

Person Info

Name:EARL NATHANIEL MCLEOD

Address Info

Street Address

[REDACTED]

Email

[REDACTED]

Fax

[REDACTED]

CityRockville

StateMD

Zipcode20850

Country82

CountyMontgomery

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717 787 7769)	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N

Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

Person Info
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CountyMontgomery

Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	M.D. in DC and MD
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N
If you answer "No", please provide an explanation or reason for an exemption request.	Practice only 5% in PA

Date Submitted: Tuesday, November 18, 2014

Education Info

No education records

Employment Information

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

PROBATIONARY
March 20 8:12:13
Department of State

Commonwealth of Pennsylvania, :
Bureau of Professional and :
Occupational Affairs :
vs. : Docket No. 0154-49-00
Earl Nathaniel McLeod, M.D., : File No. 99-49-06055
Respondent :

CONSENT AGREEMENT AND ORDER

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board of Medicine pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended ("Act"), 63 P.S. §422.1 et seq.

2. At all relevant and material times, Earl Nathaniel McLeod, M.D. ("Respondent") held a license to practice medicine in the Commonwealth of Pennsylvania, License No. MD-018492-E.

3. The Respondent admits that the following facts are true:

a. Respondent's license is current through December 31, 2000 and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known address(es) on file with the Board is [REDACTED] Rockville, MD 20850.

c. Respondent owns and operates the Potomac Family Health Center, 966 Hungerford Drive, Rockville, MD 20850.

d. Respondent owns and operates the Hillcrest Women's Medical Center, 2709 North Front Street, Harrisburg, PA 17110.

e. On or about November 12, 1999, the Maryland State Board of Physician Quality Assurance entered a Consent Order which stayed a three (3) month suspension in favor of three (3) years of monitoring by the Compliance Unit of the Board of Physician Quality Assurance ("BPQA"), including but not limited to random on-site inspections at the Board's discretion, and random requests for documentation such as patient logs, personnel staffing sheets and equipment inventory and servicing records.

f. A true and correct copy of the Consent Order is attached and incorporated as Exhibit "1".

g. An unannounced, on-site inspection was conducted at the Potomac Family Health Center located at 966 Hungerford Drive, Rockville, MD 20850, on or about March 29, 2000.

h. The Potomac Family Health Center was found to be in compliance with the terms and conditions set forth in the Consent Order of the Maryland State Board of Physician Quality Assurance dated November 17, 1999.

i. A true and correct copy of a letter confirming the passed inspection of March 29, 2000 is attached and incorporated as **Exhibit "2"**.

j. An unannounced complaint investigation was conducted at the Hillcrest Women's Medical Center, 2709 North Front Street, Harrisburg, PA 17110, on or about April 30, 1999.

k. The Hillcrest Women's Medical Center, 2709 North Front Street, Harrisburg, PA 17110, following review of medical personnel files and facility policies and procedures regarding staff training, in-service education, emergency equipment and drug availability, was found to be compliant with respect to facility practices.

1. A true and correct copy of a letter confirming the investigation is attached and incorporated as **Exhibit "3"**.

m. On or about July 10, 1998, the Hillcrest Women's Medical Center, 2709 North Front Street, Harrisburg, PA 17110, was surveyed and found to be in compliance with the Commonwealth's clinical laboratory regulations and those of the Health Care Financing Administration.

n. A true and correct copy of a letter confirming the compliance of the Hillcrest Women's Medical Center is attached and incorporated as **Exhibit "4"**.

4. The activities of Respondent, described above, violated the Act at 63 P.S. §63 P.S. §422.41(4) in that because Respondent's license to practice medicine and surgery has been disciplined by the proper licensing authority of another.

5. The parties consent to the issuance of the following Order in settlement of this matter:

a. Respondent violated the Act at 63 P.S. §63 P.S. §422.41(4) in that because Respondent's license to

practice medicine and surgery has been disciplined by the proper licensing authority of another.

b. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00).

c. Respondent's license, No. MD-018492-E, is **SUSPENDED** for a period of three (3) months.

d. The suspension is to be immediately **STAYED** in favor of **three (3) years of PROBATION** subject to the following terms and conditions:

GENERAL

(1) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds a license to practice. Provided, however, summary traffic violations shall not constitute a violation of this Order;

(2) Respondent shall at all times cooperate with the Bureau of Professional and Occupational Affairs ("Bureau"), any of its agents or employees and the Bureau of Enforcement and Investigation ("BEI") and its agents and employees, in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Order, including Respondent causing to be submitted at his own expense written reports, records and verifications of actions that may be required by the Bureau, BEI or any of its agents or employees;

(3) Respondent's failure to fully cooperate with and successfully comply with the terms and conditions of this probation shall be deemed a violation of this Consent Agreement and Order;

(4) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Order;

(5) Respondent shall notify BEI, in writing, within twenty (20) days of the filing of any criminal charges, the initiation of any other legal action pertaining to the practice of Respondent's profession, the initiation, action, restriction or limitation relating to Respondent by the professional licensing authority of any state or jurisdiction, or the Drug Enforcement Agency of the U.S. Department of Justice, or any investigation, action, restriction or limitation relating to Respondent's privileges to practice a health care profession at any health care facility;

(6) Respondent shall notify BEI by telephone within 72 hours and in writing within ten (10) days of the change of his home address, phone number, place(s) of employment and/or practice;

(7) Respondent shall provide BEI, in writing, within 72 hours notification of the following:

(a) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice;

(b) Any restrictions on Respondent's practice;

(8) Within ten (10) days of the date of this Order, Respondent shall supply any current employer with a copy of this Consent Agreement and Order; Respondent shall also supply any prospective employer with a copy of this Consent Agreement and Order at the time of application for employment;

(9) In the event that Respondent becomes employed at another health services facility, he shall have any supervisor submit to BEI the following information in writing:

(a) Within fifteen (15) days of the date of this Order, verification that the supervisor has received a copy of this

Consent Agreement and Order and understands the conditions of this probation;

(b) An evaluation of Respondent's work performance on a 60-day or more frequent basis as requested by the prosecuting attorney or BEI; and

(c) Any suspected violation by Respondent of this probation;

REPORTING/RELEASES

(10) Respondent, his providers, supervisor(s), employers or other persons shall cause any reports, data or other information required to be filed with BEI under this Order, unless otherwise directed, with:

Probation Compliance Officer
Bureau of Enforcement and Investigation
Box 2649
Harrisburg, PA 17105-2649

(11) Respondent consents to the release by the Bureau or BEI of any information or data produced as a result of this probation to

any employer, prospective employer or supervisor;

(12) Respondent shall sign waivers and/or release forms upon request of the Bureau or BEI or its designated representative for any and all records, inclusive of medical or other health related records, pertaining to treatment rendered to Respondent;

(13) Respondent shall execute any waivers or consent forms required to allow the Bureau or BEI to obtain access to any agreements or any other records generated through the Bureau or BEI or its agents;

COSTS

(14) Respondent shall bear the responsibility of all costs incurred by Respondent in complying with the terms of this Order, including production of records;

BUREAU/BEI EVALUATIONS

(15) Upon request of the prosecuting attorney or BEI, the Respondent shall submit to evaluations, physical examination or

interviews by a provider approved by the prosecuting attorney or BEI. Failure of Respondent to submit to such examination or interview when directed shall constitute a violation of this Order.

VIOLATION OF THIS ORDER

e. Notification of a violation of the terms or conditions of this Consent Agreement and Order shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the entire period of suspension of Respondent's license to practice medicine in the Commonwealth of Pennsylvania as follows:

(1) The prosecuting attorney for the Commonwealth shall file with the Board a Petition which indicates that Respondent has violated any terms or conditions of this Consent Agreement and Order;

(2) Upon a probable cause determination that Respondent has violated any of the terms or conditions of this Consent Agreement and Order, the Board shall, without holding a

formal hearing, issue a preliminary order vacating the stay of the suspension in this matter, terminating the period of probation and activating the entire period of suspension of Respondent's license;

(3) Respondent shall be notified of the Board's Preliminary Order within three (3) days of its issuance by certified mail and first class mail postage prepaid, sent to the last registered address on file with the Board;

(4) Within twenty (20) days of mailing of the notification of the Board's action, Respondent may answer the Commonwealth's Petition and request that a formal hearing be convened concerning Respondent's violation of probation, in which Respondent may seek relief from the Preliminary Order activating the suspension. Respondent shall serve the prosecuting attorney for the Commonwealth with a copy of the answer and all subsequent filings in this matter;

(5) If a request for a formal hearing is received from Respondent, the Board shall convene a formal hearing within forty-five (45) days from the date of the Board's receipt of Respondent's request for a formal hearing;

(6) If Respondent files an answer and request for a hearing within the twenty (20) day period, the Preliminary Order activating the suspension shall remain in effect unless and until the Board issues a determination favorable to Respondent after holding the formal hearing;

(7) The facts and averments in this Consent Agreement and Order shall be deemed admitted and uncontested at this hearing;

(8) If the Board after such hearing makes a determination adverse to Respondent, the Board will issue a Final Order activating the suspension of Respondent's license and imposing any additional disciplinary measures it deems appropriate;

(9) If a request for a formal hearing is not received from Respondent within the prescribed twenty (20) day period, the Board's Preliminary Order shall become a Final Order twenty (20) days after the date of its mailing;

f. If the stay is terminated, Respondent shall still comply with all terms and conditions of probation during the active suspension, other than those terms and conditions pertaining to practicing the profession. Continued failure by Respondent to comply with the unaffected terms and conditions of probation shall result in further disciplinary action against Respondent;

g. Respondent's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action;

h. Nothing in this Order shall preclude the Prosecuting Attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

i. Upon successful completion of probation, Respondent's license will be restored to unrestricted, non-probationary status without further action;

j. This case shall be deemed settled and discontinued upon Board adoption of the Consent Agreement;

k. This Order shall take effect immediately upon Board adoption of the Consent Agreement.

6. Respondent's execution of this Consent Agreement shall constitute a consent for release of all medical health related and psychological records pertaining to Respondent to the Prosecuting Attorney, the Bureau and BEI.

7. Respondent's execution of this Consent Agreement shall also constitute a release for any employment, peer review or review records pertaining to Respondent's practice of the profession to the Prosecuting Attorney, the Bureau and BEI.

8. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; the right to present witnesses and testimony in defense or in mitigation of any sanction that may be

imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

10. This Consent Agreement is between the Commonwealth and Respondent only. Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board issues the stipulated Order.

11. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

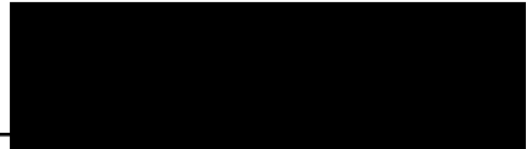
12. This agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

13. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.



Mark D. Greenwald
Prosecuting Attorney
Bureau of Professional and
Occupational Affairs

DATED: 9/20/00



Earl Nathaniel McLeod, M.D.
Respondent

DATED: 9/6/00

ORDER

AND NOW, this day of , 2000, the State Board of Medicine adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall

ORDER

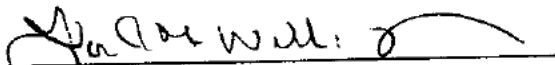
AND NOW, this 16th day of October, 2000, the State Board of Medicine adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

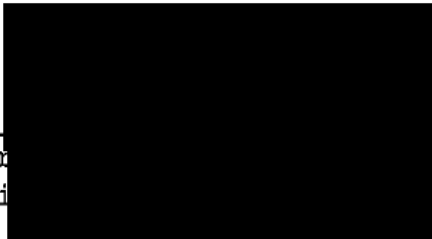
This Order shall take effect immediately.

BY ORDER:

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

STATE BOARD OF MEDICINE


David Williams
Deputy Commissioner


Chairman
Chairman

Date of Mailing: OCT 20 2000

For the Commonwealth:

Mark D. Greenwald
P. O. Box 2649
Harrisburg, PA 17105-2649

For Respondent:

Earl Nathaniel McLeod, M.D.
966 Hungerford Drive, #24
Rockville, MD 20850

mdg

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

PROTHONOTARY
2007 JAN 29 AM 10:15
Department of State

Commonwealth of Pennsylvania, :
Bureau of Professional and :
Occupational Affairs :

Docket No. 0183-49-07
File No. 06-49-10633

v. :
:


Earl N. McLeod, M.D. :
Respondent :

FINAL ORDER REINSTATING LICENSE


AND NOW, this 29th day of January, 2007, upon consideration of the Respondent's Petition for Reinstatement, having heard no objection from the Commonwealth, the State Board of Medicine finds that the Respondent has completed the terms outlined in the Board's Consent Agreement and Order of October 20, 2000, at File No. 99-49-06055. The Board therefore **ORDERS** that the Respondent's license to practice medicine, license number MD018492E, is hereby **REINSTATED** to unrestricted, non-probationary status.

This order shall take effect immediately.

**BY ORDER:
STATE BOARD OF MEDICINE**


Charles D. Hummer, Jr. M.D.,
Chairperson

Respondent's Address:

Earl N. McLeod, M.D.

Rockville, MD 2850

Prosecuting Attorney:

Robert B. Armour, Esquire
P.O. Box 2649
Harrisburg, PA 17105-2649

Board Counsel:

Sabina I. Howell, Counsel
P.O. Box 2649
Harrisburg, PA 17105-2649

Date of Mailing:

January 29, 2007

870020 1588



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105-2649
(717) 787-2381

Earl Nathaniel McLeod

[Redacted]

gton DC 20012

PRINT THIS NUMBER
ON YOUR CHECK

CHECK IF
NAME AND/OR
ADDRESS CHANGED

MD-018492-E/MCLEO/0 /Z

THIS IS YOUR RENEWAL NOTICE

Your current license to practice medicine and surgery in Pennsylvania will expire on December 31, 1986. To renew your license through December 31, 1986, please complete the questionnaire on the reverse and return this notice in the enclosed envelope by December 31, 1986. (The fee is waived.) If you have a change of name or address, please indicate that change below and check above box.

REMINDER - IN ORDER TO PRACTICE IN PENNSYLVANIA, YOU MUST HAVE A CURRENTLY REGISTERED LICENSE AND COMPLY WITH MALPRACTICE INSURANCE REQUIREMENTS.

If you are not practicing in Pennsylvania, you should contact the Medical Professional Liability Catastrophe Loss Fund, P.O. Box 12030, Harrisburg, PA 17108 so that it may update its records regarding your malpractice insurance status.

NAME AND/OR ADDRESS CHANGE -

EARL NATHANIEL MCLEOD

NAME

[Redacted]

WASHINGTON DC 20012

CITY

STATE

12/8/86
(Date)

[Redacted]

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

YES NO

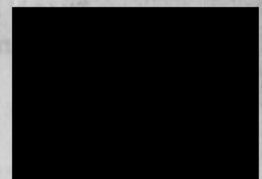
1. Do you hold a license to practice medicine and surgery in any other state, territory or country? (Include active and inactive)

✓ -

If you answered "yes", please list - Washington Dc

ACTIVE, MARYLAND Active

2. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs?



3. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or any other country?

- ✓

4. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or in any other country?

- ✓

5. Have you ever possessed a license to practice medicine and surgery, or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions?

- ✓

6. Have you ever had provider privileges denied or restricted by the Drug Enforcement Administration, a medical assistance agency, or other authority?

- ✓

7. Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility?

- ✓

If you answered "yes" to any of the above questions, please provide complete details on an additional sheet, unless you have previously notified the Board and no further details are available. The failure to provide sufficient information for these items may result in a delay in processing the renewal of your license.

(Disciplinary action taken in another state, territory or country shall be reported to the Board on this Renewal Notice form or within 30 days of final disposition.)

[REDACTED]

From: ST, MY LICENSE HELPDESK
Sent: Monday, December 08, 2008 9:31 AM
To: ST, MEDICINE
Subject: FW: Error in on-line renewal application

-----Original Message-----
From: Allie Harper [REDACTED]
Sent: Monday, December 08, 2008 9:29 AM
To: ST, MY LICENSE HELPDESK
Subject: Error in on-line renewal application

When I renewed my medical license online I noticed an error. I could not get back into the program to amend it. What can I do?

The question was about malpractice insurance which I currently have but inadvertently clicked "no"

My malpractice is with ProAssurance policy # MP61404, expiration 1/1/09

Please respond at the email address [REDACTED]

Thank you.

Earl N. McLeod, MD

PA License #MP61404 registration code 18218917

Listen to 350+ music, sports, & news radio stations -- including songs for the holidays -- FREE while you browse
Start Listening Now!

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
LEGAL OFFICE
2601 N. THIRD STREET, P.O. BOX 2649
HARRISBURG, PA 17105-2649

Mark D. Greenwald, Prosecuting Attorney
Prosecution Division

Telephone: (717) 783-7200
FAX: (717) 787-0251

E-Mail: [REDACTED]
Department's Website: www.dos.state.pa.us

July 1, 2003

Herbert Corky Goldstein, Esquire
204 State Street
P.O. Box 10363
Harrisburg, PA 17105-0363

Re: Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs v. Earl
Nathaniel McLeod; File No. 00-49-04725


Dear Attorney Goldstein:

The Prosecution Division of the Bureau of Professional and Occupational Affairs has completed its inquiry into the complaint that you filed against Earl Nathaniel McLeod, M.D. Please be assured that our office conducted a thorough inquiry of your complaint [REDACTED]. However, following thorough review of all of the investigative materials, the determination has been made that formal charges will not be filed in this case.

I am constrained by the evidence in this case and there are circumstances that do not support a conclusion that there has been a violation. First, your allegations pertain to Dr. McLeod when there is no evidence that he performed the questioned medical procedures. Second, there are indications in the medical record that your client slept through and missed more than one follow-up medical appointment.

Even though the decision was made not to file formal charges in this case, I believe that your complaint and the inquiry that followed helped make the Commonwealth's system of licensing professionals run in a more efficient manner. It is only through the investigation of complaints like the one filed by Mr. Bachman in this case, that the conduct of medical professionals in the Commonwealth of Pennsylvania is properly regulated and scrutinized

Sincerely,



Mark D. Greenwald
Prosecuting Attorney

mdg

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
LEGAL OFFICE
2601 N. THIRD STREET, P.O. BOX 2649
HARRISBURG, PA 17105-2649

Mark D. Greenwald, Prosecuting Attorney
Prosecution Division

Telephone: (717) 783-7200
FAX: (717) 787-0251

E-Mail: [REDACTED]
Department's Website: www.dos.state.pa.us

July 1, 2003

Earl Nathaniel McLeod, M.D.
[REDACTED]

Rockville, MD 20850

Re: Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs v. Earl Nathaniel McLeod; File No. 00-49-04725

Dear Dr. McLeod:

Please be advised that the Prosecution Division of the Bureau of Professional and Occupational Affairs has completed its inquiry into the complaint that was filed against you [REDACTED]. Following a thorough inquiry of the complaint, the determination was made that formal charges will not be filed in this case.

Although the decision was made not to file formal charges at this time, the Commonwealth reserves the right to reopen this case in the event additional information related to the treatment provided in this case is discovered. Thank you for your cooperation in this matter.

Sincerely,



Mark D. Greenwald
Prosecuting Attorney

mdg



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
LEGAL OFFICE
116 PINE STREET, P.O. BOX 2649
HARRISBURG, PA 17105-2649

Prosecution Division

Telephone: (717) 783-7200
FAX: (717) 787-0251

E-Mail:

Department's Website: www.dos.state.pa.us

Date: May 12, 2003

Earl McLeod MD

[REDACTED]
Rockville, MD 20850

SENT VIA FIRST CLASS
REGULAR MAIL

RE: Compliance with professional liability insurance requirements under Section 711 of the Medical Care Availability and Reduction of Error (MCARE) Act. No. 13 of 2002
File No. 03-49-04374

Dear Dr. McLeod:

This letter will serve to confirm that I received your response to correspondence dated May 2, 2003, together with appropriate documentation indicating that you are in compliance with the professional liability insurance requirements of Section 711 of the MCARE Act.

Thank you for your response and for providing this clarification. The above-referenced file has been closed, and your Pennsylvania medical license remains in good standing.

Sincerely,

Karen L. Stevens
Senior Prosecutor in Charge
Commonwealth of PA
Department of State

KLSKJG/kjg

Pros



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF CHIEF COUNSEL
2601 N. THIRD STREET, P.O. BOX 2649
HARRISBURG, PA 17105-2649

Sabina I. Howell, Assistant Counsel
Counsel Division

Telephone: (717) 783-7200
FAX: (717) 787-0251
E-Mail: [REDACTED]
Department's Website: www.dos.state.pa.us

January 29, 2007

Earl N. McLeod, M.D.

[REDACTED]
Rockville, MD 20850

**RE: Order Reinstating License:
Commonwealth of Pennsylvania, Bureau of Professional
and Occupational Affairs v. Earl N. McLeod, M.D.
File No. 06-49-10633**

Dear Dr. McLeod:

Enclosed please find an order reinstating license issued by the State Board of Medicine in the above-referenced matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sabina I. Howell".

Sabina I. Howell, Counsel
State Board of Medicine

enclosure

PROTHONOTARY
2007 JAN 29 AM 10:15
Department of State


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, :
Bureau of Professional and :
Occupational Affairs : Docket No. 0183-49-07
 : File No. 06-49-10633
v. :
 :
Earl N. McLeod, M.D. :
Respondent :

FINAL ORDER REINSTATING LICENSE

AND NOW, this 29th day of January, 2007, upon consideration of the Respondent's Petition for Reinstatement, having heard no objection from the Commonwealth, the State Board of Medicine finds that the Respondent has completed the terms outlined in the Board's Consent Agreement and Order of October 20, 2000, at File No. 99-49-06055. The Board therefore **ORDERS** that the Respondent's license to practice medicine, license number MD018492E, is hereby **REINSTATED** to unrestricted, non-probationary status.

This order shall take effect immediately.

BY ORDER:
STATE BOARD OF MEDICINE

Charles D. Hummer, Jr. M.D.,
Chairperson

Respondent's Address: Earl N. McLeod, M.D.

Rockville, MD 20850

Prosecuting Attorney:

Robert B. Armour, Esquire
P.O. Box 2649
Harrisburg, PA 17105-2649

Board Counsel:

Sabina I. Howell, Counsel
P.O. Box 2649
Harrisburg, PA 17105-2649

Date of Mailing:

January 29, 2007



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
LEGAL OFFICE
2601 NORTH THIRD STREET, P.O. BOX 2649
HARRISBURG, PA 17105-2649

Lesa E. Tressler
Prosecuting Attorney

Telephone: (717) 783-7200

FAX: (717) 787-0251

E-Mail: [REDACTED]

Department's Website: www.dos.state.pa.us

Date: September 18, 2007

Missy Smith
W.A.K.E.U.P.
Theological College
415 Michigan Avenue, NE
Washington, DC 20017

Re: Your complaint against Earl McLeod, MD
File No. 07-49-09500

Dear Ms. Smith:

The Prosecution Division of the Bureau of Professional and Occupational Affairs, Legal Office, on behalf of the State Board of Medicine, has completed its inquiry into the complaint that you filed against Dr. McLeod. [REDACTED]

[REDACTED]. Accordingly, no action will be taken against Dr. McLeod, and the complaint has been closed.

Thank you for sharing your concerns with the State Board of Medicine. The information you provided will be kept on file and reference to it has been entered into an informational database so that it can be used to determine if there is a pattern of problems. Although the complaint is being closed, the information will be available for use in the future, if needed.

Sincerely,

Lesa E. Tressler
Prosecuting Attorney
Commonwealth of Pennsylvania
Department of State

LET/sam



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF CHIEF COUNSEL
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Lesa E. Tressler
Prosecuting Attorney

Telephone: (717) 783-7200
FAX: (717) 787-0251

E-Mail: [REDACTED]
Department's Website: www.dos.state.pa.us

Date: September 18, 2007

Earl McLeod, MD
[REDACTED]

Rockville, MD 20850

Re: File No. 07-49-09500

Dear Dr. McLeod:

The Prosecution Division of the Bureau of Professional and Occupational Affairs has completed its inquiry into the above-referenced complaint against you. We have decided not to file formal charges in this case. Please be aware that the allegations in this complaint either occurred out of state or were addressed previously.

As in all cases, we reserve the right to reopen this case at our discretion if, for example, additional information on the case becomes available.

Thank you for your cooperation.

Sincerely,

Lesa E. Tressler
Prosecuting Attorney
Commonwealth of Pennsylvania
Department of State

LET/sam



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF CHIEF COUNSEL
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Kenneth J. Suter, Prosecuting Attorney
Prosecution Division
E-Mail: [REDACTED]

Telephone: (717) 783-7200
FAX: (717) 787-0251
Department's Website: www.dos.state.pa.us

July 22, 2008

Earl N. McLeod, M. D.
[REDACTED]

Rockville, MD 20850

Re: File No. 08-49-06664

Dear Dr. McLeod:

The Department of State Office of Chief Counsel has completed its inquiry into the above-captioned complaint against you. We have decided not to file formal charges in this case. As in all cases, we reserve the right to reopen this case at our discretion, if, for example, additional information on the case becomes available.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth J. Suter".

Kenneth J. Suter
Prosecuting Attorney
Commonwealth of Pennsylvania
Department of State

KJS/ldd



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

LEGAL OFFICE
PROSECUTION DIVISION
(717) 783-7200
FAX: (717) 787-0251

116 PINE STREET
P.O. BOX 2649
HARRISBURG, PA
17105-2649

Date: OCT 20 2000

Earl Nathaniel McLeod, MD
[REDACTED]
Rockville, MD 20850

Re: Commonwealth of Pennsylvania, Bureau of Professional
and Occupational Affairs v. Earl Nathaniel McLeod, MD,
File No. 99-49-06055

Dear Dr. McLeod:

At its meeting on October 17, 2000, the State Board of
Medicine accepted the Consent Agreement in the above-captioned
matter. Enclosed is a copy of the Consent Agreement for your
records.

The Board's approval of this Consent Agreement completely
and finally resolves this matter. Accordingly, this case is now
closed.

Thank you for your cooperation in this matter. If you have
any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Greenwald".

Mark D. Greenwald
Prosecuting Attorney
Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs

MDG/tmr
Enclosure