

1501

MEDICAL DOCTOR
APPLICATION FOR LICENSURE **F-139331**
Apply for your license online at www.flboardofmedicine.gov

07/13/2018 955.00
ID: 139331 Type: F
BT: 3001128
R#: 918002491

Choose your application type:

- Endorsement (1021) Examination (1024)
- Military Veterans Fee Waiver

If you were honorably discharged from the U.S. armed services within 60 months of your application you will qualify for a waiver of the application fee and the initial licensure fee. In order to qualify, please check the box above indicating that you are seeking a waiver and submit a DD-214 or NGB-22 form as proof of honorable discharge.

- I plan to dispense medicinal drugs in the State of Florida for a fee or other remuneration and hereby register as required by Section 465.0276, F.S. I understand that the fee for the Dispensing Practitioner is \$100.00 in addition to the required initial license fee and will submit it along with the license fee.

1. PERSONAL INFORMATION

Name: Virmani Ashutosh R. Date of Birth: 08/06/1953
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

4626 Charlestown Manor Drive Charlotte
Street/ PO Box Suite/Apt. No City
North Carolina 28211 United States 704 907-5925
State Zip Country Phone Number

Physical Location: A Post Office Box is not acceptable. This address will be posted on the Department of Health's website. If you do not have a current practice address, your mailing address will be used. When you obtain a practice address, you will be required to update your online practitioner profile.

4626 Charlestown Manor Drive Charlotte
Street/ P.O. Box Suite/Apt. No City
North Carolina 28211 United States 704 362-2240
State Zip Country Alternate Phone Number

Email Address: rvbaby1@yahoo.com

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Equal Opportunity Data: We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female RACE: White Black Asian/Pacific Islander Hispanic Other

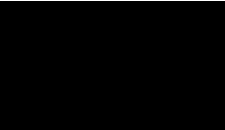
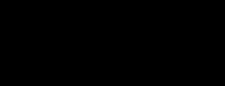
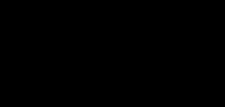
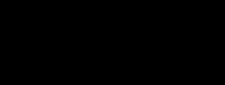
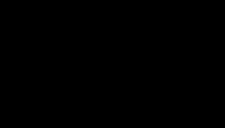

Yes No Availability for Disaster: Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

9. HEALTH HISTORY

If you answer "Yes" to any of the questions in this section, you are required to send the following items:

- o A self-explanation providing accurate details that include name of all physicians, therapists, counselors, hospitals, institutions, and/or clinics where you received treatment and dates of treatment.
- o A report directed to the Florida Board of Medicine from each treatment provider about your treatment, medications, and dates of treatment. If applicable, include all DSM III R/DSM IV/DSM IV-TR Axis I and II diagnosis(es) code(s), and admission and discharge summary(s).

- A.  In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
- B.  In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
- C.  During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years?
- D.  During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine?
- E.  In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
- F.  During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the past five years?

Name: Virmani Ashutosh R.
Last First Middle

Social Security Number:  _____

Social Security Information - * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

2. MEDICAL EDUCATION HISTORY

Federal Credentials Verification Services (FCVS) is not a requirement for licensure. FCVS will primary source verify and provide a copy of the medical school transcript(s), medical school diploma, medical school verification, name change document(s), national examination score report, ECFMG certificate, ECFMG verification and postgraduate training verifications. For more information about FCVS, visit their web-site at www.fcvs.org/.

Yes No Are you using the FCVS to verify your core credentials?

Yes No Have you completed the equivalent of 2 academic years of preprofessional, postsecondary education including, courses in anatomy, biology and chemistry prior to entering medical school?

Medical Education:

List in chronological order all medical schools attended, whether completed or not. Submit on a separate sheet if needed.

Medical School Name and Address:	From: (mm/yy)	To: (mm/yy)	Date Degree Received:
New Jersey Medical School 185 South Orange Avenue Newark, New Jersey 07103	09 / 1981	05 / 1985	05/22/1985

Fifth Pathway Certificate Holders: N/A to the following; NOT a fifth pathway certificate holder.

If you answer "yes" to any of the following questions, you must request verifications to be sent directly to the Board office.

Yes No Did you attend an international medical school and do not possess a valid ECFMG Certificate?

Yes No Did you receive a bachelor's degree from an accredited United States college or University?

Yes No Did you study at a medical school which is recognized by the World Health Organization?

Yes No Did you complete all of the formal requirement of the International medical school, except the internship or social service requirements, and pass part I of the National board of Medical examination or the Education Commission for Foreign Medical Graduates Examination equivalent?

Yes No Did you complete an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association and upon completion passed part II of the National Board of Medical Examiners examination or the Education Commission for Foreign Medical Graduates examination Equivalent?

Postgraduate Training:

Provide the following documentation to support your postgraduate training:

Post-Graduate Training Form

In the table below list, in chronological order, all postgraduate training from the date you graduated from medical school to the present. Start with your first program and end with your last or current program. List all programs you began, whether you completed or received credit for the training.

Program Name and Full Mailing Address:	Specialty Area:	From: (mm/yy)	To: (mm/yy)	Did you receive credit? (Y/N)
Rutgers New Jersey Medical School 185 S. Orange Ave., MSB Room #E506 Newark, New Jersey 07103	Obstetric and Gynecology	07 / 1985	12 / 1987	Yes
Temple University Hospital 3401 N. Broad Street, 7th Floor Zone B Philadelphia, Pennsylvania 19140	Obstetric and Gynecology	01 / 1988	06 / 1989	Yes

Loan History:

Yes No Are you currently in default on any health education loan or scholarship obligation?
(If "yes", explain on a separate sheet providing accurate details.)

3. EXAMINATION HISTORY

State Board (prior to 1974), State Board (after 1974) & SPEX, LMCC & SPEX, NBME, FLEX, USMLE III, or Combination (prior to 2000)

Request that the score report be sent directly to the Board of Medicine. NOTE: If you took a state Board examination and are not currently licensed in three other states, you must also request your SPEX score be sent.

Exam taken: NBME Date passed: 03/05/86
mm/dd/yy

4. LICENSURE HISTORY

Request verification of licensure status directly from the licensing entity or www.veridoc.org. Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

Yes No Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? Please list in table below.

Jurisdiction	Profession	License number
North Carolina	Medical Doctor	38567
New Jersey	Medical Doctor	25MA04852300
Pennsylvania	Medical Doctor	MD041128E

If you answer "yes" to any of the questions in this section, you are required to send an explanation and supporting documentation.

Yes No Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country?

Yes No Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes?

Yes No Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory or country?

5. PRACTICE/EMPLOYMENT HISTORY

List the year you legally first began to practice medicine, 1985 (yyyy). This would be the year you began practicing medicine and could be the date you began your postgraduate training.

Yes No Have you practiced medicine in another jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years?

Yes No If your answer to the question above was "No," have you passed a board approved clinical competency exam within the last year? If yes, then submit supporting documentation.
N/A

List in chronological order all employment for the last four (4) years.

Name and address of practice or employment	Type of employment	From: mm/yy	To: mm/yy
Charlotte, NC	not actively practicing	06/2014	10/2014
A Preferred Womens Health Center 3220 Latrobe Drive Charlotte, NC 28211	Staff Physician (Independent Contractor)	10/2014	Present
Family Reproductive Health 700 E. Hebron Street Charlotte NC 28273	Staff Physician (Independent Contractor)	10/2014	Present

Yes No Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? List each facility below.

Name of facility
Carolinas Medical Center Charlotte, NC

If you answer "yes" to the following questions, you are required to send an explanation and supporting documentation.

Yes No Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed, or placed on probation, or have you been asked to resign or take a temporary leave of absence or were otherwise acted against by any facility?

Yes No Do you currently, or have you had, responsibility for graduate medical education within the last 10 years?

In the table below, list all institutions where you have had responsibility for graduate medical education or faculty appointment(s) at any medical school.

Name of institution

Yes No Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine?

Board Name	Certification/ Specialty/Sub-Specialty	Date of Certification (mm/yy)
American Board of Obstetrics and Gynecology	Obstetrics and Gynecology	12/1991

If you answer "yes" to any of the following questions, please explain on a separate sheet providing accurate details.

Yes No Have you ever had any final disciplinary action taken against you by a specialty board or other similar national organization?

Yes No Have you ever been denied or surrendered a DEA registration?

6. CRIMINAL HISTORY

If you answer "Yes" to the following question you are required to send the following items:

- o Self-explanation describing in detail the circumstances surrounding each offense, including dates, city and state, charges and final results.
- o Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- o Completion of Sentence Documents. You may obtain documentation from the Department of Corrections. The report must include the start date, end date and that the conditions were met.

- Yes No Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
- Yes No I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

7. MILITARY HISTORY

- A. Yes No Have you ever been in the United States Military and/or Public Health Service?
- B. Yes No Have you ever been disciplined by any branch of the United States Armed Services or Public Health Services? If you answered "yes" please provide a detailed explanation and supporting documentation

8. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer "Yes" to any of the following questions, please provide a written explanation for each question. Supporting documentation includes court dispositions or agency orders where applicable.

1. Yes No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

If you responded "No" to the question above, skip to question 2.

- a. Yes No If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
- b. Yes No If "Yes" to 1, for felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes)
- c. Yes No If "Yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
- d. Yes No If "Yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed?
2. Yes No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

If you responded "No" to the question above, skip to question 3.

a. Yes No If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

3. Yes No Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

If you responded "No" to the question above, skip to question 4.

a. Yes No If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

4. Yes No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid Program?

If you responded "No" to the question above, skip to question 5.

a. Yes No Have you been in good standing with a state Medicaid program for the most recent five years?

b. Yes No Did the termination occur at least 20 years before the date of this application?

5. Yes No Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

If you answer "Yes" to the questions below, you are required to send the following items:

- A statement indicating the date of each incident and the number for each case.
- An explanation of details for each case and your involvement for each case.
- Submit the enclosed Exhibit 1 form.
- A copy of the complaint, judgments and/or settlements for each case.
- Submit a complete copy of the trial record(s) of each case, including the trial transcript, evidentiary exhibits and final judgment in electronic format.

Yes No Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?

Yes No Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds \$100,000.00?

10. FINANCIAL RESPONSIBILITY

The Financial Responsibility options are divided into two categories, coverage and exemptions. Check only one option of the ten provided as required by s. 458.320, Florida Statutes.

Category I: Financial Responsibility Coverage

- 1. I do not have hospital staff privileges, I do not perform surgery at an ambulatory surgical center and I have established an irrevocable letter of credit or escrow account in an amount of \$100,000/\$300,000, in accord with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 2. I have hospital staff privileges or I perform surgery at an ambulatory surgical and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accord with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 3. I do not have hospital staff privileges, I do not perform surgery at an ambulatory surgical center and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F. S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F. S.
- 4. I have hospital staff privileges or I perform surgery at an ambulatory surgical and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F. S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F. S.
- 5. I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5)(g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5)(g), F. S.

Category II: Financial Responsibility Exemptions

- 6. I practice medicine exclusively as an officer, employee, or agent of the federal government, the state, or its agencies or subdivisions.
- 7. I hold a limited license issued pursuant to s. 458.317, F. S., and practice only under the scope of the limited license.
- 8. I do not practice medicine in the State of Florida.
- 9. I meet all of the following criteria:
 - (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years;
 - (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year;
 - (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period;
 - (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458, F. S. or the medical practice act in any other state; and
 - (e) I have not been subject, within the past ten years of practice, to license revocation, suspension, or probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of filing of administrative charges against a license is construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. See Section 458.320(5)(f), Florida Statutes, for specific notice requirements.
- 10. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).

If you select an exemption based on number 9, you must also complete the affidavit on the following page.

12. STATEMENT OF APPLICANT

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Ashutosh R. Virmani

Print name


Signature

6.25.18

Date

LIMITED POWER OF ATTORNEY

Florida Medical Licensing Service, Inc.

1331 East Lafayette Street, Suite D

Tallahassee, FL 32301

(850) 942-0080 fax (850) 877-6417

email: license@floridamedlicense.com

I, Ashutosh R. Virmani, hereby name and appoint MICHELE BERTOLDI, KATHRINE BERTOLDI, KARLY DENES, REEMA RADDAR, and/or any other representatives of FLORIDA MEDICAL LICENSING SERVICE, to represent my interests and to assist me in the administrative proceeding of my application for licensure with the State of Florida, Board of Registration in Medicine, by which I am governed and regulated. This Power of Attorney extends to authorize Mr. Bertoldi, et al., to: access all of my records and information contained within my application/licensure; access necessary documents from other governmental agencies; access correspondence to/from the State of Florida regarding my application/licensure; have authority to serve as my agent for delivery and collection of fees, receipts, and licenses; perform all required activities to attain proper licensure (initial and/or renewal) within the State of Florida. This will also include access to my account/USER ID and password for the Florida Board's online status check. If done so in writing, this Power of Attorney may be revoked, at my discretion, at any point in time.

In addition to the appointment of Mr. Bertoldi, et al., with this Power of Attorney, I request that the Florida Board of Medicine grant the same courtesy and cooperation as you have and would show to me.

June 25, 2018

DATE

A.R. Virmani

SIGNATURE

The foregoing was acknowledged before me this 25th day of June, 2018
by Ashutosh R. Virmani, who is/is not personally known to me and did take an oath.

Notary Public

Melissa A. Cressman

State of

North Carolina

Commission Number

n/a

Commission Expiration

11/20/21

Melissa A. Cressman
NOTARY PUBLIC
UNION COUNTY, NC
My Commission Expires Nov. 20, 2021

Explanations of Affirmative Response to Section #4
“Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory, or country?”

- (1) On June 29, 1992 I entered into a Consent Order with the Board of Medical Examiners of the State of North Carolina. The Board was investigating an alleged improper relationship with a patient. I agreed to surrender my regular North Carolina license, and in its stead, a temporary license good for a period of seven months was issued, effective July 1, 1992. Thereafter, I [REDACTED] and performed additional continuing medical education. These obligations were satisfactorily completed and in January of 1993, my regular license was reinstated, full and unrestricted and remains so today.

Background. In about March 1991, my wife had left me, taking my two young children with her and gone to New Jersey. [REDACTED] I sought solace in a consensual social relationship with a former patient for about 4-5 months. When my wife came back, I told the former patient that I was not going to be able to see her anymore but then she started calling my wife at home. Then she filed a civil court complaint against my wife for telephone harassment. The civil court determined that my wife was not at fault and told my former patient to leave us alone. At this point, my former patient filed a complaint against me with North Carolina Board. A copy of the available documents relating to this Consent Order appear as Attachment “A”.

- (2) On June 24, 1993 the New Jersey State Board of Medical Examiners placed my license on probation for three years, and required to appear before practicing in New Jersey, based upon a reciprocal disciplinary action relating to the State of North Carolina Order. On January 10, 1994 the 1993 Order was modified to reflect my appearance and compliance. My license became active with certain conditions. Copies of the Orders appear as Attachment “B”.
- (3) On April 26, 1994 the Pennsylvania Board of Medicine placed my license on probation for three years based upon a reciprocal disciplinary action to the action taken in the State of North Carolina. A copy of the Consent Agreement appears as Attachment “C”.
- (4) On July 18, 1997 I entered into a Consent Order with the North Carolina Medical Board. This Consent Order related to events that had begun at Presbyterian Hospital which will be described below. I was accused of providing inaccurate information in a Motion that was filed in Civil Court. Ultimately, after reviewing the matter carefully the North Carolina Board of Medicine closed the case with a reprimand being imposed against me. During this process the Board had subpoenaed 24 patient charts that had been found to be “problematic” by Presbyterian and found no deficiencies. A copy of the Consent Order appears as Attachment “D”.
- (5) On July 27, 1999 the Pennsylvania State Board of Medicine and I entered into a Consent Agreement and Order. A Public Reprimand was imposed. This was a reciprocal action to

the North Carolina Order. A copy of the Consent Agreement and Order appears as Attachment "E".

- (6) On December 29, 2005 I entered into a Consent Order with the North Carolina Medical Board. I had been accused of providing pre-signed prescriptions for medications. The prescriptions had been filled out with the names of medications and dosage amounts commonly ordered but leaving the patient name blank. The clinic staff would place the patient name on the prescriptions pursuant to standing orders at the time of the patient's departure from the clinic. The Consent Order imposed a Reprimand. A copy of this Consent Order appears as Attachment "F".
- (7) On March 12, 2007, the New Jersey State Board of Medical Examiners imposed a Final Order of discipline based upon the reciprocal disciplinary action for the action taken in North Carolina in 2005. A Reprimand was imposed. My license remained unrestricted until I let it lapse a few years ago. A copy of said Consent Order appears as Attachment "G".
- (8) On August 28, 2007, a Consent Agreement and Order was entered by the Pennsylvania State Board of Medicine based upon a reciprocal disciplinary action to the actions in North Carolina and New Jersey. A Public Reprimand was placed on my record. My license remained unrestricted until I let it lapse a few years ago. A copy of the Order appears as Attachment "H".

Explanation of Affirmative Answer to Section 5

"Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, or not renewed, or placed on probation or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility."

- (1) My privileges at Presbyterian Hospital in Charlotte, North Carolina were summarily suspended on September 1, 1995. This suspension occurred after I inadvertently nicked the external iliac artery while performing a laparoscopy in December 1994. The hospital then began a peer review of all prior charts even though these charts had previously been reviewed during normal channels of quality assessment. All of the reviewers were competitors of mine or employed by the hospital. The hospital identified "24 problematic charts." The hospital board upheld the summary suspension on January 18, 1996. I sought an injunction against the hospital which was initially granted but then later dissolved on March 8, 1996. Of course, the summary suspension was reported to the North Carolina Medical Board. As indicated above, the North Carolina Medical Board reviewed the charts that had been reviewed by Presbyterian Hospital, and found no deficiencies. Nevertheless, Presbyterian never allowed me to return to active medical staff privileges. I attempted to litigate the issues with Presbyterian as I believe that they had violated their Bylaws in regard to their individuals that they had selected to conduct the chart review and other issues. I struggled in court for about eleven years but did not prevail.