of his pain management contract and exhibiting abusive, drug-seeking and possibly diversionary behavior while under Dr. Match's care. Examples of such behavior, both historically, as documented in Patient A's Chantilly medical records, and while under Dr. Match's treatment include:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
• Patient A reported that his medications had been confiscated by law enforcement on two occasions (5/12/09 and 5/14/10).
• Multiple urine drug screens were inconsistent with prescribed medications or were positive for cocaine (on or about 8/21/09, 9/8/09, 8/11/10, and 10/7/10).
• Patient A's claim to have "self-detoxed" in lieu of following up on a referral (given or about 9/15/09) for substance abuse evaluation and treatment made due to his continued use of cocaine and alcohol abuse.
• Patient A's report that he had been robbed of all his medications on or about 11/11/09 (though no police report was filed).
• Documented suspicion in a 2/26/10 office note of drug diversion and notation that Patient A was under criminal investigation.
• On or about 10/14/10, a pharmacist reported to the Chantilly practice that Patient A used counterfeit money given to him by a companion to pay for his narcotic prescriptions and then gave this individual all of his medications.
• Chronic requests for (and provision of) early fills or refills of narcotic medications during

the period before Dr. Match began treating Patient A.

- On or about 1/6/11, Patient A was arrested at the Chantilly medical office on charges of distribution of Schedule II controlled substances, an incident of which Dr. Match admits he was aware. Upon Patient A's release from jail on or about 3/26/11, bottles of Opana and oxycodone given to the office manager by the police at the time of the patient's arrest were returned to him, as evidenced by a signed Receipt for Return of Medicine in the patient's file.
- A message entered into the Chantilly practice's electronic medical record for Patient A indicates that, on or about 4/13/11, a police officer called and stated that Patient A had been charged with a lesser crime, i.e., obtaining Schedule II drugs under false pretenses, in connection with an ongoing criminal investigation of a physician assistant who had previously been employed at Chantilly.
- On or about 5/13/11, Dr. Match noted that Patient A presented with a chief complaint of having run out of his medications early that the patient's pill count was not correct, and that Patient A had "no good explanation" for the missing morphine sulfate instant release.
- A urine drug screen that Dr. Match ordered on or about 6/7/11 revealed the presence of methadone, a medication that was not being prescribed to Patient A. When confronted, Patient A admitted taking a couple of methadone pills from a supply he had left over from last year. Dr. Match responded by counseling the patient that taking old medications was a violation of his pain contract and that any further aberrant behavior would be reported to Patient A's probation officer and possibly be grounds for discharge from the practice; however, Dr. Match continued to prescribe the patient narcotics (OxyContin 80 mg, 5/day and oxycodone 30 mg, tid).
- A message from Patient A's probation officer entered into the electronic medical record on or about 8/31/11 indicated that the patient was receiving treatment for addiction.
- Evidence that Patient A was doctor-shopping and receiving narcotic prescriptions from multiple physicians who were not Chantilly providers based on numerous reports obtained by the practice from the Prescription Monitoring Program ("PMP").
- Records in Patient A's file from an emergency room visit on or about 11/16/11, subsequent to Patient A's release from a three-month incarceration for parole violations, reported the patient's history of cocaine abuse.

b. Even though narcotic therapy was contraindicated for Patient B based on his documented history of drug-seeking and aberrant behavior since becoming a Chantilly patient in 2008, Dr. Match prescribed narcotics to Patient B from December 2010 until March 28, 2011, when police arrested Patient B for attempted assault of office staff and destruction of property (punching a hole in the wall) during his office visit. Further,

during Dr. Match's treatment of Patient B, he failed to properly manage and monitor the patient's narcotics usage (i.e., OxyContin 80 mg, OxyContin 40 mg (Schedule II), and Roxicodone 30 mg (Schedule II)) in that he failed to adequately address or appropriately respond to clear indications of substance abuse/misuse and other noncompliance with his medication regimen and treatment plan. Examples of such behavior, both historically, as documented in Patient B's Chantilly medical records, and while under Dr. Match's treatment include:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
• Inconsistent urine drug screens on 8/13/09, 9/10/09, and 4/8/10.
• Documentation that Patient B was hospitalized for an opiate overdose from 4/28 to 4/29/10.
• Patient B's documented inability (in 5/19/10 office note) to explain what had happened to, and enragement when confronted about, the current whereabouts of medications recently prescribed to him by multiple other providers for #252 OxyContin 80 mg, #60 Xanax 2 mg, #140 oxycodone 30 mg, #30 roxicodone 15 mg, and #15 Vicodin 7.5/750.
• Multiple referrals by Chantilly providers for psychiatric and substance abuse evaluations and to an addictionologist (on or about 4/19/10, 6/1/10, 10/13/10, 10/22/10, 11/19/10, 11/30/10), none of which were followed up on by Patient B.
• Documentation in Patient B's record on 11/19/10 that he continued to display behaviors (including raging and cursing when he did not get the medication he wanted) that confirmed "him being a high risk patient with dual diagnosis and possible diversion."
• Information in Patient B's record from multiple healthcare providers who treated him during his hospitalization from 12/1 to 12/6/10 for a toe amputation that: Patient B displayed aberrant, drug seeking, psychotic, delusional, abusive and addictive behaviors and needed to be treated by an addictionologist; the underlying cause of the patient's pain (uncontrolled diabetes causing neuropathies) needed to be treated without the use of opioids; Patient B's pain had been mismanaged for years and he needed to be titrated down if not completely taken off of his narcotic medications and placed on other treatment modalities; Patient B "could not possibly be taking the medication that he says he has been taking" under Chantilly's medication regimen because, when maintained on that regimen in the hospital, he slept for "hours upon hours" and was so lethargic that he could not be aroused to eat, sleep, or complete all the daily dosages prescribed; and Patient B bullied the physician who discharged him into writing the narcotic scripts that

he wanted, even though that physician did not consider these to be "in the best interests and safe for the patient."
•On or about 12/7/10, Patient B's podiatrist informed Dr. Match that the patient did not need the amount of pain medication that had been previously prescribed, and that, during his recent hospitalization, he had been extremely belligerent (requiring the presence of security on several occasions) when he was not given the pain medications that he wanted.
•Multiple PMP reports revealed that Patient B was being prescribed narcotics by other practitioners.
•Patient B reported to Dr. Match on several occasions (12/15/10, 12/ 29/10, 12/30/10, and 1/31/11) that he had gone to, and would continue to go to, multiple emergency rooms and urgent care providers to obtain the pain medications that he wanted.
•A urine drug screen that Dr. Match ordered on 1/3/11 was inconsistent with the medications prescribed to Patient B, i.e., positive for hydromorphone (results that Dr. Match failed to address with the patient, instead incorrectly documenting that the UDS was consistent). On that same date, Dr. Match noted that Patient B was chronically early for his pain medication refills. Further, at the end of the patient's visit on his way out, Patient B became verbally abusive and cursed the nurses and front desk receptionist, from whom he grabbed the prescriptions and referrals that Dr. Match had written for him (events of which Dr. Match was informed by his staff).
•Dr. Match documented that Patient B became extremely agitated at his 1/31/11 visit when Dr. Match did not prescribe him the pain medications he desired, tearing up the specialist referrals that Dr. Match again gave him. Although Dr. Match noted that, during the five hours Patient B was in the office, he flailed and moved around the room, waving his arms with no impediment of his range of motion "unlike any patient in chronic intractable pain" Dr. Match had ever seen, he nevertheless prescribed the patient #224 dosage units of Roxicodone 30 mg, to be taken 8/day and #168 dosage units of OxyContin 40 mg, to be taken 12/day.

c. Although Dr. Match noted in Patient C's electronic record on or about August 3, 2011 that he needed to see this patient at his next office visit because Dr. Match had received information that the patient was selling his oxycodone and taking only his methadone, Dr. Match failed to follow up or act on this information in a timely fashion, i.e., he did not see Patient C until October 20, 2011, at which time he did not address the reported medication diversion with Patient C. On that date (Patient C's first and only

visit with Dr. Match), he prescribed the patient #84 Vicoprofen, even though the prescription of narcotics was contraindicated based on:

- i. Patient C's history of aberrant and abusive behavior while a patient at Chantilly since 2009, to include multiple inconsistent urine drug screens (including a positive drug screen for methamphetamine on August 7, 2009), as well as a cardiology consult report from June 9, 2011 noting the patient's history of drug abuse and illicit drug use.
 - ii. The red-flag raised by the patient's residence in Grundy, Virginia, approximately 7 hours driving distance from the practice.
 - iii. Dr. Match's documentation in Patient C's electronic medical record on or about September 1 and 15, 2011, that the patient was to be given "no more narcotics, no more methadone, this is the medication plan, no exceptions" based on his review of recent cervical and lumbar spine MRI's that failed to reveal pathology that warranted the narcotic therapy that Patient C had been receiving at Chantilly.
 - iv. The urine drug screen submitted by Patient C on October 20, 2011 pursuant to Dr. Match's order was positive for methadone, a medication discontinued over six weeks prior; also, Dr. Match noted at this visit that not much was abnormal with the patient.
- d. With respect to Patient D, a 25-year-old male whom Dr. Match saw and treated on approximately four occasions from June to October 2011:

i. Dr. Match diagnosed and treated Patient D for disc disorder-lumbar, sacroiliac disease-ankylosis of lumbosacral or sacroiliac joint, somatic dysfunction lumbar region, somatic dysfunction sacral region, somatic dysfunction lower extremities, pain-lower leg joint, and cervicgia-neck pain, including prescribing methadone (Schedule II), oxycodone 30 mg and 15 mg, OxyContin 80 mg, and Opana (Schedule II)), without an adequate medical indication for doing so. Specifically, neither diagnostic tests/studies performed on or about November 2008 or January 5, 2011, nor any other objective evidence supported these diagnoses or showed significant pathology warranting the use of narcotic therapy, as Dr. Match acknowledged on or about October 13, 2011, when he finally reviewed Patient D's prior MRI reports and CT scans.

ii. Dr. Match failed to properly manage and monitor Patient D's narcotics usage in that he failed to adequately address or appropriately respond to indications of substance abuse/misuse, aberrant and potentially diversionary behavior, and other noncompliance with his medication regimen and pain management contract. Such behavior included two consecutive inconsistent urine drug screens on June 29, 2011 and July 27, 2011, both of which were negative for methadone, a medication Patient D was being prescribed, as well as the red-flag raised by the patient's residence in Grundy, VA (approximately 7 hours away from the Chantilly practice).

e. During Dr. Match's treatment of Patient E from January to December 2011 (over the course of approximately five office visits), he failed to properly manage and monitor the patient's narcotic and benzodiazepine usage, including oxycodone 30 mg, MS Contin (Schedule II), and Klonopin (Schedule IV). Despite the red-flag raised by Patient E's residence in Richlands, VA, approximately six hours from the Chantilly practice, Dr. Match failed to adequately address or appropriately respond to indications of substance abuse/misuse and other noncompliance with his medication regimen, e.g., positive urine drug screens for methadone on June 30, 2011, July 28, 2011, and August 25, 2011, when this medication was not prescribed to Patient E, and negative results for benzodiazepines (on February 10, 2011, March 10, 2011, April 7, 2011, May 5, 2011, June 2, 2011, June 30, 2011, July 28, 2011, August 25, 2011, October 20, 2011, November 17, 2011, and December 15, 2011) when Klonopin was being prescribed. Further, although Patient E was a newly established patient at the time of his first visit with Dr. Match on January 13, 2011, he failed to request or obtain prior medical records for Patient E, though he reported having received chronic pain treatment for over 10 years.

f. With respect to Patient F, a 52-year-old male whom Dr. Match saw and treated on approximately seven occasions from May to September 2011:

i. Dr. Match diagnosed and treated Patient F for, among other things, joint derangement-lower leg, joint derangement-hand pain, intervertebral disc disorder lumbar with myelopathy, spondylosis-lumbo/sacral, lyme disease, pain-shoulder joint, common migraine, failed back syndrome-thoracic, and

cervicalgia-neck pain, including prescribing methadone, OxyContin 80 mg, oxycodone 30 mg, Actiq 1600 mcg (Schedule II), and Duragesic patches (Schedule II), without an adequate medical indication for doing so. Specifically, Dr. Match failed to obtain diagnostic testing or studies, medical records regarding prior reported surgeries/injuries, or other objective evidence to support these diagnoses or to determine the etiology of Patient F's reported pain and other symptoms.

ii. Dr. Match failed to properly manage and monitor Patient F's narcotics usage, including failure to execute a pain management contract with the patient. Despite Patient F's prior history of aberrant behavior while a patient at Chantilly since 2009, e.g., numerous inconsistent urine drug screens, Dr. Match failed to adequately address or appropriately respond to numerous indications of substance abuse/misuse and other noncompliance with his medication regimen. Instead, Dr. Match continued to prescribe narcotic medications to Patient F, even though narcotic therapy was contraindicated for this patient based on such behaviors, to include the following:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
• At his initial visit with Dr. Match on 5/10/11, Patient F responded negatively (and tearfully) to Dr. Match's significant reduction in his daily methadone dose (accompanied by the addition of OxyContin 80 mg tid to his medication regimen), arguing that he used to be a methadone clinic coordinator and knew of studies that contradicted Dr. Match's assertion that long-term use of high dose methadone was potentially damaging to the body. Although Dr. Match referred Patient F to an addictionologist and a psychiatrist for a substance abuse evaluation at this visit, the patient balled up these referrals and, when leaving, attempted to throw them at the front desk person (who interceded and took them

out of his hand). Further, Dr. Match failed to note or address with Patient F his inconsistent urine drug screen at this visit, which was positive for OxyContin/oxycodone, a medication that had not been prescribed to the patient by other Chantilly providers prior to this visit.

- At Dr. Match's next office visit with Patient F on or about 6/15/11, he failed to address with the patient another inconsistent urine drug screen from 5/24/11 that was negative for OxyContin/oxycodone (which Dr. Match had prescribed to him on 5/10 and 5/11/11). Further, Dr. Match failed to act on information documented in Patient F's record on 5/24/11 by the Chantilly nurse practitioner who saw him that date indicating that Patient F reported his neurologist would not see him until he was stable on his methadone dosing, a claim the neurologist denied and characterized as drug-seeking behavior by the patient.

- On 6/7/11 and at his 6/15/11 office visit, Dr. Match noted that Patient F received a prescription for Fentora (Schedule II) from his urologist; when contacted, the urologist reported he prescribed the medication because Patient F reported he was in so much pain.

- An 8/2/11 consult note from Patient F's neurologist reported that, without prior authorization, the patient took an unspecified amount of his domestic partner's Valium, in addition to the Klonopin that the neurologist was prescribing him for his headaches, and that the patient asserted nothing would help his pain except methadone.

- On 8/10/11, Patient F's urine drug screen was again inconsistent, i.e., positive for methadone, a medication discontinued for over 4 weeks. Dr. Match's response to this clear violation of his medication regimen was to prescribe Patient F 6 boxes of Duragesic 100 mcg patches, #112 Actiq 1600 mg lozenges, and #168 dosage units of OxyContin 80 mg and, if the inconsistent urine drug screen was confirmed, to require Patient F to come in weekly for 2 months. Dr. Match did not discharge Patient F from the practice until 9/7/11, when he obtained a PMP that revealed Patient F had received 3,000 dosage units of methadone on 8/10/11 from another physician.

g. At Patient G's initial (and only visit) with Dr. Match on or about December 21, 2011, he inappropriately prescribed MS Contin 60 mg, #112, oxycodone 30 mg, #84, and OxyContin 80 mg, #90, without first determining the etiology of, or obtaining objective indicia verifying, Patient G's alleged chronic pain conditions. Instead, Dr. Match diagnosed Patient G (husband of Patient H) with, among other things, degenerative joint disease-left leg, derangement meniscus, joint derangement-ankle, pain-forearm joint, pain-lumbago/low back pain, neuralgia or neuritis of sciatic nerve, chronic back pain, and spondylosis-lumbo/sacral, notwithstanding the absence of any recent diagnostic

tests/studies or consultation with orthopedists who had previously operated on Patient G's knee in 2006 and back in June 2009. Further, Dr. Match prescribed these narcotics despite Patient G's significant documented history of aberrant and noncompliant behavior since becoming a patient at Chantilly in 2008, to include:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
•Multiple PMP reports showing that Patient G received prescriptions for controlled substances from other providers who were not part of the Chantilly team.
•A notation on or about 10/5/10 that Patient G was "now at the stages of possible addiction" and there was a growing risk of "addiction or possible diversion of [his] medications" that necessitated a change to a "conservative regimen" that was "feasible to monitor and not easy to divert for the sale of the medications."
•An inconsistent urine drug screen at Patient G's 12/21/11 visit with Dr. Match (i.e., negative for benzodiazepines, although this medication had been prescribed for quite some time by other Chantilly providers).
•Multiple inconsistent urine drug screens at Chantilly prior to Patient G's first visit with Dr. Match, i.e., on 10/27/10, 11/23/10, 1/19/11, 2/15/11, 3/16/11, 4/13/11, 5/11/11, 6/8/11, 7/6/11, 8/4/11, 8/31/11, 9/28/11, 10/26/11, and 11/23/11, which were negative for benzodiazepines or narcotics that were being prescribed to Patient G.

h. At Patient H's initial (and only visit) with Dr. Match on or about December 21, 2011, he inappropriately prescribed MS Contin 60 mg, #112, and oxycodone 30 mg, #56, without first determining the etiology of, or obtaining objective indicia verifying, Patient H's alleged chronic pain conditions. Instead, Dr. Match diagnosed Patient H, a 38-year-old female (and the wife of Patient G), with rheumatoid arthritis, joint derangement-pelvis, disc degeneration-lumbar, cervicalgia-neck pain, patellar tendinitis, somatic dysfunction lower extremities, and chronic fatigue syndrome, notwithstanding the absence of any diagnostic tests or studies or consultations with specialists relating to these conditions. Further, Dr. Match prescribed these narcotics to Patient H even though

her medical record documented a significant history of aberrant and noncompliant behavior since becoming a patient at Chantilly in 2008, to include:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
•Every urine drug screen performed (a total of 17 in all, including one performed on the date of Patient H's first visit with Dr. Match on 12/21/11) was inconsistent with the medications being prescribed to Patient H, <i>e.g.</i> , they were positive for methadone and/or benzodiazepines, medications that Chantilly providers were not prescribing to Patient H but were prescribing to her husband, Patient G.
•Documentation in Patient H's record from 9/1/10 wherein she attempted to explain her positive urine drug screen for methadone by asserting that she may have mistaken her husband's methadone for her Ambien.
•A referral by a Chantilly nurse practitioner on or about 10/6/10 to an addictionologist to assess Patient H for addiction, as well as multiple other referrals to specialists and/or for diagnostic studies/tests over the preceding three years of treatment, none of which Patient H followed up on.
•PMP reports (including the PMP report dated 12/21/11 from Patient H's first visit with Dr. Match) indicated multiple early and excessive refills for narcotics prescribed by a Chantilly nurse practitioner and indicated that Patient H received 7,584 dosage units of oxycodone 30 mg, purportedly 509 days worth of prescriptions, during the 333 day period from 12/21/10 to 11/18/11.

i. Over the course of approximately nine visits from March to December 2011, Dr. Match prescribed Valium, Tylenol-codeine #3 (Schedule III), Butrans patches (Schedule III), fentanyl patches, and fiorinal with codeine (Schedule III) to Patient I (a new patient to the Chantilly practice), despite substantial evidence that she was abusing/misusing or otherwise engaging in aberrant behavior not in compliance with his medication regimen, to include:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
•Numerous inconsistent urine drug screens (<i>e.g.</i> , results from 4/13/11, 5/19/11, 6/1/11,

9/1/11, and 11/23/11 were all positive for OxyContin/oxycodone, a medication not prescribed to Patient I, and tests from 4/13/11, 5/11/11, 5/19/11, 6/29/11, and 9/1/11, were negative for controlled substances (benzodiazepine or buprenorphine) that were being prescribed to the patient).

- Documentation on 6/1/11 from a Chantilly nurse practitioner that Patient I was one week early for her appointment/medications because the patient reported Tylenol #3 was no longer working for her headaches since her recent hospitalization (with respect to which no records were requested or obtained).

- Further documentation from this nurse practitioner on 6/15/11 that Patient I's pill count was significantly inaccurate in that, instead of having 2 week's worth of Dilaudid left, as expected, the patient only had 3 dosage units remaining, which shortage the patient explained by stating she had spilled #20 pills down the drain.

- Copies of hospital diagnostic reports in Patient I's medical record indicating that she had overdosed, requiring intubation and hospitalization in the ICU from September 1-3, 2011.

- Several PMP reports (on 3/30/11, 6/14/11, and 12/13/11) indicating that Patient I had a history of doctor-shopping and received narcotic prescriptions from non-Chantilly providers while under Dr. Match's care.

j. At Dr. Match's initial (and only) visit with Patient J on or about July 19, 2011, he gave the patient two prescriptions for Duragesic 100 mcg patches, #20 each, without an adequate medical justification for doing so, i.e., the patient's medical record was devoid of recent diagnostic tests/studies or consultation reports from a dentist or other specialist regarding Patient J's alleged chronic jaw pain due to TMJ and degenerative/arthritis changes of the mandibles. Further, Dr. Match prescribed these narcotics to Patient J in spite of the documented history of aberrant and/or drug-seeking behavior in his Chantilly file since July 2009, to include:

Information Indicating Drug-Seeking Behavior or Abuse/Misuse or Possible Diversion of Controlled Substances That Dr. Match Knew or Should Have Known
• A note from one of the Chantilly physician assistants entered on or about 10/18/10 (and on which Dr. Match was copied) that Patient J reported all of his medications were stolen by one or more family members (though no police report was provided).
• Documentation on 3/22/11 that Patient J had obtained pain medications from his PCP at the same time he was receiving pain management treatment at Chantilly.
• Dr. Match referred Patient J for addiction treatment on 7/19/11.

2. Dr. Match may have violated Sections 54.1-2915.A(3), (13), (16), and (18) of the Code, and 18 VAC 85-20-26(C) of the Board of Medicine General Regulations, in that he failed to properly manage and maintain accurate and complete patient records for Patients A-J. Specifically:

- a. On multiple occasions, Dr. Match copied and repeated the same assessment, findings, diagnosis, and other notes from visit to visit, even after such prior documentation was no longer relevant or accurate.
- b. Prior to prescribing medications to Patients A-J, Dr. Match failed to document a discussion with them of information concerning the risks/benefits associated with the medications being prescribed.

3. Dr. Match may have violated Sections 54.1-2915.A(3), (13), (16), and (18) of the Code, and 18 VAC 90-40-100.B of the Regulations Governing the Practice of Nurse Practitioners and 18 VAC 85-50-110 of the Regulations Governing the Practice of Physician Assistants, in that, from approximately March 30, 2011 to December 31, 2011, he failed to properly manage and oversee the care and treatment that nurse practitioners and physician assistants whom he supervised provided to Patients A-J, as exemplified by the following:

- a. These supervised providers regularly prescribed (often simultaneously) large quantities of narcotics to these patients without obtaining prior treatment records or diagnostic studies or tests to determine the etiology of patients' alleged chronic pain conditions. Further, they failed to take appropriate responsive action when these patients failed to follow up on their referrals to specialists or for diagnostic testing.

- b. These supervised providers diagnosed various chronic pain conditions for these patients without obtaining objective evidence in support of such diagnoses.
- c. These supervised providers failed to attempt non-narcotic treatment modalities with these patients before instituting narcotic therapy.
- d. These supervised providers failed to monitor and manage these patients' usage of narcotics (and in some cases benzodiazepines) in that inconsistent urine drug screens and PMP reports, as well as other signs of noncompliant and aberrant behavior, were routinely ignored and/or no appropriate responsive action was taken with respect thereto (other than the ineffective policy of having patients come in for office visits more frequently).
- e. These supervised providers cut and pasted office notes from visit to visit, even when the information therein was no longer applicable.
- f. On or about December 2, 2011, Nurse Practitioner Z, whom Dr. Match supervised, was arrested by federal agents and charged with one count of Conspiracy to Improperly Distribute Schedule II Narcotics and three counts of Improper Distribution of Schedule II Narcotics, all felony charges. These charges relate to, among other things, Nurse Practitioner Z's alleged improper/illegal prescription of over 800,000 oxycodone-based pills to approximately 600 Chantilly patients and other individuals during the course of a one-year period, during which time Dr. Match was the medical director of Chantilly and Nurse Practitioner Z's supervising physician.

4. Dr. Match may have violated Section 54.1-2915.A (17) of the Code, in that, on or about March 28, 2011, he prescribed Suboxone (Schedule III) to treat Patient B's narcotics abuse/addiction, even though he is not qualified or registered to dispense narcotic drugs for narcotic treatment as required by federal law (Controlled Substance Act of 1970, 21 U.S.C. 801 *et. seq.*) and related regulations.

Please see Attachment I for the identities of the individuals and patients referred to above.

FOR THE BOARD



William L. Harp, M.D.

Executive Director

Virginia Board of Medicine

DATE: 5/1/12



COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

Department of Health Professions

Perimeter Center
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TEL (804) 367-4400
FAX (804) 527-4475

May 3, 2012

Michael L. Goodman, Esquire
Goodman, Allen & Filetti, PLLC
4501 Highwoods Parkway, Suite #210
Glen Allen, Virginia 23060

Via E-Mail & First Class

RE: Joel W. Match, M.D. / License No.: 0101-040957
Continuance of Formal Hearing

Dear Mr. Goodman:

The Virginia Board of Medicine ("Board") has received your letter dated May 2, 2012, whereby you note your representation of Dr. Match in the matter currently pending before the Board and request a continuance of Dr. Match's formal hearing, which is currently scheduled to convene on May 25, 2012.

After careful consideration, it has been determined that your request should be granted since it was timely and demonstrates good cause. This matter will be rescheduled for a future date. You and Dr. Match will receive written notification at a later date regarding the specific date and time of the rescheduled formal hearing and new deadlines for submission of additional information will be established.

If you have any questions regarding this decision, please contact the Board office at (804) 367-4513.

Sincerely,

Jennifer L. Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

cc: Corie T. Tillman Wolf, Senior Assistant Attorney General
Julia Bennett, Adjudication Specialist, APD [142476]

Joel W. Match, M.D.

Board of Audiology & Speech-Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
Board of Long-Term Care Administrators – Board of Medicine – Board of Nursing – Board of Optometry – Board of Pharmacy
Board of Physical Therapy – Board of Psychology – Board of Social Work – Board of Veterinary Medicine
Board of Health Professions



COMMONWEALTH of VIRGINIA

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FAX (804) 527-4475

May 1, 2012

Joel W. Match, M.D.
1850 Town Center Parkway, Suite 207
Reston, Virginia 20190

UPS OVERNIGHT

RE: License No.: 0101-040957

Dear Dr. Match:

I enclose a certified copy of the Virginia Board of Medicine's Order of Summary Suspension entered May 1, 2012, affecting your license to practice medicine and surgery in the Commonwealth of Virginia.

Effective immediately, it shall be unlawful for you to treat patients, prescribe medications, or otherwise practice medicine and surgery, or hold yourself out as a licensed physician in the Commonwealth of Virginia.

Further, in accordance with Sections 54.1-105, 54.1-110, 54.1-2408.1, 54.1-2920, 2.2-4020 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code"), you are hereby given notice that the Virginia Board of Medicine ("Board") will convene a formal administrative hearing to receive and act upon evidence that you may have violated certain laws and regulations governing the practice of medicine and surgery in Virginia, as set forth in the attached Statement of Particulars.

The formal administrative hearing will be held in accordance with the provisions of Sections 54.1-2400(11) and 2.2-4024.F of the Code, before a panel of the Board, with a member of the Board presiding. You have been scheduled to appear before the Board on **Friday, May 25, 2012, at 1:00 p.m., in the offices of the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Henrico, Virginia.** A map is enclosed for your convenience. Please register with the receptionist on the 2nd floor and be seated in the waiting area. You will be called when the Board is ready to meet with you.

You have the following rights, among others: to be accompanied by and represented by counsel, to submit oral and documentary evidence and rebuttal proofs, to conduct such cross-examination as may elicit a full and fair disclosure of the facts, and to have the proceedings completed and a decision made with dispatch. Should you wish to subpoena witnesses, requests for subpoenas must be made, in writing, in accordance with the enclosed Instructions for Requesting Subpoenas.

Please carefully read the following paragraphs, which contain date-sensitive and important information regarding this proceeding.

COMMONWEALTH'S EVIDENCE

You have the right to the information that will be used by the Board in reaching a decision regarding this matter; therefore, I enclose the Commonwealth's evidence. Please note that these documents are enclosed only with the original notice sent by UPS overnight mail. Further, if you are represented, it is your responsibility to provide the enclosed materials to your attorney. If you have any questions regarding the content of this package, you must contact Assistant Attorney General Corie E. Tillman Wolf at (804) 786-9593.

Should you wish to file any objections to the Commonwealth's evidence, you must send your written objections to me, at the address on this letterhead, no later than **May 9, 2012**. If you have not filed any objections by May 9, 2012, the exhibits will be distributed to the Board members for their review prior to your hearing, and will be considered by the Board as evidence when it deliberates upon your case. If you do file objections, the Commonwealth has until **May 11, 2012**, to file a response to the objections, in writing and addressed to me at the Board office. The chairperson of the proceeding will rule on the motion.

RESPONDENT'S EVIDENCE

Further, should you wish for the Board to consider additional information relative to this proceeding, you must submit fifteen (15) copies of any such documents to Reneé S. Dixon, Discipline Case Manager, Virginia Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia, 23233, by **May 14, 2012**. You may not submit your documents by facsimile or e-mail

The Commonwealth must file any objections to your submissions in writing, addressed to me at the Board office, no later than **May 16, 2012**. If no objections have been received by **May 16, 2012**, the evidence will be distributed to the Board members for their review, and will be considered by the Board as evidence when it deliberates upon your case. If the Commonwealth raises objections, you have until **May 18, 2012**, to file your response to

the objections, in writing and addressed to me at the Board office. The chairperson of the proceeding will rule on the motion.

OTHER PRE-HEARING MOTIONS

If you or Assistant Attorney General Corie Wolf wish to make any pre-hearing motions regarding matters other than the exhibits, including offers of settlement, each of you is directed to file motions, in writing, addressed to me at the Board office by **May 10, 2012**. Responses to motions filed must be submitted by **May 14, 2012**. The chairperson of the proceeding will rule on the motion.

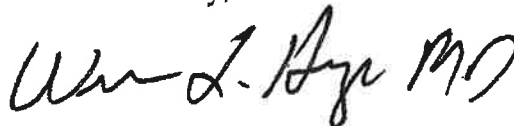
REQUEST FOR A CONTINUANCE

Absent exigent circumstances, such as personal or family illness, or the unavailability of counsel, a request for a continuance will not be considered unless received by **May 9, 2012**.

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia cited in this notice can be found at <http://leg1.state.va.us>. To access this information, please click on *Code of Virginia* for laws and *Virginia Administrative Code* for regulations.

Please indicate, by letter to this office, your intention to be present.

Sincerely,



William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

Enclosures:

Order of Summary Suspension entered May 1, 2012
Statement of Particulars
Attachment I
Commonwealth's Exhibits (18 volumes)
Instructions for Requesting Subpoenas
Map

cc: Core E. Tillman Wolf, Assistant Attorney General [w/enclosures]
Julia Bennett, Adjudication Specialist, APD
Lorraine McGehee, Deputy Director, APD
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