

# Tennessee Board of Medical Examiners



# Newsletter



A regulatory agency of the State of Tennessee

Cordell Hull Building, First Floor, 425 Fifth Avenue North, Nashville, TN 37247-1010

• [tennessee.gov/health](http://tennessee.gov/health)

## *SMALLPOX*

Smallpox is a disease caused by variola virus, which was feared for centuries because it caused serious illness, disfiguration, and often death. After a successful public health vaccination campaign, it was declared to be eradicated from the world in 1980. Although naturally occurring disease has been eliminated, serious concerns about smallpox are rising again because of its possible use as a bioterrorist weapon.

Smallpox is spread from one person to another by infected respiratory droplets. Smallpox patients are highly contagious during the first week of illness, since that is the time when the largest amount of virus is present in the throat. However, some risk of transmission lasts until all scabs have fallen off. Contaminated clothing and bed linens can also spread the virus.

Smallpox has an average incubation period of 12 to 14 days after exposure. Initially, patients experience high fever, fatigue, headache and backache. Severe abdominal pain and delirium are sometimes present. A rash appears within two or three days, first in the mouth and throat, spreading to the face, forearms, and legs and then to the trunk. Within five to seven days, the rash develops into pus-filled lesions which later crust into scabs.

There is no proven effective treatment for smallpox, but research to evaluate new antiviral medications is ongoing. Patients with smallpox can benefit from supportive treatment such as intravenous fluids and medicine to control fever or pain, as well as antibiotics for any secondary bacterial infections that occur. In the 1970s, smallpox was fatal in 30 percent of cases.

Vaccine can lessen the severity of or even prevent illness in people exposed to smallpox if given within three days of exposure. The United States has an emergency supply of smallpox vaccine.

Routine vaccination against smallpox ended in 1972. The level of immunity, if any, among persons who were vaccinated before 1972 is uncertain; therefore, those persons are assumed to be susceptible.

Under current circumstances, with no confirmed smallpox and the risk of an attack assessed as low, vaccination of the general population is not recommended because the potential benefits of vaccination do not outweigh the risks of vaccine complications. Following a confirmed outbreak of smallpox within the U.S., rapid voluntary vaccination of a large population may be conducted as part of an overall national vaccination strategy. The decision to do mass vaccination will be dependent upon an assessment of the magnitude of the attack, the potential duration of the attack, and the mode of the attack.

Currently, we have a stockpile of 85 million doses of vaccine. A recent National Institute of Health study found that the existing supply can be increased to make enough for the entire population in the event of an outbreak. A contract has been issued to produce an additional 210 million doses this year. It is anticipated that a total of 286 million doses of smallpox vaccine will be available in early 2004. The CDC's Strategic National Stockpile has developed protocols to allow for the rapid, simultaneous delivery of smallpox vaccine to every state and US territory within 12-24 hours. State and local governments are developing response plans to provide for the rapid distribution of vaccine on a large-scale basis.

People most likely to have side effects are people who have, or even once had, skin conditions, (especially eczema or atopic dermatitis) and people with weakened immune systems, such as those who have received a transplant, are HIV positive, or are receiving treatment for cancer. Anyone who falls within these categories, or lives with someone who falls into one of these categories, should NOT get the smallpox vaccine unless they are exposed to the disease. Pregnant women should not get the vaccine because of the risk it poses to the fetus. Anyone who is allergic to the vaccine or any of its components should not get the vaccine. Vaccination of persons less than 18 years of age is not recommended in non-emergency circumstances.

For more information about this topic go to the Department of Health's website at [tennessee.gov/health](http://tennessee.gov/health).

## Welcome New Board Member!

The Board has a new public member. Her name is Mary Delores Johnson. Ms. Johnson was appointed January 3, 2003 to serve until June 30, 2007. Ms. Johnson is an educator, currently teaching Kindergarten at Una Elementary in Nashville.

### Severe Acute Respiratory Syndrome (SARS)

Persons with respiratory illness of unknown etiology with onset since February 1, 2003.

Suspect Case:

- A person presenting with one or more signs or symptoms of respiratory illness including cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of pneumonia or acute respiratory distress syndrome  
**AND**
- Fever (>38 degrees C [100.4 degrees F])  
**AND** one or more of the following:
- Close contact\* within 10 days of onset of symptoms with a person under investigation or suspected of having SARS
- Travel within 10 days of onset of symptoms to an area with documented transmission of SARS (see list below).

Note: Suspect cases with either radiographic evidence of pneumonia or respiratory distress syndrome; or evidence of unexplained respiratory distress syndrome by autopsy are designated "probable" cases by the WHO case definition.

\*Close contact is defined as having cared for, having lived with or having had direct contact with respiratory secretions and/or body fluids of a patient suspected of having SARS.

**List of areas with transmission of SARS:** Mainland China, Taiwan, Hong Kong, Singapore and Toronto.

#### Diagnostic Evaluation

Initial diagnostic testing should include chest radiograph, pulse oximetry, blood cultures, sputum Gram's stain and culture, and testing for viral respiratory pathogens, notably influenza A and B and respiratory syncytial virus. Clinicians should save any available clinical specimens (respiratory, blood, and serum) for additional testing until a specific diagnosis is made. Clinicians should evaluate persons meeting the above description and, if indicated, admit them to the hospital. Close contacts and healthcare workers should seek medical care for symptoms of respiratory illness.

#### Treatment

Because the etiology of these illnesses has not yet been determined, no specific treatment recommendations can be made at this time. Empiric therapy should include coverage for organisms associated with any community-acquired pneumonia of unclear etiology, including agents with activity against both typical and atypical respiratory pathogens (2). Treatment choices may be influenced by severity of the illness. Infectious disease consultation is recommended.

#### Reporting

Healthcare providers and public health personnel should report cases of SARS as described above to their state or local health departments.

For more information contact your state or local health department or the CDC Emergency Operations Center 770-488-7100. Updated information will be available at <http://www.cdc.gov>.

### Health Department Seeks to Enlist Volunteers Online

Tennessee has a long history of producing volunteers, but now you can "e-volunteer" at [tennessee.gov/health](http://tennessee.gov/health). The Tennessee Department of Health is using their website to sign up volunteers online who would be willing to work in a smallpox vaccination clinic should the nation be threatened with a smallpox outbreak.

If a case of smallpox should occur anywhere in the United States, the Department of Health would immediately put into action a plan to vaccinate the entire population over a ten-day period. In order to mobilize quickly, the Department is assembling a troop of volunteers who could assist with everything from traffic control to handing out information packets. Individual county health departments have been recruiting volunteers, but the efforts have fallen short of what is needed in many areas.

"Thousands of volunteers will be required to help staff vaccination clinics. Each of 117 clinics statewide will operate for two shifts per day with over 100 people needed for each shift—a total requirement of more than 25,000 staff and volunteers," said Dr. Kenneth Robinson, Commissioner of Health. "Many more volunteers need to be recruited and trained now so that our state will be fully prepared."

All volunteers will receive orientation and training appropriate to their assigned task. Volunteers with the following skills and/or credentials will be needed for each clinic:

- Physicians
- Nurses
- Clerical/secretarial
- Data entry/medical records personnel
- Pharmacists/pharmacy technicians
- Individuals for traffic control and parking
- Individuals for crowd control
- Translators (multiple languages including sign language)
- EMT skills
- Information technology
- Clinical professionals and/or students who are willing to be trained to assist with immunizations (must be at least 18 years of age)
- General volunteers to assist with directing patients, registration, filling out forms, answering phones, etc.

### Notice to Retired Physicians

Did you know TCA Section 63-6-230 allows retired physicians to perform services without compensation for organizations which have received a determination of exemption under Section 501 3(c) of the Internal Revenue Code? To perform uncompensated services for such organizations you must (1) retire your license to practice medicine; (2) have submitted to the Board's administrative office directly from the qualified organization proof of the determination of exemption issued pursuant to Section 501 3(c) of the Internal Revenue Code; and (3) certify that you are practicing medicine exclusively on the patients of the qualified entity and that such practice is without compensation. Upon receipt of the above documentation, the Board will issue you an Inactive Volunteer License, renewable biennially. Inactive Volunteer Licenses are not subject to the occupation tax assessed by the Department of Revenue.

For more information on obtaining an Inactive Volunteer License, visit the Board's website at [tennessee.gov/health](http://tennessee.gov/health) or contact the Board's Administrative Office at 1-888-310-4650 Extension 24384.

### Consumer Alert From the Department of Commerce and Insurance CONSUMER ALERT: Physicians and Physicians' Practices

BE ALERT TO FRAUDULENT MEDICAL MALPRACTICE OFFERS. The Insurance Division of the Tennessee Dept. of Commerce and Insurance is warning all Tennessee physicians to be wary of potentially-fraudulent medical malpractice insurance offers that are "making the rounds" of doctors' offices statewide.

The Department is looking into several of these offers and believes that these potential scams are trying to feed off the current difficulties in the medical malpractice insurance market.

These potentially-fraudulent offers involve "agents" and companies who are not licensed and may not even have a genuine insurance product to sell. But rather than wait until any potential formal investigation is complete, we want to warn consumers to be wary of such insurance pitches.

Here are some of the earmarks of the potentially-fraudulent operations we've observed so far:

- The "pitch" typically comes to a doctor's office via fax.
- There's no face-to-face contact with an agent - the form for a "quote" is faxed back to the company.
- The "agent" is not licensed in Tennessee (check the website for licensed agents at [tennessee.gov/commerce](http://tennessee.gov/commerce).)
- The "company" is not licensed in Tennessee (the website has licensed companies, too).
- The address of the company is a P.O. Box, and different from the one to which checks should be sent.

If you receive a sales pitch that you suspect is bogus, please contact the Insurance Investigation Division at 1-800-792-7573.

### Reminder to Physician Regarding Conflicts of Interest Know and Abide by This Law

TCA §63-6-501, *et seq.*, acknowledges that physicians are free to enter lawful contractual relationships, including the acquisition of ownership interests in health facilities or equipment or pharmaceuticals, but these can create potential conflicts of interest. Potential conflicts of interest must be addressed by the following:

- The physician has a duty to disclose to the patient or referring colleagues such physician's ownership interest in the facility or therapy at the time of referral and prior to utilization;
- The physician shall not exploit the patient in any way, as by inappropriate or unnecessary utilization;
- The physician's activities shall be in strict conformity with the law;
- When a physician's commercial interest conflicts so greatly with the patient's interest as to be incompatible, the physician shall make alternative arrangements for the care of the patient.

Be aware that failure to strictly adhere to these statutory guidelines could result in Board action taken against you pursuant to TCA §63-6-214(b)(1) Unprofessional, dishonorable or unethical conduct.

## Continuing Medical Education

T.C.A. Title 63, Chapter 6 requires any person licensed to practice medicine in this state to “complete continuing medical education as required by the Board of Medical Examiners.” The Board approved rules at their November meeting that require 40 hours of continuing medical education in Category 1 courses every two calendar years. The courses must be sponsored by an organization accredited as a sponsor of continuing medical education by either the Accrediting Council for Continuing Medical Education (ACCME) or by a state medical association recognized by the ACCME. They must also be designated or certified by the accrediting sponsor as meeting the criteria for Category 1 continuing medical education credit of the American Medical Association’s Physician’s Recognition Program, or be designated by the American Academy of Family Physicians (AAFP) as meeting the criteria of the AAFP’s prescribed credit. Physicians will be required to retain the documentation for four years and will only submit the documentation to the board office when requested.

## Licensing Renewal Online Just Got a Bit Easier at [www.tennessee.gov](http://www.tennessee.gov)

Beginning in December 2001, renewing your professional health license got a bit easier. The Department of Health has implemented an online process that allows all professions and facilities of Health to renew their licenses online and/or update their information. The process is quick, simple, secure, and convenient – and even allows you to pay for your renewal with a credit card.

### Okay, So How Do I Renew Online? In just four quick steps you’ll be there...

**Step One – Login In.** As a professional, you’ll need to select your board, profession and enter your profession license number, your date of birth and social security number or your transaction number from your renewal notice.

**Step Two – Update Your Information.** Here you’ll have the opportunity to update your home address, your work address and even your billing address. Once you’ve completed entering that information, you’re halfway done!

**Step Three – Enter your Renewal Information.** At this step you’ll answer all necessary questions and provide information on licenses from other states. You’ll have the ability to update your education information and list your principal place of employment.

**Step Four – Payment.** Here’s where it all comes together. By entering your credit card through the secure site and choosing “submit,” you will have completed the online renewal application. **Only choose submit one time!**

## What Happens Next?

Your renewal information will be posted to the Department of Health’s licensing system and once you have met all of the criteria for your profession, you will be mailed your renewal certificate.

That’s it – you’re done! So, come check it out and renew online – or even just update your information. We’ll see you at [tennessee.gov/health!](http://tennessee.gov/health)

## Bioterrorism

Bioterrorism remains on our mind. In the newsletter mailed earlier this year, practitioners were asked to provide the Board’s administrative office with fax numbers and/or e-mail addresses so that the Department of Health could communicate information directly to physicians as quickly as possible. To date, the response has been very good. However, if you have not provided the Department with your fax or e-mail address, please do so as soon as possible. **The rapid dissemination of critical information is essential if the health care community is going to respond to a local, statewide or national emergency.**

For more information about bioterrorism, go to [www.state.tn.us/health](http://www.state.tn.us/health) and click on “bioterrorism” or visit the CDC’s website at [www.bt.cdc.gov](http://www.bt.cdc.gov).

## Fee Increases

The Board adopted a rule amending Rule 0880-2-.02 **FEES**. The Attorney General has approved the Board’s action increasing fees. The fee increases were effective November 1, 2002. The new fee schedule is as follows:

- Application Fee . . . . . \$400.00
- Licensure Renewal Fee . . . . . \$225.00
- Late Licensure Renewal Fee . . . . . \$200.00



## Address Changes Responsibility of Licensee

The Board's administrative office mails renewal forms to licensees at the last known address of the licensee. The last known address is the address on the most recent renewal application a licensee submits to the Board's administrative office (or the address on the licensee's initial application if the licensee has practiced less than two years). **It is the responsibility of the practitioner to notify the Board's administrative office if he/she has changed addresses.** TCA §63-1-108(c) provides that "if any registrant changes addresses during the year for which any certificate of registration has been issued by the division, such registrant, within thirty (30) days thereafter, shall notify the division of such change . . . ." The practitioners' cooperation will assure that renewal forms reach the appropriate destination in a timely manner.

## Consumer Right-To-Know

The Health Care Consumer Right-to-Know Act of 1998, T.C.A. § 63-51-101 *et seq.*, requires designated licensed health professionals to furnish certain information to the Tennessee Department of Health. The information for public dissemination includes: (1) A description of any criminal convictions for felonies within the most recent ten (10) years. (2) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (3) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (4) A description of revocation or involuntary restriction of hospital privileges for reasons related to competence or character that has been taken by the hospital's governing body or any other official action of the hospital after procedural due process has been afforded, or the resignation from or nonrenewal of medical staff membership or the restriction of privileges at a hospital taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent ten (10) years shall be disclosed by the department to the public. (5) All medical malpractice court judgments, all medical malpractice arbitration awards in which a payment is awarded to a complaining party and all settlements of medical malpractice claims in which a payment is made to a complaining party beginning with reports for 1998 and each subsequent year; provided, such reports shall not be disseminated beyond the most recent ten-year period, but shall include the most recent ten-year period for which reports have been filed. From the information submitted, the Department will compile a practitioner profile, which is required to be made available to the public via the Internet and toll-free telephone line after May 1, 1999. **Each practitioner who has submitted information must update that information in writing by notifying the Department of Health, Healthcare Provider Information Unit, within**

**30 days after the occurrence of an event or an attainment of a status that is required to be reported by the law.** A copy of your initial or updated profile will be furnished to you for your review prior to publication. That opportunity will allow you to make corrections, additions and helpful explanatory comments. **Failure to comply with the requirement to submit and update profiling information constitutes a ground for disciplinary action against your license.**

A blank copy of the profile may be obtained from the following website address: [tennessee.gov/health](http://tennessee.gov/health). Click on "Forms & Publications"; click on the appropriate board; and click on "Mandatory Practitioner Profile Questionnaire for Licensed Health Care Providers".

## X-Ray Operators In Physician's Offices Working Beyond Scope Makes Disciplinary Action Possible

Remember that certification is required of **all** persons operating x-ray machines in physicians' offices in Tennessee except for the following exempt individuals:

- ✓ Licensed medical doctors
- ✓ Medical interns, residents and clinical fellows
- ✓ Students engaged in clinical practice while enrolled in a Board approved radiological education course required to receive radiological certification
- ✓ Graduates of a Board approved radiological education course who are awaiting examination but only for a period not to exceed six months from the date that the course was completed.
- ✓ Students and graduates must at all times practice under supervision.

Each person certified by the Board must practice **only** in the certified specialty areas contained on the certificate as issued or upgraded and only for the types of radiographs specified in these rules. Practicing radiography beyond the scope of certification is grounds for decertification. Certificates issued by the Board are subject to being disciplined for the same causes, to the same extent and pursuant to the same procedures as issued medical licenses.

No x-ray procedures may be performed by any person holding a certificate without:

- ✓ An order from a licensed physician or an osteopathic physician; and
- ✓ Close supervision, responsibility and control over the services provided by a licensed physician or osteopathic physician.

When the public calls to complain about x-ray operators possibly working beyond the scope of their licenses, they are transferred to the Office of Investigations, or directed

to the Board's website to obtain a complaint form. When the Office of Investigations receives a written complaint against a practitioner, the complaint is acknowledged, in writing by its director, and then processed for review and investigation.

Remember, it is the physician's responsibility to insure that x-ray operators in their offices are properly certified by the Board.

**CHANGES OF ADDRESS must be reported (in writing or by web) to the Board's Office within 30 days!**

- Your name and license number;
- Your profession;
- Your old address and phone number;
- Your new address and phone number, e-mail address, and/or your fax number; and
- Your SIGNATURE!

**Board's Fax Number: 615-253-4484 or on the Board's Website at [tennessee.gov/health](http://tennessee.gov/health).**

#### 2003 BOARD MEETING DATES

May 20-21  
July 22-23  
September 16-17  
November 18-19

#### 2004 BOARD MEETING DATES

January 20-21  
March 16-17  
May 18-19  
July 20-21  
September 21-22  
November 16-17

All board meetings begin at 8:30 a.m., Central Time. Board meetings are held at the Board's office and are open to the public. Dates are subject to change, but are listed on the Board's website. [In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.]

#### REFERENCE NUMBERS FOR THE BOARD

Phone Number: 1-888-310-4650, ext. 24384  
Fax Number: 615-253-4484

Hours of Operation: 8:00 a.m. to 4:30 p.m., Central Time

## Disciplinary Action January through December 2002

**Barker, George, M.D.**, 2939, 3/4/02 – Action taken in another state (1996 and 1998 actions in Mississippi for chemical dependency); unprofessional conduct, dishonorable or unethical conduct. Suspension removed; probation for additional two years, establish and maintain TMF contract; quarterly progress reports to Board.

**Blanton, Donald**, 17122, 9/19/02 – Unprofessional, dishonorable or unethical conduct. License revoked one year with revocation stayed on condition of compliance with settlement agreement.

**Campa, John III, M.D.**, 21604, 2/1/02 – Felony conviction for fraud. Default order – License revoked; may not reapply for licensure until criminal sentence concluded and released from custody; must appear before the Board to reapply for reinstatement and complete 40 hours of continuing medical education within 12 months of appearance before the Board.

**Campa, John III, M.D.**, 21604, 10/1/02 – Order modification petition denied.

**Campbell, Otis, M.D.**, 18561, 10/10/02 – Violation of previous board order. 1) Assessed 12 Type A Civil Penalties at \$1,000 each to total \$12,000 of which 11 to be waived upon completion of specific 12 hours CME; 2) Type A Civil Penalty at \$1,000; 3) License on Probation; 4) Type A Civil Penalty at \$1,000; 5) Pay costs of action; 6) Must re-appear before Board to have probation lifted.

**Clark, Freeman, M.D.**, 18377, 9/18/02 – Unprofessional, dishonorable or unethical conduct; conviction of a felony; inappropriate prescribing. License revoked; assessed civil penalties totaling \$133,000; assessed costs.

**Daniel, William D, M.D.**, 16535, - Action in another state. Unprofessional conduct and violation of an order of the West Virginia Board to attend the CPEP. License revoked; \$1,000 in civil penalties.

**Deonarine, Denis, M.D.**, 26664, 7/23/02 – Action in another state. License suspended until final resolution of disciplinary matter pending before Florida Board and further order of Tennessee Board. Surrender DEA permit.

**Dixon, Gardner, M.D.**, 3889, 1/23/02 – Prescribing to individuals without performing physical examinations, making diagnoses, and formulating and discussing therapeutic plans. Probation for six months; complete 2-day prescribing course within six months; complete 50 hours of continuing medical education courses in the area of family medicine within 12 months; appear before the Board and submit proof of completion of prescribing course prior to requesting lifting of probation.

**Gaines, Oscar, M.D.**, 18849, 10/10/02 – Action in another state. Order – 1) Tennessee Medical License on probation for three years; 2) Pay costs of action; 3) Must re-appear before Board to have probation lifted.

**Gebrow, Martin, M.D.**, 13356, 12/13/02 – Unprofessional, dishonorable or unethical conduct. License revoked with a stay of the revocation pending successful completion of

probation conditioned upon continued TMF advocacy for serious sexual boundaries issues.

**Gipson, Bruce M., M.D.**, 12780, 3/19/02 – *Failure to comply with previous Board order.* License revoked. Also listed on the Office of Inspector General's list of excluded individuals/entities.

**Guido, James, M.D.**, 24537, 1/22/02 – *Felony conviction for obtaining a controlled substance by false name; habitual intoxication or personal misuse of any drugs adversely affecting ability to practice; prescribing practices; unsafe practice; disciplinary action in another state.* Default order – License revoked.

**Jain, Arun K., M.D.**, 14142, 7/23/02 – Probation removed on inactive TN license. Conditions of renewal: TMF advocacy and evaluation; report from TMF; appearance before Board, in its discretion.

**Johnson, Welbourne D., M.D.**, 16735, 9/18/02 – *Summary suspension, unprofessional, dishonorable or unethical conduct; inappropriate prescribing; inappropriate sexual contact with a patient.*

**Josovitz, Mark, M.D.**, 18433, 3/28/02 – *Order modification.* Probation lifted.

**Koulis, Christ, M.D.**, 29368, 5/2/02 – *Unprofessional, dishonorable, or unethical conduct, practicing without a valid license, habitual intoxication or personal misuse of drugs, illegal prescribing, engaging in the practice of medicine when mentally or physically unable to do so.* License summarily suspended.

**Knight, C. Dewayne, M.D.**, 10104, 9/23/02 – Order modification – granted restricted license to practice medicine as a staff member of Lee College, Cleveland, TN; cannot apply for DEA application; must appear before Board prior to expanding practice.

**Mauricio, Roberto, M.D.**, 7826, 11/12/02 – Probation and suspension lifted; unrestricted license to practice.

**Maynard, O. Jerry, M.D.**, 6220, 7/16/02 – Unprofessional conduct; Pattern and practice of gross malpractice; inappropriate prescribing and overprescribing. License suspended for a minimum 3-year period; Must complete 50 hours of CME in family medicine courses during each year of suspension and provide certificate of completion; Must attend prescribing course and medical record-keeping course; Assessed civil penalties in the amount of \$25,000 and assessed court costs.

**McDonald, Thomas C., M.D.**, 23828, 1/22/02 – *Unprofessional conduct, dishonorable, or unethical conduct, violation of previous Board order by failing to maintain TMF advocacy.* Probation for five years; maintain lifetime advocacy of the Tennessee Medical Foundation (TMF); civil penalty in the sum of \$1,000.

**McMurry, John, M.D.**, 19985, 5/21/02 – *Disciplinary action in another state (West Virginia).* License placed on probation for two years, TMF advocacy for four years with progress reports

to the Board, personally appear before the Board in January, 2003, provide copy of agreed order to all health care providers and medical facilities where he is or will be practicing.

**Miller, James, M.D.**, 7261, 3/20/02 – *Unprofessional, dishonorable or unethical conduct by signing his name on a blank prescription pad, providing son office space to operate weight loss clinic, proceeding with medical care without a proper history/physical, and by failing to appropriately monitor the activities of his practice.* Probation for two years; \$1,500 civil penalty; complete prescribing course.

**Montejo, Pedro, M.D.**, 22466, 3/20/02 – *Violation of previous Board order by failure to pass SPEX examination.* Restrict future practice to reflect its present status, continue with proctor who shall submit quarterly reports, complete 40 category 1 continuing medical education units annually; prohibited from renewing license after present licensure cycle and will retire no later than January, 2004; probation terminated and requirement to pass SPEX examination lifted.

**Murray, William, M.D.**, 3681, 2/11/02 – *Disciplinary action in another state; making false statements or representations; being guilty of fraud or deceit in obtaining admission to practice or in the practice of medicine.* License suspended until reinstatement of licenses in Nevada and Virginia.

**Rich, Joseph, M.D.**, 26657, 5/21/02 – *Violation of previous Board order.* Maintain TMF advocacy until expiration of contract in December 2006 with progress reports to the Board. Personally appear before the Board annually.

**Rich, Joseph, M.D.**, 26657, Amended agreed order 9/17/02 – probation of two years terminated; continue weekly psychotherapy sessions as long as under TMF advocacy.

**Slay, Jerry L., M.D.**, 12549, 10/1/02 – Request to have Agreed Order modified granted; suspension lifted; shall not re-apply for DEA certificate at any time; maintain lifetime contract with TMF.

**Strain, Stephen, M.D.**, 34878, 7/23/02 – Unprofessional, dishonorable or unethical conduct. License to practice medicine in Tennessee is revoked.

**White, Douglas, M.D.**, 16651, 7/10/02 - *Voluntarily surrendered his license against which disciplinary action was pending.* Also listed on the Office of Inspector General's list of excluded individuals/entities.

**Witt, Terry, M.D.**, 9215, 9/18/02 – Order modification – probation lifted.

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Tennessee Board of Medical Examiners  
First Floor, Cordell Hull Building  
425 Fifth Avenue North  
Nashville, TN 37247-1010



## Tennessee Board of Medical Examiners Board Members

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