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6. After Mrs. A left Respondent's office, she noticed that the bottle of Dexedrine® contained fewer capsules than when she took the bottle to the office. She counted the capsules and found there were 11 capsules less than should have been in the bottle.

7. On December 1, 1998, Mrs. A again took her daughter to Respondent's office for a scheduled appointment. In response to Respondent's request, Mrs. A took her daughter's bottle of Dexedrine® to the appointment, having counted the number of capsules beforehand.

8. During the December 1 appointment, Respondent again asked to see the medication, took the bottle, and walked out of the room. After a short period of time, Respondent returned and gave the bottle back to Mrs. A. At no time on that date did Respondent tell Mrs. A that Respondent had removed Dexedrine capsules from her daughter's medication bottle.

9. After Mrs. A left Respondent's office, she counted the capsules and found there were 3 capsules less than there were before she took the bottle to the office.

10. On January 13, 1999, Mrs. A took her daughter to a scheduled appointment with Respondent. In response to Respondent's request, she took her daughter's bottle of Dexedrine® to the appointment, having beforehand counted the capsules in the bottle 4 separate times and determining that there were 56 capsules in the bottle.

11. During the January 13 appointment, Respondent again asked to see the medication, took the bottle, and walked out of the room. After several minutes, Respondent returned and gave the bottle back to Mrs. A. At no time on that date did Respondent tell Mrs. A that Respondent had removed Dexedrine capsules from her daughter's medication bottle.

12. After Mrs. A left Respondent's office, she counted the capsules and found there were 12 capsules less than there were before she took the bottle to the office. Mrs. A then complained to the City of Burlington Police Department.

13. On January 21, 1999, investigators from the City of Burlington Police Department pre-marked 43 capsules of Dexedrine® from a Mrs. A's Daughter's prescription bottle with an invisible wax that fluoresces when under ultraviolet light. Mrs. A then walked into Respondent's office with her daughter at 1:13 PM for a scheduled appointment that day.

14. During that January 21 appointment, Respondent again asked for the bottle, walked out of the room with the bottle, and returned several minutes later, and gave the bottle back to Mrs. A.

15. Approximately 13 minutes after Mrs. A and her daughter entered Respondent's office, Mrs. A and her daughter exited and handed the same prescription bottle to Investigator Annen. Inv. Annen and Det. Sgt. Wiskes then counted the capsules in the bottle and both verified that there were only 33 capsules. 10 capsules were missing from the bottle.

16. Inv. Annen and Det. Sgt. Wiskes then entered Respondent's office at approximately 1:45 PM and advised Respondent that they had a warrant to search Respondent and Respondent's office. Respondent then told them that there was a bottle of Dexedrine® capsules in Respondent's briefcase. The officers found the bottle, poured out the 23 capsules that were in that bottle, dimmed the office lights and 8 of the 23 capsules fluoresced, indicating that they were among the 10 marked capsules taken from Mrs. A's daughter's bottle. Respondent then admitted ingesting the other 2 capsules Respondent had removed from Mrs. A's daughter's prescription bottle that day.

17. Respondent then told the officers that:

a. In 1988 Respondent was prescribed narcotic analgesics for a physical ailment.

b. In 1992 Respondent began exceeding the prescribed dose of the narcotic analgesics and became addicted.

c. From 1992 to May of 1996, Respondent had regularly taken and ingested Ritalin® capsules, which had been prescribed to Respondent's daughter.

d. On May 30, 1996, Respondent stopped taking narcotic medication and did not abuse controlled substances until about February or March, 1998 when he started taking amphetamines and other stimulants, which were not prescribed to him.

e. At that time, Respondent had been ingesting approximately 30 to 40 stimulant Schedule II controlled substances per month, including Ritalin®, Adderal®, and Dexedrine®, with Dexedrine® being the most common.

f. Respondent estimated that there were at least 7 other patients, most of whom he was seeing once a

month, from whom he was taking stimulant Schedule II controlled substances, without their knowledge or permission.

g. Respondent had ingested 10 Dexedrine® capsules since the previous evening.

18. Respondent was arrested by the Burlington Police Department officers on January 21, 1999. Respondent was charged in Racine County Wisconsin Circuit Court case number 99CF000206 with four counts of misdemeanor theft and four felony counts of obtaining a controlled substance by fraud. On September 3, 1999, pursuant to a voluntary plea agreement with the district attorneys office, Respondent entered pleas of guilty to one misdemeanor theft count and one felony obtaining a controlled substance by fraud count and the six other counts were dismissed. Sentencing is scheduled for November 1, 1999.

SUBSEQUENT TREATMENT AND EMPLOYMENT HISTORY

19. Immediately following Respondent's arrest, Respondent voluntarily commenced a leave of absence from the active practice of psychology. Since January 21, 1999 Respondent has not practiced psychology for compensation. During this time period, Respondent has practiced as a psychologist contributing voluntary, uncompensated, community services to groups.

20. On February 2, 1999, following Respondent's arrest and release, Respondent voluntarily admitted himself to Promises Malibu Residential Treatment Center, a residential treatment center for the treatment of alcoholism and drug addiction/chemical dependence, in Malibu, California, where he was diagnosed as having multiple drug dependence. Respondent was discharged on February 27, 1999, with the recommendation of outpatient individual psychotherapy.

21. Since February 2, 1999 Respondent has abstained from the use of alcohol and has used prescription medications, only in the manner prescribed. This has been confirmed by random urine screens.

22. Respondent obtained a 12-step sponsor, with whom Respondent has a continuing relationship. Respondent has provided the Division of Enforcement with evidence that Respondent attended 12-step meetings daily from February 24, 1999 to August 25, 1999. Respondent has continued to attend those meetings since August 25, 1999.

23. On March 19, 1999 Respondent entered into treatment with Edward M. Rubin, Psy.D. of Behavioral Consultants, in Milwaukee, Wisconsin. Dr. Rubin is a psychologist with extensive experience in assessing and treating drug addiction. Respondent continues to receive treatment from Dr. Rubin.

24. Dr. Rubin referred Respondent to Lance P. Longo, M.D., a psychiatrist and addictionologist, who is the medical director of addiction psychiatry at Sinai Samaritan Medical Center in Milwaukee, Wisconsin. Dr. Longo first assessed Respondent, on April 7, 1999 and Respondent continues to receive treatment from Dr. Longo.

25. Dr. Longo initially diagnosed Respondent as having major depression, recurrent. However, Dr. Longo also initially concluded that Respondent did not have any addictive disorder. This conclusion was based upon untrue statements Respondent made to Dr. Longo regarding Respondent's use of controlled substances and the circumstances of Respondent's arrest.

26. Subsequent to Dr. Longo's initial evaluation of Respondent, Respondent told Dr. Longo the truth about his stealing of controlled substances from his clients and the circumstances of his arrest. Dr. Longo then concluded that Respondent has an addictive disease related to his pain syndromes, insomnia and depression.

27. At the request of the Division of Enforcement, Respondent has had an independent psychological evaluation by Dr. John M. Bailey, a Madison, Wisconsin psychologist recommended by the Division. Dr. Bailey's report of October 5, 1999 has been considered and the Order, below, is consistent with his recommendations.

CONCLUSIONS OF LAW

1. The Psychology Examining Board has jurisdiction over this matter pursuant to

§ 455.09, Stats.

2. The Wisconsin Psychology Examining Board has authority to enter into this stipulated resolution of this matter pursuant to § 227.44(5), Stats.

3. Respondent's conduct, as set out in findings of fact 3 to 18, is practicing while Respondent has an impairment related to alcohol or other drugs, which is reasonably related to Respondent's ability to adequately undertake the practice of psychology in a manner consistent with the safety of patient or public, and constitutes unprofessional conduct as defined by Wis. Adm. Code § PSY 5.01(11) and subjects Respondent to discipline pursuant to § 455.09(1)(b) and (g), Stats.

4. Theft of medication from Respondent's clients, as set out in findings of fact 3 to 18, is a violation of §§

943.20(1)(a) and 939.51(3)(a), Stats., which are laws the circumstances of which substantially relate to the circumstances of the professional practice of psychology, and constitutes unprofessional conduct as defined by Wis. Adm. Code § PSY 5.01(5) and subjects Respondent to discipline pursuant to § 455.09(1)(g), Stats.

5. Unlawfully obtaining possession of controlled substances prescribed for Respondent's patients, as set out in findings of fact 3 to 18, is a violation of §§ 961.41(3g) and 961.43(1) and (2), which are laws the circumstances of which substantially relate to the circumstances of the professional practice of psychology, and constitutes unprofessional conduct as defined by Wis. Adm. Code § PSY 5.01(5) and subjects Respondent to discipline pursuant to § 455.09(1)(g), Stats.

6. Respondent's conduct, as set out in findings of fact 3 to 18, is gross negligence in the practice of psychology, which constitutes unprofessional conduct as defined by Wis. Adm. Code § PSY 5.01(2) and subjects Respondent to discipline pursuant to § 455.09(1)(g), Stats.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED that effective on the date of this Order, the license to practice psychology of Steven V. Schneider, Ph.D. is SUSPENDED for a period of not less than one (1) year. The suspension is Stayed for a period of three months, conditioned upon compliance with the conditions and limitations outlined below.

a. Respondent may apply for consecutive three (3) month extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance during the prior three (3) month period with the conditions and limitations imposed on the Respondent. "Three months" means until the third regular Board meeting after the meeting at which any stay of suspension is granted.

b. The Board may without hearing deny an application for extension of the stay, or commence other appropriate action, upon receipt of information that Respondent has violated any of the terms or conditions of this Order. If the Board denies the petition by the Respondent for an extension, the Board shall afford an opportunity for hearing in accordance with the procedures set forth in ch. RL 1, Wis. Adm. Code upon timely receipt of a request for hearing.

c. Upon a showing by Respondent of one year of successful compliance with the conditions and limitations imposed on the Respondent, the license of Respondent shall be reinstated as a limited license subject to the limitations set out in this Order.

d. The applications for stays of suspension, and all required reports under this Order, shall be due by the first day of the month Respondent desires the Board to consider the request for stay and each three months thereafter, for the period that this Order remains in effect.

IT IS FURTHER ORDERED, that following the one year suspension Respondent's psychology license is LIMITED until at least February 28, 2004, as follows:

1. Respondent shall not engage in the practice of psychology in any capacity unless in full the conditions and limitations outlined below. Respondent shall forthwith surrender all indicia of registration to the Department by mail or in person, and the Department shall then issue limited registration credentials to Respondent. Respondent shall also surrender all indicia of registration to any agent of the Department who requests them.

REHABILITATION, MONITORING AND TREATMENT

Drug and Alcohol Treatment Required

2. Respondent shall continue successful participation in all components of a drug and alcohol treatment program at a treatment facility acceptable to the Board as Respondent's Supervising Health Care Provider shall determine to be appropriate for Respondent's rehabilitation. Respondent shall continue involvement in drug and alcohol rehabilitation programs until discharged. Dr. Edward M. Rubin, Psy.D. and Lance Longo, M.D. at Sinai Samaritan Medical Center in Milwaukee and their affiliated programs are acceptable treatment providers.

Therapy. The rehabilitation program shall include and Respondent shall participate in individual and/or group therapy sessions for the full year of the stayed suspension upon a schedule as recommended by the Supervising Health Care Provider, but not less than once weekly. Such therapy shall be conducted by the Supervising Health Care Provider, or another qualified therapist as designated by the Supervising Health Care Provider and acceptable to the Board. After the full year of stayed suspension, this requirement for therapy sessions may be modified only upon written petition, and a written recommendation by the Supervising Health Care Provider expressly supporting the modifications sought. A denial of such petition for modification shall not be deemed a denial of the license under §§ 227.01(3) or 227.42, Stats., or ch. RL 1,

Wis. Adm. Code, and shall not be subject to any right to further hearing or appeal.

AA/NA Meetings. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, upon a frequency as recommended by the Supervising Health Care Provider, but not less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to the Supervising Health Care Provider.

Supervising Health Care Provider

3. Respondent shall obtain a Supervising Health Care Provider acceptable to the Board for the full term of this limited license. Lance Longo, M.D. is acceptable to the Board as Supervising Health Care Provider. The Supervising Health Care Provider shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order. The Supervising Health Care Provider may designate another qualified health care provider acceptable to the Board to exercise the duties and responsibilities of the Supervising Health Care Provider in his absence. In the event that a supervising Health Care Provider is unable or unwilling to serve as Supervising Health Care Provider, the Board shall in its sole discretion select a successor Supervising Health Care Provider.

Sobriety

4. Respondent shall abstain from all personal use of controlled substances as defined in § 961.01(4), Stats. except when necessitated by a legitimate medical condition and then only with the prior approval of the Supervising Health Care Providers.

5. Respondent shall abstain from all personal use of alcohol.

6. Respondent shall in addition refrain from the consumption of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, or which may create false positive screening results, or which may interfere with Respondent's treatment and rehabilitation. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to the Supervising Health Care Provider within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Within 24 hours of a request by the Supervising Health Care Provider or the Board or its designee, Respondent shall provide releases which comply with state and federal laws authorizing release of all health care records by the person who prescribed, dispensed, administered or ordered this medication for Respondent. These releases shall also authorize the Supervising Health Care Provider, the Board or its designee to discuss the Respondent's health care with the person who prescribed, dispensed, administered or ordered this medication. The terms of this paragraph shall not be deemed to modify or negate Respondent's obligations as set forth in this Order.

Department Monitor

7. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including receiving and coordinating all reports and petitions, and requesting additional monitoring and surveillance. The Department Monitor may be reached as follows:

Department Monitor

Department of Regulation Division of Enforcement

P.O. Box 8935

Madison, WI 53708-8935

FAX (608) 266-2264

TEL. (608) 267-7139

Releases

8. Respondent shall provide and keep on file with the Supervising Health Care Provider, all treatment facilities and personnel, laboratories and collections sites current releases which comply with state and federal laws authorizing release of all urine, blood and hair specimen screen results and medical and treatment records and reports to, and permitting the Supervising Health Care Provider and all treating physicians and therapists to disclose and discuss the progress of Respondent's treatment and rehabilitation with the Board or any member thereof, or with any employee of the Department of Regulation and Licensing acting under the authority of the Board. Copies of these releases shall be filed simultaneously with the Department Monitor.

Drug and Alcohol Screens

9. Respondent shall supply on at least a twice-weekly basis, random monitored urine, blood, breath, or hair specimens as the Supervising Health Care Providers shall direct. The Supervising Health Care Provider (or designee) shall request the specimens from Respondent and these requests shall be random with respect to the hour of the day and the day of the week. In addition, the Board or its designee may at any time request a random monitored urine, blood, breath, or hair specimen from Respondent by directing the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement to contact Respondent and request Respondent provide a specimen. To prevent the Respondent's ability to predict that no further screens will be required for a given period (because the minimum frequency for that period has been met), the program of monitoring shall require Respondent to provide in each quarter at least two (2) random screenings in excess of the minimums specified in this Order.

10. Respondent shall keep the Supervising Health Care Provider informed of Respondent's location and shall be available for contact by the Supervising Health Care Provider at all times.

11. All requested urine, blood or hair specimens shall be provided by Respondent within five (5) hours of the request for the specimen. All breath samples shall be given immediately upon request. All urine specimen collections shall be a split sample accomplished by dividing urine from a single void into two specimen bottles. The total volume of the split sample shall be at least 45 ml. of urine. All split sample urine specimens, blood specimens and hair specimens shall be collected, monitored and chain of custody maintained in conformity with the collection, monitoring and chain of custody procedures set forth in 49 CFR Part 40. Urine specimen collections shall be by direct observation if:

- a. The Respondent must provide an additional specimen because Respondent's initial specimen was outside of the normal temperature range (32.5 - 37.7 C/90.5 - 99.8 F) and Respondent refuses to have an oral body temperature measurement or Respondent does provide an oral body temperature measurement and the reading varies by more than 1 C/1.8 F from the temperature of the urine specimen;
- b. Respondent's last provided specimen was determined by the laboratory to have a specific gravity of less than 1.003 and creatinine concentration below 0.2 g/l;
- c. The collection site person observes Respondent acting in such a manner to provide reason to believe that Respondent may have attempted or may attempt to substitute or adulterate the specimen. The collection site person, if he or she believes that the initial urine specimen may have been adulterated or a substitution made, shall direct Respondent to provide an additional observed urine specimen;
- d. The last provided specimen resulted in a positive or suspected positive test result for the presence of controlled substances; or
- e. The Board (or any member of the Board), the Department Monitor, or Respondent's Supervising Health Care Provider direct that the urine specimen collection be by direct observation.

If either of the above conditions (a) or (c) requires collection of an additional observed urine specimen, the collection of the subsequent specimen shall be accomplished within the required five (5) hours of the request for the initial specimen; the collection of the initial specimen shall not satisfy the requirement that the urine specimen be collected within five (5) hours of the request for the initial specimen.

12. The drug and alcohol treatment program in which Respondent is enrolled shall at all times utilize a United States Department of Health and Human Services certified laboratory for the analysis of all body fluid specimens collected from Respondent.

13. The drug and alcohol treatment program in which Respondent is enrolled shall utilize only those urine, blood and hair specimen collection sites for collection of Respondent's urine, blood or hair specimens as comply with the United States Department of Transportation collection and chain of custody procedures set forth in 49 CFR Part 40.

Every breath sample shall be analyzed in a manner similar to the analysis of samples obtained for the purposes of determining the breath alcohol content of persons suspected of operating a motor vehicle while influenced by an intoxicant, including by portable breath testing devices. Any device approved by the US or Wisconsin Department of Transportation is acceptable. It is the intention of the Board to be able to use local law enforcement agencies to administer such tests, and Respondent shall cooperate with such efforts.

14. The Supervising Health Care Providers, treatment facility, laboratory and collection site shall maintain a complete and fully documented chain of custody for each urine, blood or hair specimen collected from Respondent.

15. Every urine specimen collected from Respondent shall be analyzed at the time of collection for tampering

by measurement of the temperature of the specimen and the oral temperature of Respondent. Every urine specimen collected from Respondent shall be further analyzed at the laboratory for tampering by measuring the creatinine concentration and the specific gravity of the specimen. The laboratory may at its discretion or at the direction of a Supervising Health Care Provider or the Board or any member thereof conduct additional tests to evaluate the urine specimen for tampering including, but not limited to, pH, color and odor.

16. Every urine, blood or hair specimen collected from Respondent shall be analyzed for alcohol, amphetamine, cocaine, opiates, phencyclidine, marijuana, methadone, propoxyphene, methaqualone, barbiturates, benzodiazepines, or the metabolites thereof. The Board or its designated agent may at any time direct that screens for additional substances and their metabolites be conducted by scientific methods and instruments appropriate to detect the presence of these substances. The laboratory shall conduct confirmatory tests of positive or suspected positive test results by appropriate scientific methods and instruments including, but not limited to, gas chromatography and mass spectrometry.

17. All urine, blood or hair specimens remaining after testing shall be maintained in a manner necessary to preserve the integrity of the specimens for at least seven (7) days; and all positive or suspected positive urine, blood or hair specimens remaining after testing shall be so maintained for a period of at least one (1) year. The Supervising Health Care Provider or the Board or any member thereof may direct that the urine, blood or hair specimens be maintained for a longer period of time.

18. For the purpose of further actions affecting Respondent's license under this Order, it shall be presumed that all confirmed positive reports are valid. Respondent shall have the burden of proof to establish that the positive report was erroneous and that the Respondent's specimen sample did not contain alcohol or controlled substances or their metabolites.

19. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Supervising Health Care Provider shall determine to be appropriate to clarify or confirm the positive or suspected positive urine, blood or hair specimen test results.

Required Reporting by Supervising Health Care Provider, and Laboratories

20. The Supervising Health Care Provider shall report immediately to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement by FAX or telephonic communication: any failure of Respondent to provide a urine, blood, breath, or hair specimen within five (5) hours from the time it was requested; or of any inability to locate Respondent to request a specimen. The laboratory shall immediately report all urine specimens suspected to have been tampered with and all urine, blood, breath, or hair specimens which are positive or suspected positive for controlled substances or alcohol to the Department Monitor, and to the Supervising Health Care Provider.

21. The laboratory shall within 48 hours of completion of each drug or alcohol analysis mail the report from **all** specimens requested of Respondent under this Order to the Department Monitor (regardless of whether the laboratory analysis of the specimen was positive or negative for controlled substances, their metabolites or alcohol). Each report shall state the date and time the specimen was requested; the date and time the specimen was collected; the results of the tests performed to detect tampering; and the results of the laboratory analysis for the presence of controlled substances and alcohol.

22. The Supervising Health Care Provider shall submit formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program and summarize the results of the urine, blood or hair specimen analyses. The Supervising Health Care Provider shall report immediately to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)267-7139] any violation or suspected violation of the Board's Final Decision and Order.

Required reporting by Respondent

23. Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order. It is the responsibility of Respondent to promptly notify the Department Monitor, of any suspected violations of any of the terms and conditions of this Order, including any failures of the Supervising Health Care Provider, treatment facility, laboratory or collection sites to conform to the terms and conditions of this Order.

Facility approval

24. If the Board determines that the Supervising Health Care Providers, treatment facility, laboratory or collection sites have failed to satisfy the terms and conditions of this Final Decision and Order, the Board

may, at its sole discretion, direct that Respondent continue treatment and rehabilitation under the direction of another Supervising Health Care Provider, treatment facility, laboratory or collection site which will conform to the terms and conditions of this Final Decision and Order.

PETITIONS FOR MODIFICATION OF TERMS

25. Respondent shall appear before the Board at least annually to review the progress of treatment and rehabilitation. Respondent may petition the Board for modification of the terms of this limited license and the Board shall consider Respondent's petition at the time it meets with Respondent to review the progress of rehabilitation. Any such petition shall be accompanied by a written recommendation from Respondent's Supervising Health Care Providers expressly supporting the specific modifications sought. Denial of the petition in whole or in part shall not be considered a denial of a license within the meaning of § 227.01(3)(a), Stats. and Respondent shall not have a right to any further hearings or proceedings on any denial in whole or in part of the petition for modification of the limited license.

After February 28, 2004, upon compliance with the conditions and limitations imposed on Respondent, without relapse, and upon recommendation of the Supervising Health Care Provider and Professional Mentor, Respondent shall receive a full unlimited license to practice psychology.

EXPENSES OF TREATMENT AND MONITORING

26. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order.

CONTINUING EDUCATION

27. Respondent shall, prior to commencing clinical practice, take and complete the eight continuing education credit hours in ethics, which each licensed psychologist is required to take and complete during the October 1, 1999 – September 30, 2001 biennium.

PRACTICE LIMITATIONS

28. Respondent shall neither request any client or any client's parent, guardian, custodian or other representative of a client to give Respondent physical control of a client's medication or medication container nor accept physical control of a client's medication or medication container.

29. With appropriate release from the client, Respondent may report to a physician or other prescriber the diagnosis of a client, symptoms and conditions Respondent observes in a client, and symptoms that a client reports to Respondent. However, Respondent shall not recommend to any physician or other prescriber that the physician or other prescriber prescribe any medication or any dose of a medication to a client or play any role in monitoring the medications prescribed to a client.

Professional Mentor

30. Prior to commencing the practice of psychology and prior to any subsequent change in the nature or setting of his practice of psychology, Respondent shall provide the Board or its designee with an adequate description of the proposed practice and the Board or its designee shall determine whether to require that the practice be only under the supervision of a designated Professional Mentor approved by the Board or its designee.

31. If the Board or its designee determines that Respondent's practice is to be under the supervision of a Professional Mentor, Respondent shall obtain a Professional Mentor acceptable to the Board prior to Respondent commencing the practice of psychology and shall continue to have a Professional Mentor during all periods during which Respondent practices psychology and the Board or its designee requires a Professional Mentor. The Professional Mentor shall be the individual responsible for supervision of Respondent's practice of psychology. At the discretion of the Board or its designee, supervision may include weekly meetings, review of charts selected by the Professional Mentor, and any other actions deemed appropriate by the Professional Mentor to determine that Respondent is practicing in a professional and competent manner. The Professional Mentor may designate another qualified health care provider acceptable to the Board to exercise the duties and responsibilities of the Professional Mentor in an absence of more than three weeks. In the event that the Professional Mentor is unable or unwilling to continue to serve as Respondent's professional mentor, the Board may in its sole discretion select a successor Professional Mentor. The Professional Mentor shall have no duty or liability to any client or third party, and the Mentor's sole duty is to the Board.

Reporting Required

32. Respondent shall arrange for his Professional Mentor to provide formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison,

Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance.

33. Respondent's Professional Mentor shall immediately report to the Department Monitor and the Respondent's Supervising Health Care Provider any conduct or condition of the Respondent which may constitute unprofessional conduct, a violation of this Order, or a danger to the public or patient.

34. It is the responsibility of Respondent to promptly notify the Department Monitor of any suspected violations of any of the terms and conditions of this Order, including any failures of the Professional Mentor to conform to the terms and conditions of this Order.

Change in Address or Work Status

35. Respondent shall report to the Department Monitor his present, and any change of, employment status, residence, address or telephone number within five (5) days of this order and the date of any change.

36. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, and to any prospective employer before commencing employment as a health care provider.

IT IS FURTHER ORDERED, that, if the Board determines that there is probable cause to believe that Respondent has violated any term of this Final Decision and Order, the Board may order that the license of Respondent be summarily suspended pending investigation of the alleged violation without further notice or right of hearing to the Respondent.

The rights of a party aggrieved by this Decision to petition the Section for rehearing and to petition for judicial review are set forth on the attached "Notice of Appeal Information".

Dated at Madison, Wisconsin this 8th day of October, 1999.

Stephen F. Seaman, Ph.D.

Chair

Psychology Examining Board