

# Exhibit

# I



Medical Board of California  
**BOARD OF PODIATRIC MEDICINE**  
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831  
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



KRISTINA M. DIXON, M.B.A., *President*  
NEIL B. MANSDORF, D.P.M.

EDWARD E. BARNES  
MELODI MASANIAI

JOHN Y. CHA, D.P.M., *Vice President*  
KAREN L. WRUBEL, D.P.M. MICHAEL A. ZAPP, D.P.M.

## LEGISLATIVE COMMITTEE

Dr. Wrubel, Chair  
Mr. Barnes, Co-chair

BPM will likely require a biennial renewal fee increase in the foreseeable future to sustain licensing and enforcement. And, under current law, BPM will need to submit a Sunset Review report next year in preparation for hearings in 2016.

### Fee Increase

Tax and fee increases have become politically difficult. With the Department's assistance, we came close to achieving an increase from \$900 to \$990 biennially in a 2013 budget trailer bill, but it was amended out prior to being delivered to the Governor.

BPM might revisit this proposal in 2015 if fund condition projections support it.

### 2015 Sunset Report

Legislative staff has indicated that committee and sunset bills are not vehicles for fee increases, and that cannot be expected to change. It could, however, be a forum for raising the issue again and seeking another vehicle depending on fund projections at that time.

There are two proposals from BPM's 2011 Sunset Report that were almost enacted in 2012 and that the Board may wish to consider revisiting. One is the single-scope of practice, eliminating the pre- & post-1984 categories in Section 2472. The second is the cap on DPM postgraduate training. The 2012 increase from four to eight years resolved immediate issues, but the cap itself is unnecessary and inappropriate.

If recent legislation (AB 1838) moves forward to authorize licensure of accelerated three-year medical school graduates, the sunset bill could also be a vehicle to conform BPM's statutes in this regard.

Submitted by:  
Jim Rathlesberger  
April 2014

# Exhibit J



Medical Board of California  
BOARD OF PODIATRIC MEDICINE  
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831  
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



NEIL B. MANSDORF, D.P.M., *President*  
KRISTINA M. DIXON, M.B.A., *Vice President*

EDWARD E. BARNES  
MELODI MASANIAI  
KAREN L. WRUBEL, D.P.M.

JOHN Y. CHA, D.P.M.  
MICHAEL A. ZAPF, D.P.M.

### Licensing & Medical Education Committee

Ms. Masaniai, *chair* Mr. Barnes, *co-chair*

**a. Overview.....J**

Licensing is current and up to date on all statistics, new licenses and renewals. Applications for the 2014-2015 residency year have been sent out to the California resident directors and programs. Once approval has been obtained from the Board (i.e. approved by this committee) all residents will be licensed by their July 1, 2014 start date.

#### APMLE Part III Examination

- The Part III examination administered on December 4, 2014 had 18 out of 20 candidates pass the exam giving a 90% pass rate.
- The next examination will be held on June 4, 2014.
- Applicants must register by May 9, 2014 in order to qualify for the examination.

#### CURES Assessment:

Pursuant to Business and Professions Code Section 208 (SB 809 – DeSaulnier, Chapter 400, Statutes of 2013), all licensees will be assessed \$6 ANNUALLY which is collected at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). The amount of \$12 per renewal cycle has hereby been added to the renewal fee effective April 1, 2014.

**b. Licensing Statistics.....K**

Submitted by:

Christine Raymond  
Licensing Coordinator  
May 2014

# Exhibit K

### LICENSING STATISTICS BY FISCAL YEAR-2013/2014

New licenses issued		*Valid Active/Inactive licenses	
1994/95	41	1994/95	1924
1995/96	31	1995/96	1849
1996/97	69	1996/97	1845
1997/98	75	1997/98	1858
1998/99	63	1998/99	1853
1999/00	61	1999/00	1751
2000/01	76	2000/01	1755
2001/02	76	2001/02	1808
2002/03	71	2002/03	1834
2003/04	76	2003/04	1868
2004/05	54	2004/05	1851
2005/06	43	2005/06	1837
2006/07	60	2006/07	1836
2007/08	55	2007/08	1848
2008/09	47	2008/09	1895
2009/10	59	2009/10	1905
2010/11	58	2010/11	1916
2011/12	61	2011/12	1945
2012/13	65	2012/13	1955
2013/14	47 (July 2013 - present)	2013/14	1935

\* fee-exempt categories and residents excluded

Submitted by:

Christine Raymond  
Licensing Coordinator  
May 2014

## Licensing

### Primary Status Report as of May 2014

---

<b>Lic. Status</b>	<b>E-Permanent</b>	<b>EFE- Fee Exempt</b>	<b>EL- Resident</b>	<b>FNP- Fict. Name</b>	<b>Total</b>
Valid- Active	1935	221	115	355	2626
Valid- Inactive	21				21
Delinquent	107	19		367	493
Cancelled	1847	199	1323	614	3983
Revoked	61				61
Deceased	188	37			225
Surrender	38	39			77

---

**\* Fee- exempt licensees are retired, military and disabled status.**

Submitted by:

Christine Raymond  
Licensing Coordinator  
May 2014

**RESIDENT'S LICENSES (EL) – May 2014**

Category	Number of Residents by Year of Training				
	Year 1	Year 2	Year 3	Year 4	Total
PM&S-36	0	0	0	0	0
PMSR	0	0	0	0	0
PMSR/RRA	38	34	32	0	115
FELLOWSHIP	0	0	0	0	0
ROTATIONS	0	0	0	0	0
<b>TOTAL</b>	<b>49</b>	<b>34</b>	<b>32</b>	<b>0</b>	<b>115</b>

PM&S-36            Podiatric Medicine & Surgery - 36 Months

PMSR                Podiatric Medicine and Surgery Residency

PMSR/RRA        Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery

ROTATIONS        Residency licenses issued to trainees in out-of-state programs participating in California clinical rotations.

Submitted by:

Christine Raymond  
Licensing Coordinator  
May 2014



# Exhibit L



Medical Board of California  
**BOARD OF PODIATRIC MEDICINE**  
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831  
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



KRISTINA M. DIXON, M.B.A., *President*  
NEIL B. MANSDORF, D.P.M.

EDWARD E. BARNES  
MELODI MASANIAI

JOHN Y. CHA, D.P.M., *Vice President*  
KAREN L. WRUBEL, D.P.M. MICHAEL A. ZAPF, D.P.M.

**ENFORCEMENT COMMITTEE**  
**Dr. Mansdorf, Chair**  
**Dr. Cha, Co-Chair**

**a. Overview.....L**

The Enforcement Program is running smoothly. Not all of the same reports are available through the Breeze System as was available through CAS. Reports are still being verified for accuracy and being developed. However, there are no significant trend changes to the Program. The data currently available is provided under Data Reports.

Preparations have began for the Annual Consultant Training which will be held on June 20, 2014 at the Western Foot and Ankle Conference in Anaheim. Subsequent training for Experts will occur in cooperation with the Medical Board.

Information on the cost of Physician Assessment and Clinical Education (PACE) programs is provided as a reference and is included under exhibit L following this overview. PACE Programs (or their equivalent) are often required for Probationers, pursuant to the Board's Manual of Disciplinary Guidelines, in conformity with the Medical Board, to ensure they have the proper training to help protect the public.

In consultation with the Executive Officer, the Enforcement Coordinator monitors enforcement cases full-time, working with the Medical Board Central Complaint and Investigation staff and Deputy Attorney Generals. Any significant issues are reported to the Executive Officer and the Board. Attorney General and MBC staff are regularly invited to Board Meetings to provide the Board with multiple, independent sources of information and the opportunity to question these officials in open public meetings.

**b. Data Reports.....M**

- **Complaint and Disciplinary Data Report** – This report shows complaint and disciplinary data from FY 04/05 through FY 13/14. FY 13/14 shows year to date data.
- **Probation Report** – This report shows all active and tolled probationers as of April 2014, who is monitoring them, and the expected probation completion dates.

Submitted by:

Bethany DeAngelis  
Enforcement Coordinator  
April 2014

**Rathlesberger, Jim@DCA**

---

**From:** Rathlesberger, Jim@DCA  
**Sent:** Tuesday, September 17, 2013 4:53 PM  
**To:** 'Neil Mansdorf'; 'Kristina M. Dixon MBA'; 'John Y. Cha (johnycha@aol.com)'; 'Melodi Masaniai'; ' (faseddie@earthlink.net)'; 'Michael Zapf'; 'Karen Lynn Wrubel'  
**Cc:** DeAngelis, Bethany@DCA  
**Subject:** FW: Cost of PACE Programs

**From:** DeAngelis, Bethany@DCA  
**Sent:** Tuesday, September 17, 2013 4:40 PM  
**To:** Rathlesberger, Jim@DCA  
**Subject:** Cost of PACE Programs

Jim,

The cost for the programs can be found on the brochures and/or applications located on the PACE website.

<http://www.paceprogram.ucsd.edu/default.aspx>

<http://www.paceprogram.ucsd.edu/Documents/pace.courses.application.pdf>

**AVAILABLE PROGRAMS** (please select all programs for which you are applying):

Physician Prescribing Course \$1,800  
Medical Record Keeping Course \$1,300  
Clinician-Patient Communication Course \$500  
Professional Boundaries Program \$2,800  
Anger Management Course \$2,800  
Anger Mgmt. Intensive Follow-Up Program \$3,900 à Will be scheduled individually

Physician Assessment Program (PEP)  
<http://www.paceprogram.ucsd.edu/Documents/paceapplication.pdf>  
Referred through MBC cost: \$8,500 + \$350 application fee

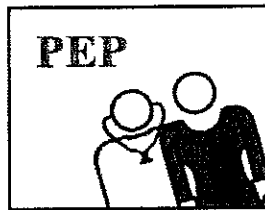
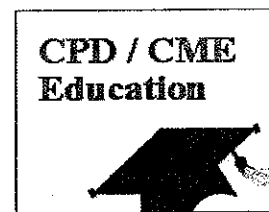
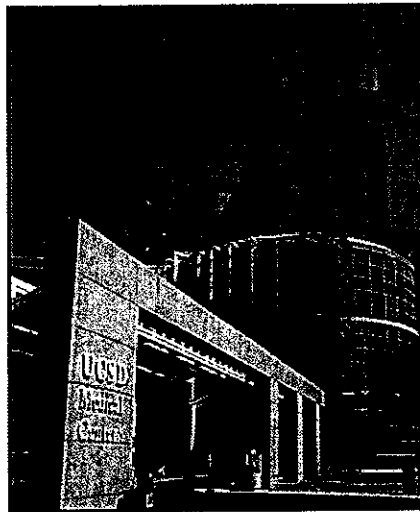
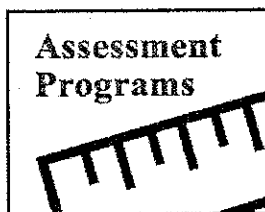
*Bethany DeAngelis, Enforcement Coordinator*  
**California Board of Podiatric Medicine**  
**2005 Evergreen Street, Suite 1300**  
**Sacramento, CA 95815**  
**Phone: 916-263-4324**  
**Fax: 916-263-2651**



Home Assessment Programs ▶ PEP - Physician Monitoring CPD/CME (Education) ▶ Application/Documents Links ▶ About Us ▶

*"The UCSD Physician Assessment and Clinical Education Program is dedicated to the education of physicians and other health care professionals; the detection, evaluation, and remediation of deficiencies in medical practice; and assisting the medical profession in its quest to deliver the highest quality of health care to the citizens of the United States."*

## Welcome!



In collaboration with physicians, state medical boards, hospitals and others, we work to promote public protection, patient safety, and the attainment of the highest possible quality of clinical care.

Since 1996, the PACE<sup>SM</sup> Program has committed itself to promoting a culture of ongoing quality improvement and professional development in the medical field. It is our mission to better the quality of healthcare throughout the nation by offering assessment and remediation services to medical professionals. These assessments can be performed on practicing physicians as well as those who are seeking to reenter practice or obtain initial licensure. We also offer physician monitoring services through our Physician Enhancement Program (or PEP) and a number of continuing professional development (also known as continuing medical education) courses.

We are the largest assessment and remediation program for healthcare professionals in the country, and have provided services to over 2,000 physicians and medical professionals, including podiatrists, physician assistants, and nurses. If you would like to know more about PACE or one of our programs, feel free to [contact us](#).

[PACE Program Brochure Packet - Web View](#)

[PACE Program Brochure Packet - Printable](#)

[PACE At A Glance - Printable](#)

# CME Course Application

1899 McKee Street, Ste. 126  
San Diego, CA 92110

Phone: 619-543-6770  
Fax: 619-543-2353  
Email: [ucpace@ucsd.edu](mailto:ucpace@ucsd.edu)  
Web: [paceprogram.ucsd.edu](http://paceprogram.ucsd.edu)

**AVAILABLE PROGRAMS** (please select all programs for which you are applying):

- |  |         |                                  |
|--|---------|----------------------------------|
| <input type="checkbox"/> Physician Prescribing Course            | \$1,800 | → Requested Dates: _____         |
| <input type="checkbox"/> Medical Record Keeping Course           | \$1,300 | → Requested Dates: _____         |
| <input type="checkbox"/> Clinician-Patient Communication Course  | \$500   | → Requested Dates: _____         |
| <input type="checkbox"/> Professional Boundaries Program         | \$2,800 | → Requested Dates: _____         |
| <input type="checkbox"/> Anger Management Course                 | \$2,800 | → Requested Dates: _____         |
| <input type="checkbox"/> Anger Mgmt. Intensive Follow-Up Program | \$3,900 | → Will be scheduled individually |

For customized/individualized programs, please use the "PACE Individualized Program Registration Form".

## CONTACT INFORMATION

**NAME:** \_\_\_\_\_  
Last First Middle Initial

Gender:  Male  Female Date of Birth: \_\_\_\_\_

**HOME ADDRESS** (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Address \_\_\_\_\_

City State Zip Code

**WORK ADDRESS** (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

**Correspondence should be sent to:**  Home Address  Work Address  Other \_\_\_\_\_

Please check the corresponding box for the **best way** to reach you and preferred fax number:

Home Phone: \_\_\_\_\_  Work Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PRACTICE INFORMATION

Degree (please check one):  M.D.  D.O.  D.P.M.  P.A.  Other: \_\_\_\_\_

Board certified in: \_\_\_\_\_ Date of last Recertification: \_\_\_\_\_

Board eligible in: \_\_\_\_\_

Specialty of current clinical practice: \_\_\_\_\_

State License Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Has your license to practice medicine ever been suspended in any state?  Yes  No - If Yes, please give a brief explanation:

---

---

---

Are you currently practicing medicine?  Yes  No - If No, please state why:

---

---

---

Have you ever been denied or lost hospital privileges?  Yes  No - If Yes, please give a brief explanation.

---

---

---

Have you been denied, lost, had suspended or received any disciplinary action or is there any pending action regarding any license or privilege, including DEA license?  Yes  No - If yes, please give a brief explanation.

---

---

---

Do you have a Probation Investigator or Enforcement Monitor?  Yes  No - If yes, please provide their name and contact information.

---

---

---

Who referred you to the PACE Program (please select one)?

- Medical Board of California     Other State Medical Board (identify): \_\_\_\_\_
- Private Hospital (name of hospital): \_\_\_\_\_
- Attorney: \_\_\_\_\_
- Self (how did you hear about us?): \_\_\_\_\_
- Other: \_\_\_\_\_

If you have been referred by a Hospital, are you coming as a requirement of the Medical Staff or Medical Executive Committee?  Yes  No

If you selected "yes" to the previous question, please provide their name and contact information in the space provided below:

---

---

---

## CONSENT AND RELEASE OF INFORMATION

I authorize the University of California and the Physician Assessment and Clinical Education Program to disclose and exchange information pertaining to my participation in the Physician Assessment and Clinical Education Program and any of its offerings with **(please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):**

---

---

---

---

---

---

---

---

---

---

I understand that one or more of the standard testing modalities that I will participate in will be videotaped for documentation as part of the routine assessment protocol. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that information about my participation in the PACE program shall be available for inspection and review by above agencies and/or persons or by their designee at any time, and agree that it shall not be privileged in any way to the above agencies and/or designees.

By my signature below, I agree to hold harmless the Regents of the University of California, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## PAYMENT & PROCESSING INFORMATION

THIS IS A PRELIMINARY APPLICATION  
ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A LETTER  
WITH FURTHER INSTRUCTIONS

### SHIPPING AND MAILING ADDRESS:

UCSD PACE Program  
1899 McKee Street, #126  
San Diego, CA 92110

### FOR MORE INFORMATION OR TO CONTACT US:

Phone: (619) 543-6770  
Fax: (619) 543-2353  
E-mail: [ucpace@ucsd.edu](mailto:ucpace@ucsd.edu)  
Internet: [paceprogram.ucsd.edu](http://paceprogram.ucsd.edu)

### CANCELLATION POLICY

- There is a \$100 administrative fee for cancellation more than two weeks before the course, refund of the remaining balance is possible.
- There is a \$250 administrative fee for cancellation two weeks or less before the course, refund of the remaining balance is possible.
- There is a \$250 administrative fee for "no show." No refund is possible. However, the remaining balance can be applied to a future course.

### MULTI-COURSE DISCOUNT:

As of June 20, 2013, participants applying for multiple PACE courses are eligible for a discount at the time of enrollment. Courses must be applied for at the same time to receive the discount. Additional custom modules added to courses are not applicable.  
Two courses = 10% off  
Three or more courses = 15% off

<input type="checkbox"/> Prescribing	\$1,800
<input type="checkbox"/> Medical Record Keeping	\$1,300
<input type="checkbox"/> Communication	\$500
<input type="checkbox"/> Boundaries	\$2,800
<input type="checkbox"/> Anger Management	\$2,800
<input type="checkbox"/> Anger Mgmt. Follow-Up	\$3,900
<input type="checkbox"/> Custom Course	_____
(use "Individualized Course" application)	
Course Subtotal	_____
Multi-Course Discount (if applicable)	_____
Course Total	_____

### CHECK INFORMATION

Make all checks or money orders payable to "UC Regents."

### CREDIT CARD INFORMATION

**I authorize the UCSD PACE Program to charge my credit card for the amount noted below.**

Total Amount to be charged: \$ \_\_\_\_\_ Last Four Digits of CC: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP!** We request that you NOT send credit card information electronically (via fax or email). Please complete the form below if you are sending the application by mail. **Otherwise, please complete and send the above section only, and then contact our office at 619-543-6770 to provide the payment information.**

- Master
- Visa
- American Express
- Discover
- Diners Club

Card Holder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date (mm/yy): \_\_\_\_\_ Card Security Number: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
Credit Card Billing Zip Code: \_\_\_\_\_



# Competency Assessment / PEP Application

1899 McKee Street, Ste. 126  
San Diego, CA 92110

Phone: 619-543-6770  
Fax: 619-543-2353  
Email: [ucpace@ucsd.edu](mailto:ucpace@ucsd.edu)  
Web: [paceprogram.ucsd.edu](http://paceprogram.ucsd.edu)

**AVAILABLE PROGRAMS** (please select all programs for which you are applying):

- Competency Assessment and Clinical Education  
 Professional Enhancement Program (PEP)

## CONTACT INFORMATION

**NAME:** \_\_\_\_\_  
Last First Middle Initial

Gender:  Male  Female Date of Birth: \_\_\_\_\_

**HOME ADDRESS** (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Address \_\_\_\_\_

City State Zip Code

**WORK ADDRESS** (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

**Correspondence should be sent to:**  Home Address  Work Address  Other \_\_\_\_\_

Please check the corresponding box for the **best way** to reach you and preferred fax number:

Home Phone: \_\_\_\_\_  Work Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PRACTICE INFORMATION

Degree (please check one):  M.D.  D.O.  D.P.M.  P.A.  Other: \_\_\_\_\_

Board certified in: \_\_\_\_\_ Date of last Recertification: \_\_\_\_\_

Board eligible in: \_\_\_\_\_

Specialty of current clinical practice: \_\_\_\_\_

State License Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Has your license to practice medicine ever been suspended in any state?  Yes  No - If Yes, please give a brief explanation:

---

---

---

Are you currently practicing medicine?  Yes  No - If No, please state why:

---

---

---

Have you ever been denied or lost hospital privileges?  Yes  No - If Yes, please give a brief explanation.

---

---

---

Have you been denied, lost, had suspended or received any disciplinary action or is there any pending action regarding any license or privilege, including DEA license?  Yes  No - If yes, please give a brief explanation.

---

---

---

Do you have a Probation Investigator or Enforcement Monitor?  Yes  No - If yes, please provide their name and contact information.

---

---

Who referred you to the PACE Program (please select one)?

- Medical Board of California       Other State Medical Board (identify): \_\_\_\_\_  
 Private Hospital (name of hospital): \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Self (how did you hear about us?): \_\_\_\_\_  
 Other: \_\_\_\_\_

If you have been referred by a Hospital, are you coming as a requirement of the Medical Staff or Medical Executive Committee?  Yes  No

If you selected "yes" to the previous question, we will need to contact the chair of the referring committee. Please provide their name and contact information in the space provided below:

---

---

---

What are the circumstances that led up to your referral or application to the PACE Program? (If more space is needed, please write on the back of this page or on a separate piece of paper)

---

---

**CONSENT AND RELEASE OF INFORMATION**

I authorize the University of California and the Physician Assessment and Clinical Education Program to disclose and exchange information pertaining to my participation in the Physician Assessment and Clinical Education Program and any of its offerings with **(please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):**

---

---

---

---

---

---

---

---

---

---

I understand that one or more of the standard testing modalities that I will participate in will be videotaped for documentation as part of the routine assessment protocol. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that information about my participation in the PACE program shall be available for inspection and review by above agencies and/or persons or by their designee at any time, and agree that it shall not be privileged in any way to the above agencies and/or designees.

By my signature below, I agree to hold harmless the Regents of the University of California, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### PAYMENT & PROCESSING INFORMATION

THIS IS A PRELIMINARY APPLICATION  
ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A LETTER  
WITH FURTHER INSTRUCTIONS

**SHIPPING AND MAILING ADDRESS:**

UCSD PACE Program  
1899 McKee Street, #126  
San Diego, CA 92110

**FOR MORE INFORMATION OR TO CONTACT US:**

Phone: (619) 543-6770  
Fax: (619) 543-2353  
E-mail: [ucpace@ucsd.edu](mailto:ucpace@ucsd.edu)  
Internet: [paceprogram.ucsd.edu](http://paceprogram.ucsd.edu)

CHECK INFORMATION

Make all checks or money orders payable to "UC Regents."

**SELECT THE APPLICABLE PAYMENT(S)**

**PACE Competency Assessment Program**

**1<sup>st</sup> OPTION:**

Pay Application Fee Only \$350

**2<sup>nd</sup> OPTION:**

Phase I Balance – \$9,500  
(Hospital/Medical Group Referral\*)

Phase I Balance – \$8,500  
(Medical Board/Private Attorney/Self Referrals\*)

**EXPEDITED SCHEDULING FEE\*** \$1,000

**PACE Physician Enhancement Program (PEP)**

Application Fee \$350

**TOTAL =** \_\_\_\_\_

\*Application fee is included in Phase I balance. See [Price List](#) for more details.

CREDIT CARD INFORMATION

**I authorize the UCSD PACE Program to charge my credit card for the amount noted below.**

Total Amount to be charged: \$ \_\_\_\_\_ Last Four Digits of CC: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP!** We request that you NOT send credit card information electronically (via fax or email). Please complete the form below if you are sending the application by mail. **Otherwise, please complete and send the above section only, and then contact our office at 619-543-6770 to provide the payment information.**

- Master
- Visa
- American Express
- Discover
- Diners Club

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date (mm/yy): \_\_\_\_\_ Card Security Number: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

Exhibit

M

**COMPLAINT & DISCIPLINARY DATA**  
 FY 13/14 July 1, 2013 - April 11, 2014

Fiscal Year	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Numbers of Licensees*:	2016	2052	2045	2056	2055	2072	2086	2105	2120	2156
Complaints Received**:	147	109	116	104	108	127	90	124	122	81
Open Cases: 47										
Discipline Cases Pending at Attorney General: 5										
Licensees on Probation: 15										
Citations and Fines	1	4	1	0	4	4	0	0	2	4
Cease/desist Letters***	10	5	6	4	5	2	0	0	0	0
Referred to Attorney General	12	12	13	9	6	9	11	4	7	10
Referred to District Attorney	0	0	1	0	0	0	0	0	0	0
Accusations/Petitions to Revoke Probation/SOI	9	7	12	8	4	8	8	5	2	5
Penalty Relief Petitions Filed	1	0	1	1	1	2	1	1	2	1
Hearings****	4	2	2	5	2	2	2	1	0	2
Prop. Dec. Non-adopted	0	1	0	0	0	0	0	0	0	0
Prop. Dec. Adopted	2	1	2	1	2	2	1	0	1	4
Stipulations Adopted	6	6	9	5	8	5	2	7	4	1
Probations	4	4	9	5	6	5	2	5	3	3
Suspensions	1	0	1	2	1	1	0	0	0	1
Revocations	1	2	0	1	2	1	0	0	1	1
Surrenders During Prosecution	1	2	0	0	0	1	1	1	0	1
Public Letter of Reprimand	0	0	0	0	0	0	1	1	0	0
Other	0	0	0	0	2	0	0	0	0	0
Criminal arrests/convictions	0/0	0/0	1/0	0/0	0/1	0/0	0/0	0/0	2/1	0/0
Temporary Restraining Orders/Interim Suspensions/Automatic Suspensions/PC-23 Orders	1	0	2	1	1	1	0	0	2	0

\* includes all E & EFE licensees with a status code 10 (E)  
 \*\* includes multiple complaints against individual licensees  
 \*\*\* cease and desist letters were discontinued in 2010  
 \*\*\*\* includes reinstatements, penalty relief petitions, and any other cases heard by an Administrative Law Judge (ALJ)

**Board of Podiatry Medicine's  
Probation Surveillance Program  
April 11, 2014**

<b>Complaint No.</b>	<b>Subject's Name</b>	<b>Probation Officer</b>	<b>Medical Consultant</b>	<b>Practice Monitor</b>	<b>Status</b>	<b>Completion Date</b>
<b>Active Status:</b>						
1B-2007-181509	Servatjoo, Parviz	Brown	Walburg	Walburg	Active	05/08/14
1B-2004-162454	Hernandez, Virgil	Brown	Giacopelli	Wagreich	Active	07/09/14
1B-2005-169051	Nguyen, Tan	Seamons	Bois	Bois	Active	08/17/14
1B-2009-198964	Eng, Steven	Brown	Rosenthal		Active	03/01/15
1B-2008-192098	Nordyke, Randolph	Seamons	Wagreich	Wagreich	Active	04/08/15
1B-2004-162196	Carrasco, Pete	Argosino	Wagreich	PEP	Active	07/02/15
1B-2010-210403	Jones, Franklyn	Seamons	Kaschak		Active	09/20/15
1B-2004-158802	Moy, Richard	Argosino	Labovitz	Taubman	Active	12/30/15
1B-2009-201287	Garofalo, Joseph	Argosino	Rosenthal		Active	03/13/16
1B-2009-199047	Moussavi, Ramyar	Brown	Rosenthal	Rosenthal	Active	06/29/17
1B-2009-203735	Ahmadi, Matt	Brown	Rosenthal	Rosenthal	Active	10/24/17
1B-2009-201207	Glover, Alfred	Argosino	Rosenthal		Active	07/25/18
1B-2005-167595	Truong, Vinncente	Seamons	Greenwald	Greenwald	Active	07/28/18
D1-2004-160535	Ky, Nguyen	Seamons	Bois	Bois	Active	09/13/18
1B-2009-199005	Colburn, Michael	Seamons	Bois		Active	10/28/18

**Subtotal 15**

Complaint No.	Subject's Name	Probation Officer	Medical Consultant	Practice Monitor	Status	Completion Date
---------------	----------------	-------------------	--------------------	------------------	--------	-----------------

**Tolled Status: (Out of State)**

1B-1990-3602	Marek, Neal	Seamons			Tolled	
1B-2000-105396	Salz, Joseph	Seamons			Tolled	
1B-2006-179270	O'Meara, Sean	Seamons			Tolled	
				<b>Subtotal</b>		<b>3</b>

**Tolled Status: (In State)**

1B-1990-5979	Metz, Douglas	Seamons			Pended	
1B-1996-64516	Levy, Sherwin	Seamons			Pended	
1B-1995-52592	Weber, Bennie	Seamons			Pended	
1B-2002-133194	Fowler, Morris	Seamons			Pended	
				<b>Subtotal</b>		<b>4</b>



Exhibit

N



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Medical Board of California  
**BOARD OF PODIATRIC MEDICINE**  
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831  
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



KRISTINA M. DIXON, M.B.A., *President*  
NEIL B. MANSDORF, D.P.M.

EDWARD E. BARNES  
MELODI MASANIAI

JOHN Y. CHA, D.P.M., *Vice President*  
KAREN L. WRUBEL, D.P.M.

MICHAEL A. ZAPF, D.P.M.

## **PUBLIC EDUCATION COMMITTEE**

Dr. Zapf, Chair  
Ms. Masaniai, Co-chair

The Department of Consumer Affairs, Medical Board and Board of Podiatric Medicine have extensive Internet links providing public education and information links.

Staff updates and revises these on an ongoing basis, but with President Dixon's re-establishment of the Public Education Committee it is appropriate for a review and re-appraisal of BPM outreach. With restrictions on State employee travel and increased reliance on the Internet, this is timely.

Starting-off pages from DCA, MBC and BPM are exhibited herein, and will be subject to revision in consultation with the new Executive Officer and in preparation of the upcoming Sunset Review.

Submitted by:  
Jim Rathlesberger  
April 2014



California Department of  
**Consumer Affairs**

[DCA Entities](#) | [Disclaimer](#) | [About Us](#) | [Contact Us](#)

[Search](#)

[This Site](#)

[California](#)



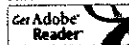
[CONSUMERS](#)   [MEDIA](#)   [PUBLICATIONS](#)   [ONLINE SERVICES](#)

## For Consumers

- [Automotive Information](#)
- [California Healthcare Jobs: Working for Tomorrow](#)
- [Complaints](#)
- [Consumer Connection Magazine](#)
- [Consumer Education Campaigns and Consumer Tips](#)
- [Consumer Outreach](#)
- [Consumer Publications](#)
- [Consumer Service Center](#)
- [Consumer Smart Kids](#)
- [Consumer Wiki](#)
- [Contacting Elected Officials](#)
- [DCA Meeting Calendar](#)
- [Disaster Information](#)
- [Frequently Asked Question](#)
- [Helpful Consumer Links](#)
- [License Verification](#)
- [Mediation Programs and Dispute Resolution Programs Act](#)
- [Mediation Programs](#)
- [Mortgage Information, Housing and Community Development Department](#)
- [Office of Privacy Protection](#)
- [Product Recalls](#)
- [Purchasing a Licensee List](#)
- [Resource and Referral Guide](#)
- [Senior Resources](#)
- [Taxes](#)
- [Tenants, Landlords and Homeowners Associations](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#) | [Contact Us](#) | [Help](#)  
Copyright © 2014 State of California

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.





## Consumer Information

The Medical Board is the licensing agency for physicians and surgeons and other allied health care professionals in California, and is responsible for investigating complaints and taking disciplinary action against the license, if a violation of law is confirmed.

[Verify a License](#)

[Consumer Publications](#)

[Complaint Information](#)

[Hospital & Care Facilities Information](#)

[General Information for Medical Consumers](#)

### Verify a License

---

Physician and Surgeon and Special Faculty Permit

Student Research Psychoanalyst

Licensed Midwife

Registered Polysomnographic Trainee

Registered Dispensing Optician

Registered Polysomnographic Technician

Registered Spectacle Lens Dispenser

Registered Polysomnographic Technologist

Registered Contact Lens Dispenser

Fictitious Name Permit

Registered Nonresident Contact Lens Seller

Other Department of Consumer Affairs' Licensed Professional

Research Psychoanalyst

[Verify a License](#)

### Complaint Information

---

[How to File a Complaint](#)

**Frequently Asked Questions:**

[Complaint Process](#)

[General Office Practices/Protocols](#)

[Internet Prescribing and Practicing](#)

[Patient's Access to Medical Records](#)

[Physician Credentials/Practice Specialties](#)

[What Enforcement Information is Available](#)

[Overview of the Enforcement Process](#)

**Enforcement Documents:**

[What's Available to the Public](#)

[Enforcement Public Document Search](#)

[Obtaining Historical or Certified Enforcement Documents](#)

**General Information for Medical Consumers**

---

[Advance Health Care Directive Registry](#)

[Avoiding Medication Errors \(video\) — Link to PSA from Board of Pharmacy](#)

**Disposal of Drugs:**

[California Integrated Waste Management Board, Pharmaceutical Drug Waste](#)

[Don't Flush Your Medicines Down the Toilet! - California Board of Pharmacy](#)

**Disposal of "Sharps" (Home injection syringes):**

[California Integrated Waste Management Board, Sharps Waste](#)

[Find and Compare Doctors, Plans, Hospitals and Providers by MediCare.Gov](#)

**Health Care Reform**

[HealthCare.gov](#)

[Covered California](#)

[Department of Managed Health Care](#)

[How to Choose a Doctor / Physician License Information](#)

[Internet Prescribing - Information for Consumers](#)

[Medical Marijuana](#)

[Medical Spas - What You Need to Know](#)

[Outpatient Surgery Centers - Who must be accredited or licensed](#)

[\*\*Patient Access to Medical Records\*\*](#)

[HIPAA - Protecting the Privacy of Patients' Health Information](#)

[Resources Available to Help Reduce Cost to Patients of Life-Saving Mammograms](#)

## **Consumer Publications**

---

[Consumer's Guide to Healthcare Providers](#)

["Preserve a Treasure - Know When Antibiotics Work"](#)

### **Publications from the Medical Board of California**

[Information and Services for Consumers](#)

[How Complaints are Handled](#)

[Questions and Answers About Investigations](#)

[Most Asked Questions About Medical Consultants](#)

[A Patient's Guide to Blood Transfusions](#)

[A Woman's Guide to Breast Cancer Diagnosis and Treatment](#)

[Gynecologic Cancers...What Women Need to Know](#)

[Professional Therapy Never Includes Sex](#)

[Things to Consider Before Your Silicone Implant Surgery](#)

[What You Need to Know About Prostate Cancer](#)

## **Hospital and Care Facilities Information**

---

**California Department of Public Health**

[Information on Hospitals and Long-term care facilities](#)

[Nursing Home Citations assessed, by county](#)

Ratings of California hospitals by the [California Hospital Foundation](#)

**[MediCare.Gov](#)**

[Find and compare Nursing Homes](#)

[Find and compare Hospitals](#)

---

[About Us](#) | [DCA](#) | [CA.gov](#) | [Governor](#) | [Get Adobe Reader](#) |

[Contact Us](#) | [Request a Callback](#)

Copyright © 2012 State of California [Back to Top](#) | [Conditions of Use](#) | [Privacy](#)

[Policy](#) | [Accessibility](#) | [Disclaimer](#)

Select Language | ▼

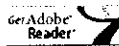
California Department of Consumer Affairs  
**Medical Board of California**  
**Board of Podiatric Medicine**

HIGHLIGHTS



INFORMATION:	LICENSING INFORMATION:	WHAT'S NEW:	OTHER RESOURCES:
<ul style="list-style-type: none"> <li>• <a href="#">Consumers</a></li> <li>• <a href="#">Consumer Service Center</a></li> <li>• <a href="#">Filing patient-care complaints about doctors</a></li> <li>• <a href="#">Health Facilities</a></li> <li>• <a href="#">Forms</a></li> <li>• <a href="#">Testing</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Licensing Applicants</a></li> <li>• <a href="#">License Verification</a></li> <li>• <a href="#">Educational Information</a></li> <li>• <a href="#">Fact Sheets</a></li> <li>• <a href="#">Renewal Form (Continuing Competence Certification)</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">JOB BULLETIN - Executive Officer</a></li> <li>• <a href="#">Sunset Review</a></li> <li>• <a href="#">APMA By the Decade</a></li> <li>• <a href="#">Careers in Podiatric Medicine (APMA)</a></li> <li>• <a href="#">BPM E-Updates</a></li> <li>• <a href="#">Frequently Asked Questions</a></li> <li>• <a href="#">Publications</a></li> <li>• <a href="#">Information for Military Personnel and Their Spouses/Domestic Partners</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Consumer Resources</a></li> <li>• <a href="#">Government Agencies</a></li> <li>• <a href="#">Intergovernmental</a></li> <li>• <a href="#">Links</a></li> </ul>
<p><b>Contact Us</b></p> <p>Board of Podiatric Medicine 2005 Evergreen Street, Suite 1300 Sacramento, CA 95815                      (916) 263-2647 Fax: (916) 263-2651  <a href="#">Email the Board</a></p>			

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.



[Conditions of Use](#) | [Privacy Policy](#)  
 Copyright © 2012 State of California



California Department of Consumer Affairs  
**Medical Board of California**  
**Board of Podiatric Medicine**

## Consumer Information

---

### License Verification & Public Disclosure

- >> [Online License Verification](#)
  - >> [Find a Doctor](#)
  - >> [Check License History & Status](#)
  - >> [See Disclosure of Enforcement Action\(if any\)](#)
  - >> [Telephone:\(916\)263-2382](#)
  
- >> [Fictitious Name Permit Verification](#)
  
- >> [Cases referred to the Attorney General](#)
  
- >> [Disciplinary Actions Summary](#)

### Fact Sheets for Consumers

- >> [Information for Consumers](#)
  
- >> [Information for Consumers - Spanish](#)
  
- >> [Information on Advertising](#)
  
- >> [Prohibited Referrals](#)
  
- >> [You and Your DPM \(brochure\)](#)
  
- >> [Orthotics Can Help \(brochure\)](#)
  
- >> [Orthotics Can Help \(brochure\) - Spanish](#)
  
- >> [Diabetics: Keep and eye on your feet \(brochure\)](#)
  
- >> [Diabetics: Keep and eye on your feet \(brochure\) - Spanish](#)

### Foot Health for Diabetes

- >> [Diabetic Foot – Health Brochure](#)
  
- >> [Diabetic Wound Care - American Podiatric Medical Association](#)
  
- >> [New Study Proves Care by Podiatrists Dramatically Decreases Lower Limb Amputation - American Podiatric Medical Association](#)
  
- >> [Information on The Diabetic Foot – English](#)

- >> [Information on The Diabetic Foot - Spanish](#)
- >> [Foot Care – American Diabetes Association](#)

### Complaints

- >> [Consumer Complaint Information](#)
  - >> [Online Form - Fill in Online](#)
  - >> [Fill and Print Form](#)
  - >> [Fill and Print Form \(Spanish\)](#)
- >> [Citizen's Comment/Complaint Form \(to submit comments/complaints about the BPM\)](#)

### Other Consumer Resources

- >> [Learn About Feet \(APMA\)](#)
  - >> [Podiatric Medicine Backgrounder](#)
  - >> [Podiatry Facts](#)
  - >> [FAQs re Podiatric Medicine](#)
- >> [Tips to Heal Heel Pain Without Surgery \[VIDEO/ARTICLE\]](#)
- >> [Medical Records - Frequently Asked Questions](#)
- >> [General Office Practices/Protocols - FAQs](#)
- >> [Choosing a Doctor - U.S. Department of Health & Human Services](#)
- >> [The dos \(and don'ts\) of picking a doctor - Los Angeles Times](#)
- >> [Information on Orthotics "You Don't Have to Live With Foot Pain Orthotics Can Help"](#)
- >> [American College of Foot and Ankle Surgeons - Foot and Ankle Conditions](#)
- >> [California Podiatric Medical Association - General Foot Disorders](#)
- >> [Medical Board Publications \(Monthly Hotsheet & Quarterly Action Report\)](#)
- >> [Article, On Your Feet, May 2007](#)  
January W. Payne, Washington Post Staff Writer  
"They're made for walking, jogging, hiking, even dancing."
- >> [Ordering Public Documents](#)
- >> [Patient Access to Health Records \(Health & Safety Code Section 123100 - 123149.5\)](#)
- >> [Podiatry Today Magazine](#)
- >> [Walking Works - Information from Blue Cross Blue Shield Association](#)
- >> [Women's Foot Health](#)

---

California Department of Consumer Affairs  
**Medical Board of California**  
**Board of Podiatric Medicine**

## Links

---

### Government Agencies

- >> [Office of Administrative Law](#)
- >> [Office of the Attorney General](#)
- >> [Department of Consumer Affairs](#)
- >> [Drug Enforcement Administration](#)
- >> [Federal Trade Commission](#)
- >> [Dept. of Health and Human Services - Office of the Inspector General](#)
- >> [Health Insurance Counseling and Advocacy Program \(Medicare\)](#)
- >> [Department of Health Services](#)
- >> [Department of Insurance](#)
- >> [Department of Managed Health Care \(HMOs\)](#)
- >> [Department of Public Health - Licensing & Certification Division](#)
- >> [Department of Public Health - Radiologic Health Branch](#)
- >> [Medical Board of California](#)
- >> [Medical Board of California – Wellness Committee](#)
- >> [Medicare – The Official U.S. Government Site for Medicare Information](#)
- >> [Office of the Patient Advocate](#)
- >> [California Board of Pharmacy](#)
- >> [State and Consumer Services Agency](#)
- >> [State of California Law and Codes](#)
- >> [State of California Official Homepage](#)

### Non-Government References

- >> [Accreditation Council for Graduate Medical Education \(ACGME\)](#)
- >> [American Association of Colleges of Podiatric Medicine](#)
- >> [American Board of Medical Specialties](#)
- >> [American Board of Podiatric Orthopedics and Primary Podiatric Medicine](#)
- >> [American Board of Podiatric Surgery](#)
- >> [The American College of Foot and Ankle Orthopedics & Medicine](#)
- >> [American College of Foot and Ankle Surgeons](#)
- >> [American Podiatric Medical Association](#)
  - >> [Careers in Podiatric Medicine](#)
- >> [American Public Health Association - Podiatric Health](#)
- >> [American Society of Podiatric Surgeons](#)
- >> [California Podiatric Medical Association](#)
- >> [Council for Medical Education and Testing](#)
- >> [Council on Podiatric Medical Education](#)
- >> [Federation of Podiatric Medical Boards](#)

- >> [Federation of State Medical Boards](#)
- >> [Health Jobs Start Here](#)
- >> [The Institute for Medical Quality](#)
- >> [Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\)](#)
- >> [Los Angeles County Podiatric Medical Society](#)
- >> [National Guideline Clearinghouse \(NGC\)](#)
- >> [American Podiatric Medical Licensing Examination \(Exam Info\)](#)
- >> [Orange County Podiatric Medical Association](#)
- >> [Physician Assessment and Clinical Education \(PACE\) Program](#)
- >> [Pedorthic Footwear Association](#)
- >> [San Diego County Podiatric Medical Society](#)

<b>Consumer References</b>
----------------------------

**Consumer - General**

- >> [AARP – American Association of Retired Persons California State Office](#)
- >> [Better Business Bureau](#)
- >> [CALPIRG – California Public Interest Research Group](#)
- >> [California District Attorneys Association](#)
- >> [Center for Public Interest Law](#)
- >> [Congress of California Seniors](#)
- >> [Consumer Federation of America](#)
- >> [Consumer Protection \(USA.gov\)](#)
- >> [Consumers Union](#)
- >> [Fight Back! With David Horowitz](#)
- >> [Foot Doctor Referral](#)
- >> [The Foundation for Taxpayer and Consumer Rights](#)
- >> [National Association of Consumer Agency Administrators \(NACAA\)](#)
- >> [National Consumers League \(NCL\)](#)
- >> [Public Interest Clearinghouse](#)

**Consumer - Health/Medical**

- >> [American College of Foot and Ankle Surgeons - Foot & Ankle Conditions](#)
- >> [American Diabetes Association Serving California](#)
- >> [American Geriatrics Society](#)
- >> [Health Access Foundation](#)
- >> [Health Research Group](#)
- >> [Learn About Feet \(APMA\)](#)
  - >> [Podiatric Medicine Background](#)
  - >> [Podiatry Facts](#)
  - >> [FAQs re Podiatric Medicine](#)
- >> [National Council Against Health Fraud \(NCAHF\)](#)
- >> [National Guideline Clearinghouse \(NGC\) Links to Patient Resources](#)
- >> [Office of the Patient Advocate](#)
- >> [Quackwatch](#)
- >> [Radiologic Health Branch - Dept. of Health Services](#)
- >> [Society for Women's Health Research](#)

- [The California Patient's Guide](#)
- [The Center for the Health Professions - University of California - San Francisco](#)

#### **Colleges of Podiatric Medicine**

- [American Association of Colleges of Podiatric Medicine](#)
- [Barry University School of Podiatric Medicine](#)
- [California School of Podiatric Medicine at Samuel Merritt University](#)
- [College of Podiatric Medicine and Surgery at Des Moines University](#)
- [Dr. William M. Scholl College of Podiatric Medicine at the Rosalind Franklin University of Medicine and Science](#)
- [Midwestern University - Arizona Podiatric Medicine Program](#)
- [New York College of Podiatric Medicine](#)
- [Ohio College of Podiatric Medicine](#)
- [Temple University School of Podiatric Medicine](#)
- [Western University of Health Sciences](#)

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.



[Conditions of Use](#) | [Privacy Policy](#)  
Copyright © 2012 State of California