



State of California - Department of Consumer Affairs

No. 41, October 1990

President's Column

J. Alfred Rider, M.D., President



I was very gratified at the numbers of letters and phone calls of support for my editorial in the June issue of the ACTION REPORT. It encourages me to proceed with this third report of the first year of the "new" Medical Board of California. I would like to recapitulate some of the duties of the Board, to summarize some of the Board's accomplishments of the past year, and to make some suggestions for the future.

From time to time it is important to re-examine the purpose of the Medical Board of California. It is as follows:

The boards, bureaus, and commissions in the Department [of Consumer Affairs] are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety and welfare are adequately regulated in order to protect the people of California.

The nineteen member Board comprises three divisions. 1. The Division of Licensing is responsible for licensing, including setting standards for undergraduate and graduate medical education and training required for licensure. 2. The Division of Medical Quality is responsible for enforcing the disciplinary and criminal provisions of the Medical Practice Act: investigating complaints of violations,

charging those who appear to have violated the law, conducting administrative hearings, and revoking, suspending or imposing probation or other penalties on those found guilty.

3. The Division of Allied Health Professions oversees the regulation by examining committees of nine health occupations, and directly regulates five others. These include Acupuncturists, Audiologists, Hearing Aid Dispensers, Physical Therapists, Physician Assistants, Podiatrists, Psychologists, Respiratory Care Practitioners and Speech Pathologists (committees), and Contact Lens Dispensers, Medical Assistants, Registered Dispensing Optician companies, Research Psychoanalysts and Spectacle Lens Dispensers (Division). The Division has a variety of responsibilities for these occupations, and also acts as liaison with other healing arts boards and agencies.

In addition, there are fourteen Medical Quality Review Committees within the State, consisting of a total of 214 members. These committees assist the Board in investigative and disciplinary matters on a local level.

STAFFING AND DISCIPLINE

During the past year, the Board members and staff have consumed a considerable -- if not inordinate -- amount of time gaining control agency and Legislative approval to increase the staff of the Enforcement Program. The Board president, Executive and Legislative Committees have worked hard on developing the budget, and obtaining the new personnel, including investigators. Furthermore, Board members have spent many days on legislative matters, giving advice, recommending amendments to bills, and recommending new legislation to enhance the overall function of the Board, to improve its efficiency, especially in the disciplinary arena.

Each year hundreds of bills are introduced in the Legislature which directly or indirectly affect consumers, physicians and allied health occupations (all of whom, of course, also are consumers). Much of this proposed legislation is good, and we actively support it. We

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HOTLINE FOR CONSUMER COMPLAINTS

Early in March, the Board started up its new consumer complaint hotline. By calling the "800" number anywhere in the state, consumers can reach the nearest Board regional office.

**1 - 800 - MED - BD - CA
or 1 - 800 - 633-2322**

This number is for complaints only. Calls will not be transferred to other parts of the Board or other Board offices.

The hotline is the result of a study ordered by the Legislature last year on how the Board could improve consumer telephone access to the Board.

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DISCIPLINARY ACTIONS

February 1, 1990 through June 30, 1990

PHYSICIAN AND SURGEON DISCIPLINE

ACOSTA, Stephen C., M.D. (G-35690) - Redondo Beach, CA
2234(b) B&P Code

Gross negligence for emergency room physician to fail to admit unstable patient, 67, with internal bleeding, but instead referred patient to a county facility. His concern for costs to the family interfered with his medical judgment. Revoked, stayed, 1 year probation on terms and conditions. June 7, 1990

AKHTAR, Muhammed S., M.D. (A-41586) - Beaumont, CA

2234(d) B&P Code

Stipulated Decision. Incompetence in the care and management of four pediatric patients. Revoked, stayed, 5 years probation on terms and conditions. May 10, 1990

BAIN, Martin F., M.D. (C-19291) - Torrance, CA

822, 2236, 2239, 2242 B&P Code

Stipulated Decision. Criminal conviction for driving under the influence of a drug and illegal possession of a hypodermic syringe. Impairment through drug use, prescribing drugs without prior exam and medical indication.

Revoked. June 14, 1990

BEALS, Norman K., M.D. (G-006248) - El Toro, CA

1234 (b),(c),(d),(e), 725, 17500, 2238 B&P Code; 11210 H&S Code

Stipulated Decision. Related to his practice for hormone replacement therapy ("HRT - Women's Health Care Center"), false advertisement, misleading statements, gross negligence, repeated negligent acts, excessive hormone injections, prescribing and treating without medical indication, and violating drug statutes.

Revoked. March 21, 1990

BUCKNER, Franklin C., M.D. (G-18206) - Palo Alto, CA

2234(c), 2236 B&P Code

Federal conviction for mail fraud--false billing to insurance company through the mail. One year suspension, stayed, 5 years probation on terms and conditions. March 18, 1990

CARSTENSEN, Harold G., M.D. (C-17546) - Harlingen, TX

2305 B&P Code

Disciplined by Texas Board for provocative touching of female patient.

Revoked by California. No appearance by respondent. May 25, 1990

CASTILLO, Reuben, M.D. (C-41190) - Pomona, CA

2234 (d) B&P Code

Stipulated Decision. Incompetence in diagnosing infection of female reproductive tract; injecting ACTH plus lidocaine for bursitis of shoulder without examination. Neither admits nor denies charge of sexual misconduct with patient.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days actual suspension. June 6, 1990

CLARK, Thomas W., M.D. (A-29519) - Santa Monica, CA

2234 B&P Code

Violated probation of prior discipline. False statements in application for malpractice insurance, conviction for attempted theft.

Revoked. June 21, 1990

COVERDALE, Edward N., M.D. (A-28924) - Crestview, FL

2234(b),(c),(e), 2242 B&P Code

Stipulated Decision. Prescribing valium to patients without prior examination and medical indication, constituting gross negligence and repeated negligent acts. Also, wrote false entries to justify prescriptions.

Revoked. April 2, 1990

CRAIG, Newton R., M.D. (A-13170) - Red Bluff, CA

2264, 2242, 2234(b),(c),(d), 2272 B&P Code

Aided and abetted old friend in unlicensed practice by furnishing syringes and needles to inject patient with medication resulting in infection and abscess. Allowed same friend to advertise and sell through respondent's office an unapproved drug for constipation ("Digestin"). Gross negligence, incompetence, improper prescribing, false advertising.

Revoked, stayed, 5 years probations on terms and conditions, including 60 days suspension. May 17, 1990

DALRYMPLE, Ann, M.D. (G-52730) - Pensacola, FL

Failed to comply with Board order compelling

Copies of complete disciplinary Decisions and Accusations (Statements of Charges) may be ordered by writing to:

MBC Enforcement
1426 Howe Avenue
Sacramento, CA 95825-3236

For quick, orderly processing, please send your request by letter and enclose a check based on \$2.00 for each copy of a decision or an accusation. Give complete name and license number of doctor, as listed here. PLEASE, NO TELEPHONE REQUESTS.

psychiatric exam.

Revoked. Default. May 3, 1990

DANNIS, Harvey L., M.D. (C-37548) - Santa Ana, CA

2236, 2234(e), 2261 B&P Code

Federal conviction for theft and false billings for services claimed but not performed under a federal Workers Compensation Program.

Revoked, stayed, 10 years probation on terms and conditions, including 90 days suspension. February 21, 1990

DAZO, Alfredo S., M.D. (C-38642) - Roseville, CA

2236 B&P Code

Conviction on his plea of no contest to a misdemeanor charge of battery upon a patient. Revoked, stayed, 2 years probation on terms and conditions. March 18, 1990

FORSTER, Archibald F., M.D. (C-16115) - Long Beach, CA

2234(b),(d) B&P Code

Gross negligence and incompetence in administering spinal anesthesia prematurely without medical indication, thus causing loss of the ability to voluntarily expel the fetus--in four delivery cases, resulting in injury at birth. Revoked. March 18, 1990

FOX, Jerry Curtis, M.D. (A-24108) - Bakersfield, CA

3527(d), 2234(d), 2293(c) B&P Code

Failed two professional competency exams in his specialty. Incompetence.

Revoked, stayed, 5 years probation on terms and conditions.

July 7, 1989 Judicial review recently completed.

GAAL, Stephen A., M.D. (A-19322) - Stockton, CA

Alcoholism. Was intoxicated when he responded to on-call at emergency room to treat a patient.

Revoked, stayed, 5 years probation on terms and conditions. April 12, 1990

Continued next page

DISCIPLINARY ACTIONS, Cont.

GALLOWAY, William F., III, M.D. (C-33126) - Watsonville, CA
725, 2234(b),(c),(d),(e), 2242, 2238, 2239 B&P Code

Conviction for issuing illegal prescription. Gross negligence and incompetence in furnishing controlled substances to his wife in repeated and clearly excessive amounts consistent with addiction, and without prior exam and medical indication, and failing to maintain medical records. Under the influence of a drug and impaired while on duty as a contract physician for the County jail. Revoked. March 25, 1990

HARRIS, Leonard L., M.D. (A-21558) - Los Angeles, CA

2234(c) B&P Code

Stipulated decision. Repeated negligent acts in prescribing drugs on several occasions without clear medical indication. Recently acquitted in a companion criminal case. Five years probation on terms and conditions. May 7, 1990

JORDAN, Wilbert C., M.D. (A-30817) - Los Angeles, CA

490, 2236, 2234(e) B&P Code

Stipulated Decision. Federal conviction for filing false Medi-Care claim.

Revoked, stayed, 5 years probation on terms and conditions. May 1, 1990

JUNE, Kelly A., M.D. (G-43574) - San Bernardino, CA

822, 2239, 2240, 2236 B&P Code

Stipulated Decision. Ability to practice safely impaired by self-abuse of alcohol. Conviction for petty theft of videotape.

Revoked, stayed, 5 years probation on terms and conditions. April 12, 1990

KARALIS, George D., M.D. (A-24412) - San Francisco, CA

2236 B&P Code

Stipulated Decision. Conviction for false Medi-Cal claims.

Revoked, stayed, 5 years probation on terms and conditions, including 30 days suspension. June 9, 1990

KOWAN, Joel M., M.D. (A-28021) - Los Angeles, CA

725, 2234(c), 2238 B&P Code; 11153 H&S Code

Stipulated Decision. Excessive prescribing of codeine with Tylenol and other controlled drugs without legitimate medical purposes, constituting repeated negligent acts.

Revoked, stayed, 5 years probation on terms and conditions, including 90 days suspension. May 3, 1990

LIFSON, Robert I., M.D. (G-45355) - Fresno, CA

726, 2234(c) B&P Code

Stipulated Decision. Sexual misconduct with two female patients; repeated negligent acts. Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension. June 6, 1990

LY, Bang Quoc, M.D. (A-38841) - Hawthorne, CA

490, 2236 B&P Code

Federal conviction for filing false Medicaid claims.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension. May 31, 1990

MANN, Morris A., M.D. (A-033644) - Redwood City, CA

2242, 2261, 2234(b),(d), 2238 B&P Code

Self administration of drugs; fraudulent obtaining of drugs, gross negligence and incompetence in treatment of patients; violation of probation of prior discipline.

Revoked. March 21, 1985 Judicial review recently completed.

MARGULIS, Silvio B., M.D. (A-21221) - San Francisco, CA

725, 810 2261, 2262 B&P Code

Engaged in "house call" scheme to defraud insurance companies through false claims and unsolicited, excessive and unnecessary home visits for trivial illnesses of children, routinely diagnosed falsely with a variation of "acute rhyno pharyngo tracheo spasmodic bronchitis".

Revoked. January 23, 1987 Judicial review recently completed.

MEHTA, Arun M. M.D. (A-31201) - Hayward, CA

Stipulated Decision. Gross negligence in failing to seek timely consultation in connection with post-operative complications of total knee replacement surgery.

Revoked, stayed, 5 years probation on terms and conditions. April 26, 1990

MILLER, Stanley, M.D. (G-17587) - E. Setauket, NY

D.O.B. 1-17-40

2305 B&P Code

Stipulated Decision. Disciplined by New York Board for unlawful dispensing of Schedule II controlled substance for weight control, and failing to maintain drug records.

California: Public reprimand, plus terms and conditions if he should return to California to practice. April 5, 1990

SCULL, Alvis Joe, M.D. (C-13184) - Santa Barbara, CA

726, 490 2236 B&P Code

Stipulated Decision. Criminal conviction of lewd acts on minor patient. Sentenced to State Prison.

Revoked. April 25, 1990

TAIT, Arnold C., M.D. (G-5191) - Sunnyside, WA

2305 B&P Code

Stipulated Decision. In Washington State, summary suspension followed by surrender of Washington license in lieu of revocation, in connection with Federal indictment for distribution of a controlled substance.

California: Revoked. April 19, 1990

TRUNNEL, Thomas L., M.D. (G-9921) - San Diego, CA

822, 2234, 2239, 2234(e), 2240 B&P Code

Safe practice impaired by alcoholism. Intoxicated while attending patients. Conviction for drunk driving. Dishonesty in continuing practice in violation of preliminary injunction by court.

Revoked. June 22, 1990

UDANI, Mahendra C., M.D. (A-35632) - Redondo Beach, CA

726, 2234(b) B&P Code

Stipulated Decision. Sexual misconduct with female patient. Gross negligence.

Revoked, stayed, 7 years probation on terms and conditions. April 30, 1990

VARAKIAN, Lusik S., M.D. (A-39856) - Los Angeles, CA

2234(d) B&P Code

Stipulated Decision. Incompetence in failing to properly evaluate, diagnose and treat a breast mass on a female patient.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension. June 4, 1990

VIANO, Everett B., M.D. (G-4492) - Santa Clara, CA

2234(b),(c),(d) B&P Code

Stipulated Decision. Gross negligence, incompetence and repeated negligent acts in the manner of examining and treating three male patients.

Revoked, stayed, 5 years probation on terms and conditions. May 10, 1990.

VO, Thoi Thanh, M.D. (A-39943) - San Jose, CA

2236, 2237 B&P Code

Conviction for Medi-Cal fraud.

Revoked. No appearance by respondent. May 17, 1990

WOLNEY, Robert M., M.D. (G-50294) - Lake Isabella, CA

Stipulated Decision. Gross negligence,

incompetence, and repeated negligent acts in mismanaging cardiac cases.

Revoked, stayed, 5 years probation on terms and conditions. April 18, 1990

VOLUNTARY SURRENDER ACCEPTED WHILE CHARGES PENDING

PHYSICIAN & SURGEON

BEREZOSKI, Robert N., M.D. (C-37375) - Dayton, OH
May 21, 1990

BEVERLY, Clarence E., M.D. (C-24110) - Pasadena, MD
May 21, 1990

BLUM, Jack, M.D. (C-28144) - Fair Oaks, CA
June 22, 1990

GOLEY, Donald, M.D. (C-26984) - Port Hueneme, CA
June 1, 1990

HERRERA, Jose, M.D. (A-16278) - Sacramento, CA
May 7, 1990

LEVIN, Joel M., M.D. (C-20638) - Chicago, IL
March 27, 1990

NYSTROM, Karl L., M.D. (G-12878) - Pasadena, CA
June 29, 1990

SPITZER, Henry, M.D. (C-10306) - Palm Springs, CA
May 15, 1990

WELLINGTON, Charles J., M.D. (C-17427) - Washington D.C.
March 20, 1990

WILLIE, Jose Alfonso, M.D. (A-16665) - Los Angeles, CA
April 25, 1990

YOUNG, Paul H., M.D. (G-50294) - St. Louis, MO
February 15, 1990

PODIATRISTS

ELARIO, Maurice, D.P.M. (E-1621) - Hanford, CA
March 26, 1990

PSYCHOLOGISTS

FAIRWEATHER, Paul D., PH.D. (PU-1461) - Laguna Niguel, CA
April 11, 1990

ACUPUNCTURISTS

CHOI, Dong H., A.C. (AC-2423) - Los Angeles, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain acupuncture license without legitimately passing the exam. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 19, 1990

HA, Myung H., A.C. (AC-3033) - Garden Grove, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain acupuncture license without passing the exam honestly. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 19, 1990

JOO, Sang Y., A.C. (AC-2895) - Garden Grove, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain acupuncture license without passing the exam honestly. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 18, 1990

KANG, Myong H., A.C. (AC-2187) - Los Angeles, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain acupuncture license without passing the exam honestly. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 18, 1990

KIM, Un S., A.C. (AC-2905) - Los Angeles, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain license without passing the exam honestly. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 18, 1990

KIM, Young S., A.C. (AC-2744) - Los Angeles, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain license without passing the exam honestly.

An important brochure you should read and keep -> -> ->

The centerfold of this issue of Action Report includes a brochure on the use of blood and blood products.. It is printed so it can be reproduced on standard legal size paper on an office copier. You should retain this publication for future reference and use.

Pages 7 and 8 contain the blood transfusion brochure required by last year's SB 37, authored by Senator John Doolittle. Under this law, you are required to give a copy of this brochure to every patient who is considering surgery.

If you wish to order the brochure in bulk, rather than photocopying it yourself, it is available through the State Office of Procurement in bundles of 25 copies. See the back of the brochure for ordering information.

Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 19, 1990

LEE, Soo Il, A.C. (AC-2913) - Anaheim, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain license without passing the exam honestly. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 19, 1990

MYUNG, Il Boo, A.C. (AC-2932) - Cypress, CA
490, 4955(d), 4956 B&P Code
Stipulated Decision. Conviction of misdemeanor bribery to obtain license without passing the exam honestly. Revoked, stayed, 5 years probation on terms and conditions, including passage of the exam. April 18, 1990

IF YOU NEED BLOOD . . .

A Patient's Guide to Blood Transfusions

Many surgeries do not require blood transfusions. However, if you need blood, you have several options. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences. Please carefully review the information on the reverse of this brochure and decide with your doctor which option(s) you prefer.

PLEASE NOTE: Your options may be limited by time and health factors, so it is important to begin carrying out your decision as soon as possible.

- > ASK YOUR PHYSICIAN ABOUT NEW DEVELOPMENTS IN TRANSFUSION MEDICINE.
- > CHECK WITH YOUR INSURANCE COMPANY FOR THEIR REIMBURSEMENT POLICY.

**The Safest Blood is Your Own.
Use It Whenever Possible**

This brochure was developed by
California Department of Health Services
714/744 P Street
Sacramento, CA 95814
Kenneth W. Kizer, M.D., M.P.H., Director

This brochure is distributed by
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1426 Howe Avenue
Sacramento, CA 95825-3236
Kenneth J. Wagstaff, Executive Director

TO ORDER ADDITIONAL COPIES, PLEASE WRITE TO THE FOLLOWING ADDRESS:

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Ask for the publication:
"IF YOU NEED BLOOD, A Patient's Guide to Blood Transfusions".
Available in bundles of 50 copies at \$10.00 per bundle.
[Note: This publication is not copyrighted.
You may duplicate for distribution to your patients.]

The methods of using your own blood can be used independently or together to eliminate or minimize the need for donor blood, as well as virtually eliminate transfusion risks of infection and allergic reaction.

■ AUTOLOGOUS BLOOD - Using Your Own Blood

Option	Explanation	Advantages	Disadvantages
PRE-OPERATIVE DONATION Donating your own blood before surgery	The blood bank draws your blood and stores it until you need it during or after surgery. For elective surgery only.	<ul style="list-style-type: none"> ■ Eliminates or minimizes the need for someone else's blood during and after surgery 	<ul style="list-style-type: none"> ■ Requires advance planning. ■ May delay surgery. ■ Medical conditions may prevent pre-operative donation.
INTRA-OPERATIVE AUTOLOGOUS TRANSFUSION Recycling your blood during surgery	Instead of being discarded, blood lost during surgery is filtered, and put back into your body during surgery. For elective and emergency surgery.	<ul style="list-style-type: none"> ■ Eliminates or minimizes need for someone else's blood during surgery. ■ Large amounts of blood can be recycled. 	<ul style="list-style-type: none"> ■ Not for use if cancer or infection is present.
POST-OPERATIVE AUTOLOGOUS TRANSFUSION Recycling your blood after surgery	Blood lost after surgery is collected, filtered and returned. For elective and emergency surgery.	<ul style="list-style-type: none"> ■ Eliminates or minimizes need for someone else's blood after surgery. 	<ul style="list-style-type: none"> ■ Not for use if cancer or infection is present.
HEMODILUTION Donating your own blood during surgery	Immediately before surgery, some of your blood is taken and replaced with I.V. Fluids. After surgery, your blood is filtered and returned to you. For elective surgery.	<ul style="list-style-type: none"> ■ Eliminates or minimizes need for someone else's blood during and after surgery. ■ Dilutes your blood so you lose less concentrated blood during surgery. 	<ul style="list-style-type: none"> ■ Limited number of units can be drawn. ■ Medical conditions may prevent hemodilution.
APHERESIS Donating your own platelets and plasma	Before surgery, your platelets and plasma, which help stop bleeding, are withdrawn, filtered, and returned to you when you need it. For elective surgery.	<ul style="list-style-type: none"> ■ May eliminate need for donor platelets and plasma, especially in high blood-loss procedures. 	<ul style="list-style-type: none"> ■ Medical conditions may prevent apheresis. ■ Procedure has limited application.

In some cases, you may require more blood than anticipated. If this happens and you receive blood other than your own, there is a possibility of complications such as hepatitis or AIDS.

■ DONOR BLOOD - Using Someone Else's Blood

Donor blood and blood products can never be absolutely 100% safe, even though testing makes the risk very small.

Option	Explanation	Advantages	Disadvantages
VOLUNTEER BLOOD From the community blood supply	Blood and blood products donated by volunteer donors to a community blood bank.	<ul style="list-style-type: none"> ■ Readily available. Can be lifesaving when your own blood is not available. 	<ul style="list-style-type: none"> ■ Risk of disease transmission (such as hepatitis or AIDS) and allergic reactions.
<p>Note: You may wish to check whether donors are paid or volunteer, since blood from commercial (paid) donors may not, in some cases, be as safe as blood from volunteers.</p>			
DESIGNATED DONOR BLOOD From donors you select	Blood and blood donors you select who must meet the same requirements as volunteer donors.	<ul style="list-style-type: none"> ■ You can select people with your own blood type who you feel are safe donors. 	<ul style="list-style-type: none"> ■ Risk of disease transmission (such as hepatitis or AIDS) and allergic reactions. ■ May require several days of advanced donation. ■ Not necessarily as safe, nor safer, than volunteer donor blood.
<p>Note: Care should be taken in selecting donors. Donors should never be pressured into donating. Donations from certain family members may require irradiation of blood.</p>			

HEARING-AID DISPENSERS

LEDFOORD, Denise Y., H.A.D. (HA-2116) - Antioch, CA

3403, 3427.5, B&P Code; 1792.2(b), 1791.1(b) Civil Code

Conviction for petty theft, receiving stolen property, and possession of controlled substance. Fraud in fitting and selling of a hearing aid.

Revoked. Default. March 10, 1990

PHYSICIAN ASSISTANTS

ALDAPE, Xochilt J., P.A. (PA-12142) - Santa Rosa, CA

2234(b),(d),(f) B&P Code

Stipulated Decision. Gross negligence and incompetence in administering a mistaken dosage of lidocaine resulting in death.

Revoked, stayed, 2 years probation on terms and conditions. May 2, 1990

PODIATRISTS

LISNEK, Leslie E., D.P.M. (E-831) - Arcadia, CA

2234 (b) B&P Code

Stipulated Decision. Gross negligence and excessive use of diagnostic procedures with numerous podiatric patients.

Revoked, stayed, 5 years probation on terms and conditions, including 6 months suspension. March 23, 1990

Revoked for not complying with probation. June 6, 1990

PSYCHOLOGISTS

BRADFORD, Judith G. PH.D. (PSY-1866) - Eureka, CA

2960(j) B&P Code

Stipulated Decision. Gross negligence in placing a female patient with an amorous male therapist, and failing to protect the patient from sexual abuse.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension. June 25, 1990

SMITH, Wilburn E., PH.D. (PSY-1015) - Sun City, CA

2960(a) B&P Code

Stipulated Decision. Conviction for Medical fraud.

Revoked, stayed, 5 years probation on terms and conditions. June 7, 1990

SORRELLS, James M., PH.D. (PSY-3110) - Guerneville, CA

726, 2960(b),(i),(j),(n) B&P Code

Stipulated Decision. Sexual misconduct with a minor patient, and sharing alcohol and

marijuana.

Revoked. February 1, 1990

RESPIRATORY CARE PRACTITIONERS

ANDERSON, Billy R., R.C.P. (RC-7651) - Lomita, CA

3750(d),(j) B&P Code

Conviction for receiving stolen property, grand theft, and petty theft. April 15, 1990

DAVENPORT, Kerry D., R.C.P. (RCP-404) - San Diego, CA

490, 3750(d) B&P Code; 11359, 11357(c) H&S Code.

Conviction of possession of marijuana for sale and possession of more than 28.5 grams of marijuana.

Revoked, stayed, 5 years probation on terms and conditions, including 6 months suspension. April 15, 1990

GUZMAN, Elena A., R.C.P. (RC-3491) - Long Beach, CA

475, 3750 B&P Code

Stipulated Decision. Procured license through false application concealing conviction for petty theft.

Revoked, stayed, 3 years probation on terms and conditions. May 8, 1990

PERRY, Susan Gay, R.C.P. (RCP-6792) - Fremont, CA

3750(d), 3752.5 B&P Code

Stipulated Decision. Conviction for felony child endangerment. Tried to kill self and 5 year old child with car exhaust fumes.

Revoked, stayed, 5 years probation on terms and conditions. June 1, 1990

SILVAS, Jack L., R.C.P. (RCP-4324) - Santa Monica, CA

475(a),(i), 475(b), 490, 3750(b),(d) B&P Code

Stipulated Decision. Procured license through false application concealing several criminal convictions.

Revoked, stayed, 3 years probation on terms and conditions.

February 21, 1990

STOCKFORD, Julie Ann, R.C.P. (RC-6429) - Vallejo, CA

3750(h), 3755 B&P Code

Gross negligence in turning off the ventilator circuit alarm of patients, resulting in one death.

Revoked. Default. March 12, 1990

STONER, Adrian P., R.C.P. (RCP-11045) - Oakland, CA

3750.5(a),(c), 3750(j) B&P Code

Conviction for possession of cocaine; self use of cocaine; auto burglary and possession of stolen property; sale of substance to undercover agent.

Revoked. Default. March 12, 1990

TIERNEY, Thomas C., R.C.P. (RCP-1773) - Daly City, CA

726, 3750(j),(f) B&P Code

Sexual compulsive misconduct with patients constituting gross negligence.

Revoked. April 13, 1990

TREJOS, Cesar A., R.C.P. (RC-11493) - San Francisco, CA

3750(d), 3752, 3755 B&P Code

Conviction of immoral conduct in the presence of a child.

Revoked. Default. February 19, 1990

TUCKER, Michael A., R.C.P. (RCP-3944) - Pasadena, CA

490, 457(a),(l), 3750(d) B&P Code

Procured license with false application concealing conviction for being drunk in public. After licensed, conviction for battery.

Revoked, stayed, 3 years probation on terms and conditions. April 13, 1990

YOUNGER, Michael Lamont, R.C.P. (RCP-9483) - Fairfield, CA

490, 3750(d),(j) B&P Code

Conviction of forgery. Conviction for grand theft. Commission of dishonest acts; not yet recovered from rock cocaine addiction.

Revoked. June 13, 1990

STATEMENTS OF ISSUES DECISIONS

(Decisions affecting applicants for licensure following their requests for a hearing before an impartial Administrative Law Judge to review an agency's refusal to grant a license.)

RESPIRATORY CARE PRACTITIONERS

FIELDS, Mitchell D. (N/L) - San Bernardino, CA

False application in failing to disclose burglary conviction.

Applicant requested hearing, failed to show. License denied.

Default. May 2, 1990

WHITE, Dusty J., (N/L) - Oceanside, CA

Failed to appear at hearing on statement of issues.

License denied.

Default. February 8, 1990

AIDS-Risk Assessment Must Become Part of Every Physician/Patient Relationship

What does it take to convince physicians of the need to assess the risk their patients face of exposure to AIDS? On May 11, 1990, the California Medical Association (CMA) hosted an invitational conference of more than 100 medical leaders for the sole purpose of identifying strategies to assist physicians in discussing HIV risk with their patients.

The consensus of the conference was the need to develop a self-contained continuing medical education program focussing on the CMA video "Let's Talk About AIDS Risk". Such a program would be likely to convince physicians to perform HIV risk assessment with every patient, according to the conference participants.

In response, CMA recently announced its Department of Physician Education has developed an unusual Category I CME program which is available to physicians at no charge. (See side bar.) The program emphasizes the continued importance of taking sexual, drug and transfusion histories from all patients to identify those who are potentially at risk for HIV.

The CMA conference also cited two objectives:

- > To increase the number of primary care physicians who routinely perform HIV-risk assessment from the current level of approximately 6% to 50% by 1992.
- > To have 75% of Californians assessed for HIV risk by 1995. At the time of the conference, less than 15% had been assessed.

AWARD-WINNING VIDEO PREMIERES

The conference featured a video presentation of four case scenarios showing that the major barriers preventing routine HIV-risk assessment are easily dispelled. For example, the scenarios demonstrate that a sexual and drug history can be taken quickly, and that a brief explanation for the questions often eliminates embarrassment.

The video also demonstrates key questions helpful in eliciting the information necessary to determine a patient's risk for HIV, while showing physicians that they have several options for handling their patients' responses. The "Let's Talk" video was well-received at the conference, and was recently a finalist in this year's John Muir Medical Film Festival.

MD RELUCTANCE DISCUSSED

The morning session of the CMA conference addressed - and dispelled - many negative issues surrounding HIV-risk assessment. Speakers

acknowledged that physicians, although knowledgeable about taking a sexual and drug history, have been reluctant to initiate discussion about HIV-risk behaviors with their patients.

According to a California Department of Health Services telephone survey in late 1987, 79% of Californians had seen a physician in the previous year, yet only 6% had had any discussion about AIDS risk. Other studies demonstrate that patients desire AIDS information during their medical visits, but only receive it approximately 4% of the time.

HIV Risk Assessment: Methods and Guidelines, is a continuing medical education program designed for groups of at least five physicians, with one physician serving as a facilitator. To make arrangements for the program, including needs assessment and evaluation, potential facilitators should contact Teri Stoeber in CMA's Department of Physician Education at (415) 882-5186.

The CME program contains the award-winning video "LET'S TALK", a facilitator's program guide, resources for HIV testing, counseling and other patient services, HIV Risk Assessment Guidelines, a review of the California confidentiality laws as they apply to patient records, and background reference articles. This program qualifies for one hour of Category I CME credit.

Speakers pointed out that many physicians feel uncomfortable, or assume their patients feel uncomfortable, discussing information that is very personal, or behaviors such as drug use which may be illegal. In addition, many physicians view the process of determining risk and counseling as time-consuming and unlikely to be eligible for reimbursement. This probably is most true for specialists who do not normally perform routine risk assessments as part of their workup of new patients.

IMPORTANCE OF RISK ASSESSMENT EMPHASIZED

Conference speakers emphasized reasons why physicians should regularly include sexual and drug information in their patients' histories. Early diagnosis and prophylaxis with AZT depends on identifying those who are HIV-positive before they become ill. Counseling patients at high risk will help to prevent them from becoming infected or infecting others. An equally important role for physicians is providing adequate advice and reassurance for patients who are not at risk for HIV, but are simply alarmed at the possibility of becoming infected.

DISCUSSION GROUPS DISTILL STRATEGIES

Working in small groups, the conference participants contributed over a hundred ideas for assisting physicians in carrying forward conference objectives. The resulting action plan produced three focal strategies:

- > Identifying those at risk for HIV infection is of utmost importance and is necessary to control the epidemic.
- > Conference participants agreed to promote these ideas among their respective organizations' members.
- > HIV disease will have an impact on every primary care physician, and extraordinary measures are needed to address this problem adequately.

Mark Madsen, M.P.H. is Director of CMA's Department of Physician Education; Marshall Kubota, M.D., is Chairman of CMA's Task Force on AIDS.

Medical Board Meetings are open to the public.

If you would like to know when the Board will be meeting in your part of the state, call our office at (916) 920-6393.

The next meeting of the Board is November 15-16, in Sacramento.

Protocols and Other Requirements for the use of Investigational or Experimental Medical Devices

Medical devices intended for use on humans must be approved by the Food and Drug Branch of the Department of Health Services before they are made available for general use by health practitioners.

Physicians, osteopaths, podiatrists, acupuncturists and other health practitioners should be aware of the legal limitations and protocols on use of any medical device which is represented as "investigational" or "experimental". If you are contemplating purchasing a medical device, and are not sure if it is approved, you should contact the Department of Health Services.

A current example of an investigational device is the "electroacupuncture diagnostic instrument" which also is known as a "biofunctional analysis instrument". This device allegedly measures body point resistance at various acupuncture points. The measurements then are used as a basis for diagnosis, and may serve as a basis for determining which homeopathic drug preparations are best suited for a patient.

These and other unapproved medical devices often are promoted to licensed practitioners as being safe and effective. Under California law (the California Sherman Food, Drug, and Cosmetic Act [Division 22, Health and Safety Code, Sections 26000 et seq.]) these instruments are considered "new devices", since their safety and effectiveness have not been established in controlled studies. It is unlawful for any person to use a "new device" unless he or she has been granted an exemption to conduct a clinical investigation to evaluate the device's safety and effectiveness.

In order to be granted an exemption, the researcher must meet the federal requirements for Investigational Device Exemption, which are contained in Title 21, Code of Federal Regulations, Part 812. The federal regulations have been adopted by California as well. They require the sponsor -- generally the manufacturer of the device -- to design and implement a controlled study, which incorporates the following elements:

- Patient informed consent
- Record keeping and reporting
- A prohibition against misleading device representation
- Monitoring and approval by an independent Institutional Review Board
- The investigator may, in no case, charge a fee in excess of the actual cost of performing the research
- Other specific requirements as included in the regulations

These laws and regulations are designed to protect both patient and practitioner from unproven devices and unscrupulous promotional practices. Investigators should become informed about, and adhere to these requirements before undertaking any trial use of an investigational or experimental medical device. Unapproved use may be grounds for discipline by the practitioner's licensing board as unprofessional conduct.

For assistance in identifying which medical devices are currently approved, and which are considered new devices, or if you require more information on investigational device exemptions for new devices please contact:

Medical Device Unit
Food and Drug Branch
Department of Health Services
714 P Street, Room 400
Sacramento, CA 95814
(916) 445-2263

A call for expert examiners and case reviewers

The Medical Board maintains a panel of outside medical consultants in a variety of specialties, to assist with two Board functions. Expert reviewers are asked to review medical records and other documents in complaint cases. We endeavor to find experts in the same specialty as the physician being reviewed, or a close approximation. Reviewers are paid \$75 per hour.

Oral examinations are administered several times each year for new applicants,

and as needed when a physician's competency is under question. Examiners are drawn from a wide variety of specialties, and are paid \$100 per hour.

If you are interested in applying, mail your curriculum vitae to Robert Zeff, M.D., Regional Medical Consultant, Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento CA 95825-3236. The telephone is (916) 920-6013.

Patients with Alzheimer's Disease and Related Disorders must be Reported

Recent changes in California law require all physicians and health care providers to report patients with dementing illness to their local health department.

Reporting Alzheimer's Disease and Related Disorders: Guidelines for Physicians, developed by the California Department of Health Services, summarizes why and how the reports are to be made. To order this document or to obtain more information please call the Alzheimer's Disease Program at (916) 327-4662 or write to the following address:

Alzheimer's Disease Program
California Department of
Health Services
P. O. Box 942732
Sacramento, CA 94234-7320

WHAT IF you called to tell us you moved, and your new address didn't get into the computer, and your renewal notice got sent to the dead letter office, and your hospital privileges got cancelled, and your dog snarled at you when you came in after a 3 am call. . .

Please write, don't call, to notify us when you have a change of mailing address. You may choose to have renewal notices, Board publications including the **Action Report**, and other materials mailed to your office, home or another address. Also, you may request, in writing, that your address not be released to the public.

Our mailing address is 1426 Howe Avenue, Sacramento, CA 95825-3236.

PRESIDENT'S COLUMN

Continued from Page 1

frequently make suggestions to improve the content of certain bills. Unfortunately, there are other bills which we have to oppose because we feel they are not in the best interests of the consumer, or of practitioners over whom the Board has jurisdiction. Sometimes these bills are amended so that the Board can support them. At this time I cannot give you a final update on the various bills in the Legislature because they change from day to day, some being dropped, others amended.

However, a bill which, as of this writing, is still being amended, has consumed the greatest amount of Board time, and which would have the greatest impact on how physicians are regulated is Senate Bill 2375. The Board's Legislative Committee, Executive Committee, President and staff have worked hard and have had numerous meetings with the author and sponsors of this bill. These efforts have resulted in numerous amendments. Essentially, SB 2375 would make many changes in existing law regarding physician discipline. It would create new procedures for the Board to issue interim suspensions, and would shorten the length of time the Division of Medical Quality would have to decide cases. In the next issue of **ACTION REPORT**, we will summarize those bills which were passed and which affect the Board and its jurisdiction.

MAJOR RECENT BOARD ACCOMPLISHMENTS

Some of our major accomplishments in the past year have been to install a more advanced telephone system, using push-button call selection, to direct calls to various Board programs; created and staffed a full-scale data processing and management information service unit; worked closely with the Department of Consumer Affairs on installation and implementation of a department-wide data processing system which eventually will automate license application review, complaint and enforcement case tracking, and issuance of licenses and renewals.

The Board is recruiting a Public Information Officer to improve public and press awareness of and access to the Board, and to increase the amount of information about the Board which is made available to the media and public.

The Enforcement Program recruited and trained eighteen new investigators and ten support staff; opened new regional offices in Diamond Bar and Concord; consolidated all complaint handling in a new central complaint and investigation control unit in Sacramento; began plans for implementation of the reporting system for the National Practitioner Data Bank; installed a toll-free complaint phone number statewide; created a new position to coordinate training of Board investigators; and, increased the use of local Medical Quality Review Committees in reviewing complaints

to assist in reducing the number of cases awaiting investigation. The Diversion Program created a sixth Diversion Evaluation Committee.

The Division of Licensing developed and pilot-tested a program for hospitals and other large organizations to verify license status by directly accessing the public records on the computer by telephone.

The Discipline Coordination Unit, which maintains all the legal documents relating to physician discipline, has speeded up the publishing and distribution of the Board's "Hotsheet" of pending and completed disciplinary actions, which is distributed to hospitals, medical societies and others.

RESPONSIBILITIES OF PHYSICIAN REVIEWERS

I have had numerous complaints directed to me concerning the competence of physicians engaged in pre-authorization of medical care, insurance claims review, peer review, or acting as expert witnesses. In my opinion, since their decisions impinge or have a direct bearing on the care of the patient, all physicians should be aware that when they are acting in these capacities, they are held to the same high standards as the physician who is actually treating a patient. In other words, they cannot make grossly negligent or incompetent statements or conclusions. For these acts, they could be reported to the Board for unprofessional conduct, incompetence or gross negligence. Acts such as these can lead to discipline ranging from a warning to outright revocation of the license.

FUTURE PROPOSAL

The Board continues to be concerned about malpractice issues. I think the courts should be able to proceed promptly against a *bona fide* case, but on the other hand, I do not

believe it fair to burden the courts with cases that are frivolous or have little merit. It should be pointed out that of all the malpractice cases that go to court, it is estimated that 75% result either in dismissal or a defense verdict.

In 1986, SB 2349 attempted to lessen the number of frivolous malpractice suits by requiring the attorney for a plaintiff in any action for damages arising out of the professional negligence of certain medical practitioners to file a certificate declaring that the attorney has reviewed the facts of the case and consulted with at least one licensed medical practitioner who the attorney believes is knowledgeable in the relevant issues involved in the particular action, and that the attorney has concluded that there is reasonable and meritorious cause for the filing of that action.

This law expired on January 1, 1989, and was not extended by the Legislature. It is said it was not extended because it was not effective. It seems to me instead of saying the bill was ineffective, it should have been strengthened. The law could require that before a malpractice case could come to court, there must be a written report from a recognized medical expert, actively practicing in the State of California, in good standing with the Medical Board of California, with particular expertise in the subject of the malpractice case. The expert would certify that he or she has made a thorough review of the case and that there is reasonable and meritorious cause for the filing of the action. This "certificate to proceed" would be given to the presiding judge, who then would decide whether a particular case could proceed or would be dropped.

This might help get rid of frivolous cases early, and would let the courts proceed sooner against cases in which there appears to be merit.

I would be interested in receiving your comments about this idea, or about any of the foregoing activities. I am proud to preside over a very productive organization.

FDA Announces Expanded Uses For AZT in AIDS Treatment

Following completion of two clinical studies by the National Institute of Allergy and Infectious Diseases (NIAID), the Food and Drug Administration has announced new approved uses for AZT (azidothymidine).

Individuals who are infected with HIV (human immunodeficiency virus) but who have not yet developed AIDS have been shown to benefit from early treatment with AZT. Both NIAID studies showed that AZT appears to significantly slow the progression of the disease.

Under the new FDA labeling, AZT can be prescribed for patients with CD4 helper cell levels of 500 or less. The manufacturer of AZT, Burroughs Wellcome, will be providing physicians with updated product labeling in the near future.

For additional information on this change, please contact

Office of AIDS
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 323-7415

California Association of Ophthalmologists replies to "Buccanneer Ophthalmologists" article

The article entitled "Buccanneer Ophthalmologists -- the New Pirates of Pinne-Nez" [ACTION REPORT, November 1989] presented a distorted view of the specialty of ophthalmology and disregarded how the majority of ophthalmologists -- both in California and nationwide -- practice.

Barbara Mitchell, M.D., the author of the article, purports that ophthalmologists do unnecessary cataract surgeries, illegally engage in fee-splitting, offer "come-ons" such as free rides to and from the doctor's office, send mass mailings to their communities, and conduct nursing home "sweeps".

What is not said in the article is that the vast majority of ophthalmologists are professional caregivers who consider the patient's well-being their highest concern. Although a small percentage of physicians do put the financial aspects of the practice of medicine ahead of patient care, most ophthalmologists, and associations such as the California Association of Ophthalmology (CAO) and the American Academy of Ophthalmology (AAO), do not support the tactics of those "buccaneer" ophthalmologists.

In fact, our professional organizations dedicate enormous resources to ensure that ophthalmology is practiced ethically. In 1987, CAO published a booklet entitled "Misleading Health Care Advertising" to help inform the public and instruct our physicians on appropriate advertising. AAO has the only FTC approved ethics code in the country. CAO has sought to persuade the Medical Board of California to adopt a policy defining a surgeon's responsibility for post-operative care following cataract surgery in an attempt to eliminate many of the possible abuses. Finally, more than 7,000 AAO members nationwide volunteer free medical eye care to the disadvantaged elderly through the National Eye Care Project.

It is the responsibility of the Medical Board of California to enforce the Medical Practice Act, and to discipline physicians who are not practicing properly. According to Dr. Mitchell, not one California ophthalmologist has been formally disciplined by the Board for "buccaneer" activities. CAO and the vast majority of ophthalmologists would like to see the Board stop these "buccaneer" ophthalmologists from practicing unethically and tainting the otherwise excellent reputation which ophthalmologists deserve.

Sincerely,
Bernice Z. Brown, M.D., President
David D. Sachs, M.D., Immediate
Past President
California Association of Ophthalmology

1990 "Toxics Directory" now available from Dept. of Health Services

The California Department of Health Services has published the 1990 "Toxics Directory". It is designed to help people in the health professions, environmental work, the media, government and industry to quickly find information and resources on toxic substances and their health effects.

The Toxics Directory fully describes more than 80 governmental, educational and public interest organizations on the national, state and local levels that can respond to questions about all types of toxic problems and information needs. Many other governmental offices in California that deal with toxics are listed, as well as laboratories which analyze hazardous materials and contaminants.

The majority of the directory consists of citations of books, scientific journal articles and online computer databases. References include textbooks and handbooks, guides on cleanup and management of toxics, online environmental databases, and books and articles on toxic substances by exposure categories such as air and water, substances of common concern such as asbestos and dioxin, and risk assessment and risk communication.

Copies of the Toxics Directory may be ordered at \$5.50 each from the State Publications Section
P. O. Box 1015
North Highlands, CA 95660

Request Publication #7540-958-1300-3, and make checks payable to "State of California". Note: Government agencies in California may obtain a free copy of the directory. To do so, or to obtain a list of other publications on toxics, write or call:
Hazard Identification and Risk Assessment Branch
2151 Berkeley Way
Berkeley, CA 94704
(415) 540-3063

Do not send paid orders to this address.

CME reporting cycle at CMA changed to coincide with Medical Board four year cycle

The California Medical Association has changed its reporting cycle for continuing Medical Education (CME) from three years to four years. The change was made to keep CME reporting consistent between the Medical Board and the CMA.

The Board also has reviewed and approved the Category I approval process used by the Association, to assure that all courses in that category meet the requirements of California law for renewal of physician and surgeon licenses.

Physicians are reminded that they also may report CME hours to the California Academy of Family Physicians. If you elect not to report your CME credits to either of these organizations, you should retain complete records of all CME credits for the previous four years. In the event of an audit, you will be asked to provide copies of the records directly to the Board.

There are several alternative ways of satisfying the CME requirements for renewal of your license. In addition, certain physicians not actively practicing in the state may qualify for a waiver of the requirement. A brochure describing California requirements for CME is available from the Board. For a copy, please write to:

Division of Licensing
Continuing Medical Education Unit
1426 Howe Avenue
Sacramento, CA 95825-3236

If you would like additional information about reporting continuing medical education units through the CMA program, you may call (415) 882-5183, or write to:

Department of Physician Education
California Medical Association
P. O. Box 7690
San Francisco, CA 94120-7690

Using Physician Assistants in the Medical Practice

The Physician Assistant Examining Committee has announced the publication of a brochure on PAs by the California Academy of Physician Assistants.

Titled *THE PHYSICIAN ASSISTANT*, the 10-page booklet explains the PA concept, what services PAs may perform, educational requirements, certification (licensure) requirements, and the relationship between the PA and the supervising physician. The publication also describes some economic incentives to the utilization of Physician Assistants.

Copies are available for \$1 from CAPA, 9778 Katella Avenue, Suite 214, Anaheim, CA 92804.

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Coming in the December 1990 issue of ACTION REPORT:

- **Yearend summary of legislation affecting physicians and the Board**
- **Unprofessional Conduct: Problems which may lead to an investigation and discipline**
- **New Board officers for 1991**

The **ACTION REPORT** is published four times each year by the Medical Board of California, Sacramento, California.

For information about the contents, submission of articles for consideration, or single copies of back issues, contact:

Linda A. McCready, Editor

(916) 924-2611

DEPARTMENT OF CONSUMER AFFAIRS MEDICAL BOARD OF CALIFORNIA

1426 HOWE AVENUE
SACRAMENTO, CA 95825-3236

The Medical Board has many phone numbers. To avoid transfers, please refer to this list before calling the Board.

TOLLFREE COMPLAINT LINE:

1-800-MED-BD-CA (1-800-633-2322)

(Non-Complaint calls to this number will not be transferred)

Physicians and Surgeons:

Applications and Examinations	(916) 920-6411
Chief Medical Consultant	(916) 920-6393
Complaints: See hotline number above	
Continuing Education	(916) 920-6074
Disciplinary Information	(916) 920-6343
Health Facility Discipline Reports	(916) 924-2338
Fictitious Name Permits	(916) 920-6074
License Renewals	(916) 920-6943
Verification of Licensure	(916) 920-6343

Allied Health Professions:

Complaints: See hotline number above

Licensing or other Information

Acupuncture	(916) 924-2642
Audiology	(916) 920-6388
Hearing Aid Dispensers	(916) 920-6377
Physical Therapy	(916) 920-6373
Physician Assistant	(916) 924-2626
Podiatry	(916) 920-6347
Psychology	(916) 920-6383
Registered Dispensing	
Opticians	(916) 924-2612
Respiratory Care	(916) 924-2314
Speech Pathology	(916) 920-6388

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