



State of California  
 Medical Board of California  
 2005 Evergreen Street, Suite 1200  
 Sacramento, Ca 95815  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

# Memorandum

Date: April 6, 2010

To: Renee Threadgill

From: Valerie Moore *VM*

Subject: Redistribution of Cases for Panel Review

A couple of weeks ago, Ms. Chang contacted staff in the DCU and expressed concerns that there may be a disparity in the number of cases reviewed by Panel B than those reviewed by Panel A.

A review of the statistical data of the cases presented to the panels from January 2008 to March 2010 revealed the following:

## PANEL STATISTICS

Panel	2008	2009	2010*
A (A-J)	90 (39%)	114 (42%)	23 (29%)
B (K-Z)	143 (61%)	156 (58%)	55 (71%)
Total	233	270	78

\*through March 31, 2010

As of April 1, 2010, there are 407 open cases being monitored by the DCU analysts. Although we have no way of determining how many of these cases will proceed to hearing or settlement this year, the number of cases reviewed by Panel B during the first quarter of 2010 indicate Ms. Chang's concerns are valid. Based solely on the number of open cases, I recommend the alpha assignments be redistributed. I propose that Letters K and L be reassigned from Panel B to Panel A. The new alpha assignments would be as follows:

Panel A, A-L, which is 197, i.e., 48%, of the total number of open cases.

Panel B, M-Z, which is 210, i.e., 52%, of the total number of open cases.

Please let me know whether we should proceed with the redistribution of the alpha assignments.

cc: Susan Cady, SSM II

## BREAKDOWN OF CASES REVIEWED BY PANELS

2008

A-J Discipline Cases	82
A-J Reconsiderations	3
A-J Probation Cases	4
A-J Reconsiderations	1
K-Z Discipline Cases	121
K-Z Reconsiderations	9
K-Z Probation Cases	13
K-Z Reconsiderations	0
Total	233

2009

A-J Discipline Cases	97
A-J Reconsiderations	6
A-J Probation Cases	11
A-J Reconsiderations	0
K-Z Discipline Cases	126
K-Z Reconsiderations	6
K-Z Probation Cases	22
K-Z Reconsiderations	2
Total	270

2010 (thru March 31, 2010)

A-J Discipline Cases	21
A-J Reconsiderations	0
A-J Probation Cases	2
A-J Reconsiderations	0
K-Z Discipline Cases	51
K-Z Reconsiderations	1
K-Z Probation Cases	3
K-Z Reconsiderations	0
Total	78

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ALPHA ASSIGNMENT OF AS APRIL 2010

A = 16

B = 28

C = 22

D = 18

E = 8

F = 13

G = 19

H = 22

I = 3

J = 7

K = 20

L = 21

M = 42

N = 7

O = 4

P = 30

Q = 1

R = 24

S = 36

T = 9

U = 4

V = 10

W = 24

X = 0

Y = 14

Z = 5

Total 407





**MEDICAL BOARD OF CALIFORNIA**  
 Discipline Coordination Unit  
 2005 Evergreen Street, Suite 1200  
 Sacramento, CA 95815



## PETITION FOR PENALTY RELIEF

**INSTRUCTIONS:** Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two verified recommendations from a physician and surgeon licensed in any state who has personal knowledge of the reasons for the disciplinary action taken against your license.

### I. TYPE OF PETITION [Reference Business and Professions Code sections 2221(b) and 2307]

Reinstatement of Revoked/Surrendered Certificate     Modification of Probation     Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification you must specify in your "Narrative Statement," which terms and conditions of your probation you want reduced or modified and provide an explanation. Please check all boxes above that apply.

### II. PERSONAL INFORMATION

NAME:				
	First	Middle	Last	
HOME ADDRESS:				
	Number & Street	City	State	Zip
HOME TELEPHONE NUMBER (      )		WORK TELEPHONE NUMBER (      )		CELL NUMBER (      )
CA Physician and Surgeon Certificate Number			Driver's License Number and State of Issuance	
Current or prior medical licenses in other states or countries (please include license number(s), issue date(s), and status of license(s)):				

### III. ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney?     No     Yes (If "Yes," please provide the following information)

NAME:
ADDRESS:
PHONE:

### IV. DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the administrative action (e.g., prescribing without prior exam, gross negligence, self use of drugs, sexual misconduct, conviction of a crime, etc.)

Do you have any prior or current discipline or license denial in any other state or country?     No     Yes  
 (If Yes, give brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and penalty order (e.g., 5 years probation).

V. MEDICAL BACKGROUND

Total number of years in medical practice:

Medical Specialty, if applicable:

Board Certified?  No  Yes If Yes, year certified:

Current field of medicine: (e.g., GP, OB/GYN, ENT, IM, etc.)

Current type of practice: (e.g., solo, group, HMO, Govt, etc.)

Name and location of practice:

List hospital privileges:

VI. CURRENT OCCUPATION OTHER THAN PHYSICIAN AND SURGEON

(answer only if currently not practicing medicine)

List employer, address, e-mail address, phone number, job title, and duties:

VII. EMPLOYMENT HISTORY (list for the past 5 years only)

Provide the company name, address, phone number, contact person and dates of employment:

VIII. REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work



**IX. POST-ADMINISTRATIVE COMPLIANCE**

Have any of the following situations occurred since the effective date of the Medical Board of California's administrative action? (This includes if you surrendered your license while under investigation or charges pending.)

- 1. Been placed on criminal probation or parole?  Yes  No
- 2. Been charged in any pending criminal action?  Yes  No
- 3. Been convicted of any criminal offense? (A conviction includes a no contest plea, disregard traffic offenses with a \$100 fine or less)  Yes  No
- 4. Been required to register as a sex offender in any state? (Attach the court order)  Yes  No
- 5. Been charged or disciplined by any other medical board?  Yes  No
- 6. Surrendered your license to any other medical board?  Yes  No
- 7. Had your staff privileges disciplined by any hospital?  Yes  No
- 8. Had any civil malpractice claims filed against you?  Yes  No
- 9. Become addicted to the use of narcotics or controlled substances?  Yes  No
- 10. Become addicted to or received treatment for the use of alcohol?  Yes  No
- 11. Been hospitalized for alcohol or drug problems or for mental illness?  Yes  No

NOTE: If you answer "Yes" to any of the above questions, please explain in the "Narrative Statement."

**X. DECLARATION**

Executed on \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

\_\_\_\_\_  
Petitioner (Print Name)

\_\_\_\_\_  
Signature

The information in this document is being requested by the Medical Board (Board) pursuant to Business and Professions Code sections 2221(b) and 2307. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your Petition for Penalty Relief. You have a right to access our records containing non-confidential information as defined in Civil Code section 1798.3. The Custodian of Records is the Licensing Program Manager or Chief of Enforcement at the address shown on the first page.

## INSTRUCTIONS FOR COMPLETING A MEDICAL BOARD OF CALIFORNIA PETITION FOR PENALTY RELIEF

Prior to completing the Petition package ensure that you qualify to submit a Petition at this time. Review the time frames for the three different types of Petitions below. If you do qualify to Petition, please read all of these instructions thoroughly. Type or print your answers clearly, if an item does not apply enter "N/A." Attach a separate sheet of paper if additional space is needed to answer a question. Petitions that are not legible, fully completed, or not prepared in accordance with these instructions will be returned. A background investigation will be conducted on any accepted Petition for Penalty Relief.

- (1) **Petition for Reinstatement** – A person may file a Petition after a period of at least three years has elapsed from the effective date of the surrender or revocation for unprofessional conduct. If the reinstatement is due to a license surrender or revocation for mental or physical illness, you can Petition after one year has elapsed from the effective date of the disciplinary action.
- (2) **Petition for Early Termination of Probation** – A person may file a Petition when at least two years has elapsed from the effective date of the administrative action for probation of three years or more. If the period of probation is less than three years, the Petition can be filed after one year has elapsed from the effective date of the disciplinary action.
- (3) **Petition for Modification** – A person may file a Petition when at least one year has elapsed from the effective date of the disciplinary action.

If you meet any one of the criteria described above, your Petition package must specify the facts and be accompanied by at least two verified recommendations<sup>1/</sup> from physicians and surgeons licensed in any state who have personal knowledge of your activities since the disciplinary penalty was imposed. You must also provide a narrative statement with your Petition (see instructions below).

Exclusions to being able to submit a Petition are the following:

- (1) No Petition shall be considered while you are under sentence for any criminal offense, including any period during which you are on court-imposed probation or parole.
- (2) No Petition shall be considered while there is an accusation or petition to revoke probation pending against you.

The Board may deny without a hearing or argument any Petition within a period of two years from the effective date of the prior decision following the Petition hearing.

### Letters of Recommendation

Attach at least two verifiable letters of recommendation from physicians licensed in any state who have personal knowledge of your activities since the disciplinary penalty was imposed. Letters cannot be more than 6 months old from the date you sign your Petition. Instruct your colleagues to verify their letter of recommendation by including the following declaration above the signature line.

**“I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.”**

The letters of recommendation are considered direct evidence at hearing to support your rehabilitation. In

1. For Petitioners that are licensed by the California Board of Podiatric Medicine, in-lieu of two verified recommendations from physicians and surgeons, the Petition shall be accompanied by at least two verified recommendations from doctors of podiatric medicine licensed in any state who have personal knowledge of the activities since the date the disciplinary action was imposed.



order for the letters to come in as direct evidence at the hearing, either the author must testify, or sign a declaration, or sign their letter under penalty of perjury. If there is no signature under penalty of perjury, then the letter is considered pure hearsay and cannot be a basis for the Administrative Law Judge to grant the Petition or a finding of rehabilitation. Letters of recommendation containing mere conclusions and few facts are of little persuasion (e.g., I think he is a fine doctor and a credit to the profession). It is more effective when letters from colleagues, who are aware of your administrative action against your license, provide personal information about the way in which you have changed since the administrative action was taken. Be sure to submit the original letters, copies will not be accepted. Letters should be part of the original package and not submitted separately. All letters of recommendation are verified by the Board. Therefore, they must contain the physician's current address and a valid phone number where the physician can be contacted.

### **Narrative Statement Sheet**

The Petition package must include a brief and concise narrative sheet attached on a separate sheet of paper to the Petition. In the narrative statement tell the Board what you want and the reasons why your request should be granted. Give a brief factual description of the offense that was the basis of your action. If applicable, give the history of prior action and the history of prior petitions. Give details (schools, class names, credit hours, certificates, dates) and copies (with appropriate back-up documentation) of your continuing medical education, training programs, seminars or educational courses as well as what medical journals you read on a regular basis. Give details and documented proof of your rehabilitative efforts and results, including programs, psychotherapy, and medical treatment and their duration.

Attach any appropriate supervisor's performance evaluations pertaining to your current assignments with the medical field, laboratory studies, and teaching assignments. Finally, attach a copy of your current resume/curriculum vitae.

If your **Petition is for Reinstatement** include in your narrative statement responses to these questions: During the period of time that your license has been revoked or surrendered, how have you earned a living? What aspect of your rehabilitation do you feel will protect against the recurrence of your prior conduct? What are your plans if your license is reinstated? Where will you practice? At a particular hospital, medical group, clinic, urgent care facility, HMO, etc.? What type of practice?

For reinstatements fingerprints must be obtained and submitted as follows:

- If you reside in California, you must complete a "Request for Live Scan Service." The request must be completed by a transmitting agency. A list of transmitting agencies is included with these instructions. After the transmitting agency has signed and completed the request, a copy must be returned with your Petition.
- If you reside outside of California, you must complete and return the enclosed fingerprint cards. Both cards must be taken to any law enforcement agency for completion. Your Petition cannot be processed without two completed fingerprint cards. **DO NOT STAPLE THE CARDS TO THE PETITION. DO NOT PHOTOCOPY THE CARDS.**

### **Administrative Hearing**

An administrative hearing is held for all three types of Petitions. Below is some general information regarding the hearing.

- Approximately 120 days after your Petition has been filed and processed by the appropriate Attorney General's Office, their staff will contact you with a written notice of the time, date, and place of the Petition hearing. Hearings are scheduled in cities in Southern and Northern California on a rotating basis.

- You should be present a half hour before your appointed time. Most cases are set for one hour. You may appear with or without an attorney.
- An Administrative Law Judge (ALJ) sitting alone will preside over the hearing. You will be asked questions under oath. You should apprise the ALJ of any circumstances that have changed since you filed your Petition.
- Emphasis should be put on Evidence of Rehabilitation, rather than a discussion of the merits of the previous case that resulted in the disciplinary action. California Code of Regulation, Title 16, Section 1360.2 states the board or panel shall evaluate evidence of rehabilitation considering the following: nature and severity of the act(s) or crime; evidence of any act(s) or crime(s) committed subsequently; the time that has elapsed since the commission of the act; and the evidence, if any, of rehabilitation submitted by the applicant.

### **Proposed Decision**

After the hearing, the ALJ is permitted 30-days to render a decision, upon which the Board will act. The proposed decision in your case will be mailed approximately 60-days after the hearing. The decision will not be announced orally at the hearing.

PLEASE NOTE: The ALJ's proposed decision is not binding on the Board and can be changed by the Board members through the appropriate actions provided in the law.

The entire Petition process takes approximately one year from the date the completed Petition is received by the Board until the Board renders a final decision in the matter.

### **Submitting the Petition**

- 📁 Complete and assemble the original Petition, which includes the original letters of recommendation and narrative statement.
- 📁 Make two photocopies of the package. Once you submit the two packages to the Board, you cannot submit any additional information until you attend the administrative hearing.
- 📁 Staple each package (do not bind).
- 📁 If this is for a Petition for Reinstatement include the fingerprints.
- 📁 Mail the Petition and copies to:

MEDICAL BOARD OF CALIFORNIA  
Attention: Discipline Coordination Unit  
2005 Evergreen Street, Suite 1200  
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- 📁 Direct any questions you have regarding your Petition package to the Petition for Penalty Relief Coordinator at (916) 263-2520.