



ALABAMA Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

January 2017

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A Fond Farewell

by Kenneth C. Yohn, MD

If ever a man and his true destiny met, it was Larry Dixon and the Alabama State Board of Medical Examiners in 1981. This meeting accrued to the benefit of our Board and our State for 35 years.

After an honorable stint in the U.S. Army, Larry began a long involvement in educational fields, all of them related to the medical profession. He was a drug education consultant for the Alabama Department of Education when hired by the Medical Association of the State of Alabama to establish and head its Department of Education. Four years as its Director was followed by four years as Administrator of the Montgomery Family Practice Program, then three years as Director of the Jackson Hospital Foundation.

Then: the fortuitous encounter with destiny.

In 1981, our State Board of Medical Examiners was well into its historical transition from sail to steam, having hired Dr. Robert Parker as its first full-time

Executive Director eight years earlier. Prior to that time, the State Health Officer served as the Acting Secretary for the Board with only one full-time secretary, one part-time investigator and an attorney on loan from the Attorney General’s office. “Dr. Bob” had expanded the staff to two assistants, one full-time investigator and an attorney shared with the Medical Association.

Larry’s first year saw the BME attain its rightful place as an examining, licensing and governing state agency coincident with the establishment of our Medical Licensure Commission. The Board’s function and achievement have been recognized nationally as a model of efficiency and professionalism.

As its Executive Director, Larry has been duly honored by the Federation of State Medical Boards, having served four terms on its Board of Directors. Prior to his first term, he and several other state executives and administrators formed Administrators in Medicine (AIM). Larry served two years as its first president.

In 2014, Larry received the Federation’s Lifetime Achievement Award. In 2016, he was inducted into the Alabama Healthcare Hall of Fame.

With an innate ability for politics (in its best definition), Larry served as a city councilman, state representative and state senator for decades.

Throughout this service and his tenure as Executive Director of our Board, he always maintained a blend of respect for our profession with an overarching commitment to the public. Our Board, our profession, our state and medical licensure and discipline have benefitted greatly.

Continued on page 5.



The building that houses the Alabama Board of Medical Examiners at 848 Washington Ave. in Montgomery was re-named in April 2016 in recognition of Dixon’s exceptional service.

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A report on Interstate Medical Licensure Compact

by William E. Goetter, MD

One “barrier” to interstate telehealth services is our system of state-based medical licensing. Applying for medical licenses in multiple states is burdensome and time-consuming.



William E. Goetter, MD

To counter this barrier, a new expedited pathway to licensure for qualified physicians, who wish to practice in multiple states, has been developed that would allow patients to more easily connect with medical experts through the use of telemedicine technologies, thereby increasing access to health care for patients in under-served or rural areas. At the same time, it would strengthen public protection by enhancing the ability of states to share investigative and disciplinary information. This is in keeping with the mission of the Alabama Board of Medical Examiners/Medical Licensure Commission that states physicians “are charged with protecting the health and safety of the citizens of Alabama.”

Interstate Compact System development

In 2013, the Federation of State Medical Boards (FSMB) explored the concept of using the Interstate Compact System to facilitate the process of medical licensure. One example of an interstate compact is our state-based driver’s license, which allows us to drive in all U.S. states and territories as long as we obey their laws and regulations.

In April 2014, the House of Delegates of the FSMB approved the development of an Interstate Medical Licensure Compact. By November 2014, language of the medical compact law was approved. The Interstate Medical Licensure Compact Commission (IMLCC) became a reality in May 2015

when the seventh state, which was Alabama, passed the Compact legislation. In July 2015, the FSMB received a Health Resources and Services Administration (HRSA) grant to support the development of the Compact. To date, 18 states are in the Compact and it is anticipated the IMLCC will begin operations to facilitate state medical license acquisition by January 2017.

How the Compact works

The IMLCC serves as an information conduit between state medical and osteopathic licensing boards. When a physician, who is licensed in his home Compact-member state (State of Principal Licensure or SPL), desires licensure in another Compact state, he/she may use the IMLCC mechanism.

Qualification for licensure through IMLCC

To qualify for licensure via the IMLCC mechanism, physicians:

- 1) Must have a full and unrestricted medical license in his/her home Compact state.
- 2) Must have passed each component of USMLE or COMLEX-USA within three attempts.
- 3) Must have completed graduate education approved by ACGME or AOA.
- 4) Must have board certification in a medical specialty recognized by ABMS or AOA’s BOS.
- 5) Must have no history of punishment by:
 - a) A court
 - b) A medical licensing agency or
 - c) The DEA.
- 6) Must not be under active investigation by a medical licensing agency or law enforcement agency.

It is estimated that nearly 80% of U.S. MDs and DOs could be eligible for expedited licensure via the Compact. If criteria cannot be met, then the usual mechanism of applying for medical licensure remains.

Continued on page 3.

DATA 2000 waiver trainings

There is an urgent need to aid the thousands of Americans with opioid use disorders. One of the steps to take in addressing the opioid epidemic is to increase access to evidence-based treatment for individuals with opioid use disorders.

Research shows access to medication-assisted treatment (MAT) saves lives by significantly increasing the likelihood of successful recovery for people with opioid use disorders. Unfortunately, there are not enough physicians trained to use MAT and prepared to treat people with the disease of addiction.

Free buprenorphine trainings

To help address the need for treatment providers, free buprenorphine trainings for physicians across the country are available through the Providers Clinical Support for MAT (PCSSMAT.org). These trainings, called DATA 2000 waiver trainings, provide information to physicians on treating individuals with opioid use disorders. Once training is complete, qualified practitioners can become certified to treat a maximum of 30 patients with buprenorphine in the first year. After the first year, the qualified practitioners have the potential to treat up to 275 patients.

Online training available

If providers are unable to attend a training in person, courses are available through a webinar and online course twice a month at no cost. For a calendar of upcoming buprenorphine trainings and additional resources, please visit <http://pcssmat.org/calendar-of-events/>. To learn more about the process for prescribing or dispensing buprenorphine, go to <http://www.samhsa.gov/medication-assisted-treatment>.

Significant change in DEA registration renewal process

by Lisa A. Robin, FSMB Chief Advocacy Officer

Starting Jan. 1, 2017, the DEA will eliminate the informal grace period for registrants who failed to file a renewal application on time. The agency will now send only one renewal notification to a registrant's "mail to" address approximately 65 days prior to the expiration date, and no further reminders to renew the DEA registration will be sent.

The DEA's announcement also advises that registrants will no longer be able to renew their registration online after the expiration date, and paper renewal applications will not be accepted the day after the expiration date. Failure to file for a new application by midnight Eastern Time of the expiration date will result in the "retirement" of the registrant's DEA number, and the registrant will have to apply for a completely new DEA registration. The original DEA registration will not be reinstated.

Because of concerns that physicians are unaware of this change, the American Medical Association (AMA) sent letters on Dec. 19 to DEA acting Administrator Charles Rosenberg and Louis Milione, Assistant Administrator for Diversion Control, expressing their concerns about the policy change and urging the DEA to reverse the change to the renewal process. If the change is upheld, it may result in patient care and access issues for healthcare providers and patients.

Interstate Medical Licensure Compact, cont.

Application Process

A physician licensed in a Compact state, who meets the criteria and who wishes medical licensure in another Compact state, will fill out an online application with the IMLCC. The application is sent to the applicant's home state (SPL) for vetting of qualifications and criminal background check. If all criteria are met, the SPL issues a letter of qualification (LOQ), which is electronically sent through the IMLCC to the one or more state boards in which additional medical license is sought. Once appropriate fees have been paid, state medical boards in receipt of the LOQ will

issue a state license to that individual. The newly licensed physician must obey all the rules and laws pertaining to medical practice within the state issuing the medical license.

For the IMLCC to be maximally effective, most, if not all states and territories, should pass the Compact legislation and become members of the Compact. This will result in the most significant alteration of medical licensing in modern times, while assuring the protection of the citizens in each state by maintaining state medical practice regulation.

Do Understand

The IMLCC does not issue medical licenses. The IMLCC does not determine eligibility for licensure via the Compact. That determination is made by the state of principal licensure. IMLCC legislation does not require maintenance of board certification after the initial license has been obtained. The IMLCC does not endorse MOL (maintenance of licensure). Finally, Compact legislation does not supersede state law.

To learn more, please contact William Goetter, MD, at bgoetter@albme.org or George Smith, Sr., at gsmith@albme.org.

FDA warns of combining Opioids and Benzodiazepines

The U.S. Food and Drug Administration (FDA) is now requiring class-wide changes to drug labeling, including patient information, to help inform health care providers and patients of the serious risks associated with combined use of certain opioid medications and a class of central nervous system (CNS) depressant drugs called benzodiazepines. According to the FDA, benzodiazepines are widely used to treat conditions including anxiety, insomnia and seizures.

Changes

Among the changes, the FDA is requiring Black Box Warnings – the FDA’s strongest warning – on packaging and patient-focused Medication Guides for prescription opioid analgesics, opioid-containing cough products and benzodiazepines – nearly 400 products in total with information about the serious risks associated with using these medications at the same time. Risks include extreme sleepiness, respiratory depression, coma and death.

Heed new warnings

According to an FDA release, the FDA is asking that healthcare professionals heed these new warnings and more carefully and thoroughly evaluate, on a patient-by-patient basis, whether the benefits of using opioids and benzodiazepines together outweigh the serious risks.

Attention E-prescribers

Numerous evidence-based studies have shown E-prescribing errors are at an all-time high. The most common errors include a wrong drug, wrong drug quantity, wrong duration of therapy, wrong directions and wrong dosage formulation. The result of these errors translates into potentially serious adverse events, as well as lost productivity time for both prescribers and pharmacists.

By implementing the following safeguards into your practice, E-prescribing accuracy and efficiency can be improved:

- Use EHR messaging systems to resolve prescription errors in a timely manner.
- Contact your EHR system provider to activate a final check feature – also known as a summary screen – on all prescriptions, not just those of controlled substances.
- Retrain employees to use the electronic prescribing system in order to increase accuracy.
- Include diagnosis, height and weight on each E-prescription for ease of pharmacist therapeutic and safety checks.

Resources Available

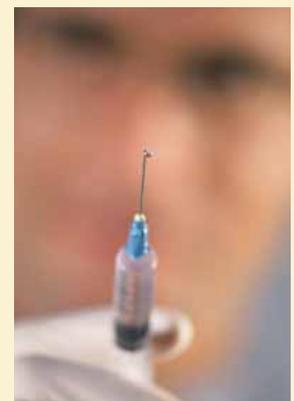
The Centers for Disease Control and Prevention (CDC) have produced many resources designed “to help improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment and reduce the risks associated with long-term opioid therapy, including use disorder, overdose and death.”

Visit the CDC website at <http://www.cdc.gov/drugoverdose/prescribing/resources.html>.

Healthcare personnel should get influenza immunization

In October 2016, the Alabama Department of Public Health, the Medical Association of the State of Alabama and the Alabama Hospital Association issued a joint statement emphasizing the importance of healthcare personnel receiving influenza vaccinations as a significant infection prevention measure to protect patients.

The CDC estimates that 200,000 Americans are hospitalized each year with the flu; and deaths due to flu have ranged from 3,000 to 49,000 deaths annually. As a result, **all** healthcare personnel should receive the flu vaccination every year as soon as the vaccine is available. This includes full- and part-time employees, staff and licensed independent practitioners and individuals involved in direct patient care.



HHS announces actions to combat opioid epidemic

From the HHS Press Office, www.hhs.gov

In July 2016, the U.S. Health and Human Services (HHS) announced several new actions the department is taking to combat the nation's opioid epidemic. These include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain.

In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment, and soliciting feedback to improve and expand prescriber education and training programs.

Effort focused on prevention, treatment and intervention

"The opioid epidemic is one of the most pressing public health issues in the United States. More Americans now die from drug overdoses than car crashes, and these overdoses have hit families from every walk of life and across our entire nation," said HHS Secretary Burwell. "At HHS, we are helping to lead the nationwide effort to address the opioid epidemic by taking a targeted approach focused on prevention, treatment and intervention."

The actions announced build on the HHS Opioid Initiative launched in March 2015 and focus on three key priorities:

- 1) improving opioid prescribing practices;
- 2) expanding access to medication-assisted treatment (MAT) for opioid use disorder;
- and 3) increasing the use of naloxone to reverse opioid overdoses. They also build on the National Pain Strategy, the federal government's first coordinated plan to reduce the burden of chronic pain in the U.S.

In memory of James 'Nick' Nichols



James "Nick" Nichols

Nick, former Chief Investigator for the ALBME, was laid to rest October 2, 2016, at Victory Baptist Church, Millbrook, AL, after a seven-year battle with cancer.

Nick began his employment with the Board in 1998 and throughout his tenure, he represented the Board with the utmost professionalism. He loyally and selflessly served this agency, the physicians of this state and the public. As our friend and former colleague, Nick will be greatly missed, yet

will always be remembered by those who knew him as a man of great faith and moral character with an exemplary work ethic.

Nick is survived by his parents James and Doris Nichols, wife Charon Nichols, brother Ricky Nichols, his children James Edward, Jr. (Jayme) and Joan Johnston, and four grandchildren.

MEET THE STAFF: Rachel Laurie Riddle

The Board is pleased to introduce **Rachel Laurie Riddle** as Associate Counsel for the Board. Rachel comes from the Alabama



Rachel Laurie Riddle

Legislative Fiscal Office where she served as Deputy Director and Senate Fiscal Officer. She played an integral role in providing legal and financial advice to the Alabama Senate in matters concentrated in government budgeting, financing structure and opportunities and other similar matters. Rachel specialized in health and social service law and issues before taking a leadership role in the Office. Prior to working for the Legislative Fiscal Office, Rachel served as Deputy

Director of the Alabama Governor's Office on Disability.

A graduate of the University of Alabama, Rachel earned a B.S. in Finance and an M.A. in Economics. In 2007, she completed her J.D. at Thomas Goode Jones School of Law and became licensed to practice in the State of Alabama.

Rachel is married to Rob Riddle and has two sons, Wilkins (3 years) and Griffin (4 months).

Dixon, cont.

So, having completed the metaphorical transition from sail to steam 40 years ago, the last 35 years have produced the equivalent of nuclear propulsion: a sleek, well-designed and expertly outfitted vessel. And Ira Myers, Bob Parker, Bill Wright, Leon Hamrick and many others look down with pride and appreciation.

And Leon would add his favorite of Buford Word's approbations, "You done good, Larry."

Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

Mission: The Alabama Board of Medical Examiners and the Medical Licensure Commission are charged with protecting the health and safety of the citizens of the state of Alabama.

MLC – October 2016

◆ On Oct. 13, the Commission entered an Order reinstating to full, unrestricted status the license to practice medicine in Alabama of **Boyd P. Benefield, MD**, lic. no. MD.12150, Gulfport, MS.

◆ On Oct. 13, the Commission entered an Order revoking the license to practice medicine in Alabama of **Christopher P. Gay, DO**, lic. no. DO.687, Anniston, AL.

◆ On Oct. 14, the Commission entered an Order reinstating to full, unrestricted status the license to practice medicine in Alabama of **Daniel Blaine Williams, MD**, lic. no. MD.26130, Hoover, AL.

◆ On Oct. 26, upon the stipulation of the parties, the Commission entered an Order effective Dec. 1 revoking the Alabama Controlled Substances Certificate of **Larry Jan Davis, MD**, lic. no. MD.4217, Huntsville, AL, requiring that he surrender his pain management registrations, prohibiting him from practicing pain management, requiring continuing medical education, and assessing an administrative fine.

◆ On Oct. 26, upon the stipulation of the parties, the Commission entered a Consent Order revoking the Alabama Controlled Substances Certificate of **Eyston A. Hunte, MD**, lic. no. MD.6323, Mobile, AL, restricting him from the practice of pain management or providing pain management services, requiring continuing medical education, and assessing an administrative fine.

◆ Oct. 26, upon the stipulation of the parties, the Commission entered a Consent Order placing on probation the license to practice medicine in Alabama of **Rodney D. Rothstein, MD**, lic. no. MD.29863, Owens Cross Roads, AL.

◆ Effective Oct. 31, the Commission entered an Order Temporarily Suspending the license to practice medicine in Alabama of **Rex A. Rawls, MD**, lic. no. MD.25511, Mobile, AL.

BME October 2016

◆ On Oct. 19, upon the stipulation of the parties, the Board entered a Consent Order wherein **Odeane H. Connor, MD**, lic. no. MD.23743, Gadsden, AL, agreed to voluntarily surrender her Alabama Controlled Substances Certificate and pay an administrative fine.

◆ On Oct. 19, the Board accepted the voluntary surrender of certificate of qualification and license to practice medicine in Alabama of **Steven W. Tincher, MD**, lic. no. 29774, Canton, MS.

◆ On Oct. 19, upon the stipulation of the parties, the Board entered a Consent Order reinstating the Alabama Controlled Substances Certificate of **Jose G. Zavaleta, MD**, lic. no. MD.22305, Pineville, LA.

◆ On Oct. 28, the Board issued an Order summarily suspending the Alabama Pain Management Registrations of **Farouk Y. Khan, MD**, lic. no. MD.21322, Dothan, AL.

MLC – November 2016

◆ On Nov. 3, the Commission entered an Order restoring to full, unrestricted status the license to practice medicine in Alabama of **James M. DeSantis, MD**, lic. no. MD.25650, Marietta, GA.

◆ Effective Nov. 7, the Commission entered an Order revoking the license to practice medicine in Alabama of **Russell Wayne Stevens, MD**, lic. no. MD.26655, Daphne, AL.

BME – November 2016

◆ On Nov. 1, upon the Stipulation of the parties, the Board issued a Consent Order restricting the Alabama Controlled Substances Certificate of **Kim P. Eubanks, MD**, lic. no. MD.26227, Atlanta,

GA, to Schedules IV and V, requiring certain continuing medical education, and assessing an administrative fine.

◆ On Nov. 17, the Board issued an Order restricting the Alabama Controlled Substances Certificate of **William T. Hall, Jr., MD**, lic. no. MD.8930, Birmingham, AL.

◆ On Nov. 17, upon the stipulation of the parties, the Board issued a Consent Order revoking the Alabama Controlled Substances Certificate of **Pascual Herrera, Jr., MD**, lic. no. MD.13663, Leesburg, AL.

Actions for CME (reprimand, fine, additional CME required):

- **Ross E. Bunch, MD**, lic. no. MD.19040, Tuscaloosa, AL
- **Ernest G. Burch, MD**, lic. no. MD.23467, Mobile, AL
- **Anne W. Byars, MD**, lic. no. MD.14633, Hoover, AL
- **Leonard J. Caputo, MD**, lic. no. MD.8384, Mobile, AL
- **Lea C. Clayton, MD**, lic. no. MD.19310, Moody, AL
- **Barry G. Collins, MD**, lic. no. MD.22922, Pell City, AL
- **Wilbourne Ray Crouch, MD**, lic. no. MD.5434, Hartselle, AL
- **Gary W. Hudson, MD**, lic. no. MD.12133, Huntsville, AL
- **Benjamin H. Johnson, III, MD**, lic. no. MD.9687, Mountain Brook, AL
- **Carol M. Johnson, MD**, lic. no. MD.11601, Alabaster, AL
- **Christopher Kirya, MD**, lic. no. MD.8282, Gadsden, AL
- **John D. McArthur, MD**, lic. no. MD.13596, Auburn, AL
- **Lusanne C. L. McKenzie, MD**, lic. no. MD.4189, Huntsville, AL
- **Douglas O. Moore, MD**, lic. no. MD.13487, Hoover, AL
- **Dean Robert Naden, DO**, lic. no. DO.690, Jasper, AL

Continued on page 7

IN THE NEWS

Top prescriber guilty of fraud

An ex-Huntsville ‘pill mill’ doctor pleaded guilty in November 2016 of one count each of distributing a controlled substance outside the scope of professional practice and not for a legitimate medical purpose and conspiring to execute a healthcare fraud scheme between January 2011 and March 2013.

At the height of his practice, this pain management physician was the highest prescriber of Schedule II

controlled substances in the United States. The next highest prescriber wrote a third as many prescriptions. Pharmacies in Alabama filled 110,013 prescriptions for controlled substances in 2012 alone. He wrote prescriptions at the request of patients who he knew were using illegal drugs and did not take appropriate measures to ensure patients did not divert or abuse controlled substances. The fraud



charge stemmed from \$9.5 million in unneeded urine tests, officials said.

Off-label use of fentanyl

The New Jersey state medical board has suspended the license of a doctor accused of “indiscriminately prescribing” a nasal-spray version of the powerful painkiller fentanyl, including to a patient who later overdosed and died.

The state’s complaint alleges the physician endangered the life and safety of three patients when prescribing them the fentanyl product Subsys, marketed by Insys Therapeutics of Chandler, Ariz.

Subsys is approved for use in cancer patients who are suffering sharp bouts of pain despite taking other opioids. But many physicians are prescribing the drug “off-label” for patients who do not have cancer.

CME in 2017

March 25-26

Prescribing of Controlled Drugs and Controversies of Pharmacology Prescribing
Embassy Suites Montgomery Hotel

July 7-9

Prescribing of Controlled Drugs and Controversies of Pharmacology Prescribing
The Grand Hotel, Point Clear

Nov. 17-19

Ensuring Quality in the Collaborative Practice, Medical Ethics, Prescribing of Controlled Drugs and Controversies of Pharmacology Prescribing
Hyatt Regency Birmingham – The Wynfrey Hotel

Visit
alamedical.org/prescribing
for details.

Public Actions, cont.

- **Lynn H. Porter, MD**, lic. no. MD.14153, Robertsdale, AL
- **Brian E. Rogers, MD**, lic. no. MD.18306, Russellville, AL
- **Gaylon R. Rogers, MD**, lic. no. MD.6106, Bessemer, AL
- **Mohammed Salehuddin, MD**, lic. no. MD.20074, Greensboro, AL
- **Ruth L. Shields, MD**, lic. no. MD.4527, Mobile, AL
- **Mitchell C. Shirah, MD**, lic. no. MD.9705, Roanoke, AL
- **Kathleen S. Short, MD**, lic. no. MD.13117, Birmingham, AL

- **Everitt N. Simmons, MD**, lic. no. MD.11850, Alabaster, AL
- **Daniel H. Spriggs, MD**, lic. no. MD.13749, Mobile, AL
- **Joseph P. Walsh, MD**, lic. no. MD.26120, Elberta, AL

Actions on ACSC for not being registered for PDMP (administrative fine):

- **Andrew M. Dewitt, MD**, lic. no. MD.19324, Birmingham, AL

- **Eugene R. Long, MD**, lic. no. MD.16888, Hixson, TN
- **Manly J. Sullivan, MD**, lic. no. MD.20081, Carrollton, AL
- **John S. Thurber, MD**, lic. no. MD.24029, Alabaster, AL

Actions on ACSC for prescribing controlled substances with expired ACSC (administrative fine):

None at this time.



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2017 BME Meeting Dates

February 15	August 16
March 15	September 20
April 13	October 18
May 17	November 15
June 21	December 13
July 19	

The public portion of each meeting is scheduled for 10:00 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building located at 848 Washington Avenue, Montgomery, Ala.

Meeting agendas, minutes and a full list of meeting dates and times can be found on the Board's website:

www.albme.org

WHOM TO CALL FOR QUESTIONS OR ASSISTANCE

Administration: **Norris W. Green**, Acting Executive Director
Jane W. Hartley, Director of Accounting, Office Manager

Legal: **Patricia E. Shaner**, General Counsel
Wilson Hunter, Associate General Counsel
Rachel L. Riddle, Assoc. Counsel for Board

Licensing: **Andi Silberman**

Investigations: **Stan Ingram**, Chief

Physician Monitoring: **Jeff Grimsley**, Director

Physician Assistants: **Deana Bozeman**, Director

Collaborative Practice: **Patricia Ward, RN**, Nurse Consultant
Amy Wybenga, CRNP, Nurse Consultant

(334) 242-4116

Medical Licensure Commission: **Karen Silas**, Executive Assistant

(334) 242-4153

Official publication of the Alabama Board of Medical Examiners and Medical Licensure Commission
Questions? Contact the BME Office at (334) 242-4116 and the MLC Office at (334) 242-4153.