

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



## **Wisconsin Department of Regulation & Licensing Access to the Public Records of the Reports of Decisions**

This Reports of Decisions document was retrieved from the Wisconsin Department of Regulation & Licensing website. These records are open to public view under Wisconsin's Open Records law, sections 19.31-19.39 Wisconsin Statutes.

### **Please read this agreement prior to viewing the Decision:**

- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Regulation and Licensing from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Regulation and Licensing data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Regulation and Licensing, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name as it appears on the order.*
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Regulation and Licensing is shown on the Department's Web Site under "License Lookup." The status of an appeal may be found on court access websites at: <http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscca>.
- Records not open to public inspection by statute are not contained on this website.

**By viewing this document, you have read the above and agree to the use of the Reports of Decisions subject to the above terms, and that you understand the limitations of this on-line database.**

**Correcting information on the DRL website:** An individual who believes that information on the website is inaccurate may contact the webmaster at [web@drl.state.wi.gov](mailto:web@drl.state.wi.gov)

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY  
PROCEEDINGS AGAINST

MARK D. MARSHALL, P.A.,  
RESPONDENT.

FINAL DECISION  
AND ORDER  
(93 MED 180; 93 MED 340)

The parties to this proceeding for the purposes of Wis. Stats. sec. 227.53 are:

Mark D. Marshall, P.A.  
408 East Tyler  
Mexia, TX 76667

Wisconsin Medical Examining Board  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

Department of Regulation and Licensing  
Division of Enforcement  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

The Wisconsin Medical Examining Board received a Stipulation submitted by the parties to the above-captioned matter. The Stipulation, a copy of which is attached hereto, was executed by Mark D. Marshall, P.A.; Kent D. Marshall, attorney for Mark D. Marshall; and Gilbert C. Lubcke, attorney for the Department of Regulation and Licensing, Division of Enforcement. Based upon the Stipulation of the parties, the Wisconsin Medical Examining Board makes the following Findings of Fact, Conclusions of Law and Order.

## FINDINGS OF FACT

1. Mark D. Marshall, Respondent herein, 408 East Tyler, Mexia, Texas is certified as a physician's assistant in the state of Wisconsin, certification #683, said certification having been granted on 12/16/92.
2. Respondent, at all times relevant to this disciplinary proceeding, was registered to practice as a physician's assistant in the state of Minnesota.

3. On 5/8/93, the Minnesota Board of Medical Practice executed a Stipulation And Order, a copy of which is attached hereto, taking disciplinary action against Respondent by conditioning and restricting Respondent's registration to practice as a physician's assistant in the state of Minnesota.

4. The disciplinary action in Minnesota was based, in part, on two prescriptions for Fiorinal which Respondent wrote in his capacity as a physician's assistant for his own use. Respondent was under treatment by a physician for headaches and had received Fiorinal from this physician as part of his continuing treatment.

5. Respondent submitted to an evaluation for alcohol and drug abuse performed by the Substance Use Disorder Program at the University of Minnesota. The physicians who performed this evaluation concluded that no further evaluation or treatment for alcohol or drug abuse was necessary.

#### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction in this proceeding pursuant to Wis. Stats. sec. 448.02(3).

2. The Wisconsin Medical Examining Board has the authority to resolve this disciplinary proceeding by stipulation without an evidentiary hearing pursuant to Wis. Stats. sec. 227.44(5).

3. Respondent's conduct in having his registration to practice as a physician's assistant in the state of Minnesota conditioned and restricted constitutes unprofessional conduct in violation of Wis. Stats. sec. 448.02(3) and Wis. Admin. Code sec. MED 10.02(2)(q).

#### ORDER

1. NOW, THEREFORE, IT IS ORDERED that the Stipulation of the parties is approved.

2. IT IS FURTHER ORDERED that Respondent's certification as a physician's assistant in the state of Wisconsin is suspended for a period of two years from the date of this Final Decision And Order or until Respondent has satisfied the conditions hereinafter set forth, whichever period of suspension is greater:

- a. Respondent shall notify the Wisconsin Medical Examining Board in writing of his intention to seek reinstatement of his certification to practice as a physician's assistant in the state of Wisconsin.

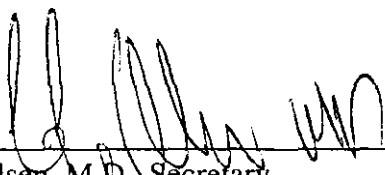
- b. Respondent shall demonstrate to the Wisconsin Medical Examining Board his competence to practice as a physician's assistant by taking and satisfactorily completing an assessment of his competence in such form as the Wisconsin Medical Examining Board shall determine.
- c. Respondent shall submit to an assessment for alcohol and drug abuse in a form which the Medical Examining Board shall determine. If this assessment discloses that Respondent suffers from alcohol or drug abuse, Respondent shall not be eligible for reinstatement of a full and unrestricted certification to practice as a physician's assistant in the state of Wisconsin.
- d. Respondent shall provide medical releases which comply with state and federal law to the Medical Examining Board and to the individual designated by the Wisconsin Medical Examining Board to conduct the drug and alcohol abuse assessment to permit access to all of Respondent's medical records including but not limited to all drug or alcohol assessment and treatment records.
- e. The costs of the competency assessment and the drug and alcohol abuse assessment shall be paid by the Respondent.
- f. Respondent, at the time of reinstatement of his certification as a physician's assistant, shall meet all other requirements then in existence for certification as a physician's assistant in the state of Wisconsin.

3. IT IS FURTHER ORDERED that pursuant to the authority of Wis. Stats. sec. 448.02(4), if the Wisconsin Medical Examining Board determines that there is probable cause to believe that Respondent has violated the terms of this Final Decision And Order of the Wisconsin Medical Examining Board, the Board may order that the certification of Respondent to practice as a physician's assistant in the state of Wisconsin be summarily suspended pending investigation of the alleged violation.

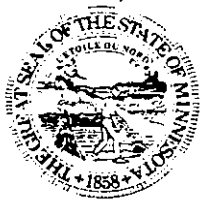
The rights of a party aggrieved by this Final Decision And Order to petition the Wisconsin Medical Examining Board for rehearing and to petition for judicial review are set forth in the attached "Notice of Appeal Information."

Dated at Madison, Wisconsin this 16 day of May, 1993.

WISCONSIN MEDICAL EXAMINING BOARD

  
Clark O. Olsen, M.D., Secretary

GCL:kcb  
ATY-DLG121



# MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

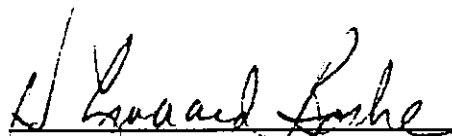
## CERTIFICATION OF DISCIPLINARY ACTIONS

ORDER DATED May 8, 1993

IN THE MATTER OF: Mark D. Marshall, P.A.

CITY AND STATE OF: Perham, MN

I, H. Leonard Boche, Executive Director of the Minnesota Board of Medical Practice, Do hereby certify that the attached Board Order is a copy of the original official record on file in the office of the Minnesota Board of Medical Practice. As Executive Director, I am the official custodian of such documents and I have personally compared the attached copy with the original and find it to be a true and correct copy thereof.



H. Leonard Boche,  
Executive Director  
Minnesota Board of Medical Practice

(S E A L)

BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE

In the Matter of the  
Medical License of  
Mark D. Marshall, P.A.

Date of Birth: 10-30-49  
Registration Number: 8,937

STIPULATION  
AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Mark D. Marshall, P.A. (hereinafter "Respondent"), and the Minnesota Board of Medical Practice (hereinafter "Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he is registered to practice as a physician assistant in the State of Minnesota;

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

With respect to the care provided by Respondent to the following patients:

a. Patient #1 (DOB: 1-25-10):

1) On February 6, 1989, patient #1 was seen by Respondent, who was listed on the medical record as patient #1's attending physician;

2) On October 16, 1989, patient #1 was admitted to the emergency room complaining of urinary burning and hesitancy. After an assessment by the emergency room nurse, Respondent was contacted by telephone and he ordered Bactrim and a repeat urinalysis. Respondent did not personally assess patient #1;

b. Patient #3 (DOB: 4-7-60):

1) During patient #3's prenatal care, Respondent provided prenatal care for patient #3 without any documented physician follow up.

While providing this care, Respondent failed to perform a pelvic examination on patient #3;

2) On March 13, 1989, at 0245, patient #3 was admitted to the labor room. Patient #3's membranes had ruptured at 6 PM the previous evening and she was dilated three centimeters. On admission, patient #3's vital signs were temperature 100.7, pulse 92, respirations 18, blood pressure 120/70, and fetal heart rate at 150. Patient #3 asked for Demerol and a physician gave a one-time verbal order for Demerol 25 mg.;

3) At 5:15 AM patient #3 was dilated six centimeters and effaced 90%. At 5:31 AM Respondent arrived and a few minutes later delivered a healthy baby boy. During delivery, Respondent performed a "midline episiotomy with minimal extension with suture repair." Following delivery, Respondent wrote postpartum orders which included Tylenol #3 for pain. During patient #3's hospitalization, Respondent ordered Tylenol #3 three times for her;

4) At 1800, a physician performed a bilateral tubal ligation via mini laparoscopy on patient #3. At 7 PM, patient #3's temperature was 104.8 rectally and at 8:55 PM it was 103.2. The physician wrote postoperative orders for patient #3 which included blood cultures times three at five minute intervals and Unisyn 2 grams intravenously piggy back every six hours. The blood culture results indicated no growth initially or after one week. A culture and sensitivity of the lochia indicated the presence of gram positive cocci in pairs (4+) and gram negative bacilli (2+), sensitive to ampicillin/sublactam (Unisyn).

5) On at least the following dates, Respondent prescribed legend drugs for patient #3: 2-9-90, 10-21-91 and 1-7-92.

c. Patient #5 (DOB: 1-1-08):

1) On December 6, 1990, at 11:48 AM, patient #5 was admitted to the emergency room after he drove his car through a building. At 1255, patient #5's blood pressure was 224/140 and Respondent ordered Clonidine 0.1 mg. every five minutes up to six doses to control blood pressure;

2) After a nurse contacted a physician, the order for Clonidine was changed. Following this change, Respondent wrote an order for "Clonidine to 0.1 mg. every hour until diastolic blood pressure was below 110, then discontinue";

3) Clonidine was first administered at 1255 and the second dose at 1300. At 1300, patient #5's blood pressure was 178/114. At 1430, patient #5's blood pressure was 99/71 and his pulse was 63. Patient #5 was then placed in Trendelenberg. At 1630 patient #5's blood pressure was 155/99.

d. Patient #7 (DOB: 4-2-16):

1) On September 1, 1990, at 2040, patient #7 was admitted to coronary care to rule out anterior myocardial infarction. Standing orders included prn pain medications, one of which was morphine. The morphine sulfate had been crossed out and morphine was listed as one of patient #7's allergies;

2) At 2100 a physician assessed patient #7's condition and documented that he was clammy and pale with a blood pressure of 89/39. Patient #7's EKG indicated "wide QRS tachycardia"-interpreted as ventricular tachycardia. The physician ordered a lidocaine bolus, oxygen, and intravenous fluids. Patient #7 then converted to a normal sinus rhythm;

3) The morning after admission, patient #7 began experiencing an "aching" pain in his chest. Nitroglycerine was administered without complete relief. At 0900, morphine sulfate 2 mg. IV was administered. Respondent



ordered the morphine sulfate as a one-time dose. This order was not co-signed by a physician.

e. Patient #8 (DOB: 1-10-71):

1) On January 29, 1991, patient #8 was admitted to the labor room. At 1923, Respondent delivered patient #8's baby boy after a midline episiotomy. The placenta was delivered at 1927 and Pitocin administered at 1928;

2) On February 1, 1991, patient #8 was discharged by Respondent with a prescription for 15 Darvocet-N 100;

3) Respondent's orders and progress notes are not co-signed by a physician. In addition, a prenatal clinic visit progress notes was not co-signed by a physician. An admission summary and discharge summary for patient #8 were signed by a physician.

f. Patient #9 (DOB: 8-14-63):

1) On January 2, 1991, Respondent admitted patient #9 to the hospital for treatment of pneumonia. On admission, Respondent ordered Rocephin 1 gram IV every 12 hours, Cipro 500 mg. 1 by mouth qid, Maximist with Alupent every four hours prn, Phenergan VC with codeine 2 tsps. every two hours prn, and Halcion .125 mg. HS prn;

2) Respondent's progress notes and orders on patient #9 are not co-signed by a physician. Respondent wrote the admission and discharge orders, however, patient #9's MA billing statement to medical assistance did not include a physician's assistant modifier.

g. Patient #11 (DOB: 3-7-20):

1) On August 30, 1991, patient #11 was admitted to the emergency room after he had lacerated his right forearm and wrist in a farm feed grinder. Upon admission, his vital signs were blood pressure 160/88, pulse 84, and

respirations 22. Patient #11's right forearm had a large avulsion on the radial side of the arm and he had applied a tourniquet to the area to control bleeding;

2) Respondent assessed patient #11's wound as "6 cm. long laceration radial aspect of the forearm starting at the wrist. Small 2 cm. long separate laceration about that. There is a little artery that is bleeding quite a lot. He has a lot of blood on his clothing and came in with a tourniquet on his arm. Laceration is deep-to the bone, dirty with grass and speck of metal. A.(ssessment) deep laceration with 3 layer suture repair. P.(lan) ligated arterial bleeders. 3 layer repair with 3-0 chromic, 4-0 Vicryl, and 4-0 Ethilon";

3) Respondent ordered Demerol 100 mg. with Vistaril 50 mg. IM and an intravenous fluid flush to 1000 ccs of Lactated Ringers along with Rocephin 2 gm. IV. Respondent discharged patient #11 with a prescription for Darvocet-N 100;

4) Respondent failed to refer patient #11 to a physician for consultation or follow up.

h. Patient #14 (DOB: 3-13-29):

1) On February 5, 1991, at 2340, patient #14 was admitted to the emergency room. Respondent admitted patient #14 to the monitored bed unit after he experienced a sudden burning sensation across his chest. At that time, patient #14 was generally diaphoretic and anxious, his lungs were crackly on inspiration with rales throughout the lung fields, and his heart was in normal sinus rhythm without murmurs and extrasystoles. Patient #14's vital signs were blood pressure 127/68, temperature 97.8, pulse 68, and respiration 20;

2) On admission, Respondent ordered a heparin lock, cardiac monitor, oxygen per nasal cannula at 3-4 liters/minute, activity Bedrest with

commode, morphine sulfate 2-6 mg. IV prn for chest pain, Lidocaine 100 mg. bolus, Lidocaine 2-4 mg. drip to control premature ventricular contractions, "CALL ME PLEASE!," sublingual nitroglycerine 1/150 prn pain, aspirin gr. V now, Halcion .25 now, CBC, LDH, CPK now, chest X-ray now, Panel 5 now, EKG done in ER, LDH, CPK, UA, and hypothyroid profile in AM. Additional orders included Lasix 20 mg. IV push, Rocephin 1 gram IV every 12 hours, and CBC in AM. Respondent failed to have these orders countersigned by a physician;

3) On February 6, 1991, patient #14's monitor indicated normal sinus rhythm with occasional premature ventricular contractions, his EKG showed ST depression laterally, T-wave inversion that had changed since the night before, a CPK of 283 with MB + at 27, a white blood count of 15,700, differential 75 segs, 10 bands, 13 lymphs, a hemoglobin of 16.7 grams, and improved lungs which continued to have "rattley rales." Respondent assessed patient #13 as having probable subendocardial infarct, mild congestive heart failure and hyperglycemia and transferred him to a larger hospital. Respondent ordered regular Insulin and sub-q and Lasix 20 mg. IV now. Respondent failed to have these orders countersigned.

i. Patient #15 (DOB: 4-6-68):

1) Beginning June 28, 1990, Respondent provided prenatal care for patient #15. During patient #15's pregnancy, Respondent prescribed "Amoxicillin 250 mg. tid x 7 days and Phenergan DC with codeine to use 2 teaspoons not more than twice a day for cough" in response to flu-like symptoms;

2) On February 22, 1991, at 1950, patient #15 was admitted to labor and delivery with intact membranes and contractions occurring every 5-7 minutes with a duration of 60 seconds;

3) On February 23, 1991, at 1315, patient #15 had an emesis of 250 cc. Respondent ordered Compazine 5 mg. IM. At 1330 Respondent ruptured patient #15's membranes and a baby girl was delivered at 1443. Patient #15's placenta was expressed at 1447 and Pitocin was administered IM at 1449. Respondent performed and repaired a midline episiotomy that had minimal extension. Respondent discharged patient #15 with Tylenol #3 for episiotomy pain even though patient #15 was nursing her baby.

j. Patient #16 (DOB: 10-13-13):

1) On June 22, 1991, patient #16 was admitted to the emergency room after he had been pulled out of a lake after being in the water for approximately 30 minutes. Upon arrival at the hospital, patient #16 was receiving oxygen via mask and had an intravenous line in place. Patient #16's skin was very cool, dusky, and mottled and his EKG indicated supraventricular tachycardia and a rate of 130. A Foley catheter and nasogastric tube were inserted. Patient #16's vital signs were blood pressure 152/99, pulse 138, respirations 32, and temperature 98.5 rectally and his lungs were congested with rhonchi and expiratory wheezes;

2) Respondent ordered a chest X-ray, blood gases, Panel 5, EKG, Solu-Medrol intravenously push, Lasix, and morphine for patient #16. Respondent diagnosed patient #16 with aspiration pneumonitis and/or pulmonary edema and transferred him to a larger hospital. There is no documentation that patient #16 was seen by a physician prior to Respondent's ordered transfer.

k. On one or more occasions Respondent performed duties and/or functions beyond the scope of his practice. Specific examples include:

1) Respondent prescribed medications for patients;

2) Respondent admitted patients to the emergency room, assessed the patients' conditions, and transferred the patients to other facilities. There is no documentation that Respondent's activities occurred after consulting and/or notifying a physician;

3) Respondent admitted patients to the hospital, cared for these patients over a weekend, and discharged the patients without a physician having seen the patients.

1. On one or more occasions Respondent:

1) Failed to wear a name tag which identified him as a physician's assistant;

2) Administered Valium to a family member of a deceased patient when he thought that she needed to "calm down" even though there was no physician's order for the Valium;

3) On at least two occasions Respondent wrote prescriptions for himself.

### STATUTES

3. The Board views respondent's practices as inappropriate in such a way as to require Board action under Minn. Rules pts. 5600.2600 to 5600.2670 (1991 and 1992 Supp.) and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action;

### REMEDY

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order conditioning and restricting Respondent's registration to practice as a physician assistant in the State of Minnesota as follows:

a. At all times, Respondent shall identify himself at the practice site by wearing a name tag bearing the title "physician assistant" and he shall introduce himself as a physician assistant to all patients and medical staff;

b. Respondent shall ensure that all patient progress notes and charts are reviewed and co-signed by a supervising physician and adequately reflect the supervising physician's participation in the treatment and/or care for a particular patient;

c. Respondent shall ensure that a supervising physician reviews patient care for any patient Respondent admits to the hospital prior to that patient's discharge. The medical chart shall reflect the nature of the physician review for that particular patient;

d. Respondent shall ensure that his supervising physicians are made aware of this stipulation and order. The physician-physician assistant agreement shall contain language indicating that the supervising physician is aware of this stipulation and fully understands the contents of the stipulation and order;

e. Respondent shall not be granted authority to prescribe and administer drugs and medical devices for a period of three years from the date of this order. In addition to the three year waiting period, Respondent shall successfully complete a course in pharmacology which has been approved by the Board. Successful completion shall be determined by the Board and must be accomplished before the Board will consider granting Respondent prescribing authority.

5. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the registration of Respondent to practice as a physician assistant in the State of Minnesota shall be suspended immediately upon written notice by the Board to Respondent, such a suspension to remain in full force and effect until Respondent petitions the Board to terminate the suspension after a hearing. Nothing contained herein shall prevent the Board from revoking or suspending Respondent's

registration to practice as a physician assistant in the State of Minnesota after any such hearing;

6. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto;

7. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent's suspended, limited, or conditioned registration in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota registration to practice as a physician's assistant;

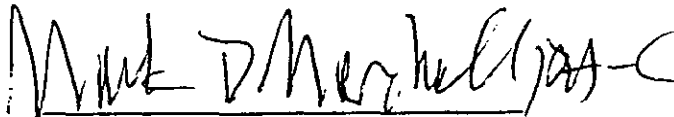
8. Respondent has been represented by legal counsel in this matter;

9. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein;

10. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire

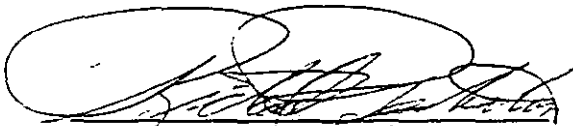
agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: 4-29, 1993



MARK D. MARSHALL, P.A.  
Respondent

Merit Care Clinic  
665 Third Street Southwest  
Perham, Minnesota 56573



RICHARD PEMBERTON  
Attorney for Respondent

Hefte, Pemberton, Sorlie & Rufer  
Law Office Building  
110 North Mill St.  
P.O. Box 866  
Fergus Falls, MN 56538-0866  
Telephone:



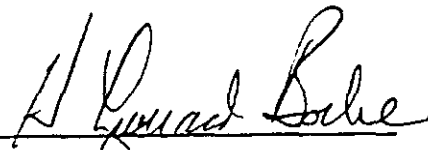
JACQUELYN E. ALBRIGHT  
Attorney for Board

500 Capitol Office Building  
525 Park Street  
St. Paul, MN 55103  
Telephone: (612) 297-2040

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this stipulation are adopted and implemented by the Board this 8th day of May, 1993.

MINNESOTA BOARD OF  
MEDICAL PRACTICE

By: 



STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

-----  
IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :

MARK D. MARSHALL, P.A., :  
RESPONDENT. :

STIPULATION  
(93 MED 180; 93 MED 340)  
-----

It is hereby stipulated between Mark D. Marshall, P.A., personally; and by his attorney, Kent D. Marshall; and Gilbert C. Lubcke, attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows:

1. Mark D. Marshall, P.A., 408 East Tyler, Mexia, Texas, 76667, Respondent herein, is certified to practice as a physician's assistant in the state of Wisconsin, certification #683, said certification having been granted on 12/16/92.

2. A formal Complaint and disciplinary proceeding are pending before the Wisconsin Medical Examining Board.

3. Respondent admits the allegations of the Complaint and agrees that the Wisconsin Medical Examining Board may enter the Final Decision And Order, a copy of which is attached hereto and incorporated herein.

4. Respondent understands that by signing this Stipulation, he freely, voluntarily and knowingly waives his rights, including the right to a hearing on the allegations against him, the right to confront and cross-examine witnesses against him, the right to call witnesses on his behalf and to compel their attendance by subpoena, the right to testify on his own behalf, the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the Final Decision And Order, the right to petition for rehearing, the right to judicial review, and all other applicable rights afforded to him under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes and the Wisconsin Administrative Code.

5. The parties waive all costs of this proceeding.

6. The parties to this Stipulation and the Board advisors, Walter R. Schwartz, M.D. and Glen D. Brandt, P.A., may appear before the Wisconsin Medical Examining Board in support of this Stipulation. Any appearance by any party pursuant to this paragraph shall be preceded by proper and timely notice to all parties to this proceeding.

7. If any term of this Stipulation or the incorporated Final Decision And Order is not accepted by the Wisconsin Medical Examining Board, then no term of this Stipulation or the Final Decision And Order will be binding in any manner on any party, and the matter will be returned to the Administrative Law Judge for further proceedings.

Dated: 10-28-93 Mark D. Marshall  
Mark D. Marshall, P.A.  
Respondent

Dated: 11-3-93 Kent D. Marshall  
Kent D. Marshall  
Attorney for Respondent

Dated: 10/21/93 Gilbert C. Lubcke  
Gilbert C. Lubcke, Attorney  
Department of Regulation and Licensing  
Division of Enforcement

GCL:kcb  
ATY-DLG120

## **NOTICE OF APPEAL INFORMATION**

**(Notice of Rights for Rehearing or Judicial Review,  
the times allowed for each, and the identification  
of the party to be named as respondent)**

**The following notice is served on you as part of the final decision:**

### **1. Rehearing.**

**Any person aggrieved by this order may petition for a rehearing within 20 days of the service of this decision, as provided in section 227.49 of the Wisconsin Statutes, a copy of which is attached. The 20 day period commences the day after personal service or mailing of this decision. (The date of mailing of this decision is shown below.) The petition for rehearing should be filed with the State of Wisconsin Medical Examining Board.**

**A petition for rehearing is not a prerequisite for appeal directly to circuit court through a petition for judicial review.**

### **2. Judicial Review.**

**Any person aggrieved by this decision has a right to petition for judicial review of this decision as provided in section 227.53 of the Wisconsin Statutes, a copy of which is attached. The petition should be filed in circuit court and served upon the State of Wisconsin Medical Examining Board**

**within 30 days of service of this decision if there has been no petition for rehearing, or within 30 days of service of the order finally disposing of the petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.**

**The 30 day period commences the day after personal service or mailing of the decision or order, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing of this decision is shown below.) A petition for judicial review should be served upon, and name as the respondent, the following: the State of Wisconsin Medical Examining Board.**

**December 17, 1993.**

**The date of mailing of this decision is \_\_\_\_\_.**