

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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FILE COPY

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST

EDWARD B. SNYDER, MD.
RESPONDENT

: FINAL DECISION AND ORDER
: 96 MED 386/96 MED 397
:

LS 9805224MED

The parties to this action for the purposes of section 227.53 of the Wisconsin statutes are:

Edward B. Snyder, MD
142 Jay Cooke Rd.
Esko, MN 55733

Medical Examining Board
PO Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
PO Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Edward B. Snyder, MD (DOB 06/15/54) is duly licensed to practice medicine and surgery in the state of Wisconsin (license #28086). This license was first granted on October 24, 1986.
2. Dr. Snyder's most recent address on file with the Wisconsin Medical Examining Board is 142 Jay Cooke Road, Esko, MN 55733.
3. On February 17, 1998, the Minnesota Board of Medical Practice issued an order which imposed discipline upon the Minnesota license of Dr. Snyder to practice medicine. The factual

basis for the imposition included allegations of boundary violations, chemical dependency and mental health impairment . A true and correct copy of the Administrative Stipulation and Order are attached to this document as Exhibit A. Exhibit A is incorporated into this document by reference.

4 In resolution of this matter, Dr. Snyder consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to sec. 448.02(3), Stats. and is authorized to enter into the attached Stipulation and Order, pursuant to sec. 227.44(5), Stats.
2. The conduct described in paragraph 3, above, constitutes a violation of Wisconsin Administrative Code § Med 10.02(2)(q).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. The license of Edward B. Snyder (license # 28086) to practice medicine and surgery in the State of Wisconsin is **SUSPENDED** for an **INDEFINITE PERIOD** of time.
2. Dr. Snyder may at any time petition the Board for permission to practice within this state.
 - a. In conjunction with a petition by Dr. Snyder, the Board shall require current documentation of the status of Dr. Snyder's compliance with the terms and conditions imposed against his Minnesota license to practice medicine.
 - b. In the exercise of its discretion, the Board may require one or more physical, mental or professional competency examinations to evaluate Dr. Snyder's ability to return to the practice of medicine; in addition the Board may require a personal appearance by Dr. Snyder to answer questions in conjunction with his petition.
 - c. Denial in whole or in part of a petition under this paragraph shall not constitute denial of a license and shall not give rise to a contested case within the meaning of secs. 227.01(3) and 227.42, Stats. *The Board may in its sole discretion determine whether, and under what terms and conditions, Dr. Snyder may resume the practice of medicine and surgery in the state of Wisconsin.*
3. **Violation of any of the terms of this Order or the conditions imposed as a result of this Order shall be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Dr. Snyder's license; the Board in its discretion may in the alternative impose additional conditions and limitations other additional discipline for a violation of any of the terms of this Order.**

4 This Order shall become effective on the date of its signing.

MEDICAL EXAMINING BOARD

By: *Kanda Hauer*
A Member of the Board

May 21, 1998
Date



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza 2829 University Avenue SE Suite 400 Minneapolis, MN 55414-3246

*Telephone (612) 617-2130 *Fax (612) 617-2166

MN Relay Service for Hearing Impaired (800) 627-3529

CERTIFICATION OF DISCIPLINARY ACTIONS

ORDER DATED February 14, 1998

IN THE MATTER OF: Edward B. Snyder, M.D.

CITY AND STATE OF: Esko, MN

I, Robert A. Leach, 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.

Robert A. Leach
Executive Director
Minnesota Board of Medical Practice

(S E A L)

EXHIBIT A

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT
COPY OF ORIGINAL**

In the Matter of the
Medical License of
Edward B. Snyder
Date of Birth: 6/15/54
License Number: 29,415

STIPULATION
AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Edward B. Snyder, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

FACTS

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

a. In July 1984 Respondent began a three-year residency with Duluth Family Practice, Duluth, Minnesota.

b. In 1985 the mother of patient #1 and the mother's roommate presented to the emergency room with patient #1. Upon leaving the emergency room, patient #1's mother and her roommate gave their telephone number to Respondent. Respondent accepted their telephone number and began dating the roommate.

c. In June 1985 Respondent ordered a pelvic ultrasound for patient #2, the mother of patient #1. In June 1985 Respondent also visited patient #2 and her roommate at their house. In July 1985, Respondent ordered blood tests for patient #2.

d. Respondent drove patient #1 to her grandmother's house when patient #2 and her roommate left on a bus trip. When the two women returned to Duluth, patient #2 was extremely ill and contacted Respondent. Respondent traveled to their home and, after

assessing patient #2, Respondent brought her to the emergency room where he admitted her and treated her for acute gonorrhoea.

e. As a result of Respondent's relationship with patient #2, Respondent's residency supervisors censored Respondent and characterized his actions as bad taste and bad judgment on his part. Respondent's residency ended abruptly with an oral agreement that he was terminated.

f. Respondent continued to provide medical care to patient #2 through March 1997. Respondent prescribed for patient #2 and treated her at his home where he gave her a shot of Rocephin from samples he had at home. Respondent admitted that, on either occasion, he did not have a medical history for patient #2 nor did he have a chart for her in which he recorded the medication administered to her. During this time, Respondent sustained an intimate relationship with patient #2.

g. In fall 1986 patient #3 brought her father to Superior Memorial emergency room. Respondent treated her father and admitted him to the hospital. At that time Respondent and patient #3 exchanged telephone numbers.

h. From approximately 1987 to 1996, Respondent treated patient #3. On February 19, 1987, Respondent and patient #3 began a sexual relationship.

i. During their relationship of approximately ten years, Respondent referred patient #3 to a neurologist, a thoracic heart and lung surgeon, a hand surgeon, a physical therapist, and an occupational therapist. Respondent prescribed pain medications, Valium, Jobst gloves, birth control pills and anti-inflammatories. In addition, Respondent gave patient #3 samples of Lortab and Lorcet 10/650.

j. In September 1994 patient #3 saw a neurologist who initially prescribed Stadol. Subsequently, Respondent wrote a letter to Meade Johnson of Bristol-Meyers Squibb Corporation and asked if Bristol-Meyers would accept patient #3 in its indigent care program. Patient #3 was accepted and Respondent forwarded monthly prescriptions to the company and received two bottles of Stadol each month, which he dispensed to patient #3. Respondent wrote prescriptions on the following dates: January 14, January 31, February 23, March 18,

April 18, May 8, and May 24, 1996. The Stadol was sent to the VA Clinic and was never logged in or out of the pharmacy.

k. On one occasion, Respondent removed one dose of Stadol from the VA Clinic and administered it to patient #3. On a second occasion, Respondent obtained and administered a 2 mg vial of Stadol to patient #3 that he received from a pharmacy technician. The pharmacy technician removed it from the VA's supply at Respondent's request.

l. On at least two occasions, Respondent allowed patient #3 to spend time with him in the hospital on-call room while he was on emergency duty. In October 1993, patient #3 spent the night with Respondent in the on-call room at Cloquet Hospital during which time they had intercourse. Respondent told the investigator that having patient #3 in the on-call room did not affect his ability to see patients.

m. On or about November 6, 1996, patient #3 went to Respondent's home to discuss a financial issue. Respondent had been drinking beer before patient #3 arrived and together they drank a few more beers. Subsequent to this visit, pending assault charges were filed against Respondent. On April 11, 1997, an omnibus hearing was held, and the judge found sufficient cause to bind the matter over for trial.

n. In 1994 Respondent saw patient #4 on four occasions at the Superior Memorial Hospital emergency room. In 1995 Respondent saw patient #4 in the emergency room on 26 occasions. During the same period of time, patient #4 telephoned Respondent at his home and rented an attached portion of Respondent's house from him. Respondent also provided care to patient #5, patient #4's daughter, who attended the Renaissance Festival with Respondent and patient #4. Respondent also invited patient #5 to his children's birthday parties, encouraged patient #5 and his children to be friends, and had outings with patients #4 and #5 and his children. Respondent treated patients #4 and #5 without the benefit of access to their medical records and failed to document the care provided to them.

o. From 1992 through 1996 Respondent was employed with the Minnesota Department of Corrections, Moose Lake/Willow River. In approximately 1994 Respondent provided care to patient #6, an inmate at Willow River Correctional Facility. Subsequent to

patient #6's transfer to Shakopee Correctional Facility, Respondent wrote to patient #6, and they subsequently became "pen pals."

p. Respondent has removed hospital/clinic supplies including drug samples (such as Lortabs, Valium, Vicodin and Stadol) and brought them home.

q. On or about March 30 and 31, 1997, Respondent worked two emergency room shifts at St. Mary's-Superior Hospital. On both nights, Respondent brought his two children with him and had them stay in the on-call room while he worked 12- and 18-hour shifts.

r. On or about April 22, 1997, the VA decided to create an Administrative Investigator Board on Respondent. Based on evidence and findings, the VA provided Respondent an option of resigning his position on or about August 4, 1997. These findings were based on Respondent's conduct in the following five areas:

- 1) His boundaries with VA patients;
- 2) The appropriateness of his behavior with women;
- 3) His involvement with the VA pharmacy;
- 4) His involvement with VA pharmacy employees; and
- 5) Falsification of his employment application.

s. In 1993, following consumption of beer at a keg party, Respondent beat "the living daylights" out of his wife because she told a friend he had purchased a Mazda. Respondent stated that he struck his wife repeatedly in the arm and that she could not get away from him as the car was moving and she was belted in her seat. During the beating, Respondent's children were in the back seat of the car and witnessed the entire event. Respondent told the investigator that his wife "deserved it."

t. On March 8, 1994, Respondent was charged with shoplifting while at a local hardware store with his children. Respondent pled guilty to the theft and admitted that he had consumed a couple of beers prior to driving to the store.

u. On March 10, 1995, after having been served with divorce papers, Respondent drank five to six beers. Upon his wife's return home, Respondent again became violent with his wife. On December 21, 1995, Respondent entered a plea of guilty to assault in the fifth degree in Carlton County.

v. On more than one occasion, hospital staff detected an odor of alcohol on Respondent's breath while he was working the 6:00 p.m. shift at the Cloquet Hospital emergency room. On one of those occasions, Respondent was observed drinking beer prior to leaving for work.

w. On more than one occasion, Respondent was observed drinking alcohol up to one hour before he had to drive to the emergency room where he was on duty that evening. Respondent also stated, "I won't say I've never gone to work hung over."

x. Respondent has undergone five evaluations since 1994 in an attempt to address concerns related to issues involving his use of alcohol.

y. On December 1 and 2, 1997, Respondent underwent a multidisciplinary assessment at Rush Behavioral Health Center ("Rush"), Downers Grove, Illinois, by a professional assessment team ("assessment team"). Respondent was referred to Rush after the Board became aware of his involvement in a series of incidents alleged to have been in violation of the Medical Practice Act. During the course of the assessment, the following was learned:

1) Although originally stating he had a sobriety date of November 6, 1996, Respondent admitted he last consumed alcohol during Thanksgiving 1997. When the veracity of this statement was challenged, Respondent admitted he had four or five beers in February 1997, as well.

2) Laboratory results based on blood samples provided by Respondent during his assessment revealed an elevated G.G.T., indicating recent alcohol use exceeding Respondent's admissions.

3) Respondent reluctantly admitted to having drunk alcohol several hours before he was scheduled to begin an emergency room shift. Respondent could not deny that he was ever impaired on the job. Respondent failed to view practicing medicine while under the influence as an egregious breach of professional responsibility nor did he appreciate the potential harm his conduct may have caused patients.

4) Respondent admitted to stockpiling large quantities of Lortab and other controlled substances in his home because they were free. Respondent admitted to providing these controlled substances to people and failing to maintain dispensing records or patient files for those persons who received the drugs.

5) Respondent admitted he had been involved in incidents of domestic violence with his ex-wife in 1993 and again in 1995. Respondent was found guilty of a charge of assault in the fifth degree as a result of the 1995 incident.

6) Respondent admitted he entered a plea of no contest to a charge of petty misdemeanor theft in 1994.

7) Respondent admitted there are pending charges of assault of the fifth degree filed by patient #3 in November 1996. Respondent stated he was acting in self-defense when the incident took place, but when pressed on the issue, Respondent admitted he was responsible for the bruises patient #3 received that day.

z. Based on the results of the evaluation, Respondent was diagnosed, in part, as follows:

Axis I: Alcohol Dependence.
Rule-out Bipolar Affective Disorder, not otherwise specified.

Axis II: Narcissistic Personality Disorder.
Personality Disorder, not otherwise specified with antisocial features.

aa. Upon discharge, the assessment team was of the opinion that Respondent minimized his use of alcohol, projected blame onto others, was highly invested in presenting a favorable impression, demonstrated a pronounced sense of entitlement, grossly distorted aspects of his history and employed a number of primitive defense mechanisms.

bb. The assessment team found that Respondent failed to adhere to prevailing moral or professional codes in that he found no impropriety in engaging in sexual intercourse in an on-call room, during which time he might be called to attend to a critical matter, and he failed to maintain patient records for individuals to whom he regularly administered medications. The assessment team also commented that "in the area of boundaries, there is an

inherent power disequilibrium between patient and physician. When a physician uses a patient to satisfy sexual needs, a disturbing violation is often believed to have occurred. A patient is prone to be vulnerable to the physician, influenced by his suggestions and anxious to please. In addition, when prescribing medication and facilitating treatment, the physician is required to exercise sound objective, judgment care, for the sole purpose of treatment. Sexual and emotional involvement with a patient is highly likely to thwart this objectivity [Respondent's] long-term involvement with patient #3 both represents the dangers of his involvement and demonstrates how such an arrangement can seriously alter judgment."

cc. Finally, the assessment team opined that, "to a reasonable degree of medical and psychiatric certainty, it would be in [Respondent's] best interest to enter a residential, day or partial treatment program, specifically designed for the professional with co-morbid psychiatric illness. Currently, he is believed at risk for both continuing to abusively use alcohol as well as engage in behavior which could potentially compromise patient safety."

STATUTES

3. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. §§ 147.091, subd. 1(f), (g), (k), (l), (o), (r), (s), (t) and (u) and 147.131 (1996), 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 as follows:

a. Respondent is hereby prohibited from practicing medicine and surgery in the State of Minnesota until he meets the following criteria:

1) Respondent shall successfully complete pre-approved residential treatment in a program approved in advance by the Complaint Review Committee that focuses on his chemical dependency and addresses his Axis I and Axis II diagnoses.

2) Upon successful completion of the above residential treatment program, Respondent shall engage in an intensive outpatient relapse prevention program.

3) Upon submission of satisfactory evidence that he is successfully participating in a relapse prevention program and is fit and competent to practice medicine with reasonable skill and safety to patients, Respondent shall appear before the Complaint Review Committee. At that time the Committee may recommend that the Board continue, modify, or remove the above restriction or that Respondent's license be conditioned or restricted, as deemed necessary.

b. Respondent shall sign all necessary releases allowing the Board access to all medical, evaluation, psychiatric, therapy, chemical dependency, or other records from all treating health care professionals. Respondent shall allow the Board to communicate and exchange information with all treating health care professionals and treatment programs.

5. Upon Board approval of this Stipulation and Order, Respondent shall provide the Board with the addresses and telephone numbers of Respondent's residence and all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information.

6. Within ten days of the date of this order, Respondent shall provide the Board with a list of all states in which Respondent is registered or has applied for registration. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

7. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at

least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to continue the conditions and limitations or impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or suspension or revocation of Respondent's license.

8. 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.

9. 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 license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota registration to practice respiratory care.

10. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation by counsel, Respondent has knowingly and expressly waived that right.

11. 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.

12. 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: Feb 2, 1998

Dated: Feb. 17, 1998

Edward B. Snyder M.D.
EDWARD B. SNYDER, M.D.
Respondent

Patricia A. Yilk
FOR THE COMMITTEE

142 Jay Cooke Road
Esko, MN 55733

* * *

ORDER

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 17th day of February, 1998.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: [Signature]

January 27, 1998

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST :
 :
EDWARD B. SNYDER, MD, : STIPULATION
 : 96 MED 386/96 MED 397
RESPONDENT :

It is hereby stipulated between Edward B. Snyder, MD, personally on his own behalf and Steven M. Gloe, Attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows:

1. This Stipulation is entered into as a result of a pending investigation of Dr. Snyder's licensure by the Division of Enforcement (96 MED 386/96 MED 397). Dr. Snyder consents to the resolution of this investigation by stipulation and without the issuance of a formal complaint.
2. Dr. Snyder understands that by the signing of this Stipulation he voluntarily and knowingly waives his rights, including: the right to a hearing on the allegations against him, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine the witnesses against him; the right to call witnesses on his behalf and to compel their attendance by subpoena; the right to testify himself; 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; the right to petition for rehearing; and all other applicable rights afforded to him under the United States Constitution, the Wisconsin Constitution, the Americans with Disabilities Act of 1990, the Wisconsin Statutes, and the Wisconsin Administrative Code.
3. Dr. Snyder is aware of his right to seek legal representation and has been provided an opportunity to obtain legal advice prior to signing this stipulation.
4. Dr. Snyder agrees to the adoption of the attached Final Decision and Order by the Medical Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6 Attached to this Stipulation is the current licensure card of Edward B. Snyder. If the Board accepts the Stipulation, Dr. Snyder's license shall be reissued only in accordance with the terms of the attached Final Decision and Order. If the Board does not accept this Stipulation, the license of Dr. Snyder shall be returned to him with a notice of the Board's decision not to accept the Stipulation

7 The parties to this stipulation agree that the attorney for the Division of Enforcement and the member of the Medical Examining Board assigned as an advisor in this investigation may appear before the Medical Examining Board for the purposes of speaking in support of this agreement and answering questions that the members of the Board may have in connection with their deliberations on the stipulation.

8. The Division of Enforcement joins Dr. Snyder in recommending the Medical Examining Board adopt this Stipulation and issue the attached Final Decision and Order.

Edward B. Snyder
Edward B. Snyder, MD

March 21, 1998
Date

Steven M. Gloe
Steven M. Gloe, Attorney
Division of Enforcement

3 26 98
Date

NOTICE OF RIGHTS OF APPEAL

TO: EDWARD B SNYDER MD

You have been issued a Final Decision and Order. For purposes of service the date of mailing of this Final Decision and Order is 5/26/98. Your rights to request a rehearing and/or judicial review are summarized below and set forth fully in the statutes reprinted on the reverse side.

A. REHEARING.

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in section 227.49 of the Wisconsin Statutes. The 20 day period commences on the day of personal service or the date of mailing of this decision. The date of mailing of this Final Decision is shown above.

A petition for rehearing should name as respondent and be filed with the party identified below.

A petition for rehearing shall specify in detail the grounds for relief sought and supporting authorities. Rehearing will be granted only on the basis of some material error of law, material error of fact, or new evidence sufficiently strong to reverse or modify the Order which could not have been previously discovered by due diligence. The agency may order a rehearing or enter an order disposing of the petition without a hearing. If the agency does not enter an order disposing of the petition within 30 days of the filing of the petition, the petition shall be deemed to have been denied at the end of the 30 day period.

A petition for rehearing is not a prerequisite for judicial review.

B. JUDICIAL REVIEW

Any person aggrieved by this decision may petition for judicial review as specified in section 227.53, Wisconsin Statutes (copy on reverse side). The petition for judicial review must be filed in circuit court where the petitioner resides, except if the petitioner is a non-resident of the state, the proceedings shall be in the circuit court for Dane County. The petition should name as the respondent the Department, Board, Examining Board, or Affiliated Credentialing Board which issued the Final Decision and Order. A copy of the petition for judicial review must also be served upon the respondent at the address listed below.

A petition for judicial review must be served personally or by certified mail on the respondent and filed with the court within 30 days after service of the Final Decision and Order if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing. Courts have held that the right to judicial review of administrative agency decisions is dependent upon strict compliance with the requirements of sec. 227.53 (1) (a), Stats. This statute requires, among other things, that a petition for review be served upon the agency and be filed with the clerk of the circuit court within the applicable thirty day period.

The 30 day period for serving and filing a petition for judicial review commences on the day after personal service or mailing of the Final Decision and Order by the agency, or, if a petition for rehearing has been timely filed, the day after personal service or mailing of a final decision or disposition by the agency of the petition for rehearing, or the day after the final disposition by operation of the law of a petition for rehearing. The date of mailing of this Final Decision and Order is shown above.

The petition shall state the nature of the petitioner's interest, the facts showing that the petitioner is a person aggrieved by the decision, and the grounds specified in section 227.57, Wisconsin Statutes, upon which the petitioner contends that the decision should be reversed or modified. The petition shall be entitled in the name of the person serving it as Petitioner and the Respondent as described below.

SERVE PETITION FOR REHEARING OR JUDICIAL REVIEW ON:

STATE OF WISCONSIN MEDICAL EXAMINING BOARD

1400 East Washington Avenue

P.O. Box 8935

Madison WI 53708-8935