MINUTES
Monthly Meeting
MEDICAL LICENSURE COMMISSION OF ALABAMA
Meeting Location: 848 Washington Avenue
Montgomery, Alabama 36104

September 28, 2022

MEMBERS PRESENT IN PERSON

Craig H. Christopher, M.D., Chairman
Jorge Alsip, M.D., Vice Chairman
Kenneth W. Aldridge, M.D.
Pamela Varner, M.D.
Paul M. Nagrodzki, M.D.
Gary Hill, D.O.
L. Daniel Morris, Esq.

MEMBERS NOT PRESENT

Howard J. Falgout, M.D.

OTHERS PRESENT

Karen H. Silas, Operations Director (Recording)
Nicole Chapman, Administrative Assistant (Recording)
Aaron Dettling, MLC Legal Counsel
Roland Johnson, Physician Monitoring
Chris Hart, Technology
Wilson Hunter, BME Legal Counsel
Blake Henson, BME Legal Counsel
Matt Hart, Special Counsel
William Perkins, BME Executive Director
James R. Seale, Hearing Officer

SECURITY

Scott Sides
Randy Dixon
Becky Daniels
Ben Schlemmer
Anthony Crenshaw
Stephen Lavender

Buddy Chavez
Greg Hardy
Jason Green

Call to Order: 9:03 a.m.

Prior notice having been given in accordance with the Alabama Open Meetings Act, and with a quorum of seven members present, Commission Chairman, Craig H. Christopher, M.D. convened the monthly meeting of the Alabama Medical Licensure Commission.

OLD BUSINESS

MINUTES Commissioner Alsip made a motion that the Minutes of August 24, 2022 be approved. A second was made by Commissioner Aldridge. The motion was approved by unanimous vote.

NEW BUSINESS

FULL LICENSURE APPLICANTS

	Name	Medical School	Endorsement
1.	Emad Khaled Al Jaber	University of Khartoum	USMLE
2.	Wilson Edward Alley	UAB	USMLE/NJ
3.	Wael Abdullah D Alshehri	King Khalid University	USMLE/MA
4.	Sabaina Arshad	Ross University	USMLE/VA
5.	Ryan Matthew Avery	University of Medicine and Health Sciences, St. Kitts	USMLE/MI
6.	Martha Cecilia Ballesteros	Pontifical Xavierian University	FLEX/FL
7.	Nisha Ann Basu	Tufts University School of Medicine	USMLE/MA
8.	Chad Alden Brady	Florida State University College of Medicine	USMLE/LA
9.	Peter Tormey Braud	LSU School of Medicine New Orleans	USMLE/SC
10.	Wesley Brown	Augusta University	USMLE
11.	Richard Owen Burney	Uniformed Services University	USMLE

	Name	Medical School	Endorsement
12.	Aldo Albert Calvo	Nova Southeastern U College of Medicine	COMLEX/FL
13.	Nicholas Choy	Ross University	USMLE/NY
14.	Lauren Victoria Daley	Florida Atlantic U Charles E. Schmidt College of Med	USMLE
15.	Rupesh Kiritkumar Dave	M P Shah Medical College, Saurashtra University	USMLE/TX
16.	Thomas Stuart DePriest	UAB	USMLE
17.	Daphne E Diaz Vazquez	San Juan Bautista School of Medicine	USMLE/PR
18.	Kacie Lynn Dillon	LSU Medical Center In Shreveport	USMLE/TN
19.	Jeremiah Daniel Dreisbach	Poznan University of Medical Sciences	USMLE/GA
20.	James Durden	South Carolina College of Medicine	USMLE
21.	Camille Tallini Elkins	LSU Medical Center In Shreveport	USMLE/OH
22.	Manuel R Espinoza Gutarra	National University of San Marcos	USMLE/TX
23.	Jakob Graham Evans	University of Louisville School of Medicine	USMLE
24.	Dana Rachael Eyerly	University of Florida College of Medicine	USMLE
25.	Casten Randle Fischer	Edward Via C of Osteo Med, Carolinas Campus	COMLEX
26.	Cynthia Mary Francis	Indiana U School of Medicine Indianapolis	USMLE
27.	Kathleen Francis	Univ of the Incarnate Word Sch of Osteo Med	COMLEX/TX
28.	Daniel Gerard Funsch	Rutgers New Jersey Medical School	USMLE/NJ
29.	Emily Lane Gilbert	University of Mississippi School of Medicine	USMLE/FL
30.	Natalie Shiralia Godbee	Philadelphia C of Osteo Med - Georgia Campus	COMLEX/PA
31.	Melissa Magdalene Goslawski	Loyola U of Chicago Stritch School of Medicine	USMLE/TX
32.	Judith Bynum Grimm	University of Arkansas College of Medicine	USMLE/GA
33.	Brendon J Gros	LSU School of Medicine New Orleans	USMLE
34.	Majd Habash	UAB	USMLE
35.	Kenya Hanspard	Wayne State University School of Medicine	USMLE/MI
36.	Marshall Dallas Hill	Kirksville College of Osteopathic Medicine	COMLEX/NE
37.	Jeffrey Michael Huggett	Wayne State University School of Medicine	USMLE/VA
38.	Christina Fay Jack	Texas A&M U Health Sci College of Medicine	USMLE
39.	Mossadiq Shabbir Jaffri	University of the Northeast	FLEX/VA
40.	Elizabeth James	University of Louisville School of Medicine	USMLE/LA
41.	Matthew Jenkins	Brody School of Med at East Carolina Univ	USMLE
42.	Adeola Jolayemi	Kimmel Med College at Thomas Jefferson Univ	USMLE/NJ
43.	Pegah Kannar	UAB	USMLE
44.	Lawrence William Kelly	SUNY Downstate College of Medicine	USMLE/NY
45.	Mustafa Ali Khan	SUNY Downstate College of Medicine	USMLE/NY
46.	Panagiota Korenis	St. Georges University of London	USMLE/NY
47.	Allan Philip Kuong	Univ of New England College of Osteopathic Medicine	COMLEX/MA
48.	Jennifer Franklin Lamar	UAB	USMLE
49.	Kim Lee	Tulane University School of Medicine	USMLE/LA
50.	Wei Wei Li	SUNY Downstate College of Medicine	USMLE/NY
51.	Laura Cecilia Llinas-Lux	St Georges University of London	USMLE/PA
52.	Daniel Lee Lloyd	Edward Via C of Osteo Med, Carolinas Campus	COMLEX/TN

	Name	Medical School	Endorsement
53.	Apple Guoguo Long	University of Pennsylvania School of Medicine	USMLE
54.	Jeremy Lugarec Lux	Lake Erie College of Osteopathic Medicine	COMLEX/PA
55.	Joe M. MacCurdy Jr.	LSU School of Medicine New Orleans	FLEX/GA
56.	Baldeep Singh Mann	Windsor University	USMLE/AR
57.	Katherine Elizabeth McElroy	University of Texas - Houston Medical School	USMLE
58.	Darien LaShawn McNeill	North Carolina Medical College	USMLE
59.	Kara Fredlock Morton	University of Louisville School of Medicine	USMLE
60.	Uday Shanker Nadimpally	Kasturba Medical College, Mangalore	USMLE/IA
61.	Papia Nasiri	American University of Antigua	USMLE/MD
62.	Kirsten Alexandra Nathan	Lake Erie College of Osteopathic Medicine	COMLEX/FL
63.	Joel Dale Nutt	University of Mississippi School of Medicine	USMLE/MS
64.	Olufolajimi O Obembe	Duke University School of Medicine	USMLE/VA
65.	Alexis Kofi Okoh	Ankara University	USMLE/GA
66.	Stefan Trace Osborn	USA College of Medicine	USMLE/IN
67.	Wendelyn Marie Oslock	Ohio State U College of Med & Public Health	USMLE
68.	Austin Gabriel Oslock	Ohio State U College of Med & Public Health	USMLE
69.	Alejandra Osorio	University of Florida College of Medicine	USMLE
70.	Anthony Perre	Medical College of Pennsylvania	USMLE/PA
71.	Ryan Pollard	Edward Via College of Osteo Med -Auburn campus	COMLEX
72.	Marisa Lynne Quattrone	Case Western Reserve Univ School of Med	USMLE/PA
73.	Jerome A Ramirez Marquez	University of Puerto Rico School of Medicine	PR/USMLE
74.	Sujana P Reddy	Alabama College of Osteopathic Medicine	COMLEX
75.	Clayton Getz Rice	University of Toledo College of Medicine	USMLE
76.	Omar Rieche	University of South Florida College of Medicine	NBME/FL
77.	Nicholas John Rivers	UAB	USMLE
78.	Rose Vandiver White Ruffo	Mercer University School of Medicine	USMLE
79.	Yasmin Roisin Seay	Univ of Texas Medical School at Galveston	USMLE
80.	Bhumi Shah	Rowan University School of Osteo Medicine	NBOME/NJ
81.	William Harrison Smith	Lincoln Memorial U Debusk C of Osteo Med	COMLEX/AL
82.	Shannon E Snellgrove	UAB	USMLE
83.	David William Taylor	E Tenn St Univ James H Quillen College of Medicine	USMLE
84.	Anshi Thapliyal	King Georges Medical University	USMLE/PA
85.	Cornelio Tomelden	Saba University School of Medicine	USMLE/CT
86.	Ross Arjun Varma	Eastern Virginia Medical School	USMLE/FL
87.	Michelle M H Wahlgren	University of Louisville School of Medicine	USMLE
88.	Christopher Ryan Walz	UAB	USMLE
89.	*Justin Bailey	University of Alabama School of Medicine Birmingham	USMLE
90.	*Nathan Jon Neufeld	Touro U College of Osteopathic Medicine	COMLEX/GA
91.	*Herbert Evan Zeigler III	University of Alabama School of Medicine Birmingham	USMLE
92.	*Christina O Amanambu	Indiana University School of Medicine Indianapolis	USMLE
93.	*Herbert Leon Duvivier	Tufts University School of Medicine	NBME/CA

	Name	Medical School	Endorsement
94.	Stacy Gail Hooks	University of Mississippi School of Medicine	USMLE/MS
95.	**Ryan Miles Clauson	U of North Dakota School of Medicine & Health Science	USMLE/NE
96.	Ian Tom Lyn	Baylor College of Medicine	USMLE/LA
97.	Patrick Andrew Regan	Lake Erie College of Osteopathic Medicine	COMLEX

**Approved pending acceptance and payment of NDC issued by BME.*
*** Approved with 1 year PDMP audit.*

A motion was made by Commissioner Alsip with a second by Commissioner Hill to approve applicants number one through ninety-seven (1-97) for full licensure. The motion was approved by unanimous vote.

LIMITED LICENSE APPLICANTS

	Name	Medical School	Endorsement	Practice Location	License
1.	Blake Alexis Bauer	St Georges University of London	LL/AL	UAB Huntsville IM	R
2.	Brandon M Bergeron	LSU Medical Center In Shreveport	LL/AL	Thomas Hospital IM Res Pro	R
3.	Patricia G Balaguer	Universidad Central Del Este (UCE)	LL/AL	UAB Huntsville FM	R
4.	Ekemini Joseph Hogan	University of Calabar	LL/AL	Thomas Hospital IM Res Pro	R
5.	Unwam Ekpuk Jumbo	University of Calabar	LL/AL	Thomas Hospital IM Res Pro	R
6.	William Scott Kutsche	Edward Via C of Osteo Med-Auburn	LL/AL	Thomas Hospital IM Res Pro	R
7.	Courtney M Llewellyn	Alabama College of Osteo Med	LL/AL	Thomas Hospital IM Res Pro	R
8.	Eric William Mak	U of Illinois College of Med Chicago	LL/AL	Thomas Hospital IM Res Pro	R
9.	Charles Thomas Mansour	LSU School of Med New Orleans	LL/AL	Thomas Hospital IM Res Pro	R
10.	Maria R Mayorga Loaisiga	Universidad Americana	LL/AL	Brookwood Clin Path Pro	R
11.	Moozhan Nikpanah	Iran University of Medical Sciences	LL/AL	UAB Heersink Diag Rad	R
12.	Shreya Vashistha Patel	NHL Municipal Med C, Gujarat Univ	LL/AL	Brookwood IM Res Pro	R
13.	Vashistha M Patel	NHL Municipal Med C, Gujarat Univ	LL/AL	Brookwood IM Res Pro	R
14.	Alixandra Victoria Ryan	University of Queensland	LL/AL	Thomas Hospital IM Res Pro	R
15.	Nitesh Shrestha	Chittagong Medical College	LL/AL	Thomas Hospital IM Res Pro	R
16.	Sravani Singu	Univ of Nebraska College of Med	LL/AL	Thomas Hospital IM Res Pro	R
17.	Pariksha Subedi	Tribhuvan University	LL/AL	Thomas Hospital IM Res Pro	R
18.	Daniel A Ubokudom	University of Calabar	LL/AL	Thomas Hospital IM Res Pro	R
19.	Luigi Volpini	Universita Di Rome La Sapienza	LL/AL	UAB Otolaryngology Res Pro	F
20.	Morgan E. Thorn-Kennedy	Alabama Col of Osteo Med	LL/AL	S Baldwin Reg Med/FM	R

A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve the limited license applicants number one through twenty (1-20). The motion was approved by unanimous vote.

IMLCC Report The Commission received as information a report of the licenses that were issued via the Interstate Medical Licensure Compact from August 1, 2022 through August 31, 2022. A copy of such report is attached hereto as Exhibit "A".

Daniel R. Cales, M.D. The Commission received as information Dr. Cales' request to withdraw his application for licensure.

APPLICANTS FOR REVIEW

Arthur Boyd, III, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve Dr. Boyd's application for full licensure contingent upon his acceptance into the Sports Medicine Fellowship and the Voluntary Restriction on his Certificate of Qualification wherein he is restricted to the confines of the Sports Medicine Fellowship should he be accepted. The motion carried by unanimous vote.

Tatenda Andrew Mudyanadzo, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve Dr. Mudyanadzo's application for full licensure. The motion carried by unanimous vote.

REPORTS

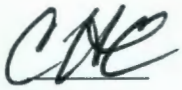
Physician Monitoring Report The Commission received as information a physician monitoring report dated September 20, 2022.

Gary Bullock, D.O. The Commission received as information a report of Dr. Bullock's compliance with his installment payment.

Vinson DiSanto, D.O. The Commission received notice from Dr. DiSanto of his probationary status with the West Virginia Osteopathic Board and the termination of his probation with the Texas Medical Board. The Commission requested Roland Johnson bring a report back to the Commission in October regarding any plans Dr. DiSanto may have to practice in Alabama.

ADMINISTRATIVE FILINGS

Hisham Hakim, M.D. The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners contesting the reinstatement of Dr. Hakim's Alabama medical license. A motion was made by Commissioner Alsip with a second by Commissioner Hill to enter an order setting a hearing for November 22, 2022 and to appoint Judge William Gordon as the hearing officer in this case. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "B".



Gabriel H. Hester, M.D. The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners contesting the reinstatement of Dr. Hester's Alabama medical license. A motion was made by Commissioner Nagrodzki with a second by Commissioner Morris to enter an order setting hearing for October 25, 2022. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "C".

Ajit Naidu, M.D. The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Nagrodzki with a second by Commissioner Hill to enter an order setting a hearing for December 21, 2022. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "D".

Michael A.L. Mueller, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Morris to accept the Administrative Complaint, Joint Settlement Agreement and Consent Order presented in this case. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "E".

Michael Proctor, M.D. Based upon the voluntary surrender of Dr. Proctor's Alabama medical license, a motion was made by Commissioner Alsip with a second by Commissioner Hill to grant the Motion to Dismiss the Administrative Complaint pending in this case. The motion carried by unanimous vote. A copy of such order is attached here to as Exhibit "F".

Matthew M. Hine, M.D. A motion was made by Commissioner Nagrodzki with a second by Commissioner Aldridge to accept the voluntary surrender of Dr. Hine's Alabama medical license. The motion carried by unanimous vote.

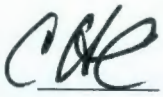
DISCUSSION ITEMS

Letter to IMLC – Chapter 6 Revisions The Commission received as information a copy of a joint letter from the Board and Commission to the Interstate Medical Licensure Compact containing comments regarding revisions to IMLC rules chapter 6. Aaron Dettling briefed the Commission on the legal reasoning of the comments.

ADMINISTRATIVE FILINGS – Additional

Linda Clemons, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Nagrodzki to accept the Administrative Complaint, Joint Settlement Agreement and Consent Order presented in this case. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "G".

Sharon Griffitts, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Nagrodzki to accept the Administrative Complaint, Joint Settlement Agreement and Consent Order presented in this case. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "H".



William Whatley, III, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Morris to accept the Administrative Complaint, Joint Settlement Agreement and Consent Order presented in this case. The motion carried by unanimous vote. A copy of the order is attached hereto as Exhibit "I".

DISCUSSION ITEMS – Additional

Special Purpose License Dr. Lisa Coppo A motion was made by Commissioner Alsip with a second by Commissioner Morris to have Aaron Dettling write a letter to Dr. Coppo stating that based on Alabama law effective July 11, 2022, which repealed the Special Purpose license, she does not have a license to practice medicine in Alabama and should discontinue any Alabama practice immediately. The physician's license fee will be refunded. The motion carried by unanimous vote.

Remote Participation in Commission Meetings The Commission received as information a briefing from Aaron Dettling regarding the requirements and restrictions of remote participation in a Commission meeting. A copy of the agenda memo is attached as Exhibit "J".

Peter Karth, M.D.- Inactive License Status Based on a request by Dr. Karth, a motion was made by Commissioner Alsip with a second by Commissioner Hill to approve a policy to allow physicians to request inactive license status prior to expiration of their license if they meet certain criteria. Aaron Dettling presented a written policy and application to be used in this process. The motion carried by unanimous vote. The written policy and application are

attached respectively as Exhibit "K" and "L".

REQUESTS – Additional

Oscar Almeida, Jr., M.D. A motion as made by Commissioner Nagrodzki with a second by Commissioner Morris to deny Dr. Almeida's request to delay his monthly payments of $2,443. The motion carried by unanimous vote. A copy such order is attached hereto as Exhibit "M".

REPORTS – Additional

Janie Bush Teschner, M.D. The Commission received as information a joint status report from the attorneys in this case regarding Dr. Teschner's inpatient treatment plan.

Frank B. Lee, M.D. The Commission received as information a copy of a cease and desist letter issued by the Alabama Board of Medical Examiners due to the expiration of Dr. Lee's temporary emergency medical license.

HEARINGS

The Commission entered into a closed hearing at 10:24 a.m. as permitted by the Code of Ala. §34-24-361.1 in the matter set out below.

CMC

Ran Halleluyan, M.D. At the conclusion of the hearing, a motion was made by Commissioner Alsip with a second by Commissioner Aldridge to approve Dr. Halleluyan's licensure application restricting his practice to the confines of the USA General Surgery Residency Program and requiring quarterly reports from his treating psychiatrist. The motion carried by unanimous vote. A copy of such order is attached here to as Exhibit "N".

The Commission returned to public session at 11:02 a.m.

Scott M. Kelly, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Nagrodzki to grant the Motion to Continue filed in this case. The motion was approved by unanimous vote. A copy of such order is attached here to as Exhibit "O".

The Commission entered into a closed hearing at 11:13 a.m. as permitted by the Code of Ala. §34-24-361.1 in the matter set out below.

Robert P. Bolling, M.D. At the conclusion of the hearing, a motion was made by Commissioner Alsip with a second by Commissioner Varner to revoke Dr. Bolling's medical license, assess an administrative fine and administrative costs. The motion carried by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "P".

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Tuesday, October 25th beginning at 9:00 a.m.

The meeting was adjourned at 5:26 p.m.

CRAIG H. CHRISTOPHER, M.D., Chairman
Alabama Medical Licensure Commission

Karen Silas, Recording

10/25/22
Date Signed

CAC

EXHIBIT A

IMLCC Licenses Issued August 1, 2022 - August 31, 2022 (90)

Name	License Type	License Number	Status	Issue Date	Expiration Date	State of Principal Licensure
Jason Adam Norman	MD	44824	Active	8/4/2022	12/31/2022	Arizona
Yasmin Akhunji	MD	44836	Active	8/9/2022	12/31/2022	Arizona
Paige Ann Schmidt	DO	2991	Active	8/9/2022	12/31/2022	Arizona
Jimmy Diep Nguyen	MD	44862	Active	8/15/2022	12/31/2022	Arizona
Stephen Charles Sirota	MD	44941	Active	8/25/2022	12/31/2022	Arizona
Ashok Rambhai Patel	MD	44806	Active	8/2/2022	12/31/2022	Colorado
Benjamin Hatten	MD	44835	Active	8/8/2022	12/31/2022	Colorado
Igor Shumskiy	MD	44852	Active	8/12/2022	12/31/2022	Colorado
Lynn Susan Gretkowski	MD	44877	Active	8/18/2022	12/31/2022	Colorado
Lane Clayton Thaut	DO	2998	Active	8/19/2022	12/31/2022	Colorado
Todd Bickford	MD	44886	Active	8/24/2022	12/31/2022	Colorado
Kristina Marie Schwerin	MD	44953	Active	8/30/2022	12/31/2022	Colorado
Armin Vatani Oskouei	MD	44849	Active	8/11/2022	12/31/2022	Georgia
Dwayne Andrew Wright	MD	44869	Active	8/16/2022	12/31/2022	Georgia
Tara Williams Chang	MD	44872	Active	8/16/2022	12/31/2022	Georgia
Olanrewaju Olayemi Ladipo	MD	44876	Active	8/18/2022	12/31/2022	Georgia
Ijeoma Chinweoke Azonobi	MD	44883	Active	8/23/2022	12/31/2022	Georgia
Michael Lee Waller	MD	44887	Active	8/24/2022	12/31/2022	Georgia
Yvonne Koyenhi Okoh	MD	44819	Active	8/4/2022	12/31/2022	Illinois
Mohamad Abdurahim Ali M Albsheri	MD	44857	Active	8/12/2022	12/31/2022	Illinois
Jessica Lapinski	DO	2999	Active	8/23/2022	12/31/2022	Illinois
Stella Awua-Larbi	MD	44924	Active	8/24/2022	12/31/2022	Illinois
Ronnie Ranjan Mandal	DO	3014	Active	8/26/2022	12/31/2022	Illinois
Ashley Erin Belcher	DO	2989	Active	8/8/2022	12/31/2022	Kansas
Brian Patrick McGrath	MD	44865	Active	8/15/2022	12/31/2022	Kentucky
Amanda Beth Bachuss	MD	44882	Active	8/23/2022	12/31/2022	Kentucky
Lisa Dawn Finn	MD	44888	Active	8/24/2022	12/31/2022	Kentucky
Rachael Eve Harmon	MD	44823	Active	8/4/2022	12/31/2022	Louisiana
Chance Michael McInnis	DO	2995	Active	8/12/2022	12/31/2022	Louisiana
Richa Bhatnagar	MD	44881	Active	8/23/2022	12/31/2022	Maryland

Anil Ashok Bajnath	MD	44885	Active	8/23/2022	12/31/2022	Maryland
Oliver Royer Zuses	MD	44931	Active	8/24/2022	12/31/2022	Maryland
Gina Diane Montion	MD	44873	Active	8/17/2022	12/31/2022	Michigan
Michael Nathan Rubin	DO	2997	Active	8/18/2022	12/31/2022	Michigan
Ehsan-Ullah Khan Durrani	MD	44822	Active	8/4/2022	12/31/2022	Mississippi
Patrick Louis Carr	MD	44830	Active	8/5/2022	12/31/2022	Mississippi
Ajit Nandkumar Chary	MD	44944	Active	8/26/2022	12/31/2022	Ohio
Amy Lynn Bedient	DO	3012	Active	8/24/2022	12/31/2022	South Dakota
Jason Donald Schultz	MD	44845	Active	8/10/2022	12/31/2022	Tennessee
Mahdy Art Flores	DO	2994	Active	8/11/2022	12/31/2022	Tennessee
Bhumin Patel	MD	44864	Active	8/15/2022	12/31/2022	Tennessee
Michael Clay Brown	MD	44871	Active	8/16/2022	12/31/2022	Tennessee
Derek Christopher Welch	MD	44946	Active	8/26/2022	12/31/2022	Tennessee
Aliasger Aun Ali	MD	44808	Active	8/2/2022	12/31/2022	Texas
Rachel Yael Lynn	MD	44820	Active	8/4/2022	12/31/2022	Texas
Erica Lynn Taylor	MD	44821	Active	8/4/2022	12/31/2022	Texas
Terri Lynn Major-Kincade	MD	44825	Active	8/4/2022	12/31/2022	Texas
Nathaniel Richard Wise	MD	44826	Active	8/4/2022	12/31/2022	Texas
Amynah Kara	MD	44832	Active	8/5/2022	12/31/2022	Texas
Omer Mohammed Jamal	DO	2990	Active	8/8/2022	12/31/2022	Texas
Lisa Chan	MD	44837	Active	8/9/2022	12/31/2022	Texas
Ali Mustafa Bajwa	MD	44838	Active	8/9/2022	12/31/2022	Texas
Erin Elizabeth Donaldson	DO	2992	Active	8/9/2022	12/31/2022	Texas
Ryan Wilson Huey	MD	44840	Active	8/9/2022	12/31/2022	Texas
Benny Johnson	MD	44841	Annulled	8/9/2022	12/31/2022	Texas
Edmund Scott Kopetz	MD	44843	Active	8/9/2022	12/31/2022	Texas
Benny Johnson	DO	2993	Active	8/9/2022	12/31/2022	Texas
Luis Enrique Malpica Castillo	MD	44846	Active	8/11/2022	12/31/2022	Texas
Ranjit Nair	MD	44847	Active	8/11/2022	12/31/2022	Texas
Neeraj Saini	MD	44848	Active	8/11/2022	12/31/2022	Texas
Natalie Ursula Vokes	MD	44850	Active	8/11/2022	12/31/2022	Texas
Paolo Strati	MD	44851	Active	8/11/2022	12/31/2022	Texas

Abhineet Uppal	MD	44853	Active	8/12/2022	12/31/2022	Texas
Maher Afif Karam	MD	44854	Active	8/12/2022	12/31/2022	Texas
Dai Chihara	MD	44855	Active	8/12/2022	12/31/2022	Texas
Abhishek Maiti	MD	44858	Active	8/12/2022	12/31/2022	Texas
Clinton Yam	MD	44859	Active	8/12/2022	12/31/2022	Texas
Alan David Valentine	MD	44860	Active	8/12/2022	12/31/2022	Texas
Amy Benson	MD	44863	Active	8/15/2022	12/31/2022	Texas
Stacey Dianne Saunders	MD	44866	Active	8/16/2022	12/31/2022	Texas
Susan Michele Diamond	MD	44870	Active	8/16/2022	12/31/2022	Texas
Massimo Domenico Federico	MD	44878	Active	8/23/2022	12/31/2022	Texas
Shawn Michael Cole	MD	44879	Active	8/23/2022	12/31/2022	Texas
Taiwo Adesoye	MD	44880	Active	8/23/2022	12/31/2022	Texas
Dan Zhao	MD	44884	Active	8/23/2022	12/31/2022	Texas
Jonathan Said Guirguis	DO	3006	Active	8/24/2022	12/31/2022	Texas
Donald Scott Brazell	MD	44947	Active	8/29/2022	12/31/2022	Texas
Melissa Pulfer Mitchell	MD	44948	Active	8/29/2022	12/31/2022	Texas
Frank Fossella	MD	44949	Active	8/29/2022	12/31/2022	Texas
Mallory Kathleen Beed	MD	44950	Active	8/30/2022	12/31/2022	Texas
Gerhard Salomo Mundinger	MD	44954	Active	8/30/2022	12/31/2022	Texas
Lin Lin	MD	44955	Active	8/31/2022	12/31/2022	Texas
Elizabeth Heather Arbia	DO	2986	Active	8/4/2022	12/31/2022	Washington
Jessie Leawei Wang	MD	44861	Active	8/15/2022	12/31/2022	Washington
Emily Jane Zaragoza	MD	44875	Active	8/17/2022	12/31/2022	Washington
Benjamin Jared Wallace	DO	3000	Active	8/24/2022	12/31/2022	Washington
Ashley Brooke Zawodniak	DO	2987	Active	8/4/2022	12/31/2022	West Virginia
Charles Schultz	MD	44807	Active	8/2/2022	12/31/2022	Wisconsin
Mark Eugene Anderson	MD	44839	Active	8/9/2022	12/31/2022	Wisconsin
Philip William Craven	MD	44856	Active	8/12/2022	12/31/2022	Wyoming

***Total licenses issued since April 2017 - 1,899**

EXHIBIT B

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
	)	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA
Complainant,	)	
v.	)	
	)	CASE NO. 2022-261
HISHAM HAKIM, M.D.	)	
Respondent.	)	

ORDER SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint of the State Board of Medical Examiners filed in this cause. The Commission has determined that this matter is due to be set down for hearing under the provisions of §34-24-361, Code of Alabama 1975.

Accordingly, it is the Order of the Commission that this matter be set for hearing before the Commission on the 22nd day of November, 2022 at 10:00 o'clock in the a.m. at the offices of the Medical Licensure Commission, 848 Washington Avenue, Montgomery, Alabama. The Respondent, HISHAM HAKIM, M.D., is directed to respond to the allegations of the verified Complaint in the manner prescribed in Rule 545-X-3-.03 of the Rules and Regulations of the Medical Licensure Commission. Such answer shall be filed **within 20 days** of service of a copy of the Administrative Complaint and the Order Setting Hearing.

This hearing shall be conducted in accordance with §34-24-361(e), Code of Alabama 1975 and Chapter 3 of the Rules and Regulations of the Medical Licensure Commission concerning hearings in contested cases. The Respondent is entitled to be present at the hearing and to be represented by counsel, is entitled to cross examine witnesses presented by the

Complainant, and is entitled to present testimony and other evidence touching on the allegations contained in the Complaint.

It is the further order of the Commission that a copy of the verified Complaint of the Alabama State Board of Medical Examiners and a copy of this Order Setting Hearing is forthwith served upon the said HISHAM HAKIM, M.D., by personally delivering the same to him if he can be found within the State of Alabama or by overnight courier, signature required, to his last known address if he cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Jason Green who is designated as the duly authorized agent of the Medical Licensure Commission.

William R. Gordon, Esq., is hereby appointed to act as hearing officer for the Commission. It is further ordered that the parties and their attorneys immediately check their calendars for scheduling conflicts. **No requests for continuances based upon schedule conflicts of attorneys or parties will be considered unless such request is made forty-five (45) days prior to the scheduled hearing date.**

ORDERED at Montgomery, Alabama, this 28th day of September, 2022.

Craig H. Christopher, M.D., Chairman
Medical Licensure Commission of Alabama

EXHIBIT C

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
	)	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA
Complainant,	)	
v.	)	
	)	CASE NO. 2022-268
GABRIEL HAMILTON HESTER, M.D.	)	
Respondent.	)	

ORDER SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint of the State Board of Medical Examiners filed in this cause. The Commission has determined that this matter is due to be set down for hearing under the provisions of §34-24-361, Code of Alabama 1975.

Accordingly, it is the Order of the Commission that this matter be set for hearing before the Commission on the 25th day of October, 2022 at 10:00 o'clock in the a.m. at the offices of the Medical Licensure Commission, 848 Washington Avenue, Montgomery, Alabama. The Respondent, GABRIEL HAMILTON HESTER, M.D., is directed to respond to the allegations of the verified Complaint in the manner prescribed in Rule 545-X-3-.03 of the Rules and Regulations of the Medical Licensure Commission. Such answer shall be filed **within 20 days** of service of a copy of the Administrative Complaint and the Order Setting Hearing.

This hearing shall be conducted in accordance with §34-24-361(e), Code of Alabama 1975 and Chapter 3 of the Rules and Regulations of the Medical Licensure Commission concerning hearings in contested cases. The Respondent is entitled to be present at the hearing and to be represented by counsel, is entitled to cross examine witnesses presented by the

Complainant, and is entitled to present testimony and other evidence touching on the allegations contained in the Complaint.

It is the further order of the Commission that a copy of the verified Complaint of the Alabama State Board of Medical Examiners and a copy of this Order Setting Hearing is forthwith served upon the said GABRIEL HAMILTON HESTER, M.D., by personally delivering the same to him if he can be found within the State of Alabama or by overnight courier, signature required, to his last known address if he cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Sam Aikens who is designated as the duly authorized agent of the Medical Licensure Commission.

William R. Gordon, Esq., is hereby appointed to act as hearing officer for the Commission. It is further ordered that the parties and their attorneys immediately check their calendars for scheduling conflicts. **No requests for continuances based upon schedule conflicts of attorneys or parties will be considered unless such request is made forty-five (45) days prior to the scheduled hearing date.**

ORDERED at Montgomery, Alabama, this 28th day of September, 2022.

Craig H. Christopher, M.D., Chairman
Medical Licensure Commission of Alabama

EXHIBIT D

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
	)	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA
Complainant,	)	
v.	)	
	)	CASE NO. 2019-311
AJIT NAIDU, M.D.	)	
Respondent.	)	

ORDER SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint of the State Board of Medical Examiners filed in this cause. The Commission has determined that this matter is due to be set down for hearing under the provisions of §34-24-361, Code of Alabama 1975.

Accordingly, it is the Order of the Commission that this matter be set for hearing before the Commission on the 21st day of December, 2022 at 10:00 o'clock in the a.m. at the offices of the Medical Licensure Commission, 848 Washington Avenue, Montgomery, Alabama. The Respondent, AJIT NAIDU, M.D., is directed to respond to the allegations of the verified Complaint in the manner prescribed in Rule 545-X-3-.03 of the Rules and Regulations of the Medical Licensure Commission. Such answer shall be filed **within 20 days** of service of a copy of the Administrative Complaint and the Order Setting Hearing.

This hearing shall be conducted in accordance with §34-24-361(e), Code of Alabama 1975 and Chapter 3 of the Rules and Regulations of the Medical Licensure Commission concerning hearings in contested cases. The Respondent is entitled to be present at the hearing and to be represented by counsel, is entitled to cross examine witnesses presented by the Complainant, and is entitled to present testimony and other evidence touching on the allegations

contained in the Complaint.

It is the further order of the Commission that a copy of the verified Complaint of the Alabama State Board of Medical Examiners and a copy of this Order Setting Hearing is forthwith served upon the said AJIT NAIDU, M.D., by personally delivering the same to him if he can be found within the State of Alabama or by overnight courier, signature required, to his last known address if he cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Scott Sides who is designated as the duly authorized agent of the Medical Licensure Commission.

William R. Gordon, Esq., is hereby appointed to act as hearing officer for the Commission. It is further ordered that the parties and their attorneys immediately check their calendars for scheduling conflicts. **No requests for continuances based upon schedule conflicts of attorneys or parties will be considered unless such request is made forty-five (45) days prior to the scheduled hearing date.**

ORDERED at Montgomery, Alabama, this 28th day of September, 2022.

Craig H Christopher MD

Craig H. Christopher, M.D., Chairman
Medical Licensure Commission of
Alabama

EXHIBIT E

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
v.	)	
	)	CASE NO. 22 - 204
MICHAEL A. L. MUELLER, M.D.,	)	
Respondent.	)	

JOINT SETTLEMENT AGREEMENT

COME NOW, the Alabama State Board of Medical Examiners ("the Board") and Michael A. L. Mueller, M.D. ("Respondent") (collectively "the Parties"), and respectfully submit this Joint Settlement Agreement to the Medical Licensure Commission of Alabama ("the Commission"), seeking the entry of the attached Consent Order to resolve the disciplinary charges filed against Respondent's medical license. In support thereof, the Parties state as follows:

STIPULATION

1. Respondent was duly licensed to practice medicine or osteopathy in the state of Alabama on Mar. 25, 1987, having been issued license number MD.13241. Respondent was so licensed at all times relevant to the matters asserted herein.

2. It is admitted by Respondent that on or about Dec. 20, 2021, Dr. Mueller submitted or caused to be submitted an Alabama medical license renewal application for the calendar year 2022, on which the certification was made that the annual minimum continuing medical education requirement of 25 credits had been met or would be met by December 31, 2021, and the licensee had supporting documents if audited.

3. Respondent admits that, in fact, the required number of continuing medical

education credits necessary for renewal of the 2022 license had not been obtained and/or that supporting documentation was not produced; specifically, Respondent obtained only 23 valid credits.

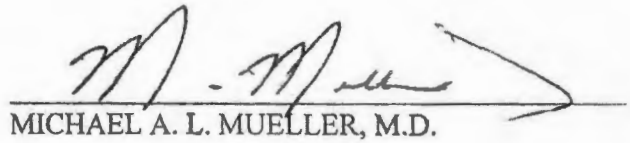
4. Respondent acknowledges and admits that the foregoing facts constitute grounds for the imposition of disciplinary sanctions against the licensee's license to practice medicine or osteopathy in Alabama, specifically, a violation of Ala. Code § 34-24-360(23) and Medical Licensure Commission Rule 545-X-5-.02. Respondent consents and agrees to the entry by the Commission of the consent order stated herein, and agrees to be bound by the findings of fact, conclusions of law, and terms and conditions stated therein. Respondent waives any further findings of fact and conclusions of law with respect to the above-styled matter and waives any right to appeal of the joint settlement agreement and consent order.

5. It is stipulated and agreed between the Parties that this joint settlement agreement and consent order be submitted to the Commission, and that they are subject to the Commission's approval. It is further agreed by the Parties that the Commission shall be permitted to examine and review, prior to approval of this settlement, the records and documents now in the possession of the Board concerning the stipulation of facts set forth herein. It is further agreed by the Parties that, in the event the Commission declines to accept this joint settlement agreement and consent order, and requires the Board to present testimony and documentary exhibits at a subsequent hearing, any admissions by Respondent in this agreement shall not be binding upon Respondent, and the consideration by the Commission of the joint settlement agreement and consent order and the documentary evidence referred to herein, will not be prejudicial to the right of Respondent to receive a fair and impartial hearing.

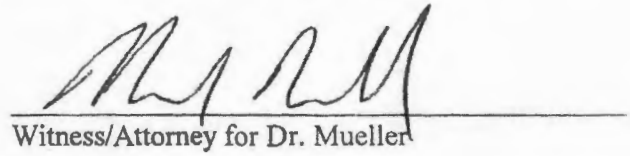
6. It is further agreed that Respondent will not seek to disqualify any member of the

Commission from hearing this matter based on that member's consideration of this joint petition.

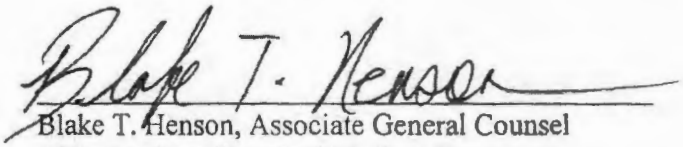
STIPULATED AND AGREED this 2nd day of September, 2022.



MICHAEL A. L. MUELLER, M.D.



Witness/Attorney for Dr. Mueller



Blake T. Henson, Associate General Counsel
Alabama State Board of Medical Examiners

CONSENT ORDER

This matter is before the Medical Licensure Commission of Alabama (the "Commission") on the administrative complaint filed by the Alabama State Board of Medical Examiners (the "Board") on September 15, 2022. The Board and Michael A. L. Mueller, M.D. ("Respondent") (collectively "the Parties"), entered into a Joint Settlement Agreement, which was filed with the Commission on the 15th day of September, 2022. The Commission hereby finds that it has jurisdiction over the administrative complaint, and the Parties hereto, pursuant to Ala. Code § 34-24-361.

After reviewing the Joint Settlement Agreement submitted by the Parties, which is incorporated by reference as if set forth fully herein, the Commission hereby finds that Respondent has committed acts which violate Ala. Code § 34-24-360(23) and Medical Licensure Commission Rule 545-X-5-.02. The Commission concludes, as a matter of law, that the stipulated facts of the Joint Settlement Agreement establish violations of Ala. Code § 34-24-360(23) and Rule 545-X-5-.02.

Based upon the foregoing findings of fact and conclusions of law, it is the ORDER of the Medical Licensure Commission:

1. That Michael A. L. Mueller, M.D., be, and is hereby assessed an administrative fine in the amount of One Thousand Dollars ($1,000.00). The administrative fine is due and payable to the Medical Licensure Commission within thirty (30) days of the date of this Consent Order.

2. That Michael A. L. Mueller, M.D., between the date of this Order and December 31, 2022, shall obtain 25 credits of AMA PRA Category 1™ or equivalent continuing medical education that are in addition to the standard annual CME requirement of 25 credits.

The Medical Licensure Commission retains jurisdiction in this matter for the purpose of

entering such further orders and directives as may be required to implement the provisions of this Consent Order.

ORDERED this the 28th day of September, 2022.

Craig H. Christopher, M.D., Chairman,
Medical Licensure Commission of Alabama

EXHIBIT F

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **vs.** **MICHAEL WAYNE PROCTOR, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2021-189**

ORDER

This matter is before the Medical Licensure Commission of Alabama on the Motion to Dismiss filed by Complainant on September 19, 2022. As grounds for the motion, Complainant states that Respondent has executed a voluntary surrender of his certificate of qualification and license to practice medicine in the State of Alabama.

For good cause shown, the Motion to Dismiss is granted, and the Amended Administrative Complaint and Petition for Summary Suspension of License filed on February 28, 2022, is dismissed without prejudice.

DONE on this the 5th day of October, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2022-10-05 08:28:00 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT G

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
v.	)	
	)	CASE NO. 2022 - 227
LINDA C. CLEMONS, M.D.	)	
Respondent.	)	

JOINT SETTLEMENT AGREEMENT

COME NOW, the Alabama State Board of Medical Examiners ("the Board") and Linda C. Clemons, M.D. ("Respondent") (collectively "the Parties"), and respectfully submit this Joint Settlement Agreement to the Medical Licensure Commission of Alabama ("the Commission"), seeking the entry of the attached Consent Order to resolve the disciplinary charges filed against Respondent's medical license. In support thereof, the Parties state as follows:

STIPULATION

1. Respondent was duly licensed to practice medicine or osteopathy in the state of Alabama on May 27, 1992, having been issued license number MD.16445. Respondent was licensed at all times relevant to the matters asserted herein.

2. It is admitted by Respondent that on or about December 7, 2021, she submitted or caused to be submitted an Alabama medical license renewal application for calendar year 2022, on which the certification was made that the annual minimum continuing medical education requirement of 25 credits had been met or would be met by December 31, 2021, and the licensee had supporting documents if audited.

3. Respondent further admits that she has previously been disciplined by the Commission for failing to obtain the required number of continuing medical education credits

necessary for renewal of her 2020 license. The Commission entered a Consent Order on October 29, 2020, reprimanding Respondent's license to practice medicine in Alabama, assessing a fine in the amount of Two Thousand Five Hundred Dollars ($2,500.00), and ordering Respondent to obtain fifty (50) credits of continuing medical education on or before December 31, 2021.

4. Respondent admits that, in fact, the required number of additional continuing medical education credits necessary for renewal of the 2022 license had not been obtained and/or that supporting documentation was not produced; specifically, Respondent only obtained 32.5 valid credits.

5. Respondent acknowledges and admits that the foregoing facts constitute grounds for the imposition of disciplinary sanctions against her license to practice medicine or osteopathy in Alabama, specifically, a violation of Ala. Code § 34-24-360(2) and Medical Licensure Commission Rule 545-X-4-.06. Respondent consents and agrees to the entry by the Commission of the consent order stated herein and agrees to be bound by the findings of fact, conclusions of law, and terms and conditions stated therein. Respondent waives any further findings of fact and conclusions of law with respect to the above-styled matter and waives any right to appeal of the joint settlement agreement and consent order.

6. It is stipulated and agreed between the Parties that this joint settlement agreement and consent order be submitted to the Commission, and that they are subject to the Commission's approval. It is further agreed by the Parties that the Commission shall be permitted to examine and review, prior to approval of this settlement, the records and documents now in the possession of the Board concerning the stipulation of facts set forth herein. It is further agreed by the Parties that, in the event the Commission declines to accept this joint settlement agreement and consent order, and requires the Board to present testimony and documentary exhibits at a subsequent

hearing, any admissions by Respondent in this agreement shall not be binding upon her, and the consideration by the Commission of the joint settlement agreement and consent order and the documentary evidence referred to herein, will not be prejudicial to the right of Respondent to receive a fair and impartial hearing.

7. It is further agreed that Respondent will not seek to disqualify any member of the Commission from hearing this matter based on that member's consideration of this joint petition.

STIPULATED AND AGREED this 20th day of September, 2022.

LINDA C. CLEMONS, M.D.

Witness/Attorney for Dr. Linda C. Clemons

Blake T. Henson

Blake T. Henson, Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

CONSENT ORDER

This matter is before the Medical Licensure Commission of Alabama (the "Commission") on the administrative complaint filed by the Alabama State Board of Medical Examiners (the "Board") on September 20, 2022. The Board and LINDA C. CLEMONS, M.D. ("Respondent") (collectively "the Parties"), entered into a Joint Settlement Agreement, which was filed with the Commission on the 20th day of September, 2022. The Commission hereby finds that it has jurisdiction over the administrative complaint, and the Parties hereto, pursuant to Ala. Code § 34-24-361.

After reviewing the Joint Settlement Agreement submitted by the Parties, which is incorporated by reference as if set forth fully herein, the Commission hereby finds that Respondent has committed acts which violate Ala. Code § 34-24-360(2) and Medical Licensure Commission Rule 545-X-4-.06. The Commission concludes, as a matter of law, that the stipulated facts of the Joint Settlement Agreement establish violations of Ala. Code § 34-24-360(2) and Rule 545-X-4-.06.

Based upon the foregoing findings of fact and conclusions of law, it is the ORDER of the Medical Licensure Commission:

1. That the license to practice medicine of LINDA C. CLEMONS, M.D., license number MD.16445 be, and is hereby REPRIMANDED.

2. That LINDA C. CLEMONS, M.D., be, and is hereby assessed an administrative fine in the amount of Five Thousand Dollars ($5,000.00). Said fine is due and payable to the Medical Licensure Commission within thirty (30) days of the date of this Consent Order.

3. That LINDA C. CLEMONS, M.D., before December 31, 2022, shall obtain 50 additional credits of AMA PRA Category 1™ or equivalent continuing medical education.

The Medical Licensure Commission retains jurisdiction in this matter for the purpose of entering such further orders and directives as may be required to implement the provisions of this Consent Order.

ORDERED this the 28th day of September, 2022.

Craig H. Christopher, M.D., Chairman,
MEDICAL LICENSURE COMMISSION OF ALABAMA

EXHIBIT H

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
v.	)	
	)	CASE NO. 2022 - 228
SHARON G. GRIFFITTS, M.D.	)	
Respondent.	)	

JOINT SETTLEMENT AGREEMENT

COME NOW, the Alabama State Board of Medical Examiners ("the Board") and Sharon G. Griffitts, M.D. ("Respondent") (collectively "the Parties"), and respectfully submit this Joint Settlement Agreement to the Medical Licensure Commission of Alabama ("the Commission"), seeking the entry of the attached Consent Order to resolve the disciplinary charges filed against Respondent's medical license. In support thereof, the Parties state as follows:

STIPULATION

1. Respondent was duly licensed to practice medicine or osteopathy in the state of Alabama on January 1, 1998, having been issued license number MD.21438. Respondent was licensed at all times relevant to the matters asserted herein.

2. It is admitted by Respondent that on or about December 30, 2021, she submitted or caused to be submitted an Alabama medical license renewal application for calendar year 2022, on which the certification was made that the annual minimum continuing medical education requirement of 25 credits had been met or would be met by December 31, 2021, and the licensee had supporting documents if audited.

3. Respondent further admits that she has previously been disciplined by the Commission for failing to obtain the required number of continuing medical education credits

necessary for renewal of her 2020 license. The Commission entered a Consent Order on November 23, 2020, reprimanding Respondent's license to practice medicine in Alabama, assessing a fine in the amount of Two Thousand Five Hundred Dollars ($2,500.00), and ordering Respondent to obtain fifty (50) credits of continuing medical education on or before December 31, 2021.

4. Respondent admits that, in fact, the required number of additional continuing medical education credits necessary for renewal of the 2022 license had not been obtained and/or that supporting documentation was not produced; specifically, Respondent failed to obtain any valid credits.

5. Respondent acknowledges and admits that the foregoing facts constitute grounds for the imposition of disciplinary sanctions against her license to practice medicine or osteopathy in Alabama, specifically, a violation of Ala. Code § 34-24-360(2) and Medical Licensure Commission Rule 545-X-4-.06. Respondent consents and agrees to the entry by the Commission of the consent order stated herein and agrees to be bound by the findings of fact, conclusions of law, and terms and conditions stated therein. Respondent waives any further findings of fact and conclusions of law with respect to the above-styled matter and waives any right to appeal of the joint settlement agreement and consent order.

6. It is stipulated and agreed between the Parties that this joint settlement agreement and consent order be submitted to the Commission, and that they are subject to the Commission's approval. It is further agreed by the Parties that the Commission shall be permitted to examine and review, prior to approval of this settlement, the records and documents now in the possession of the Board concerning the stipulation of facts set forth herein. It is further agreed by the Parties that, in the event the Commission declines to accept this joint settlement agreement and consent order, and requires the Board to present testimony and documentary exhibits at a subsequent

hearing, any admissions by Respondent in this agreement shall not be binding upon her, and the consideration by the Commission of the joint settlement agreement and consent order and the documentary evidence referred to herein, will not be prejudicial to the right of Respondent to receive a fair and impartial hearing.

7. It is further agreed that Respondent will not seek to disqualify any member of the Commission from hearing this matter based on that member's consideration of this joint petition.

STIPULATED AND AGREED this 20th day of September, 2022.

Sharon G. Griffitts M.D.

SHARON G. GRIFFITTS, M.D.

Witness/Attorney for Dr. Sharon G. Griffitts

Blake T. Henson

Blake T. Henson, Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

CONSENT ORDER

This matter is before the Medical Licensure Commission of Alabama (the "Commission") on the administrative complaint filed by the Alabama State Board of Medical Examiners (the "Board") on September 20, 2022. The Board and SHARON G. GRIFFITTS, M.D. ("Respondent") (collectively "the Parties"), entered into a Joint Settlement Agreement, which was filed with the Commission on the 20th day of September, 2022. The Commission hereby finds that it has jurisdiction over the administrative complaint, and the Parties hereto, pursuant to Ala. Code § 34-24-361.

After reviewing the Joint Settlement Agreement submitted by the Parties, which is incorporated by reference as if set forth fully herein, the Commission hereby finds that Respondent has committed acts which violate Ala. Code § 34-24-360(2) and Medical Licensure Commission Rule 545-X-4-.06. The Commission concludes, as a matter of law, that the stipulated facts of the Joint Settlement Agreement establish violations of Ala. Code § 34-24-360(2) and Rule 545-X-4-.06.

Based upon the foregoing findings of fact and conclusions of law, it is the ORDER of the Medical Licensure Commission:

1. That the license to practice medicine of SHARON G. GRIFFITTS, M.D., license number MD.21438, be, and is hereby REPRIMANDED.

2. That SHARON G. GRIFFITTS, M.D., be, and is hereby assessed an administrative fine in the amount of Five Thousand Dollars ($5,000.00). Said fine is due and payable to the Medical Licensure Commission within thirty (30) days of the date of this Consent Order.

3. That SHARON G. GRIFFITTS, M.D., before December 31, 2022, shall obtain 50 additional credits of AMA PRA Category 1™ or equivalent continuing medical education.

The Medical Licensure Commission retains jurisdiction in this matter for the purpose of entering such further orders and directives as may be required to implement the provisions of this Consent Order.

ORDERED this the 28th day of September, 2022.

Craig H. Christopher, M.D., Chairman,
MEDICAL LICENSURE COMMISSION OF ALABAMA

EXHIBIT I

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
v.	)	
	)	CASE NO. 22 - 220
WILLIAM B. WHATLEY, III, M.D.,	)	
Respondent.	)	

JOINT SETTLEMENT AGREEMENT

COME NOW, the Alabama State Board of Medical Examiners ("the Board") and William B. Whatley, III, M.D. ("Respondent") (collectively "the Parties"), and respectfully submit this Joint Settlement Agreement to the Medical Licensure Commission of Alabama ("the Commission"), seeking the entry of the attached Consent Order to resolve the disciplinary charges filed against Respondent's medical license. In support thereof, the Parties state as follows:

STIPULATION

1. Respondent was duly licensed to practice medicine or osteopathy in the state of Alabama on Jul. 21, 1976, having been issued license number MD.7477. Respondent was so licensed at all times relevant to the matters asserted herein.

2. It is admitted by Respondent that on or about Dec. 18, 2021, Dr. Whatley submitted or caused to be submitted an Alabama medical license renewal application for the calendar year 2022, on which the certification was made that the annual minimum continuing medical education requirement of 25 credits had been met or would be met by December 31, 2021, and the licensee had supporting documents if audited.

3. Respondent admits that, in fact, the required number of continuing medical education credits necessary for renewal of the 2022 license had not been obtained and/or that

supporting documentation was not produced; specifically, Respondent obtained only 15 valid credits.

4. Respondent acknowledges and admits that the foregoing facts constitute grounds for the imposition of disciplinary sanctions against the licensee's license to practice medicine or osteopathy in Alabama, specifically, a violation of Ala. Code § 34-24-360(23) and Medical Licensure Commission Rule 545-X-5-.02. Respondent consents and agrees to the entry by the Commission of the consent order stated herein, and agrees to be bound by the findings of fact, conclusions of law, and terms and conditions stated therein. Respondent waives any further findings of fact and conclusions of law with respect to the above-styled matter and waives any right to appeal of the joint settlement agreement and consent order.

5. It is stipulated and agreed between the Parties that this joint settlement agreement and consent order be submitted to the Commission, and that they are subject to the Commission's approval. It is further agreed by the Parties that the Commission shall be permitted to examine and review, prior to approval of this settlement, the records and documents now in the possession of the Board concerning the stipulation of facts set forth herein. It is further agreed by the Parties that, in the event the Commission declines to accept this joint settlement agreement and consent order, and requires the Board to present testimony and documentary exhibits at a subsequent hearing, any admissions by Respondent in this agreement shall not be binding upon Respondent, and the consideration by the Commission of the joint settlement agreement and consent order and the documentary evidence referred to herein, will not be prejudicial to the right of Respondent to receive a fair and impartial hearing.

6. It is further agreed that Respondent will not seek to disqualify any member of the Commission from hearing this matter based on that member's consideration of this joint petition.

STIPULATED AND AGREED this 18 day of August, 2022.

WILLIAM B. WHATLEY, III, M.D.

Witness/Attorney for Dr. Whatley

Blake T. Henson, Associate General Counsel
Alabama State Board of Medical Examiners

CONSENT ORDER

This matter is before the Medical Licensure Commission of Alabama (the "Commission") on the administrative complaint filed by the Alabama State Board of Medical Examiners (the "Board") on August 18, 2022. The Board and William B. Whatley, III, M.D. ("Respondent") (collectively "the Parties"), entered into a Joint Settlement Agreement, which was filed with the Commission on the 18th day of August, 2022. The Commission hereby finds that it has jurisdiction over the administrative complaint, and the Parties hereto, pursuant to Ala. Code § 34-24-361.

After reviewing the Joint Settlement Agreement submitted by the Parties, which is incorporated by reference as if set forth fully herein, the Commission hereby finds that Respondent has committed acts which violate Ala. Code § 34-24-360(23) and Medical Licensure Commission Rule 545-X-5-.02. The Commission concludes, as a matter of law, that the stipulated facts of the Joint Settlement Agreement establish violations of Ala. Code § 34-24-360(23) and Rule 545-X-5-.02.

Based upon the foregoing findings of fact and conclusions of law, it is the ORDER of the Medical Licensure Commission:

1. That William B. Whatley, III, M.D., be, and is hereby assessed an administrative fine in the amount of Two Thousand Dollars ($2,000.00). The administrative fine is due and payable to the Medical Licensure Commission within thirty (30) days of the date of this Consent Order.

2. That William B. Whatley, III, M.D., between the date of this Order and December 31, 2022, shall obtain 25 credits of AMA PRA Category 1™ or equivalent continuing medical education that are in addition to the standard annual CME requirement of 25 credits.

The Medical Licensure Commission retains jurisdiction in this matter for the purpose of entering such further orders and directives as may be required to implement the provisions of this Consent Order.

ORDERED this the 28th day of September, 2022.

Craig H. Christopher, M.D., Chairman,
Medical Licensure Commission of Alabama

EXHIBIT J

Remote Participation in Public Meetings

Act 2022-421, effective July 1, 2022, changed the rules about how Commission members may participate in meetings via remote/electronic means. Here are the high points:

- If one or more members will participate via electronic means, the **7-day meeting notice** must specify how members of the public can also participate electronically.
- Public must be able to **hear** all participants. Video is allowed, but not required.
- **At least three members** of the Commission must be gathered in person in the publicly-noticed location where the public may attend. The rest of the quorum may be remote.
- If any members participate electronically, the Commission must take **roll-call votes**.
- Members who participate remotely may not receive any expense reimbursement. However, the Examiners of Public Accounts have said that remote participants may still receive the standard **$300 payment**.
- Remote participation is **not allowed** in rulemaking proceedings, or in any "hearing that could result in loss of licensure or professional censure."

EXHIBIT K

Medical Licensure Commission of Alabama

Policy on Mid-Year Conversion to "Inactive" License Status

September 28, 2022

A physician who holds a license to practice medicine or osteopathy in Alabama will be permitted to convert his or her license to "Inactive" status mid-year in accordance with this policy.

1. The physician must compete and submit a form prescribed by the Commission.

2. The physician's license must not be the subject of any pending investigations, disciplinary actions, or unpaid administrative fines or costs in any state where the physician holds a license.

3. Commission staff will check the National Practitioner Database and the FSMB PDC (Physician Data Center) to ensure that the physician is not subject to any pending discipline in any other state where he or she is licensed.

4. Conversion to "Inactive" status must be approved by the Commission at a public meeting.

5. Conversion to "Inactive" status is non-disciplinary in nature and will not be reported to the NPDB nor the FSMB PDC (Physician Data Center). The licensee's public license status in iGov will be reported as "Inactive."

6. A physician whose license is in "Inactive" status is not legally authorized to practice medicine or osteopathy in the State of Alabama.

7. No part of the physician's license fee will be refunded.

8. Once a license is placed in "Inactive" status, the physician will no longer receive annual renewal notices. Renewal of a license in "Inactive" status is not possible.

9. If a physician wishes to return his or her license to active status, the physician must apply for reinstatement via Ala. Code § 34-24-337, which includes payment of all associated fees, fulfillment of CME requirements, fingerprinting, a criminal background check, and an opportunity for BME to contest the reinstatement.

EXHIBIT L

Name of Physician: _____
License Number: _____
Today's Date: _____

I, the undersigned physician holding a license to practice medicine or osteopathy in the State of Alabama, formally request that my license be placed in "Inactive" status, effective immediately. In support of this request, I make the following statements and declare them to be true to the best of my knowledge, information, and belief:

1. None of my licenses to practice medicine or osteopathy in any state are currently the subject of any pending investigations, disciplinary actions, or unpaid administrative fines or costs.

2. I understand that the conversion of my Alabama license to "Inactive" status must be approved by the Medical Licensure Commission of Alabama at a public meeting.

3. I understand that, after my license is placed in "Inactive" status:

- My public license status on the ALBME/MLC web site will be reported as "Inactive."
- I will no longer be legally authorized to practice medicine or osteopathy in the State of Alabama, and that the unlicensed practice of medicine or osteopathy in Alabama is a **felony**.
- No part of my license fee for the current year will be refunded.
- I will no longer receive annual renewal notices, and that renewal of a license in "Inactive" status is not possible.
- If I wish to return my license to active status in the future, I will be required to apply for reinstatement via Ala. Code § 34-24-337. This process includes payment of all associated fees, fulfillment of CME requirements, fingerprinting, a criminal background check, and an opportunity for the Board of Medical Examiners to contest the reinstatement.

I swear and affirm that the information set forth in this form is true and correct to the best of my knowledge, information, and belief. I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I acknowledge that providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

Physician's Signature: _____

Today's Date: _____

State of Alabama
County of _____

Sworn to and subscribed before me on the _____ day of _____, 20__, by _____ _____ (name of principal signer).

[SEAL] _____
Notary Public

EXHIBIT M

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **v.** **OSCAR DOMINGO ALMEIDA, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2021-017**

ORDER

In an order dated August 29, 2022, we denied Respondent's request for cancellation of the fines and administrative costs assessed on him in this matter, but established a payment plan by which Respondent could satisfy those obligations over a two-year period. This matter is now before the Medical Licensure Commission of Alabama on Respondent's written request, dated September 25, 2022, to further delay the payments required by the payment plan. Upon consideration, this request is denied.

DONE on this the 5th day of October, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2022-10-05 08:25:20 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT N

In re: the matter of RAN HALLELUYAN, M.D.	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ORDER

This matter came before the Medical Licensure Commission of Alabama for a hearing on Dr. Halleluyan's application for licensure, held on September 28, 2022. Dr. Halleluyan appeared in person and testified in person before the Commission. Upon consideration of all relevant matter before the Commission, it is ordered that Ran Halleluyan, M.D. be granted a license to practice medicine in the State of Alabama, subject to the following restrictions:

1. Dr. Halleluyan's practice shall be restricted to the University of South Alabama General Surgery Residency program; and

2. Dr. Halleluyan shall establish and continuously maintain a doctor-patient relationship with a psychiatrist, who shall make quarterly reports to the Commission.

DONE on this the 5th day of October, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2022-10-05 08:23:59 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT O

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **v.** **SCOTT MUNRO KELLY, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2022-295**

ORDER

On the Commission's own motion, the hearing in this matter previously set for Wednesday, September 28, 2022, is continued. By order of the Chairman pursuant to Ala. Admin. Code r. 545-X-3-.08(1)(a), the hearing in this matter is re-set for Tuesday, October 25, 2022, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104.

DONE on this the 5th day of October, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2022-10-05 08:27:08 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT P

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **v.** **ROBERT PEARCE BOLLING, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2021-048**

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter came before the Medical Licensure Commission of Alabama for a contested case hearing held on August 24 and September 28, 2022. After receiving and considering all of the relevant evidence and argument, we find the Respondent, Robert Pearce Bolling, M.D., guilty of the disciplinary charges and impose professional discipline as set forth below.

I. Introduction and Statement of the Case

The respondent in this case is Robert Pearce Bolling, M.D. (hereinafter "Respondent"). Respondent is a licensee of this Commission who, at the relevant times, practiced medicine as a plastic surgeon in the Fayette, Alabama area. Respondent was first licensed by the Commission on September 26, 2001, having been issued license no. MD 24251. The disciplinary charges in this case arise out of

Respondent's alleged sexual misconduct toward patients and others, and associated mental health issues.

II. Procedural History

On May 23, 2022, the Alabama Board of Medical Examiners filed an Administrative Complaint and Petition for Summary Suspension of License (the "Administrative Complaint"). The Administrative Complaint contains four counts. Count One alleges that Respondent engaged in unprofessional conduct in violation of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-4-.06(9), in that, on or about April 24, 2020, he sexually harassed an employee, Erin Reeves. Count Two alleges that Respondent is guilty of unprofessional conduct in violation of Ala. Code § 34-24-360(5) in that he was convicted of a misdemeanor crime of harassment, a crime reflecting upon his ability to practice medicine with due regard for the health or safety of his patients, based on the same underlying set of facts as Count One. Count Three alleges that Respondent is unable to practice medicine with reasonable skill and safety to his patients as a result of a mental or physical condition, as demonstrated by serial acts of sexual misconduct in the practice of medicine, in violation of Ala. Code § 34-24-360(19)a. Finally, in Count Four, the Board alleges that Respondent is guilty of unprofessional conduct by committing multiple acts of sexual misconduct in the practice of medicine, in violation of Ala. Admin. Code r. 545-X-4-.06, Ala. Admin. Code r. 545-X-4-.07, and Ala. Code § 34-24-360(2).

In accordance with Ala. Code § 34-24-361(f) and Ala. Admin. Code r. 545-X-3-.13(1)(a), on May 25, 2022, we entered an order summarily suspending Respondent's license to practice medicine and set this matter for a full evidentiary hearing. Respondent has executed a valid waiver of the 120-day limit on summary suspension found in Ala. Code §§ 34-24-361(f) and 41-22-19(d).

On August 24 and September 28, 2022, we conducted a full evidentiary hearing on these charges as prescribed in Ala. Admin. Code r. 545-X-3. The case supporting the disciplinary charges was presented by the Alabama Board of Medical Examiners through its attorneys E. Wilson Hunter and Blake T. Henson. Respondent was represented by attorney Jay N. Robinson. Pursuant to Ala. Admin. Code r. 545-X-3-.08(1), the Honorable William R. Gordon presided as Hearing Officer at the August 24 session, and the Honorable James "Spud" Seale served as Hearing Officer on September 28. Each side was offered the opportunity to present evidence and argument in support of its respective contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility to be afforded to the evidence, and the fair and reasonable inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

III. Findings of Fact

We find the following facts to be stipulated to or established by the preponderance of the admissible and probative evidence presented at the hearing.

1. Respondent graduated from medical school at the University of Alabama at Birmingham, then completed a general surgery residency at the University of South Alabama, followed by a plastic surgery fellowship at Tulane. Respondent was first licensed by the Commission on September 26, 2001, having been issued license no. MD 24251. He has maintained an Alabama medical license since 2001 and was licensed at all times material to the Administrative Complaint. (Stipulation #1.)

2. Respondent practiced at Eastern Shore Plastic Surgery in Fairhope, Alabama from 2007 until 2011. In 2011, Respondent returned home to Fayette, Alabama, and opened his own plastic surgery practice.

3. Respondent admits that he has engaged in sexual intercourse with at least five patients. (Stipulation #9.) More specifically:

- In 2014, Respondent had sexual intercourse with a patient on whom he had performed a "tummy tuck" in 2007.
- In 2015, Respondent had sexual intercourse with a different patient on whom he had performed a "tummy tuck" in 2007 or 2008.

- Respondent also had sexual relations two or three times with a patient on whom he had performed a breast enhancement in 2009.
- In 2015, Respondent met a woman on a cruise ship. He exchanged messages with her over Snapchat until 2017, when she came to visit him. The two had sexual intercourse at Respondent's condominium over a two- or three-day period. Respondent provided her Botox injections, which he did not document.
- In 2017, Respondent went over to a female neighbor's home while her husband was away, and the two had sexual intercourse. Afterward, she came to Respondent's office and received Botox injections.

(BME Exhibit 14 at 14-15.)

4. Respondent also admits that he has engaged in sexual intercourse with at least three employees or colleagues. (Stipulation #9.)

5. On January 27, 2021, Special Agent J. Colin Bradley filed a criminal misdemeanor complaint against Respondent in the District Court of Fayette County. In the criminal complaint, Agent Bradley alleged that Respondent, on April 24, 2020, "engage[d] in sexual contact (grabbing/touching of the buttocks and vaginal area as well as forceful kissing) of Ms. Erin C. Reeves without her consent," and charged Respondent with one misdemeanor count of Sexual Misconduct, in

violation of Ala. Code § 13A-6-65. (BME Exhibit 4.)[1] Respondent would eventually plead guilty to the misdemeanor charge of Harassment in the 3rd degree (BME Exhibit 5), and would be sentenced to three months in the county jail, suspended, and unsupervised probation for 12 months. (BME Exhibit 6.) Respondent was further ordered to have no direct or indirect contact with Ms. Reeves. (*Id.*; Stipulation #5.) Ms. Reeves was also a patient of Respondent. (Tr1. 78-80.)

6. At the time of the criminal complaint, the Board was already investigating an unrelated quality-of-care complaint against Respondent. On February 9, 2021, Respondent submitted the following "self-report" to the Board concerning the Fayette County criminal charges:

> Dear Sir or Madam,
>
> Please be advised that I am hereby self-reporting a complaint and subsequent misdemeanor criminal charge by the above referenced individual, Erin Reeves, who was a former employee of my practice at the time of her allegations in April 2020. Ms. Reeves made assertions that I improperly touched her while at a private residence. A warrant has been issued and the matter is set for trial in the District Court of Fayette County, Alabama, DC-2021-64.
>
> I categorically deny these allegations and will be able to prove my innocence at trial. I further state to the Board that I do not presently or have I ever had any substance abuse issues or behavior issues that would give rise to this type of conduct.

---

[1] If Respondent had been convicted of sexual misconduct, he would have been subject to the registration provisions of the Alabama Sex Offender Registration and Community Notification Act. *See* Ala. Code § 15-20A-5(5).

> I am self-reporting in an abundance of caution to allow the Board to make any inquiries it may deem proper under the circumstances.
>
> Please feel free to contact me if you require any further information.
>
> Yours very truly,
>
> /s/
>
> Robert Pearce Bolling, MD

(BME Exhibit 3.)

7. This "self-report" turned out to be false in at least three significant ways. (Tr1. 97.) First, contrary to Respondent's initial categorical denial of the allegations, he now admits that he sent inappropriate text messages to Erin Reeves while he was on his way to the social gathering where the incident occurred, including messages to the effect of, "Don't be mad if I kiss you" and "I'll feel you up." Respondent also now admits that he grabbed two women, one of whom was Erin Reeves, on their bottoms and kissed both of them on their foreheads. (Tr1. 154, 357.) Second, while Respondent initially denied "any substance abuse issues," he later admitted that he was "unable to control his alcohol use," he has been formally diagnosed with a "severe" alcohol use disorder, and it is now evident that Respondent's alcohol use has contributed to the multiple instances of sexual misconduct that are the subjects of this proceeding. (BME Exhibit 15 at 2; Tr1. 98.) Third, notwithstanding Respondent's initial denial of any "behavior issues," he now

admits that he has, and has been formally diagnosed with, an impulse disorder and/or sexual compulsivity disorder. (Tr1. 98.)[2]

8. In the summer of 2021, Respondent established a relationship with Robert Montgomery, a Licensed Marriage and Family Therapist ("LMFT"). Montgomery recommended that Respondent seek assistance from Tal Prince, a Certified Sex Addiction Therapist ("CSAT") who practices at Insights Counseling Center in Birmingham.

9. Prince was unable to accept any new clients, but he referred Respondent to David Tucker, MA, LPC, an associate of Insights.[3] Respondent attended four sessions with Mr. Tucker. Mr. Tucker administered the Sexual Dependency Inventory ("SDI") test, which is a "very robust" several-hundred-question assessment designed to determine if a person is suffering from a sexual addiction, to classify the addiction, and to determine what kind of treatment would be best for that individual. (Tr1. 245.)[4]

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[2] *See* fn. 4, *infra*.

[3] Mr. Tucker at that time was apparently a Certified Sex Addiction Therapist Candidate, or "CSAT-C," but not a full CSAT.

[4] Although "sexual addiction" is not formally recognized in the Diagnostic and Statistical Manual of Mental Disorders, no party to this proceeding contends that sexual addiction is not a real phenomenon. Nor does any party dispute that the Sexual Dependency Inventory is a valid and reliable instrument for the purposes of identifying sexual addiction and recommending interventions for it.

10. On August 6, 2021, Mr. Tucker issued an initial assessment, in which he identified certain issues, including "[i]nability to abstain from sexually compulsive behavior" and "[p]rofessional boundary violations." (Stipulation #6.) Based on the SDI results, Mr. Tucker recommended that Respondent receive inpatient treatment:

> Initial Assessment:
>
> Dr. Bolling was given the Sexual Dependency Inventory (SDI) as an initial assessment. The results of the Sex Addiction Screening Tool (SAST) which is part of the SDI battery, indicate that Dr. Bolling meets criteria for inpatient level of care. Clinical interview confirms inpatient level of care is appropriate.
>
> Primary Recommendations:
>
> While outpatient therapy is an option for Dr. Bolling, it is the belief of this therapist that client would have the best chances of sustaining long term success by completing a 60 to 90 day inpatient treatment program first and following up with the additional recommendations. Gentle Path at the Meadows or Pine Grove Behavioral Health are recommended treatment centers.

(*Id.*; BME Exhibit 7.)

11. Respondent felt that Mr. Tucker's recommendation of inpatient treatment was "excessive." (Tr1. 105.) Notwithstanding Mr. Tucker's recommendation for 60 to 90 days of inpatient therapy, from September 7 through 10, 2021, Respondent attended an *outpatient* program at Waterstone Counseling Center in Springdale, Arkansas. There, Respondent participated in a sexual

dependency assessment, including a second administration of the SDI. The Waterstone assessment identified the following problems:

- Preoccupation: obsessive thinking about sexual behavior, opportunities, and fantasies;
- Relationship disturbance: sexual behavior has created significant relationship problems;
- Affect disturbance: depressed mood and/or anxiety over sexual behavior; and
- Loss of control: inability to stop behavior despite commitments to self and others and despite problems caused by behavior.

(Stipulation #7.)

12. On February 4, 2022, the Board, pursuant to its authority under Ala. Code § 34-24-360(19)(b),[5] ordered Respondent to "submit to a complete evaluation to rule out professional sexual misconduct, including, but not limited to, any physical, psychological, neuropsychiatric, and/or psychiatric examinations deemed appropriate by the evaluating professionals." (BME Ex. 11.) The Board ordered

[5] "[T]he board or commission may order and direct the doctor in question to submit to either a physical, mental, or laboratory examination or any combination of such examinations to be performed by a physician or osteopath designated by the board. The expense of such examination shall be borne by the physician or osteopath who is so examined." Ala. Code § 34-24-360(19)(b). A physician's failure or refusal to comply with such an order is unprofessional conduct. *See* Ala. Admin. Code r. 545-X-4-.06(6).

Respondent to be evaluated either at Pine Grove Behavioral Health and Addiction Services ("Pine Grove") or Acumen Assessments ("Acumen").

13. On February 20, 2022, Respondent agreed to refrain from the practice of medicine. (BME Exhibit 12.)

14. From March 7 through 10, 2022, pursuant to the Board order, Respondent was evaluated at Acumen Assessments. The stated goal of the Acumen assessment was "to assess [Respondent's] clinical disposition and capacity for executing sound judgment, as well as to identify the presence of an addictive process, problems with impulse control, or any other variables that might contribute to his behavior while offering treatment recommendations if indicated." (BME Exhibit 14 at 2.) Acumen issued a preliminary report on April 8 (BME Exhibit 13), and a final report on May 24, 2022 (BME Exhibit 14).

15. Acumen summarized the outcomes of its evaluation as follows:

> **Summary of the Evaluation:**
>
> Dr. Bolling is an anxious and insecure individual who presents with a history of boundary violations, sexual impulsivity, and problematic sexual behaviors that have jeopardized his career, professional reputation, and marriage. While this is his first complaint to the Board, he reluctantly admits to having 13-14 affairs over the course of two marriages. He states that eight of these affairs involved employees/colleagues and current/former patients. Outside of these relationships, he has engaged in other problematic sexual activity dating back to at least 2000. This includes masturbating with strangers over the Internet, having anonymous sex with Internet acquaintances, participating in Internet sex chat rooms, providing individuals with gifts in exchange for sex, and sending provocative texts to multiple women at once in hopes of having a sexual encounter. Many of these women tend to be former patients, people he

has met in public, or other acquaintances with whom he will exchange communication until the relationship becomes romantic and/or sexual. He believes he engages in this practice during the times he is in distress or in need of validation. He notes that he was neglected as a child and meant to feel as if he is "unlovable" or "not good enough," which he believes has reinforced his desire to seek out external approval/validation via sexual contact since he is unable to generate this from within.

While Dr. Bolling stated during his intake appointment that he has "been in recovery" from his "sexual addiction since May 2021," he demonstrated difficulty being honest and providing full transparency throughout his evaluation. He tended to minimize aspects of his history, omit information, deceive the polygraph test, and invalidate the self-report inventories by portraying himself as overly virtuous and free of flaws. Additionally, he provided a diluted urine sample. As a result of his dishonesty, Dr. Bolling's evaluation can be broken down into two aspects - what he told the assessment team, and what was found in the collateral documents, psychological testing, and other relevant information. These discrepancies can be seen below:

- Dr. Bolling admits that he told Ms. X he was going to "kiss" and "rub on" her prior to attending the social gathering in which these events allegedly took place. He also admits that while he was at this social gathering, he touched Ms. X's buttocks and kissed her on the forehead before he and his wife went home "without incident." He denies kissing her on the mouth, holding her down, grabbing her vagina, or engaging in any other boundary violations. While he admits that he touched Ms. X's buttocks, he failed to disclose that he did so on three occasions, in addition to touching her against her will throughout the evening in question.
    - Collateral documents also indicate that Dr. Bolling offered Ms. X a raise after this incident occurred in hopes that she would not make a report to law enforcement or the Board.
- Dr. Bolling initially claimed to have lost his virginity on his wedding night but later admits that he had sex once before he was married. While the assessment team does not consider this misinformation to be a large infraction, his inability to be transparent when initially called upon is concerning.
    - It is also worth noting that Dr. Bolling claimed he was a virgin when he got married during his intake interview in an attempt

to portray himself as an innocent and naïve individual who has had few sexual experiences.

- During his intake interview, Dr. Bolling stated that he has masturbated "10 to 12 times" in his life (i.e., another attempt to portray himself as an innocent and naïve individual who has had few sexual experiences). However, he later admits that he began masturbating with strangers over the Internet starting in 2000. While he denies engaging in this practice over the last decade, he eventually began meeting with individuals he met on the Internet so that they could watch each other masturbate in person. The assessment team considers this to be risky behavior that is common amongst individuals suffering from problematic sexual behavior.
- Dr. Bolling initially claimed he has never engaged in anonymous sex but later admits to meeting up with individuals he met online (and had no previous or other relationship with) for the purpose of having sex. Again, the assessment team considers this to be risky behavior that is common amongst individuals suffering from problematic sexual behavior.
- Dr. Bolling denied ever paying for prostitutes during his evaluation, but he admitted on the SDI that he has paid for sex on at least one occasion. He noted on the SDI that he has spent at least $3,000 on either prostitutes or gifts for sexual lovers. Per his report (only after he was directly challenged), this money was spent buying gifts for individuals he knew and had a relationship with.
    - Although he was not initially forthcoming, Dr. Bolling eventually admitted that he exchanged Botox for sex on one occasion and that he gave a woman "extraordinary gifts to gain sexual access" at least once.

* * *

- Although Dr. Bolling was not initially forthcoming, he eventually admitted (prior to taking his polygraph test) to having sex with at least five current or former patients, in addition to having sex with three employees/colleagues. He rationalized these relationships based on his belief that he had not provided medical care to these patients within two years of having sexual contact, while also claiming that he had no power differential over his employees (which is an example of faulty rationalizations and poor judgment).

- Dr. Bolling was dishonest when providing his substance use history and underreported his recent use of alcohol. He also produced a diluted urine sample which raises suspicion surrounding the possibility that he was purposefully trying to deceive the test. Had the assessment team not decided to include a PEth test as a part of his evaluation, we would not have known the extent of his recent use. As of now, we cannot definitively rule out the presence of an alcohol use disorder.
    - Dr. Bolling admits that he tends to "act out" more frequently when he is under the influence of alcohol. In this regard, he will require ongoing abstinence monitoring to prove that he does not have an alcohol use disorder. If he is unable to comply with his monitoring, then he should immediately participate in a residential form of substance use treatment.
- Dr. Bolling minimized his difficulties on the self-report inventories to a considerable degree. Even when he was asked to redo these inventories while being brutally honest, he continued to minimize his distress and portrayed himself as free of flaws and without stress or anxiety. As a result of his underreporting, the self-report inventories were considered marginally valid.
- Dr. Bolling was unable to pass his polygraph test. He specifically failed the question: *Have you ever inappropriately touched or fondled a patient while conducting an examination or providing medical treatment?* He initially was unable to provide an explanation until he returned the following day and stated that he and his wife had "played doctor" while having sex in his office, which he believes is the reason he was unable to pass this question. He also admitted to engaging in mutual petting with his neighbor, whom he had a sexual relationship with, during an "unexpected" Botox appointment. However, due to Dr. Bolling's lack of transparency that was noted throughout his evaluation, we cannot definitively rule out the possibility that he has never inappropriately touched or fondled other patients while conducting an examination.
    - His staff notes that the majority of his surgeries are for cosmetic purposes, which consist of breast augmentations and abdominoplasty. Although none of his staff expressed concern about him ever conducting inappropriate examinations.

- Dr. Bolling failed to comply with the original recommendations that were provided by David Tucker, LPC. Rather than engage in residential treatment to address his sexual compulsivity, he sought out a second opinion and engaged in an intensive outpatient treatment program at Waterstone. He also failed to meet with a CSAT for individual psychotherapy, nor has he participated in group therapy with a CSAT therapist or attended Cadecuces [sic] meetings. While he has identified a 12-step sponsor, this individual resides in another state and is unaware of Dr. Bolling's current involvement with a 12-step group. Dr. Bolling claims he has been in recovery since May 2021, but collateral information indicates that he has only recently become active in his treatment, which we suspect is the result of the Board's intervention and his anxiety surrounding his ability to practice medicine. Additionally, he was unable to describe the principles of his 12-step recovery.

The assessment team believes Dr. Bolling meets the DSM-5 criteria for an Other Specified Disruptive, Impulse-Control, and Conduct Disorder that leads to problematic sexual behavior and impulsivity. We believe his sexual impulsivity is further exacerbated by the problematic elements of his personality that generate feelings of insecurity, an inability to cope with distress, self-deprecating thoughts, anxiety, impulsivity, a need for emotional connection (pursued in a maladaptive manner), lack of insight, and a sense of entitlement where he believes he "deserves" to have a sexual encounter. He was neglected throughout his upbringing, which has caused him to internalize the belief that he is not "good enough" and that he must "do more and achieve" in order to be accepted. This has contributed to his tendency to overextend himself by working excessive hours and causes him to seek out sex or flirtatious interactions to validate his worth, cope with distress, and reduce bodily tension. Over time, this has gone from flirting with strangers on the Internet to eventually meeting up with individuals he met on the Internet for the purpose of having sex. Most recently, this involved sexually assaulting an employee while he was under the influence of alcohol.

Dr. Bolling was administered the Sexual Addiction Screening Test (SAST) and the Cybersex Addiction Test to assess for signs of 'sexual addiction.' On the SAST, Dr. Bolling scored 19 out of 45. Scores higher than seven are considered to be indicative of a problem with sexual addiction. On the Cybersex Addiction Test, he scored 5 out of 10. Individuals who score between four and six and [sic] considered to have a "higher chance of being addicted to cybersex." In further support of these statements, Mr. Tucker felt

that Dr. Bolling met the criteria for "sexual addiction" based on the results of his SDI and recommended residential treatment due to the severity of his behavior. While we cannot diagnose Dr. Bolling with having a "sexual addiction" since this is not listed in the DSM-5, we agree with Mr. Tucker's assessment and support his recommendation for a residential level of care.

Dr. Bolling's scores on the cognitive testing were lower than would be expected for a surgeon. He scored in the *severely impaired* (T-Score = 14) range on a test of executive functioning and the *mildly impaired* range on tests of working memory (T-Score = 39), visual information processing (T-Score = 34), categorical switching (T-Score = 37), and frontal systems functioning involving sustained visual attention, perceptual tracking, sequencing, eye-hand coordination, and information processing (T-Score = 37). These scores are concerning for a surgeon and could be an indication of the early stages of a dementing process, cognitive decline associated with alcohol use, or anxiety that disrupts his ability to focus. For now, we suspect his anxiety interfered with his ability to concentrate during the testing but we would also recommend that he participates in follow-up testing once he has completed his residential treatment and been able to demonstrate a period of abstinence.

Dr. Bolling recognizes that he has used sex as a means of validating his worth and to soothe internal despair, and he feels he has taken the appropriate steps to correct his behavior by participating in a boundary course and attending psychotherapy. While we are able to recognize that he has been involved in treating his sexual behavior, we believe he is in need of a higher level of treatment that will require him to be fully transparent and honest while confronting the problematic elements of his personality that reinforce his impulsive sexual behavior. In this regard, he needs to participate in a formal residential treatment process where someone will hold him accountable. Otherwise, he will continue to minimize his behavior, withhold information, and deceive his treatment providers and himself. He needs to confront his shame and the negative beliefs he has internalized about himself, increase his ability to self-soothe and cope with distress, reduce impulsivity, and instill a healthy routine that will allow him to live a balanced and more fulfilling life. Without this intervention, he remains vulnerable to engaging in unwanted behavior that has already jeopardized his career and professional reputation.

Diagnoses:

Based on the results of the evaluation, the following diagnoses are offered based on DSM-V criteria:

- F91.8: Other Specified Disruptive, Impulse-Control, and Conduct Disorder, Recurrent Sexual Behaviors
- F43.22: Adjustment Disorder with Anxiety Due to Board Action
- Rule Out - Fl0.10: Alcohol Use Disorder, Mild
- Histrionic and Narcissistic Personality Traits with Antisocial conduct
- V62.29; Other Problem Related to Employment

Conclusions:

The undersigned, and those involved in this evaluation, are of the opinion that Dr. Rolling is *unfit* for duty and in need of residential treatment to properly adequately address his sexual compulsivity.

Additionally, he will require ongoing abstinence monitoring to ensure he does not have an alcohol use disorder.

Dr. Bolling presents with an ongoing history of sexual impulsivity and problematic sexual behaviors that have carried over into his workplace. He has engaged in professional sexual misconduct with at least five patients and three employees/colleagues in which he utilized his position of power to influence these individuals into having sexual encounters. He has tried to conceal his behavior from his spouse, and he continues to find himself acting out and looking for individuals to groom. To date, he has yet to participate in an appropriate level of treatment, which has prohibited him from adequately addressing the problematic elements of his personality that reinforce his sexually impulsive behavior. Without participating in a residential form of intensive treatment to address his sexual impulsivity, the assessment team estimates Dr. Bolling's risk to re-offend to be high. The treatment team's conclusions regarding his level of risk are based on: 1) the presence of predatory psychopathology; 2) evidence of an impulse control disorder; 3) evidence of a possible substance use disorder; 4) an inability to be honest and transparent, and; 5) the inability to gain insight into his inappropriate conduct and how his sexual misconduct hurt and disrupted other peoples' lives.

* * *

On behalf of the entire assessment team, thank you for the opportunity to evaluate Dr. Bolling. If we can be of further assistance, please call us at 785-856-8218.

/s/

Joshua Hypse, PsyD

Staff Psychologist, Acumen Assessments

Date: May 24, 2022

(BME Exhibit 14 at 22-30.)

16. As part of the Acumen assessment, it emerged that Respondent began engaging in high-risk sexual behaviors in 2000. We do not find it necessary to include all of the specific factual details of this behavior in today's decision. We do, however, make a factual finding that the factual matters described in pages 12-17 of the Health Professional Forensic Board Evaluation Final Report (May 24, 2022), indicate that Respondent's problems with sexual impulsivity are severe and longstanding, and that rehabilitation from these issues will require formidable and sustained efforts on Respondent's part.

17. Next, to Respondent's credit, he completed approximately 90 days of residential rehabilitation at Pine Grove, consisting of the "Gratitude" program and the "Professional Enhancement Program," commonly abbreviated as "PEP." Respondent was at Pine Grove from April 20 until July 22, 2022. (Tr2. 23.) While Acumen's central goal was to conduct a rigorous *evaluation* of Respondent's condition, Pine Grove's emphasis was to provide *therapy* for the problems identified by Acumen. (Tr1. 110, 274.)

18. During treatment at Pine Grove, Respondent was found to be in possession of an electronic device (a phone) containing pre- and post-operation photos of former patients. (Stipulation #10.) About this phone, Pine Grove reported:

> During his treatment, a second electronic device was found in Dr. Bolling's belongings. The device contained pre and post operation photos of his former patients. Upon first assessment and given Dr. Bolling's historical precedent for withholding information, the device appeared to be used for sexual acting out purposes. After further evaluation of the device, photos on the device could not be deleted and had to be removed from a computer where the photos were downloaded from. Dr. Bolling reports the device was primarily used for work purposes. Post discharge, Dr. Bolling reported to staff that he no longer has the device and this subject would be included on a polygraph assessment if he were to return for a recheck. Dr. Bolling's historical lack of transparency created an obstacle in trusting his account of events, but he appeared to make progress by being more transparent with his thoughts and feelings.

(BME Exhibit 15 at 5.)

19. Respondent testified that the "second electronic device" was a phone that he used for work when he practiced at Eastern Shore Plastic Surgery in 2007-2011, and that he took it to Pine Grove in hopes of using it to listen to music. Respondent admits that the phone contained pre-and post- operative photos of patients of Eastern Shore Plastic Surgery. (Tr1. 131, 132.) When Pine Grove staff attempted to delete the photos, they automatically re-downloaded to the phone, leading Pine Grove staff to conclude that the photos would need to be deleted from a host computer. (Tr2. 87.)

20. Much remains unknown and unexplained about this mysterious "second phone." However, it is a subject of great concern to the Commission that Respondent, while at Pine Grove, was in possession of a phone containing before-and-after photographs of plastic surgery patients. Our concerns are intensified by the

fact that the photos were of patients of a medical practice with which Respondent had not been associated for more than 10 years.

21. Pine Grove discharged Respondent on July 22, 2022, with a prognosis of "guarded," noting that Respondent was "early in the process of recovery." (BME Exhibit 15 at 9.) Pine Grove discharged Respondent with diagnoses of:

- Other specified sexual dysfunction (Compulsive sexual behavior);
- Alcohol use disorder, severe, in early remission, in a controlled environment;
- Other vocational issues (Boundary Violations, Problems with Medical Board);
- Generalized Anxiety Disorder;
- Avoidant Personality Disorder with Narcissistic traits; and
- Complex PTSD.

(BME Exhibit 15 at 2.)

22. Pine Grove summarized the severity of these problems at admission and discharge as follows:

#	PROBLEM	Severity: Initial	Severity: Discharge
1	Compulsive Sexual Behavior/Alcohol Use Disorder/Addiction Interaction	3.50	2.75
2	Professionalism	3.25	3.00

#	PROBLEM	Severity: Initial	Severity: Discharge
3	Generalized Anxiety	3.50	2.75
4	Avoidant, Narcissistic, Obsessive Compulsive, and Antisocial Personality Disorder	3.50	2.75
5	Complex PTSD	3.50	2.75

None = *0* Low = *1* Moderate = *2* High = *3* Highest Possible = *4*;

(BME Exhibit 15 at 3.) Thus, while it is clear that Respondent improved during his 90 days at Pine Grove, most of his problems remained between "Moderate" and "High" in severity, and closer to "High," even after 90 days of intense treatment.

23. In addition, while Respondent clearly improved while at Pine Grove, Respondent's time at Pine Grove was marked by the same piecemeal approach to the facts as was evident at Acumen. (Tr2. 16-19, 68-72.) According to Pine Grove, Respondent "entered treatment questioning the severity of his problems, and demonstrated an initial resistance to treatment." (BME Exhibit 15 at 9.) Pine Grove noted that Respondent "struggled initially with honesty and personal buy-in to recovery" and that he initially "expressed shock and anger towards the recommendation that he needed residential treatment level care." (BME Exhibit 15 at 4.)

24. Pine Grove made the following recommendations about Respondent's ability to return to work and for follow-up care:

Return to Work Recommendations:

1. Dr. Bolling has been compliant and completed the treatment process demonstrating insight into his alcohol use disorder and professional sexual misconduct. His license is currently suspended and he has a hearing date before the Alabama Board of Medical Examiners on 8/24/2022. If cleared to return to practice by the ABME and APHP, it is recommended he adhere to the following practice recommendations:

    a. Work in a group practice; solo practice is not recommended.

    b. Have a chaperone present for all female patient interactions. This includes having a chaperone present for the entirety of the patient encounter.

    c. No treatment or prescribing for himself, family, friends, or co-workers.

    d. Patients do not need to have Dr. Bolling's cell phone number.

    e. If Dr. Bolling needs to take pictures of patients for medical purposes, it is recommended he not use his personal electronic device, but a workplace device.

    f. Maintain a three person rule with female staff.

    g. No socializing with staff or patients outside the office.

2. It is recommended he continue monitoring with the APHP for a minimum of five years. This would include monitoring to ensure he follows discharge recommendations, provide polygraphs, provide random urine drug screens/Peth/EtG tests, and follow all requirements of APHP.

3. It is recommended Dr. Bolling have a workplace monitor who can provide regular reports to the APHP about his behavior and adherence to these boundary recommendations. Ideally, this person would be his supervisor or lateral colleague. This does not need to be someone Dr. Bolling supervises or pays. Dr. Bolling will need to inform the workplace monitor of his boundary issues so that the monitor will know what types of behavior to monitor.

4. A PEP recheck is recommended to occur in six months (January 2023). This would include an assessment of his progress since discharge,

reassess discharge recommendations, and will include a polygraph. Dr. Bolling will need to contact PEP well in advance to schedule his recheck, in order to return during his dates of choice.

Aftercare Recommendations:

1. It is recommended Dr. Bolling abstain from all mind altering substances including alcohol.

2. Attend regular individual therapy with Deborah Schiller, CSAT. Dr. Bolling has a scheduled appointment on August 4, 2022 at 12:30pm.

3. It is recommended Dr. Bolling participate in a men's sexual issues group. He should collaborate with Ms. Schiller to help identify an appropriate group in his area.

4. It is recommended Dr. Bolling and his spouse continue in couple's therapy. They have a scheduled appointment with Dr. Robert Montgomery on August 8, 2022 at 14:00.

5. It is recommended he attend regular meetings with his Primary Care Physician, Dr. Charles Nolen, for routine checkups and medication management. He should schedule a follow appointment within two weeks of his discharge. Should he have an increase of psychiatric issues that warranted specialized care, it is recommended he work with APHP to identify an APHP approved psychiatrist.

6. It is recommended Dr. Bolling attend 90 meetings in 90 days of AA/SA/SAA, and Caduceus can count as a meeting. He will need to obtain a sponsor for both alcohol and sex addiction. After the 90 days, it is recommended he gradually reduce 12 Step attendance.

7. Quarterly polygraphs are recommended for the first year of his recovery. Assuming he passes his first year of polygraphs, he could decrease to bi-annual tests and Ms. Schiller would need to be included in any discussion about a change in polygraph frequency. Questions will need to focus on his honesty about his alcoholism, sexual behavior, and compliance with recommendations. He will need to test with an APHP approved polygrapher.

8. Dr. Bolling has Accountable to You installed on his electronic devices and it is recommended he maintain installation of protective software

on all electronic devices. It is recommended he establish an accountability system for his use of computers and the Internet. Two accountability partners should be his therapist and sponsor.

9. Dr. Bolling does not need to engage in any volunteer work where he would use his medical degree or medical knowledge (e.g., medical mission trips), and would not need to work with vulnerable female populations. Should he volunteer, he will need to talk with his sponsor and therapist to determine if volunteer opportunities are conducive to his recovery.

10. Pine Grove's Alumni Program offers a weekly zoom meeting and quarterly alumni events (Days of Hope), and these would offer support to Dr. Bolling. It is not a requirement he participate in these activities, but are offered for his support.

(BME Exhibit 15 at 10, 11.)

25. The Board presented the expert testimony of Joshua D. Hypse, PsyD., a forensic clinical psychologist who is employed as a Staff Psychologist at Acumen Assessments. (Tr1. 209.) Hypse was the lead clinician for the Board-ordered assessment of Respondent, and is also the principal author of the Acumen Assessments Health Professional Forensic Board Evaluation Final Report (May 24, 2022) regarding the Respondent. (BME Exhibit 14.)

26. Consistent with the Acumen final report, Dr. Hypse testified that, in his opinion, Respondent is not currently able to practice medicine with reasonable skill and safety. Dr. Hypse testified that he believed that the risk to public safety is "still very high," particularly in light of the 20-plus years in which Respondent has engaged in high-risk sexual behaviors and sexual boundary violations. (Tr1. 268.) Dr. Hypse noted that the research indicates that an individual experiencing the kind

of issues that Respondent is experiencing can take between two and five years to be rehabilitated. (Tr1. 251, 287.)

27. In response to Pine Grove's "guarded" prognosis, Dr. Hypse noted that it's "not necessarily a good" prognosis, although "probably better than when he first got there." (Tr1. 262, 276.) Dr. Hypse elaborated that he "would have a lot of concerns about [Respondent] practicing medicine as long as [he is] in that guarded state. And I think for Dr. Bolling, you know, he just needs more treatment and more time and more knowledge and education around this. It sounds like he's been reading a lot, and you know, he's been doing a lot of things. But I think there's still a gap from where he is to where he needs to be based off what I've heard today." (Tr1. 263.) Further, after listening to Respondent's testimony at the hearing, Dr. Hypse opined:

> I'm not hearing him take enough ownership as I would like. You know, he's still kind of struggling to answer questions, and you know, he's going to defer to experts and things like that. I think that he needs -- the best way for someone with his issues to prove that they're rehabilitated is through time. And we need time to -- for him to demonstrate that. Yeah, he's going to be on his best behavior now, but he should be. Everyone would be if they're dealing with the board. Well, what's going to happen a year from now, two years from now? Knowing that he's had no problem talking to several women for multiple years before something takes place, how do we not know he's going to fall back in a pattern? And I think he needs time to prove himself, that he's not going to do that.

(Tr1. 264.) Dr. Hypse also noted that Respondent's failure to disavow working with female patients, and his apparent belief that he might be able to work in solo practice in the future, demonstrated a lack of insight into his condition. (Tr1. 267, 268.)

28. The Board also presented expert opinion testimony from Robert C. Hunt, LMFT. (Tr1. 292.) Mr. Hunt is the Director of the Alabama Professionals' Health Program ("APHP"), and, as such, he is the individual principally responsible for monitoring 264 professional participants in the APHP.

29. Hunt became familiar with Respondent through Respondent's participation in the APHP. Early on in Hunt's interactions with Respondent, Hunt became "upset" with Respondent because Respondent had not been completely forthcoming with him about the arrest and allegations made by Erin Reeves, and about the fact that the Board was then investigating him. (Tr1. 296.)

30. Although Hunt thought that Pine Grove's return-to-practice conditions were "pretty intense," Hunt felt that even more monitoring would be needed in terms of alcohol and more frequent polygraph examinations. (Tr1. 298, 319.) Even so, Hunt testified that APHP does not have the ability or the manpower to monitor Respondent at the level recommended by Pine Grove. (Tr1. 299, 300, 311.)

31. Hunt also offered opinions about the prognosis for Respondent's rehabilitation. Hunt testified that, in his experience, physicians who participate in APHP for alcohol issues alone, or even opioid use, have a success rate of about 90%.

(Tr1. 300). For sexual addiction issues, however, Hunt believes that "a very low percentage" of individuals experiencing sex addiction are successfully rehabilitated, based on the data and studies he has reviewed. (Tr1. 301, 302.) Based on this, Hunt believes that Respondent has a "high" risk of re-offending. (*Id.*) Hunt testified that, in his opinion, a physician with a history of sexual addiction similar to Respondent should refrain from practice for "a minimum of two years and be closely monitored those two years." (Tr1. 303, 330.)

32. Hunt opined that Respondent, upon return to practice, would need a physician practice monitor who himself had successfully rehabilitated from sexual addiction. Hunt is aware of only two such physicians in the entire state. (Tr1. 328.)

33. Respondent presented expert testimony from Charles Richardson, D.O., who is an addiction psychiatrist employed by Pine Grove. (Tr2. 6.) Dr. Richardson has been employed as the attending psychiatrist at Pine Grove for the last four years, and in those four years he has worked specifically with patients with sexual addiction issues. Dr. Richardson was respondent's attending psychiatrist during his time in the Gratitude and PEP programs at Pine Grove.

34. Dr. Richardson testified that he believes that Respondent is presently able to practice medicine with reasonable skill and safety to patients, subject to the Pine Grove restrictions and aftercare recommendations. (Tr2. 28, 38.) Dr. Richardson explained that the Pine Grove prognosis of "guarded" should be

interpreted to mean that "there's still some things that [Respondent] can continue to work on" and "if he does not continue the work that we laid out, that we started, then things could go in a different [*i.e.*, negative] direction." (Tr2. 27, 34.) Dr. Richardson also agreed that Respondent would have a "moderate to high risk" of relapse if Respondent does not "rigorously" work on his recovery. (Tr2. 123.)

35. Dr. Richardson testified that "somewhere in the 60 to 70 percent range" of sexual addicts are successfully rehabilitated. (Tr2. 45, 46.)

36. Dr. Richardson did not directly dispute Dr. Hypse's recommendation that Respondent refrain from the practice of medicine for two years, because Pine Grove would have simply deemed him unfit to practice if they believed he needed to take that much time away from practice. (Tr2. 141.) But Dr. Richardson did note that, based on his review of the literature, "if a patient can get to a year of recovery, they double their chances at long-term recovery." (Tr2. 57, 58.)

37. Consistent with the patterns apparent from Respondent's time at both Acumen and Pine Grove, the evidence presented at the hearing leads the Commission to have continuing concerns about Respondent's ability to confront the unvarnished facts in a direct, honest, and open manner, without which his rehabilitation will be impossible. As an example, when Respondent was asked about his annual income, he responded that his "salary" was $250,000, deferred to his attorney and accountant, and seemed unable or unwilling to give a direct and truthful

answer. (Tr1. 50, 191.) Later, when pressed repeatedly, Respondent said his gross income was $400,000 or $500,000. (Tr1. 192.) When pressed further, the number went up to $600,000. (Tr1. 204-206.) We find this pattern of responses to be evasive, and part of a continuing pattern of Respondent taking a circuitous path to facts that may be uncomfortable to him.

38. Similarly, Respondent failed to take personal ownership of the limitations on his practice that would be necessary for him to practice safely in the future. Instead, Respondent consistently "deferred to the experts" (Tr1. 57-59, 95, 110, 127), and insisted that he would do "anything" that he was told to do by others. (Tr1. 54, 58, 72, 121, 127.) Moreover, Respondent could not even acknowledge that his sexual impulsivity negatively impacts his ability to practice medicine safely, even with female patients. (Tr1. 55, 95, 116.) Based on what we personally observed at the hearing, we agree with Acumen's assessment that Respondent's "insight into his problems [remains] poor." (BME Exhibit 14 at 11.)

IV. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this cause pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq*. Under certain conditions, the Commission "shall have the power and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee." Ala. Code § 34-

24-360. In addition to all other authorized penalties and remedies, the Commission may impose a fine of up to $10,000 per violation, and may require the payment of administrative expenses incurred in connection with the disciplinary proceeding. Ala. Code § 34-24-381(a), (b).

2. Respondent was properly notified of the time, date and place of the administrative hearing and of the charges against him in compliance with Ala. Code §§ 34-24-361(e) and 41-22-12(b)(1), and Ala. Admin. Code r. 545-X-3-.03(3), (4). At all relevant times, Respondent was a licensee of this Commission and was and is subject to the Commission's jurisdiction.

3. In 1997, we adopted Sexual Misconduct In The Practice of Medicine: A Joint Statement Of Policy and Guidelines By The State Board of Medical Examiners And The Medical Licensure Commission. As amended, the Joint Statement of Policy provides in relevant part:

> **(1) The prohibition against sexual contact between a physician and a patient is well established and is embodied in the oath taken by physicians, the Hippocratic Oath. The prohibition is also clearly stated in the Code of Medical Ethics of the American Medical Association. The reason for this proscription is the awareness of the adverse effects of such conduct on patients. The report of the Council on Ethical and Judicial Affairs of the American Medical Association indicates that most researchers now agree that the effects of physician-patient sexual contact are almost always negative or damaging to the patient. Patients are often left feeling humiliated, mistreated, or exploited.**
>
> **(2) Further, a patient has a right to trust and believe that a physician is dedicated solely to the patient's best interests.**

Introduction of sexual behavior into the professional relationship violates this trust because the physician's own personal interest compete[s] with the interests of the patient. This violation of trust produces not only serious negative psychological consequences for the individual patient but also destroys the trust of the public in the profession.

(3) Sexual conduct with a patient occurs in many circumstances ranging from situations where a physician is unable to effectively manage the emotional aspects of the physician-patient relationship to consciously exploitative situations. Underlying most situations is a disparity of power and authority over a physically or emotionally vulnerable patient.

* * *

(5) The Board of Medical Examiners and the Medical Licensure Commission is each charged with responsibilities for protecting the public against unprofessional actions of physicians and osteopaths licensed to practice medicine in Alabama. **Immoral, unprofessional or dishonorable conduct is grounds for disciplining the license of a physician under the provisions of Code of Ala. 1975, § 34-24-360(2). A physician's sexual contact with a patient is a violation of this statute.**

(6) The Board of Medical Examiners investigates allegations of sexual misconduct against physicians. The Medical Licensure Commission makes decisions following a hearing concerning disposition of formal complaints filed with it by the Board of Medical Examiners. It is the goal of each organization to ensure that the public is protected from future misconduct. **In some cases, revocation of license is the only means by which the public can be protected. In other cases, the Board or the Commission may restrict and monitor the practice of a physician who has actively engaged in a rehabilitation program. Rehabilitation of a physician is a secondary goal that will be pursued if the Board and the Commission can be reasonably assured that the public is not at risk for a recurrence of the misconduct.**

(7) The Board and the Commission remind physicians of their statutory duty to report sexual misconduct or any conduct which may

constitute unprofessional conduct or which may indicate that a physician is unable to practice medicine with reasonable skill or safety to patients. **It is the individual physician's responsibility to maintain the boundaries of the professional relationship by avoiding and refraining from sexual contact with patients.**

* * *

(16) Sexual Misconduct. Sexual contact with a patient is sexual misconduct and is unprofessional conduct within the meaning of Code of Ala. 1975, § 34-24-360(2).

* * *

(21) Consent. A patient's consent to initiation of or participation in sexual behavior or involvement with a physician does not change the nature of the conduct nor lift the statutory prohibition.

(22) Impairment. In some situation [sic], a physician's sexual contact with a patient may be the result of a mental condition which may render the physician unable to practice medicine with reasonable skill and safety to patients pursuant to § 34-24-360(19).

(23) Discipline. Upon a finding that a physician has committed unprofessional conduct by engaging in sexual misconduct, the Commission will impose such discipline as the Commission deems necessary to protect the public. The sanctions available to the Commission are set forth in § 34-24-361 and § 34-24-381, and include restriction or limitation of the physician's practice, revocation or suspension of the physician's license, and administrative fines.

Ala. Admin. Code r. 545-X-4-.07 (emphasis added).

4. The facts as determined above establish violations of Ala. Code § 34-24-360(2) as charged in Count One of the Administrative Complaint, Ala. Code § 34-24-360(5) as charged in Count Two of the Administrative Complaint, Ala. Code § 34-24-360(19)a as charged in Count Three of the Administrative Complaint,

and Ala. Code § 34-24-360(2) as charged in Count Four of the Administrative Complaint.

5. Much of the testimony at the hearing centered on the issue of whether Respondent is presently able to practice medicine with reasonable skill and safety to patients. Expert witnesses presented by the Board, while acknowledging that Respondent had made some progress in his recovery, opined that Respondent is still not able to practice medicine with reasonable skill and safety, and that Respondent still presents an elevated risk of re-offending. Respondent's witnesses testified that Respondent could practice medicine with reasonable skill and safety, subject to the monitoring and conditions outlined in the Pine Grove discharge summary.

6. After considering all of the evidence, we agree with Dr. Hypse that Respondent is currently not able to practice medicine with reasonable skill and safety to patients. Based on our review of all of the facts of this case, and with the benefit of observing the witnesses testify in person, we find Dr. Hypse's assessment of Respondent's current inability to practice medicine safely to be more consistent with the overall pattern of facts, common sense, and lived experience.

7. While we acknowledge Respondent's improvement during his time at Pine Grove, we are not convinced that Respondent has reached the point in his recovery at which he can practice medicine with reasonable skill and safety. At this point in time, we remain concerned that Respondent's risk of relapse remains

elevated to an unacceptable degree. We expect this risk to diminish over time, *if and only if* Respondent assiduously follows the Acumen and Pine Grove recommendations.

8. We reach this decision based all of the facts presented, viewed through the lens of our professional experience, expertise, and judgment. *See* Ala. Code § 41-22-13(5) ("The experience, technical competence, and specialized knowledge of the agency may be utilized in the evaluation of the evidence.").

9. Ultimately, even if Respondent is safe to practice, Respondent admitted to having sexual relations with at least five patients. Respondent has admitted to some of the most serious breaches of professional ethics that a physician can commit. Even if we were to conclude that Respondent is presently able to practice medicine with reasonable skill and safety to patients, his admitted wrongdoing would warrant a very serious disciplinary response. Revocation of Respondent's license is plainly warranted based on his admitted wrongdoing of having sexual relations with five patients.[6]

10. Finally, we address Respondent's argument that our Administrative Rule allows us to revoke a license for sexual misconduct *only* when "revocation of

---

[6] Of course, our decision today does not mean that a physician who engages in sexual misconduct with only four, three, two, *or even one* patient, is necessarily safe from having his or her license revoked. Our decision today is based on the specific facts presented in this specific case. Our decisions in future cases will likewise be based on the specific facts presented in those particular cases.

[the] license is the only means by which the public can be protected." Because Respondent can practice medicine with reasonable skill and safety subject to the Pine Grove conditions, Respondent argues, we lack legal authority to revoke his license. We disagree.

11. Simply put, that is not what the rule says. The sentence, "*In some cases, revocation of license is the only means by which the public can be protected*," is an observation of fact (which happens to be applicable to this case). The sentence does not have any mandatory or prohibitory words. The portion of our Administrative Rule that governs the imposition of discipline for sexual misconduct does not make revocation a "last resort." The rule reads, "the Commission will impose such discipline as the Commission deems necessary to protect the public. The sanctions available to the Commission are set forth in § 34-24-361 and § 34-24-381, and include restriction or limitation of the physician's practice, **revocation or suspension of the physician's license**, and administrative fines." Ala. Admin. Code r. 545-X-4-.07(23) (emphasis added).

12. It is our job to interpret and apply the regulation, and our interpretation is authoritative. "[T]he interpretation of an agency regulation by the promulgating agency *carries controlling weight* unless it is plainly erroneous or inconsistent with the regulation." *Fraternal Order of Police, Lodge No. 64 v. Personnel Bd. of Jefferson County*, 103 So. 3d 17, 25 (Ala. 2012) (emphasis added).

V. Decision

Based on all of the foregoing, it is **ORDERED, ADJUDGED, AND DECREED**:

1. That the Respondent, Robert Pearce Bolling, M.D., is adjudged **GUILTY** of unprofessional conduct in violation of Ala. Code § 34-24-360(2), and Ala. Admin. Code r. 545-X-4-.06(9), in that, on or about April 24, 2020, he sexually harassed an employee, Erin Reeves, as charged in Count One of the Administrative Complaint.

2. That the Respondent, Robert Pearce Bolling, M.D., is adjudged **GUILTY** of violating Ala. Code § 34-24-360(5), in that, on or about July 27, 2021, he pleaded guilty to and was convicted of the misdemeanor crime of harassment, a crime reflecting upon his ability to practice medicine with due regard for the health or safety of his patients, as charged in Count Two of the Administrative Complaint.

3. That the Respondent, Robert Pearce Bolling, M.D., is adjudged **GUILTY** of violating Ala. Code § 34-24-360(19)a., in that he is presently unable to practice medicine with reasonable skill and safety to his patients as a result of one or more mental or physical conditions, as charged in Count Three of the Administrative Complaint.

4. That the Respondent, Robert Pearce Bolling, M.D., is adjudged **GUILTY** of unprofessional conduct in violation of Ala. Code § 34-24-360(2), Ala.

Admin. Code r. 545-X-4-.06 and -.07, in that he has committed multiple acts of sexual misconduct in the practice of medicine, as charged in Count Four of the Administrative Complaint.

5. That, separately and severally for each of Counts One, Two, Three, and Four, Respondent's license to practice medicine in the State of Alabama is hereby **REVOKED.**

6. That Respondent shall, within 30 days of this Order,[7] pay a fine in the amount of $5,000.00 as to Count One, $5,000.00 as to Count Two, $5,000.00 as to Count Three, and $5,000.00 as to Count Four, for a total of $20,000.00.

7. That within 30 days of this Order, the Board shall file its bill of costs as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(b), and Respondent shall file any objections to the cost bill within 10 days thereafter, as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(c). The Commission reserves the issue of imposition of costs until after full consideration of the Board's cost bill and Respondent's objections, and this reservation does not affect the finality of this Order. *See* Ala. Admin. Code r. 545-X-3-.08(10)(e).

8. That it is the present sense of the Commission that any application for reinstatement pursuant to Ala. Code § 34-24-337(e)-(j) filed before the 365th day following the date of this Order is very likely to be summarily denied pursuant to

[7] *See* Ala. Admin. Code r. 545-X-3-.08(8)(d)(i).

Ala. Code § 36-24-361(h)(9), and any application for reinstatement filed thereafter is not likely to be granted except and unless Respondent clearly establishes that all of the following conditions have been met:

a. Respondent shall have entered into a lifetime monitoring contract with the Alabama Professionals' Health Program, Respondent shall have fully complied with such contract, and APHP shall advocate for Respondent;

b. Respondent shall have complied with and fulfilled all recommendations made by Acumen Assessments on pages 28-30 of the Health Professional Forensic Board Evaluation Final Report (May 24, 2022), with the proviso that Recommendation #2, relating to residential treatment, is deemed satisfied;

c. Respondent shall have complied with and fulfilled all recommendations made by Pine Grove Behavioral Health and Addiction Services on pages 10-11 of its Discharge Summary (August 2, 2022), with the proviso that Return to Work Recommendations 1, 2, and 3 will apply only if and after Respondent returns to practice; and

d. Respondent shall have been re-evaluated by both Acumen and Pine Grove, which evaluations shall include a comprehensive re-evaluation of the issues identified on pages 18-22 of the Health Professional Forensic Board Evaluation Final Report (May 24, 2022), with both Acumen and Pine Grove agreeing that Respondent is then able to practice medicine with reasonable skill and safety to patients, subject to stated conditions.

DONE on this the 26th day of October, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By: E-SIGNED by Craig Christopher, M.D.
on 2022-10-26 13:48:21 CDT

Craig H. Christopher, M.D.
its Chairman