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STATE OF WISCONSIN

BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY

PROCEEDINGS AGAINST:

SCOTT W. WARWICK, MD,

FINAL DECISION AND ORDER

RESPONDENT

LS0109203MED

Division of Enforcement Case File No. 00 MED 400

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

Scott W. Warwick

908 S. Lake Drive

Watertown, SD 57201

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. Respondent Scott W. Warwick, MD (DOB 10-28-55) is and was at all times relevant to the facts set forth herein a physician duly licensed in the State of Wisconsin, pursuant to license #37318, first granted on December 1, 1995. Respondent is an anesthesiologist. Respondent resides in the state of South Dakota.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 908 South Lake Drive, Watertown, SD 57201.
3. Respondent is also licensed to practice medicine in the states of California, Iowa, Montana, and Colorado.
4. On or about November or December 1998, the Respondent began diverting Fentanyl from his hospital supply for personal use. Respondent's surreptitious drug diversion continued through July 13, 1999 when it was discovered by another nurse anesthetist. The following day, Respondent admitted to his illegal drug diversion when confronted by the hospital administrator and his co-worker.
5. On July 20, 1999, Respondent admitted himself to Hazelden, an in-patient drug treatment facility in Minnesota. Respondent subsequently voluntarily surrendered his license to the South Dakota Medical Board. After completion

of his 28 day in-patient treatment at Hazelden, Respondent began aftercare sessions which included monthly sessions with Dr. Ostby, a physician who is certified in drug and alcohol counseling.

6. On July 22, 1999, the South Dakota State Board of Medical and Osteopathic Examiners revoked the Respondent's license to practice medicine in South Dakota. This revocation was based upon evidence of Respondent's chemical dependency and the finding that his drug diversion constituted unprofessional conduct and adequate grounds for cancellation, revocation, suspension or limitation of his medical license. A true and correct copy of the 1999 *South Dakota Order Accepting Voluntary Surrender of License and Revocation* is attached to this document as **Exhibit A**.

7. In connection with his drug diversion, Respondent pled guilty to felony charges for possession of a controlled substance. On December 15, 1999, the South Dakota Third Judicial Circuit Court entered an order suspending imposition of the sentence and placed Respondent on formal probation for five (5) years with additional conditions including county jail time, community service, payment of costs and successful completion of a treatment program. Order Suspending Imposition of Sentence in State of South Dakota v. Scott Warwick, Criminal No. 99-430, State of South Dakota, Third Judicial District.

8. On October 25, 1999, Respondent entered into a Health Professional Assistance Program, which remains in effect for five years, unless the program staff/ or treating professional extends or discharges Respondent based upon his compliance with terms and conditions of the agreement. A true and correct copy of the HPAP Agreement is attached to this document as **Exhibit B**.

9. Respondent represents to the Board that he has not relapsed since the beginning of his treatment and that he is alcohol and drug free. Respondent further represents to the Board that he has been in full compliance with his monthly random drug tests and the requirements of his monitoring contract. In addition to drug tests, Respondent represents to the Board that he regularly attends weekly AA/NA meetings and has obtained a sponsor. There is no anticipated change in the level of his monitoring intensity or requirements. A true and correct copy of the *Quarterly Report of January 25, 2001* is attached to this document as **Exhibit C**.

10. On August 7, 2000, the Medical Board of California issued a Disciplinary Order revoking Respondent's physician and surgeon's certificate, with a stay of the revocation and placement of Respondent on probation for five (5) years. The California Order imposed additional restrictions upon Respondent, including but not limited to drug testing, continuing education, quarterly reports and the imposition of costs. A true and correct copy of the *California Stipulated Settlement and Disciplinary Order* is attached to this document as **Exhibit D**.

11. Respondent's Iowa medical license is still current but remains under investigation. Respondent's Montana medical license was renewed subject to the requirement that he apprise Montana of the status of his five-year criminal probation, his petition for reinstatement in South Dakota, and his intention to commence practice in Montana. Respondent's application to renew his expired Colorado medical license was denied on appeal on the basis of his substance abuse and the action taken against his license in South Dakota. A true and correct copy of the *Colorado Board of Medical Examiners* decision is attached to this document as **Exhibit E**.

12. On June 20, 2001, the South Dakota Medical Board reinstated Respondent's medical license subject to a five year stay of suspension with conditions, including his refrain from the use of alcohol or any illicit use of controlled substances, regular attendance at AA or NA meetings, random urinalysis tests, professional counseling, annual appearances before the Board and compliance with HPAP terms and conditions. A true and correct copy of the Reinstatement and Stipulation On Agreed Upon Disposition is attached to this document as **Exhibit F**.

13. Respondent consents to the issuance of the following Conclusions of Law and Order as a reasonable accommodation in resolution of this matter.

CONCLUSIONS OF LAW

14. 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.

15. The conduct described in paragraph 4, above, constitutes unprofessional conduct within the meaning of Wis. Admin. Code § Med 10.02 (2)(p). The conduct described in paragraph 7, above, constitutes unprofessional conduct within the meaning of Wis. Admin. Code § Med 10.02 (2)(r). The conduct described in paragraphs 4, 6, 10 and 11 constitutes unprofessional conduct within the meaning of Wis. Admin. Code § Med 10.02 (2)(q).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. The Wisconsin license of Dr. Scott W. Warwick (hereinafter "Respondent") to practice medicine is **LIMITED** as set forth in §448.02(3)(e), Wis. Stats., and as follows:

A). Respondent shall not engage in the practice of medicine 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 of Regulation and Licensing (hereinafter "Department") by mail or in person, and the Department shall then issue limited registration credentials to respondent.

B). Respondent's license to practice medicine shall remain limited until such time as the Wisconsin Medical Examining Board (hereinafter "Board") removes the practice limitations. Removal of the limitations upon Respondent's licensure shall be granted upon his fulfillment of the following conditions:

SOUTH DAKOTA MONITORING PROGRAM

2. If Respondent remains in South Dakota throughout the period of his monitoring and rehabilitation, he shall comply with all conditions and limitations imposed by the South Dakota Medical Board. Respondent shall notify the Wisconsin Medical Board if he violates any of the conditions of the South Dakota Health Professional Assistance Program (hereinafter referred to as "HPAP".) Respondent must submit quarterly written reports on his status in the HPAP and compliance with the terms and conditions of his monitoring. The status reports must include an assessment of Respondent's progress and summarize the results of any urine, blood or hair specimen analyses obtained by the HPAP. The reports must be prepared by the HPAP Monitor and must be submitted to the Department Monitor in Wisconsin. The reports required under this subparagraph may be copies of reports otherwise required to be furnished to the South Dakota Medical Board, provided that such reports are in substantial conformity to the requirements set forth above.

WISCONSIN IMPAIRMENT ORDER

3. If Respondent notifies the Board of his intent to commence medical practice in Wisconsin, prior to completion of the South Dakota HPAP, he shall be subject to the standard Wisconsin Impairment Order. Notice of Respondent's intent to commence practice in Wisconsin must be received at least 30 days prior to his actual commencement of practice. Upon receipt of such notice, the Board may, in the exercise of its discretion, require one or more chemical dependency, mental or professional competency examination(s) to evaluate Respondent's ability to practice of medicine. In addition, the Board may require a personal appearance by Respondent to answer any questions the Board members may have in conjunction with Respondent's notice of intent to practice. The Board may, in the exercise of its discretion, give credit to Respondent for the period of time spent in successful treatment or monitoring in South Dakota.

a). Pursuant to the Wisconsin Impairment Order, the Respondent's license to practice medicine will be **SUSPENDED** for a period not to exceed five (5) years, effective upon the date that Respondent notifies the Board of his intent to commence practice in Wisconsin. The suspension will be **STAYED** for a period of three months, subject to extension upon compliance with the conditions and limitations outlined herein.

b). 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.

c). 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 Respondent's petition for an extension of the stay or takes action based upon information of a violation of the order, the Board shall afford Respondent an opportunity for hearing in accordance with the procedures set forth in ch. RL 1, Wis. Adm. Code, provided that Respondent shall timely receipt of a hearing request within 45 days after mailing of the notice of denial.

d). Upon a showing by Respondent of successful compliance with the terms of this order for a period of five years, the Board may grant a petition by the Respondent for return of full licensure.

e). The applications for stays of suspension, and all required reports under this Order, shall be due on the first business day following Respondent's notice of his intent to commence practice in Wisconsin, and every three months thereafter throughout the period that this Order remains in effect. Failure to submit an application by the due date may result in the Board declining to consider the application for stay, and the suspension becoming effective.

4. 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 and as determined by Respondent's Supervising Health Care Provider to be consistent with Respondent's rehabilitation. Respondent shall begin the prescribed rehabilitation program within 5 days of the date of his commencement of practice in Wisconsin. Professional Recovery Network and its affiliated programs are acceptable treatment facilities.

Therapy

5. Respondent's rehabilitation program shall include 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. 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

6. 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, and included by them in the quarterly reports to the Board.

Supervising Health Care Provider

7. Respondent shall obtain a Supervising Health Care Provider acceptable to the Board for the full term of this limited license. A physician or health care provider affiliated with Professional Recovery Network is acceptable to the Board as Supervising Health Care Provider. 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 his or her duties and responsibilities in the event of the health provider's temporary absence of more than three weeks. In the event that the Supervising Health Care Provider is unable or unwilling to serve in that capacity, the Board shall, in its sole discretion, select a successor provider.

Sobriety

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

9. 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

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

Department Monitor

Department of Regulation Division of Enforcement

P.O. Box 8935,

Madison, WI 53708-8935

FAX (608) 266-2264, TEL. (608) 267-3817

Releases

11. 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 and

authorize the release of all urine, blood, and hair specimen screen results, medical and treatment records and reports, to the Supervising Health Care Provider. The released information shall be used for the purpose of disclosing and discussing the progress of respondent's treatment and rehabilitation with the Board members or with any employee of the Department acting under the authority of the Board. Copies of these releases shall be filed simultaneously with the Department Monitor.

Drug and Alcohol Screens

12. Respondent may be required to participate 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 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 urine, blood, or hair specimen from Respondent by directing the Department Monitor to contact Respondent and request that he 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 Board shall require him to provide in each quarter at least two (2) random screenings in excess of the minimums specified in this Order.

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

14. Respondent shall provide all requested urine, blood, or hair specimens 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). Respondent must provide an additional specimen if his initial specimen was outside of the normal temperature range (32.5 - 37.7 C/90.5 - 99.8 F) and he refuses to have an oral body temperature measurement or he does provide an oral body temperature measurement and the reading varies by more than 1 C/1.8 F from the temperature of his 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 he may have attempted or may attempt to substitute or adulterate the specimen. If the collection site person believes that the initial urine specimen may have been adulterated or a substitution made, Respondent shall be required 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.

15. 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

16. The drug and alcohol treatment program in which Respondent is enrolled shall at all times use a laboratory certified by the United States Department of Health and Human Services (SAMHSA) for the analysis of all specimens collected from Respondent. The laboratory shall utilize only those collection sites, which comply with the United States Department of Health and Human Services, SAMHSA guidelines, section 2.2 "Specimen Collection Procedures," except that in the discretion of the Supervising Health Care Provider, the urine specimen collections may be required to be directly witnessed.

17. 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.

18. Every urine specimen collected from Respondent shall be analyzed at the time of collection for tampering by measurement of the temperature of the specimen, the oral temperature of Respondent, 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, 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.

19. Every urine, blood, or hair specimen collected from Respondent shall be analyzed for alcohol, amphetamine, cocaine, opiates, phencyclidine, marijuana, methadone, propoxyphene, methaqualone, barbiturates, benzodiazepines, synthetic opiates (oxycodone, hydromorphone, fentanyl, hydrocodone, and meperidine), or the metabolites thereof. The Board or its designated agent may at any time require screens for additional substances and their metabolites using scientific methods and instruments appropriate to detect the presence of these or other 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.

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

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

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

Required Reporting by Supervising Health Care Provider and Laboratories

23. 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 or all specimens, which are positive or suspected positive for controlled substances or alcohol, to the Department Monitor and the Supervising Health Care Provider.

24. 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.

25. 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 Board. These reports shall assess Respondent's progress in the drug and alcohol treatment program and summarize the results of the urine, blood, or hair specimen analyses. The Supervising Health Care Provider shall report immediately to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264] any violation or suspected violation of the Board's Final Decision and Order.

Required reporting by Respondent

26. 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

27. 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

28. Respondent shall personally 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 his limited license at the time of the annual review. The 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. 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.

29. After five years of continuous compliance with the terms of this Order and upon recommendation of the Supervising Health Care Provider and Professional Mentor, Respondent may petition the Board for a termination of all limitations on the license, and restoration of an unlimited 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 the limitations and restoration of unlimited licensure.

EXPENSES OF TREATMENT AND MONITORING

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

PRACTICE LIMITATIONS

Controlled substance orders; DEA registration

31. Respondent shall not prescribe, dispense, administer or order any controlled substances. Respondent shall surrender any DEA registration to prescribe, dispense, administer and order controlled substances to the Drug Enforcement Administration. Respondent has completed the attached DEA surrender form, which shall be held by the Department Monitor for submission to DEA upon the effective date of this Final Decision and Order. Respondent shall not make reapplication for DEA registration until the Board permits respondent to do so, or the Board modifies the terms of this limited license to permit the prescribing, dispensing, administering or ordering of controlled substances.

Professional Mentor

32. Respondent shall practice only under the supervision of a designated Professional Mentor approved by the Board or in a work setting pre-approved by the Board.

33. The Professional Mentor shall be responsible for supervision of Respondent's practice of medicine during the time this Order is in effect. Supervision shall include weekly meetings, review of medical 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 mentor's duties and responsibilities in the event of his or her temporary absence of more than three weeks. In the event that the Professional Mentor is unable or unwilling to continue to serve in this capacity, 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.

Reporting Required

34. Respondent shall arrange for his Professional Mentor to provide formal written reports assessing the Respondent's work performance. The reports shall be submitted 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 Board.

35. 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.

36. It is the responsibility of Respondent to promptly notify the Department Monitor and his Professional Mentor of any suspected violations of any of the terms and conditions of this Order, within 10 days of the violation.

Change in Address or Work Status

37. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

38. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, and to any prospective employer when Respondent applies for employment as a health care provider. EMPLOYERS WHO ARE DEA REGISTRANTS ARE INFORMED THAT IF RESPONDENT HAS BEEN CONVICTED OF ANY FELONY RELATING TO CONTROLLED SUBSTANCES, THE EMPLOYER MUST RECEIVE A WAIVER OF 21 CFR §1301.76 UNDER 21 CFR §1307.03 BEFORE EMPLOYING RESPONDENT.

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. Upon request of the Department Monitor or a prosecuting attorney, the Board's Monitoring Liaison or Board Chair may terminate a stay of suspension until the next meeting of the Board, after giving Respondent notice of an alleged violation and the opportunity to be heard. In the alternative, the Board, in its discretion, may impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order.

IT IS FURTHER ORDERED, that 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, Respondent may resume the practice of medicine in Wisconsin.*

IT IS FURTHER ORDERED, that Respondent shall pay the partial costs of investigating and prosecuting this matter in the amount of \$100.00 within 30 days of this order.

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

WISCONSIN MEDICAL EXAMINING BOARD

By: Sidney Johnson
A Member of the Board

9-20-01
Date