

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/wscqa>.
- 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

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST:

JOHN TIMOTHY PROPSOM, M.D.	FINAL DECISION AND ORDER
RESPONDENT	LS0101172MED

The parties to this action for the purposes of § 227.53, Wis. Stats., are:

J. Timothy Propsom, MD
5572 N. Santa Monica Blvd.
Milwaukee, WI 53217

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. 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. Respondent John Timothy Propsom (dob 1/10/43) is and was at all times relevant to the facts set forth herein a physician and surgeon licensed in the State of Wisconsin pursuant to license #19708, first granted on 10/17/75. Respondent is an orthoped. He is also licensed in Illinois.
2. Respondent has been diagnosed as alcohol dependent, continuous. He has been convicted of operating a motor vehicle while influenced by an intoxicant as follows: 7/11/00 (Milwaukee), 8/15/98 (Skokie, IL), 12/24/95 (Racine), 8/4/95 (Lakeville, MN), and 12/27/92 (Brookfield). Since 1993, respondent has practiced medicine only on occasion as a *locum tenens*, in Wisconsin and Illinois, and as described in ¶4, below. On 7/6/00, a psychological evaluation was conducted, on respondent, resulting in a finding that respondent had, on that date, some cognitive deficits as a result of his drinking. The psychologist conducting the evaluation has informed department staff that in his opinion, respondent may safely practice medicine under the terms and conditions of this Order. A psychiatric evaluation conducted on November 15, 2000, is supportive of this outcome.
3. As a result of his most recent conviction, respondent is currently on probation until 7/11/03, resides in a

halfway house, and is compliant with treatment recommendations. A condition of probation imposed by the Circuit Court is that he not perform any "intrusive procedure" without the approval of the Board.

4. Respondent has, for three months, been doing his court-ordered community service by seeing patients at two free clinics in Milwaukee, one-half day per week. Respondent sees 10-15 patients each time, most of whom are orthopedic followup cases. During that time, his work has been seen as good by the other staff of the clinic.

5. The Board has no evidence that respondent has abused any substance other than alcohol.

6. Respondent renewed his registration on or before 11/1/00. At that time, he signed the statement on the renewal form stating that he had obtained, or would obtain by 12/31/99, 30 hours of continuing medical education (CME). In fact, respondent cannot demonstrate that he took any CME in the two years preceding 12/31/99, and the statement he signed was false:

CONCLUSIONS OF LAW

A. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to §448.02(3), Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

B. The conduct described in paragraph 2, above, violated § Med 10.02(2)(h) and (I), Wis. Adm. Code. Such conduct constitutes unprofessional conduct within the meaning of the Code and statutes.

C. The conduct described in paragraph 6, above, violated §448.13(l), Wis. Stats., and § Med 10.02(2)(c) and (m), Wis. Adm. Code.

ORDER

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

IT IS FURTHER ORDERED, that J. Timothy Propsom, MD, is REPRIMANDED for his unprofessional conduct in failing to obtain required CME, and then falsely stating on his renewal form that such CME had been obtained.

IT IS FURTHER ORDERED that effective on the date of this Order, the license to practice medicine and surgery of respondent is SUSPENDED indefinitely. The suspension is STAYED for 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 with the conditions and limitations imposed on the respondent for rehabilitation and practice during the prior three (3) month period. "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 successful compliance for a period of five years of active practice with the terms of this order and upon a showing that respondent has made satisfactory restitution for any losses caused by the conduct described above and compliance with all other terms of this Order, the Board may grant a petition by the Respondent for termination of the limitations of this order relating to monitoring him for substance abuse. (See ¶25, below.) The limitations set forth in subs. (e.) and (f.) and ¶¶27-34, below, are permanent, except as specifically set forth in those provisions.

d. The applications for extensions of stays of suspension, and all required reports under this Order, shall be due on the first business day of January, 2001, and each three months thereafter, for the period that this Order remains in effect.

e. Respondent shall practice medicine only as a volunteer for the Madison Street Outreach Clinic, 931 Madison St., Milwaukee, Wisconsin, and at the Greater Milwaukee Free Clinic, Inc., 9330 W. Lincoln Ave #10, West Allis, Wisconsin. In that setting, he shall practice only orthopedics, only by referral (meaning that all patients shall have been previously seen by another physician, physician assistant, or nurse practitioner, and specifically referred for orthopedic consult or followup), and shall not perform surgery (which the Board determines as having the same meaning as intended by the Circuit Court when it used the term "intrusive procedure") without express consent of the Board or its designee. "Surgery" means any procedure which penetrates, pierces, or severs the tissues of a human being, but does not include (and respondent may perform) an injection of a procedure of a specific kind, or an

individual procedure, but it shall be completely within the discretion of the Board (which may be delegated to the Board's monitoring liaison) to grant or deny such authorization, or condition it upon further training or demonstration of current competence.

f. Before applying for a modification of this practice limitation, respondent shall take and pass SPEX with a score of 75 or more before the Board takes up any such application for modification, and respondent is authorized to take the SPEX for such purpose.

g. At the time respondent requests his first extension, he shall demonstrate that he has obtained 30 hours of Category 1 CME appropriate to his current practice. None of this CME shall be applied to his required CME for the renewal of his registration in 2001.

IT IS FURTHERED ORDERED, that the license to practice medicine and surgery of respondent is LIMITED as set forth in §448.02(3)(e), Wis. Stats., and as follows:

1. Respondent shall not engage in the practice of medicine and surgery in any capacity unless in full compliance with the rehabilitation and treatment programs specified and approved under this Order. 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

Treatment Required

2. Respondent shall enroll and 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 commence involvement in the drug and alcohol rehabilitation program within 5 days of the date of the Final Decision and Order of the Board. Professional Recovery Network and its affiliated programs are acceptable treatment facilities.

Therapy. The rehabilitation program shall include and respondent shall participate in individual and/or group therapy sessions for the first year of the stayed suspension upon a schedule as recommended by the supervising physician or therapist, but not less than once weekly. Such therapy shall be conducted by the supervising physician or therapist, or another qualified physician or therapist as designated by the supervising physician or therapist and acceptable to the Board. After the first year of stayed suspension, this requirement for therapy sessions may be modified only upon written petition, and a written recommendation by the supervising physician or therapist 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, Wis. 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 physician or therapist, but not less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to the supervising physician or therapist.

Supervising Health Care Provider

3. Respondent shall obtain a Supervising Health Care Provider acceptable to the Board before applying for the initial stay, and then for the full term of this limited license. A physician affiliated with Professional Recovery Network is acceptable to the Board as Supervising Health Care Provider, but another physician may be proposed at any time. Respondent shall forthwith furnish the Supervising Health Care Provider with a copy of this Order, showing the signature and date. 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, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor. 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 or her 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 Provider.

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) 261-7938

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 may be required to practice in a program of screening established by the Department for testing credential holders. If respondent is permitted to participate in another screening program, then the program shall include supplying on at least a twice-weekly basis, random monitored breath, urine, blood or hair specimens as the Supervising Health Care Provider 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 breath, urine, blood 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 breath specimens shall be provided forthwith. All requested urine, blood or hair specimens shall be provided by Respondent within five (5) hours of the request for the specimen. 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 directs 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 use a United State Department of Health and Human Services SAMHSA certified laboratory for the analysis of all 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.

14. The Supervising Health Care Provider, 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, propoxyphine, methaqualone, barbiturates, benzodiazepines, synthetic opiates (oxycodone, hydromorphone, hydrocodone, and meperidine), 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 or other substances, or may discontinue a screening test for a substance or set of 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. If the initial analysis is positive for opiates, but confirmatory tests are negative for codeine and morphine, then a comprehensive opiate panel shall be conducted to determine whether synthetic opiates are present.

One-half of the required tests may be of breath only, at the option of the treating program, and may be conducted using any breath testing device approved by the Wisconsin Department of Transportation for use by law enforcement officers in this state, including portable devices.

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 on (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, including all results of any breath test. 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 breath, 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 relapse, any violation of the terms and conditions of this Order, and any failure of Respondent to provide a urine, blood 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 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 analysis. 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 relapse or 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 Provider, 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 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 Provider 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 five years of continuous active professional practice under this Order and without relapse, upon satisfactory restitution of any losses caused by respondent's conduct which led to this Order, and upon recommendation of the Supervising Health Care Provider and Professional Mentor, respondent may petition the Board for a termination of the AODA monitoring limitations on the license. Such restoration shall be in the sole discretion of the Board, and 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 termination of those limitations. Modification of the practice limitations set forth below is governed by ¶¶e. and f., pp. 2-3, above, which are otherwise permanent.

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.

PRACTICE LIMITATIONS

Prescription orders

27. Respondent shall not prescribe, dispense, administer or order any prescription medication outside his practice at the Madison Street Clinic and the Greater Milwaukee Free Clinic, Inc..

Professional Mentor

28. Respondent shall practice only under the supervision of one or more designated Professional Mentors approved by the Board or its designated monitoring liaison, and in a work setting pre-approved by the Board or its designated monitoring liaison. The Medical Director of the Madison Street Clinic, Margaret M. Dunn, MD, or her successor, is acceptable as Professional Mentor for his practice in that setting, and the Medical Director of the Greater Milwaukee Free Clinic, Inc., George R. Schneider, MD, or his successor, is acceptable as a Professional Mentor for his practice in that setting. Respondent may propose another physician to serve in that capacity.

29. As to each practice setting, the Professional Mentor shall be the individual responsible for supervision of Respondent's practice of medicine during the time this Order is in effect. Supervision shall include monthly 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 physician or other 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 patient or third party, and the Mentor's sole duty is to the Board.

Reporting Required

30. 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.

31. 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.

32. 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

33. Respondent shall report to the Board any change of employment status (e.g., if he ceases to practice at the Madison Street Clinic or the Greater Milwaukee Free Clinic, Inc., or changes the extent of his practice from an average of one-half day per week), residence, address or telephone number within five (5) days of the date of a change.

34. Respondent shall furnish a copy of this Order to his probation agent, and to the Manager and the Medical Director of the Madison Street Outreach Clinic, and the Executive Director and the Medical Director of the Greater Milwaukee Free Clinic, Inc., immediately upon issuance of this Order.

IT IS FURTHER ORDERED, that respondent shall pay the costs of investigating and prosecuting this matter in the amount of \$100, within 30 days of this order.

IT IS FURTHER ORDERED, that pursuant to §448.02(4), Wis. Stats., 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 and registration of respondent be summarily suspended pending investigation of the alleged violation.

Dated this January 17, 2001.

Sidney Johnson

Secretary