

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

October 23, 2024

MEMBERS PRESENT IN PERSON

MEMBERS NOT PRESENT

Jorge Alsip, M.D., Chairman
Paul M. Nagrodzki, M.D., Vice-Chairman
Kenneth W. Aldridge, M.D.
Craig H. Christopher, M.D.
Howard J. Falgout, M.D.
L. Daniel Morris, Esq
Nina Nelson-Garrett, M.D.
Pamela Varner, M.D.

MLC STAFF

OTHERS PRESENT

Aaron Dettling, General Counsel, MLC
Rebecca Robbins, Operations Director (Recording)
Nicole Roque, Administrative Assistant (Recording)
Heather Lindemann, Licensure Assistant

BME STAFF

Anthony Crenshaw, Investigator
Rebecca Daniels, Investigator
Randy Dixon, Investigator
Amy Dorminey, Director of Operations
Alicia Harrison, Associate General Counsel
Chris Hart, Technology
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Roland Johnson, Physician Monitoring
Winston Jordan, Technology
William Perkins, Executive Director
Tiffany Seamon, Director of Credentialing



Call to Order: 9:00 a.m.

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

OLD BUSINESS

Minutes September 25, 2024

Commissioner Christopher made a motion that the Minutes of September 25, 2024, be approved. A second was made by Commissioner Aldridge. The motion was approved by unanimous vote.

NEW BUSINESS

Full License Applicants

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
1. Michael Azim Ahmed	Augusta University	USMLE
2. Serdar Akkol	Istanbul University, Cerrahpasa School of Med	USMLE
3. Chandler Anna Annesi	Boston University School of Medicine	USMLE
4. Miguel Antonio Arribas	University of Michigan Medical School	USMLE/MI
5. Sijay Sijules Atang Abongwa	University of North Texas Health Science Center	COMLEX
6. Kelly Michelle Atherton	Medical Univ of South Carolina College of Med	USMLE
7. Mathew Charles Balette	Florida State University College of Medicine	USMLE
8. Gabrielle Helene Barthel	Wayne State University School of Medicine	USMLE
9. Mariam Hanna Bekhit	University of Alexandria	USMLE/NJ
10. Latasha Lynn Bellamy	Univ of Illinois College of Med Rockford	USMLE/IL
11. Pranav Bhargava	LSU Medical Center in Shreveport	USMLE
12. Margo Lynn Block	Midwestern University, Downers Grove	COMLEX/WI
13. Matthew Dulles Bourne	Lake Erie College of Osteopathic Medicine	COMLEX
14. Andrew David Brown	UAB	USMLE
15. Frederick M L Caballes	Far Eastern Univ Nicanor Reyes Med Foundation	USMLE/NC
16. Gian Piero Carames	University of the North	USMLE
17. Matthew Richard Shaw Carr	University of Illinois College of Medicine at Peoria	USMLE
18. Kevin De Wayne Carr	UAB	USMLE/CT
19. Andrew Cash	UAB	USMLE
20. Jennifer Castaneda Knight	Florida Intl Univ Wertheim College of Med	USMLE
21. Samuel Liu Chen	SUNY College of Medicine Binghamton	USMLE/OH
22. Thomas Chi	Univ of California, San Francisco School of Med	USMLE/CA
23. Brent Scott Collier	UAB	USMLE


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<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
24. Stephen Paul Daniel	American University of The Caribbean	USMLE/GA
25. Peter Metro Dashko	Ohio University	COMLEX/OH
26. Sukru Serdar Demirci	Askeri Medical Academy Gulhane	USMLE/VA
27. Vijiladevi Persis Dhas	Central Univ of the Caribbean School of Medicine	USMLE/MN
28. Kourtney Jean Dunn	Edward Via College of Osteo Med Louisiana	COMLEX
29. Seamus Eck	Touro U College of Osteopathic Medicine	COMLEX
30. David Allen Engerson	USA College of Medicine	USMLE
31. Mohamed Khaled Ezz Eldin	Univ of Texas Rio Grande Valley School of Med	USMLE
32. Ted Fan	Baylor College of Medicine	USMLE/DC
33. Benedicto A Fernandes	Ross University	USMLE/TN
34. Joshua Gustave Fricker	Mercer Univ College of Health Professions	USMLE
35. Joseph Jackson Gaines III	Augusta University	USMLE
36. Phillip Grant Garrison	University of South Carolina School of Medicine	USMLE
37. Aidan Dunning Gilbert	USA College of Medicine	USMLE
38. Bhuwan Giri	All India Institute of Medical Sciences	USMLE/OH
39. Kiah Joseph Gledhill	University of Kentucky College of Medicine	USMLE
40. Madison Denae Granger	Univ of Texas Southwestern Medical Center Dallas	USMLE
41. Luanda Pampata Grazette	Harvard Medical School	NBME/MA
42. Jennie Ann Hamilton	UT Health Science Center College of Medicine	USMLE
43. Robert Hammond	Meharry Medical College School of Medicine	USMLE
44. Anand Haridas	P S G Inst Med Sci Bharathiar University	USMLE/NY
45. Amy Rice Harrison	Mercer University School of Medicine	USMLE/GA
46. Brittany Marshay Hatter	UAB	USMLE
47. Callie Alein Hillman	Arkansas College of Osteopathic Medicine	COMLEX
48. Vitalii Iakovliev	O. O. Bogomolets National Medical University	USMLE
49. Pooja Indir	Peoples Med College for Girls, Liaquat Univ of Med & Health Sci	USMLE
50. Hamza Iqbal	Jinnah Sindh Medical University	USMLE/OK
51. Shrikar Iragavarapu	University of South Alabama College of Medicine	USMLE
52. Betsy Ann Izes	Sidney Kimmel Med C at Thomas Jefferson Univ	NBME/MA
53. Michael Lawrence Jackson	USA College of Medicine	USMLE
54. Neal Morris Jackson	University of Texas Medical School at San Antonio	USMLE/MI
55. Dion Adiputra Kencana	Indonesia University	USMLE
56. Arsalan Zaeem Khawaja	Medical University of the Americas (Nevis)	USMLE/VA
57. Rebecca Krinkie	American University of Antigua	USMLE
58. Barbara Anne Landesman	U of Western Ontario Faculty of Med & Dentistry	LMCC/VA
59. Daniel Langteau	LSU School of Medicine New Orleans	USMLE
60. Shay Michael Laporte	LSU School of Medicine New Orleans	USMLE
61. Timothy Daniel Lucey	Lake Erie College of Osteopathic Medicine	COMLEX/FL
62. Boyu Ma	UAB	USMLE
63. Marwan Ashraf Mahmoud	Edward Via College of Osteo Med, Carolinas	COMLEX
64. Prathisha Manicka Vinoth	P S G Inst Med Sci Bharathiar University	USMLE
65. Vipin Mathew	Edward Via College of Osteo Med Auburn	COMLEX
66. Elizabeth Denise Miller	University of Kansas School of Medicine	USMLE/TX

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
67. Matthew James Miller	UT Health Science Center College of Medicine	USMLE
68. Christian Zane Motley	William Carey Univ College of Osteopathic Med	COMLEX
69. Brian Lloyd Murphy	University of Kansas School of Medicine	USMLE
70. Sergio Narvaez	Autonomous University of Central America	USMLE/IL
71. Joada Noel	Saint Georges University	USMLE
72. Chang Hwan Park	University of Debrecen, Medical & Health Sciences Centre	USMLE
73. Leena Bipin Patel	USA College of Medicine	USMLE
74. Amanda Camille Patterson	University of Illinois College of Med Rockford	USMLE/TX
75. Michael Rigsby Patterson	University of Mississippi School of Medicine	USMLE
76. Jeremy Welsh Reifsnnyder	Pacific NW Univ of Health Sciences College of Osteo Medicine	COMLEX/NE
77. Adriana Miki Reyes Moon	UAB	USMLE
78. Brian Ross Samuels	University of South Florida College of Medicine	USMLE/FL
79. Matthew Turner Sankey	University of South Alabama College of Medicine	USMLE
80. Alexandra N Schrobilgen	University of Florida College of Medicine	USMLE
81. John Brentley Seal	University of Chicago Pritzker School of Medicine	USMLE/IL
82. Omid Shafaat	Arak Univ of Medical Sci School of Medicine	USMLE
83. Shazia Shakil	Rawalpindi Medical College, U of the Punjab	USMLE
84. Amrit Pal Singh	American University of The Caribbean	USMLE/VA
85. Victoria Jordan Smith	American University of The Caribbean	USMLE
86. Joshua Lee Stadler	New York Inst of Tech College of Osteo Medicine	COMLEX/CO
87. Sotiris Stamou	University of Athens Medical School	USMLE/VA
88. Robert Lewis Stickle	University of Pittsburgh School of Medicine	USMLE/CA
89. Sara Kathryn Stuart	University of South Carolina School of Medicine	USMLE
90. Nafee Tahmidul Talukder	A T Still Univ School of Osteopathic Medicine	COMLEX/TX
91. Yolandas Renee Thomason	Lincoln Memorial U Debusk College of Osteo Med	COMLEX/VA
92. Maryo Ashraf Toma	UT Health Science Center College of Medicine	USMLE
93. Giavanna Verdi	St. George's Univ School of Medicine, Grenada	USMLE
94. Christine Ilog Villegas	Rutgers New Jersey Medical School	USMLE/NY
95. Wesley Vaughn Washington	Eastern Virginia Medical School	USMLE
96. Chelsea Williams	University of Nebraska College of Medicine	USMLE/NE
97. Judith Jordan Williams	UT Health Science Center College of Medicine	USMLE/TN
98. Joseph Gartrell Willis	UAB	USMLE
99. Srinivas Chandra Yerneni	American University of The Caribbean	USMLE/WV
100. Margo Regina Smith	University of Illinois College of Medicine Chicago	USMLE/IL
101. *Aziz-U-Rahman Shafqat	St. George's University School of Medicine, Grenada	USMLE/CT
102. *Carlos Alberto Smith	St. George's Sch of Med, Grenada U of Guadalajara	USMLE/FL
103. *Christy Marie Vadakkan	Nova Southeastern University College of Medicine	COMLEX/FL
104. Harrell O L Lightfoot	UNC at Chapel Hill School of Medicine	USMLE/TX
105. Frederick R Martin	Rush Medical College of Rush University	NBME/LA

**Approved pending acceptance and payment of NDC issued by the BME.*

A motion was made by Commissioner Aldridge with a second by Commissioner Morris to approve applicant numbers one through one hundred and five (1-105) for full licensure. The motion was approved by unanimous vote.

Limited License Applicants

	<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>	<u>Location</u>	<u>License</u>
1.	Ragda Farog Tawfig Ali	University of Khartoum	LL/AL	NAMC IM	R
2.	Murad M Alkharabsheh	University of Jordan	LL/AL	Crestwood IM	R
3.	Mohammad A Alkhabbaz	University of Damascus	LL/AL	USA Health IM	R
4.	Noor ul ain Alvi	King Edward Medical School	LL/AL	Mobile Infirmary IM	R
5.	Dhanush Jayananda Amin	Vijayanagara Inst of Med Sci Bellary	LL/AL	UAB Radiology	F
6.	Khoulia Aslam	Nishtar Med, Bahuddin Zakaria Univ	LL/AL	NAMC IM	R
7.	Abdulrahman Bader	RAK Medical & Health Sciences University	LL/AL	USA Health Pediatrics	R
8.	Vladimer Betchvaia	Tbilisi State Medical University	LL/AL	Mobile Infirmary IM	R
9.	Deepika Bhantana	Nepalgunj Medical College	LL/AL	NAMC IM	R
10.	Arsalan Ahmed Butt	Shifa College of Medicine	LL/AL	UAB Selma FM	R
11.	Uzair Ur Rehman Chatha	University of Lahore	LL/AL	NAMC IM	R
12.	Emily Noel Custer	Edward Via College of Osteo Med Louisiana	LL/AL	UAB Huntsville IM	R
13.	Victor Okechukwu Dike	University of Calabar	LL/AL	Mobile Infirmary IM	R
14.	Emmanuel N Ekpenyong	University of Calabar	LL/AL	Mobile Infirmary IM	R
15.	Johao Escobar Hernandez	National Autonomous Univ of Honduras	LL/AL	Mobile Infirmary IM	R
16.	Hareem Farooq	King Edward Medical School	LL/AL	UAB IM	R
17.	Usman Ghani	Kabir Medical College	LL/AL	Mobile Infirmary IM	R
18.	Ashima Ghimire	Kathmandu Medical College	LL/AL	NAMC IM	R
19.	Aastha Goudel	Dhaka Medical College	LL/AL	NAMC IM	R
20.	Muhammad Idrees	Khyber Medical College, Univ of Peshawar	LL/AL	Baptist Montgomery FM	R
21.	Carol Elizabeth Jessee	Oceania University of Medicine	LL/AL	UAB Huntsville FM	R
22.	Yeongjin Kim	Catholic University of Korea	LL/AL	NAMC Florence IM	R
23.	Harroop Signh Klair	Government Medical College Patiala	LL/AL	NAMC Florence IM	R
24.	Sri Dheeraja Kota	Alluri Sitaram Raju Academy of Med Sci	LL/AL	Mobile Infirmary IM	R
25.	Mithun Kumbharanahalli	Vydehi Inst of Medical Sci & Research Center	LL/AL	UAB Selma- FM	R
26.	Maryam Mohsin	University of Health Sciences Lahore	LL/AL	Mobile Infirmary IM	R
27.	Radhika P Navadiya	Government Medical College Surat	LL/AL	NAMC IM	R
28.	Aryan Neupane	Universal College of Med Sci Tribhuvan Univ	LL/AL	NAMC Florence IM	R
29.	Andrea Ollarves	Alabama College of Osteopathic Medicine	LL/AL	N AL Shoals Psychiatry	R
30.	Pragya Papaganti	Dr. N.T.R. University of Health Sciences	LL/AL	UAB Montgomery IM	R
31.	Pedro De Jesus Polanco	Santo Domingo Institute of Technology	LL/AL	Bryce Psychiatrist	SI
32.	Ajwah Qasim	F.M.H. College of Medicine and Dentistry	LL/AL	Crestwood IM	R
33.	Manprt Vohraa	Yerevan State Medical University	LL/AL	NAMC Psychiatry	R
34.	Anmol Dhawan	Armed Forces Medical College, University of Pune	LL/AL	UAB Dept of Rad	F

A motion was made by Commissioner Morris with a second by Commissioner Christopher to approve applicant numbers one through thirty-four (1-34) for limited licensure. 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 September 1, 2024, through September 30, 2024. A copy of this report is attached as Exhibit "A".

REPORTS

Physician Monitoring Report

The Commission received as information the physician monitoring report dated October 17, 2024. A copy of the report is attached as Exhibit "B".

APPLICANTS FOR REVIEW

William Cooper, D.O.

A motion was made by Commissioner Nagrodzki with a second by Commissioner Morris to approve Dr. Cooper's application for full licensure. The motion was approved by unanimous vote.

Eric Hogan, D.O.

A motion was made by Commissioner Christopher with a second by Commissioner Morris to approve Dr. Hogan's application for full licensure. The motion was approved by unanimous vote.

Vinay Pallekonda, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Morris to approve Dr. Pallekonda's application for full licensure. The motion was approved by unanimous vote.

Damien Roland, M.D.

A motion was made by Commissioner Nagrodzki with a second by Commissioner Christopher to approve Dr. Roland's application for full licensure. The motion was approved by unanimous vote.

Olena Romenska, M.D.

The Commission received as information the withdrawal of Dr. Romenska's application for full licensure.

Stephen Torpy, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to approve Dr. Torpy's application for full licensure. The motion was approved by unanimous vote.

DISCUSSION ITEMS

FSMB Call for Award Nominations

The Commission received as information the FSMB Call for Award Nominations memorandum. Commission Chairman Alsip requested this item be placed on the November 25, 2024 agenda for further consideration. A copy of the memorandum is attached hereto as Exhibit "C".

FSMB Call for Bylaws Amendment

The Commission received as information the FSMB Call for Bylaws Amendment memorandum. A copy of the memorandum is attached hereto as Exhibit "D".

FSMB Call for Public Comment: Advisory Commission on Additional Licensing Models

The Commission received as information the FSMB Call for Comment: Advisory Commission on Additional Licensing Models memorandum. Commission Chairman Alsip requested this item be placed on the November 25, 2024 agenda for further consideration. A copy of the memorandum is attached hereto as Exhibit "E".

FSMB Call for Nominations: Elected and Appointed Positions

The Commission received as information the FSMB Call for Nominations: Elected and Appointed Positions memorandum. A motion was made by Commissioner Christopher with a second by Commissioner Morris to nominate Commission Chairman Alsip to the Board of Directors of the Federation of State Medical Boards. The motion was approved by unanimous vote. A copy of the memorandum is attached hereto as Exhibit "F".

Tri-Regulator Symposium 2025

The Commission received as information the Tri-Regulator Symposium 2025 informational poster. A copy of the poster is attached hereto as Exhibit "G".

Draft Letter Supporting Request for AG Opinion

Commission Counsel Aaron Dettling presented for the Commission's consideration a draft letter supporting a request for an Attorney General Opinion relating to options for ensuring diversity and regular turnover in the membership of the Commission. A motion was made by Commissioner Christopher with a second by Commissioner Morris directing that Mr. Dettling and Commission Chairman Alsip finalize and submit the request for a formal opinion of the Attorney General. The motion was approved by unanimous vote. A copy of the final request submitted by Commission Chairman Alsip is attached hereto as Exhibit "H".

REQUESTS

Michelle S. Jackson, M.D.

The Commission received as information a memorandum regarding Dr. Jackson's written request, dated October 3, 2024, to withdraw her earlier request for modification of the terms of probation imposed by our Amended Order of March 18, 2019. Dr. Jackson's request was accepted, and the hearing in this matter, previously scheduled for December 18, 2024, was cancelled. A copy of the Commission's order is attached hereto as Exhibit "I".

ADMINISTRATIVE FILINGS

Aaron A. Hernandez-Ramirez, M.D.

The Commission received as information an update from Aaron Dettling, General Counsel, regarding the appeal filed by Aaron A. Hernandez-Ramirez, M.D. in the Alabama Court of Civil Appeals.

Amjad Butt, M.D.

The Commission received as information the Final Judgement from the Montgomery County Circuit Court regarding Dr. Butt's appeal. A copy of this judgement is attached hereto as Exhibit "J".

Mohamed Khalaf, M.D.

The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Christopher to enter an order setting a hearing for March 26, 2025. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "K".

Thomas J. Shaknovsky, D.O.

The Commission received an Administrative Complaint and Petition for Summary Suspension filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Varner with a second by Commissioner Morris to enter an order summarily suspending Dr. Shaknovsky's license to practice medicine in Alabama and setting a hearing for December 18, 2024. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "L".

At 10:03 a.m., the Commission entered closed session pursuant to Alabama Code § 34-24-361.1 to hear and consider the following matters:

CLOSED SESSION UNDER ALA. CODE 34-24-361.1

Kristin Brunsvold, M.D.

The Commission received an Unopposed Motion to Extend Hearing Date regarding the Administrative Complaint filed by Brett Adair, attorney for Dr. Brunsvold. A motion was made by Commissioner Christopher with a second by Commissioner Morris to grant the motion to continue and reset a hearing for January 22, 2025. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "M".

James C. Dilday, M.D.

The Commission received a Motion to Continue Hearing regarding the Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Christopher with a second by Commissioner Nagrodzki to continue the hearing generally and direct parties to file a status report with the Commission no later than December 3, 2024. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "N".

Charles T. Nevels, M.D.

The Commission received a proposed Joint Settlement Agreement and Consent Order between Dr. Nevels and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Aldridge with a second by Commissioner Nelson-Garrett to propose revisions to the draft Consent Decree and to place this matter on the November agenda for further consideration.

Michael D. Dick, M.D.


Following the conclusion of the hearing, the Commission invited both parties to submit summary listings of citations to record evidence that each party believes supports its position and assists the Commission's fact-finding process. A copy of the Commission's order is attached as Exhibit "O".

Meeting adjourned at 11:00 a.m.

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Monday, November 25, 2024, beginning at 9:00 a.m.



JORGE ALSIP, M.D., Chairman
Alabama Medical Licensure Commission



Rebecca Robbins, Director of Operations
Recording Secretary
Alabama Medical Licensure Commission

11/25/2024

Date Signed

EXHIBIT

A

IMLCC Licenses Issued September 1, 2024 - September 30, 2024 (120)

Name	License Type	License Number	Status	Issue Date	Expiration Date	State of Principal Licensure
AmiLyn Mee Young Han Taplin	MD	49616	Active	9/3/2024	12/31/2024	Arizona
Kevin Patrick Forey	MD	49672	Active	9/12/2024	12/31/2024	Arizona
Charles Alexander Shuman	MD	49707	Active	9/20/2024	12/31/2024	California
Onyinye Nwankwo Ahamba	MD	49609	Active	9/3/2024	12/31/2024	Colorado
Stephen Matthew Rohan	MD	49661	Active	9/10/2024	12/31/2024	Colorado
Jordan Lee Nordquist	MD	49670	Active	9/12/2024	12/31/2024	Colorado
James Matthew Patton	MD	49690	Active	9/17/2024	12/31/2024	Colorado
Brice Hwang	MD	49633	Active	9/5/2024	12/31/2024	Georgia
Kory Danelle Taylor	MD	49640	Active	9/6/2024	12/31/2024	Georgia
Haroon Mian	MD	49653	Active	9/9/2024	12/31/2024	Georgia
Erin Boshier Payne	MD	49684	Active	9/16/2024	12/31/2024	Georgia
Kenneth Joseph Genova	MD	49714	Active	9/23/2024	12/31/2024	Georgia
Marc Joseph Fernandez	MD	49719	Active	9/23/2024	12/31/2024	Georgia
Aaron Thomas Jr.	MD	49724	Active	9/24/2024	12/31/2024	Georgia
Norman Donald Baker Jr.	DO	3833	Active	9/4/2024	12/31/2024	Idaho
Reema Yogesh Patel	DO	3836	Active	9/5/2024	12/31/2024	Illinois
Ajay Kailas	MD	49664	Active	9/11/2024	12/31/2024	Illinois
Estella Faviola Martinez	MD	49666	Active	9/11/2024	12/31/2024	Illinois
Mustafa Hussein Aladin	MD	49674	Active	9/12/2024	12/31/2024	Illinois
Tarig Ahmed	MD	49711	Active	9/23/2024	12/31/2024	Illinois
James Allen West	MD	49649	Active	9/9/2024	12/31/2024	Indiana
Brian Michael Keefe	MD	49715	Active	9/23/2024	12/31/2024	Indiana
John William Dean	MD	49725	Active	9/24/2024	12/31/2024	Indiana
Nesrin Karim Abu Ata	MD	49611	Active	9/3/2024	12/31/2024	Iowa
Adam Craig Booser	MD	49659	Active	9/10/2024	12/31/2024	Kansas
Kalyan Chekravarthy Sajja	MD	49727	Active	9/24/2024	12/31/2024	Kentucky
Nathaniel Ricky Watts	DO	3849	Active	9/26/2024	12/31/2024	Kentucky
Ernest Rudman	MD	49624	Active	9/4/2024	12/31/2024	Louisiana
Brian Anthony Ogden	MD	49627	Active	9/4/2024	12/31/2024	Louisiana
Richard Howard Tupler	MD	49632	Active	9/5/2024	12/31/2024	Louisiana

Beata Catherine Silvestri	MD	49646	Active	9/9/2024	12/31/2024	Louisiana
Marisa Turner Johnson	MD	49663	Active	9/11/2024	12/31/2025	Louisiana
David Damian Silvestri	MD	49665	Active	9/11/2024	12/31/2024	Louisiana
Julie Cronan	MD	49669	Active	9/12/2024	12/31/2024	Louisiana
Candice LeDuff Knight	MD	49686	Active	9/16/2024	12/31/2024	Louisiana
Cole Daniel Hillebrandt	MD	49697	Active	9/18/2024	12/31/2024	Louisiana
Vadim Gelman	MD	49699	Active	9/19/2024	12/31/2024	Louisiana
Nathan Bumbarger	MD	49606	Active	9/3/2024	12/31/2024	Maryland
Rafai Asghar Bukhari	MD	49764	Active	9/26/2024	12/31/2024	Maryland
Asad Tarsin	MD	49607	Active	9/3/2024	12/31/2024	Michigan
Harshini A Jayasuriya	MD	49637	Active	9/5/2024	12/31/2024	Michigan
Andrew Schrotenboer	DO	3837	Active	9/9/2024	12/31/2024	Michigan
Phillip Alexandrovich Ulyanovskiy	MD	49667	Active	9/11/2024	12/31/2024	Michigan
Laurene Liska	DO	3838	Active	9/13/2024	12/31/2024	Michigan
Luciano Iochpe Kolodny	MD	49618	Active	9/3/2024	12/31/2024	Minnesota
Amanda Marie Simone-Belin	MD	49720	Active	9/23/2024	12/31/2024	Minnesota
Siddeeqah Daaiyah Bilal	MD	49639	Active	9/6/2024	12/31/2024	Mississippi
Cameron Bonds	MD	49704	Active	9/20/2024	12/31/2024	Mississippi
Denise Catherine Morita	MD	49722	Active	9/23/2024	12/31/2024	Montana
Wesley Rex Holland	MD	49628	Active	9/4/2024	12/31/2024	Nebraska
Dax Patrick Wolford	MD	49656	Active	9/9/2024	12/31/2024	Nevada
John Wing Pui Leung	MD	49721	Active	9/23/2024	12/31/2024	Nevada
Akshat Paliwal	MD	49610	Active	9/3/2024	12/31/2024	New Hampshire
Martin Johns	MD	49695	Active	9/18/2024	12/31/2024	New Hampshire
Stephen Michael Kelly	DO	3834	Active	9/5/2024	12/31/2024	New Jersey
Gabriela Andrade	MD	49650	Active	9/9/2024	12/31/2024	New Jersey
Shakira Slater	MD	49683	Active	9/16/2024	12/31/2024	New Jersey
Vivek Chander	MD	49689	Active	9/17/2024	12/31/2024	New Jersey
Lisa LaCarrubba	MD	49709	Active	9/20/2024	12/31/2024	New Jersey
Michael Omobolaji Akinyemi	MD	49723	Active	9/24/2024	12/31/2024	New Jersey
David Michael Danish	MD	49726	Active	9/24/2024	12/31/2024	New Jersey
Muhannad Samaan	MD	49613	Active	9/3/2024	12/31/2024	Ohio

Daniel Joseph DeVincent	MD	49615	Active	9/3/2024	12/31/2024	Ohio
Asheesh Bothra	MD	49635	Active	9/5/2024	12/31/2024	Ohio
Akbar Khan Shinwari	MD	49647	Active	9/9/2024	12/31/2025	Ohio
Savio M Kumar	MD	49671	Active	9/12/2024	12/31/2025	Ohio
Awais Zaka	MD	49676	Active	9/12/2024	12/31/2024	Ohio
Susmita Mookerjee	MD	49716	Active	9/23/2024	12/31/2024	Ohio
Hokehe Effiong	MD	49614	Active	9/3/2024	12/31/2024	Oklahoma
Jason Wright Jarvis	DO	3835	Active	9/5/2024	12/31/2024	Oklahoma
Emma Grace Carter	MD	49620	Active	9/3/2024	12/31/2024	Tennessee
Amanda Walker	MD	49638	Active	9/6/2024	12/31/2024	Tennessee
Sara Cross	MD	49668	Active	9/12/2024	12/31/2024	Tennessee
Saeed Mohammad	MD	49677	Active	9/13/2024	12/31/2024	Tennessee
Jonathan Feldstein	MD	49692	Active	9/17/2024	12/31/2024	Tennessee
Seth Clayton Thompson	MD	49698	Active	9/19/2024	12/31/2024	Tennessee
Milton Barry Randall	MD	49712	Active	9/23/2024	12/31/2024	Tennessee
Hasan Ali Kakli	MD	49608	Active	9/3/2024	12/31/2024	Texas
Stephen Craig Hurlbut	MD	49612	Active	9/3/2024	12/31/2024	Texas
Scott Anthony Cimino	MD	49617	Active	9/3/2024	12/31/2024	Texas
Melissa Sydow Chladek	MD	49619	Active	9/3/2024	12/31/2024	Texas
Catherine Anne Jones	MD	49625	Active	9/4/2024	12/31/2024	Texas
Emad Essam Shoukry	MD	49626	Active	9/4/2024	12/31/2024	Texas
Ryan Heath Wyatt	MD	49629	Active	9/4/2024	12/31/2024	Texas
Mustafa Firoz	MD	49634	Active	9/5/2024	12/31/2024	Texas
Cecelia Cody Brewington	MD	49643	Active	9/9/2024	12/31/2024	Texas
Jegy Mary Tennison	MD	49644	Active	9/9/2024	12/31/2024	Texas
Daniel Harwood	MD	49648	Active	9/9/2024	12/31/2024	Texas
Keyana Faith Varnado	MD	49651	Active	9/9/2024	12/31/2024	Texas
Sean Biggs	MD	49652	Active	9/9/2024	12/31/2024	Texas
Amir Anthony Jazaeri	MD	49654	Active	9/9/2024	12/31/2024	Texas
Kade Daniels Carthel	MD	49655	Active	9/9/2024	12/31/2024	Texas
Gregory Todd Altemose	MD	49673	Active	9/12/2024	12/31/2024	Texas
Elizabeth Stroh Bloom	MD	49675	Active	9/12/2024	12/31/2024	Texas

Ryan Rohan Chechani	MD	49678	Active	9/13/2024	12/31/2024	Texas
Karen Yeji Choi	MD	49679	Active	9/13/2024	12/31/2024	Texas
Vanessa Marie Medina	MD	49680	Active	9/13/2024	12/31/2025	Texas
Adelle Safo	MD	49681	Active	9/13/2024	12/31/2024	Texas
Jennifer Lynne Tomich	MD	49682	Active	9/13/2024	12/31/2025	Texas
Andy Kahn	MD	49685	Active	9/16/2024	12/31/2024	Texas
Adaobi Cindy Nnaji	MD	49687	Active	9/16/2024	12/31/2024	Texas
Rajesh Gogia	MD	49688	Active	9/16/2024	12/31/2024	Texas
Phuong T Vo	MD	49691	Active	9/17/2024	12/31/2024	Texas
John Michael Bryan Razook	MD	49693	Active	9/17/2024	12/31/2025	Texas
Howard Irvin Leftin	MD	49694	Active	9/18/2024	12/31/2024	Texas
Gerardo Kalife	MD	49696	Active	9/18/2024	12/31/2024	Texas
John David Yerkes	MD	49700	Active	9/19/2024	12/31/2024	Texas
Nicole Elaine Malouf	MD	49701	Active	9/19/2024	12/31/2024	Texas
Mary DaCosta	MD	49702	Active	9/19/2024	12/31/2024	Texas
Tyson Darwin Hale	MD	49705	Active	9/20/2024	12/31/2024	Texas
Kyle Gregory Mitchell	MD	49706	Active	9/20/2024	12/31/2024	Texas
Amal Aamir Shariff	MD	49708	Active	9/20/2024	12/31/2024	Texas
David Tyler Metzger	DO	3840	Active	9/23/2024	12/31/2024	Texas
Trushil Gaurav Shah	MD	49713	Active	9/23/2024	12/31/2024	Texas
Carla Podgurecki	MD	49717	Active	9/23/2024	12/31/2024	Texas
Linda Sue Goggin	MD	49630	Active	9/4/2024	12/31/2024	Washington
Babak Ghavami	MD	49718	Active	9/23/2024	12/31/2024	Washington
John William Pruett	MD	49636	Active	9/5/2024	12/31/2024	Wisconsin
Filip Turcer	MD	49645	Active	9/9/2024	12/31/2024	Wyoming
Aaron Thomas Jagelski	MD	49660	Active	9/10/2024	12/31/2024	Wyoming

**Total licenses issued since April 2017- 4,666*



EXHIBIT

B

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

To: Medical Licensure Commission
From: Nicole Roque
Subject: October Physician Monitoring Report
Date: 10/17/2024

The physicians listed below are currently being monitored by the MLC.

Physician: Scott Hull Boswell, M.D.
Order Type: MLC
Due Date: Quarterly
Order Date: 12/1/2014
License Status: Active
Requirements: Therapist Report
Check PDMP
Received: Therapist Report
PDMP Compliant

Physician: Gary M. Bullock, D.O.
Order Type: MLC
Due Date: 6/27/2024
Order Date: 8/25/2023
License Status: Active-Probation
Requirements: Administrative Cost (\$27,460.27)
Administrative Fine (\$20,000)
Administrative Cost and Fine to be paid in full by 6/27/2024.
No Prescribing
Received: PDMP Compliant
*No payment has been received.

Physician: Ronald Edwin Calhoun, M.D.
Order Type: BME/MLC
Due Date: Quarterly
Order Date: 3/25/2014
License Status: Active
Requirements: APHP Report
Received: Report from Rob Hunt with supporting documents

Physician: Daniel Clanton Clower, M.D.
Order Type: MLC
Due Date: Quarterly
Order Date: 1/22/2015
License Status: Active
Requirements: Limited Prescribing
Worksite report from Dr. Park T. Chittom
Received: PDMP Compliant
Report from Dr. Chittom

Physician: Kristin J. Dobay, M.D.
Order Type: MLC
Due Date: Other
Order Date: 5/3/2024
License Status: Active-Restricted
Requirements: Limited Practice
Therapist Report
Worksite Report
Preceptorship
Received: Report from LifeGuard

Physician: Jerry Hankins, M.D.
Order Type: MLC
Due Date: Quarterly
Order Date: 9/2/2016
License Status: Active
Requirements: Limited Practice/Prescribing
Received: PDMP Compliant

Physician: Richard E. Jones, M.D.
Order Type: MLC
Due Date: Other
Order Date: 3/27/2024
License Status: Active-Probation
Requirements: Site visit to ensure compliance with Commission Order
Received: Compliance memo from RK Johnson

Physician: Barry Neal Lumpkins, M.D.
Order Type: MLC
Due Date: Quarterly
Order Date: No order in place
License Status: Active
Requirements: Check PDMP Quarterly
Received: PDMP Compliant

Physician: **Shakir Raza Meghani, M.D.**
Order Type: BME/MLC
Due Date: Monthly
Order Date: 11/20/2023
License Status: Active
Requirements: Check PDMP Monthly
Site visit to verify dispensing records
Received: PDMP Compliant
Site visit conducted and Dr. Meghani was found to be in compliance

Physician: **Farhaad Riyaz, M.D.**
Order Type: MLC
Due Date: Other
Order Date: 8/24/2022
License Status: Active-Probation
Requirements: APHP Report
Received: Report from Rob Hunt with supporting documents

Physician: **Kenneth Eugene Roberts, M.D.**
Order Type: BME/MLC
Due Date: Quarterly
Order Date: 2/6/2014
License Status: Active
Requirements: Chaperon
Staff/Patient Surveys
Limited Practice
Received: Compliance Memo from RK Johnson

Physician: **Frances Delaine Salter, M.D.**
Order Type: MLC
Due Date: Quarterly
Order Date: 10/4/2005
License Status: Active
Requirements: APHP Report
Received: Report from Rob Hunt with supporting documents

Physician: **Hobert James Sharpton, D.O.**
Order Type: MLC
Due Date: Quarterly
Order Date: No order in place
License Status: Active
Requirements: Check PDMP Quarterly
Received: PDMP Compliant

Physician:	Janie T. Bush Teschner, M.D.
Order Type:	BME/MLC
Due Date:	Other
Order Date:	4/19/2023
License Status:	Active-Probation
Requirements:	APHP Report Practice Plan Limited Practice (Pending practice place approval) Therapist Report AA/NA Meetings CME
Received:	Report from Rob Hunt with supporting documents



EXHIBIT

C

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission
From: Rebecca Robbins
Date: September 27, 2024
Subject: FSMB Call for Awards Nominations

The FSMB is seeking nominations for its annual awards presentation in which individuals and organizations are recognized for their service and leadership in the medical regulatory community.

Categories of awards include Award of Merit, Leadership Award, Distinguished Service Award, and Lifetime Achievement Award. The awards will be presented at the FSMB's 2025 Annual Meeting.

Past recipients representing Alabama include:

- Gerald L. Summer, M.D. – Award of Merit (1998)
- Kenneth C. Yohn, M.D. – Distinguished Service Award (1998)
- James E. West, M.D. – Distinguished Service Award (2001)
- Leon C. Hamrick, Sr., M.D. – Distinguished Service Award (2009)
- Regina M. Benjamin, M.D., MBA – Lifetime Achievement Award (2012)
- Larry D. Dixon – Award of Merit (2009); Lifetime Achievement Award (2014)
- George C. Smith, Sr., M.D. – Leadership Award (2016)
- J. Daniel Gifford, M.D. – Lifetime Achievement Award (2023)

Submissions are due by December 16, 2024. If the Commission does not wish to submit a nominee(s), this item should be received as information.



NOMINATIONS FOR FSMB AWARDS 2024-2025

Each year, the Federation of State Medical Boards (FSMB) is honored to recognize and encourage outstanding service and remarkable leadership among individuals and organizations involved in medical licensure and discipline.

FSMB Member Medical Boards and other organizations and individuals within the medical regulatory community are invited to nominate individuals for the FSMB's prestigious awards, scheduled to be presented during the FSMB's Annual Meeting on April 24-26, 2025.

BACKGROUND

The awards were established in 1986 when Frederick T. Merchant, MD, longtime secretary of the FLEX Board, was presented the Distinguished Service Award, and George E. Sullivan, MD, the perennial secretary of the Maine Board of Registration in Medicine and a former member of the FSMB Board of Directors, was given the Leadership Award.

NOMINATION DEADLINE

Member Medical Boards or individuals wishing to submit nominations should do so no later than **December 16, 2024**. Prior to submitting a nomination, **please refer to the list of past award recipients on pages 4-8** to ensure the individual has not previously been presented with the same award.

AWARD DESCRIPTIONS AND QUALIFICATIONS

AWARD OF MERIT

The Award of Merit is presented to an individual(s) in recognition of **an activity or contribution** that has positively impacted and strengthened the profession of medical licensure and discipline and helped enhance public protection. **Any individual**, whether a physician, non-physician, Fellow, or Honorary Fellow may be nominated. Individuals who are not members of the FSMB may also be considered.

LEADERSHIP AWARD

The Leadership Award is presented to an individual in recognition of outstanding and exemplary leadership, commitment, and contribution in advancing the public good **at the medical board level**. The Leadership Award may be presented to **any Fellow or Honorary Fellow of the FSMB** whose contributions to his or her board are believed by the Awards Committee to be in keeping with these guidelines. **No Chair or former Chair of the FSMB is eligible. Additionally, anyone who has served as an FSMB officer, member of the Board of Directors, or full-time FSMB staff member within two years of the presentation is ineligible for consideration.**

DISTINGUISHED SERVICE AWARD

The Distinguished Service Award is presented to an individual in recognition of the highest level of service, commitment, and contribution to the **FSMB**; the advancement of the profession of medical licensure and discipline; and the strengthening and enhancement of public protection. **Any individual**, whether a physician, non-physician, Fellow, or Honorary Fellow may be nominated. Individuals who are not members of the FSMB may also be considered. However, **anyone who has served as an FSMB officer, member of the Board of Directors, or full-time FSMB staff member within two years of the presentation is ineligible for consideration.** This award may be presented posthumously.

LIFETIME ACHIEVEMENT AWARD

The Lifetime Achievement Award, on rare occasions, may be presented to an individual who has **demonstrated extraordinary and sustained service and commitment to the field of medical licensure and discipline.** **Any individual**, whether a physician, non-physician, Fellow, Honorary Fellow, or individuals not directly associated with FSMB **may be considered.** **This unique award is bestowed infrequently as the Awards Committee may deem appropriate and is not intended to be given on an annual basis.**

ADDITIONAL CRITERIA

- Individuals serving on the FSMB Board of Directors are ineligible to receive an award concurrent to service on the Board of Directors.
- Individuals nominated for FSMB elected office are ineligible to receive an award at the Annual Meeting.
- Individuals serving on the Awards Committee are ineligible to receive an award.

NOMINATION REQUIREMENTS

Member Medical Boards or individuals interested in nominating someone for an award should submit:

1. A Letter of Nomination (*see sample on page 9*). The letter should specify:
 - The name of the nominee to be considered;
 - The award for which the nominee is being nominated;
 - Why the Member Medical Board or individual supports the nominee, including information on how the nominee meets the criteria of the award for which he/she is being nominated: and
 - The nominee's contact information, including mailing address, daytime phone number and email address.

If nominating an individual for more than one award, please submit separate nomination letters for each award.

2. The nominee's *current* CV Summary (maximum of 5 pages).

3. Please address your letter to:
Jeffrey D. Carter, MD, Chair
FSMB Awards Committee

NOMINATION SUBMISSION

Your nomination letter and the nominee's CV/bio should be submitted to edu@fsmb.org no later than **December 16, 2024**. **Please submit all documents in one email.**

A confirmation email acknowledging receipt of the nomination will be sent within two business days. If you do not receive confirmation, please contact Ms. Wendy Rebeck at wrebeck@fsmb.org

*****NOTIFICATION*****

Award recipients will be contacted after the FSMB Board of Directors has considered the Awards Committee's recommendations and made its final determination in January/February 2025. *It is advisable that nominees not be informed of their nominations prior to official notification of being a recipient in the event they are not selected this year.*

Award of Merit
(formerly the Special Recognition Award, then Meritorious Service Award)

1994	Andrew Watry, MPA, <i>North Carolina</i>
1996	Carole A. Smith, <i>Oklahoma Medical</i>
1998	Gerald L. Summer, MD, <i>Alabama</i> John J. Ulwelling, <i>Oregon</i>
1999	George M. Brown Jr., MD, <i>Oklahoma Medical</i> Salvatore N. Riggio, MD, <i>Missouri</i>
2001	Bryant D. Paris, <i>North Carolina</i>
2003	Dale G Breaden, <i>North Carolina</i>
2004	Janet D. Carson, JD, <i>(individual nonmember)</i> I. Kathryn Hill, MEd, <i>(individual nonmember)</i>
2005	Mark R. Yessian, PhD, <i>Massachusetts</i> Deanna Zychowski, <i>Wisconsin</i>
2007	Jordan H. Cohen, MD, <i>District of Columbia</i> John R. Gimpel, DO, MEd, <i>(individual nonmember)</i> Peter V. Scoles, MD, <i>(individual nonmember)</i> Gerald P. Whelan, MD, <i>(individual nonmember)</i>
2008	Guy T. Selander, MD, <i>(individual nonmember)</i> Gerold L. Schiebler, MD, <i>(individual nonmember)</i>
2009	Larry D. Dixon, <i>Alabama</i>
2010	Trent P. Pierce, MD, <i>Arkansas</i>
2012	Jaime B. Garanflo, <i>Texas</i> Barbara Neuman, JD, <i>Massachusetts</i>
2013	Carl F. Ameringer, PhD, JD <i>(individual nonmember)</i>
2014	H. Westley Clark, MD, JD <i>(individual nonmember)</i> Edward S. Salsberg, MPA <i>(individual nonmember)</i>
2015	Hedy L. Chang, MS, <i>California Medical</i> Bruce F. Cullen, MD, <i>Washington Medical</i> Kenneth B. Simons, MD, <i>Wisconsin</i>
2016	Kathy L. Apple, RN, MS <i>(individual nonmember)</i> Kevin D. Bohnenblust, JD, <i>Wyoming</i> Carmen A. Catizone, DPh, MS <i>(individual nonmember)</i> Ruth Horowitz, PhD, <i>New York PMC</i> Michael J. Kramer, <i>Washington Medical</i> Robert Lubran, MS, MPA <i>(individual nonmember)</i>
2017	Gerard F. Dillon, PhD <i>(individual nonmember)</i> Carole V. Erickson, <i>Montana</i> William E. Gotthold, MD, <i>Washington Medical</i>
2018	Alejandro Aparicio, MD, FACP <i>(individual nonmember)</i> Laura E. Forester, JD, <i>Illinois</i> Norman B. Kahn Jr., MD <i>(individual nonmember)</i>

Award of Merit (cont.)

2019	Michael L. Farrell, JD, <i>Washington Medical</i> Vladimir Lozovskiy, JD, RN, <i>Illinois</i> Amelia Boyd, <i>Washington Medical</i>
2020	Scott G. Kirby, MD, <i>North Carolina</i> Timothy E. Terranova, <i>Maine Medical</i>
2021	Anne K. Lawler, JD, RN, <i>Idaho</i> Ernest E. Miller, Jr., DO, <i>West Virginia Osteopathic</i>
2022	Melanie B. Blake, MD, MBA, <i>Tennessee Medical</i> Jimi Bush, MPA, <i>Washington Medical</i> Maureen S. Lathrop, <i>Maine Medical</i> Kristina D. Lawson, JD, <i>California Medical</i>
2023	Brian L. Blankenship, JD, <i>North Carolina</i> Marisa Courtney, <i>Washington Medical</i> Paul W. Larson, MS (<i>individual nonmember</i>) Barbara Prah-Wix, DO, <i>Arizona Osteopathic</i>
2024	Shami Goyal, MD, MMM, <i>Illinois</i> Shelly Wang Bandago, <i>New York PMC</i> George Zachos, JD, <i>Massachusetts</i>

Leadership Award

1986	George E. Sullivan, MD, <i>Maine Medical</i>
1987	George J. Carroll, MD, <i>Virginia</i>
1988	John W. Rupel, MD, <i>Wisconsin</i>
1989	Richard M. Nunnally, MD, <i>Louisiana</i>
1990	Max C. Butler, MD, <i>Texas</i>
1991	Thomas J. Scully, MD, <i>Nevada Medical</i>
1992	Stuart W. Russell, MD, <i>New Hampshire</i>
1993	Frank J. Morgan Jr., MD, <i>Mississippi</i>
1994	J. Lee Dockery, MD, <i>Illinois</i>
1995	Rendel L. Levonian, MD, <i>California Medical</i>
1996	D. Clifford Burross, MD, <i>Texas</i>
1997	Jo Ann N. Levitt, MD, <i>New Mexico Medical</i>
1998	Gilbert Hermann, MD, <i>Colorado</i>
1999	James M. Garrison, MD, <i>Washington</i>
2000	L. Thompson Bowles, MD, PhD (<i>individual nonmember</i>)
2001	Edward David, MD, JD, <i>Maine Medical</i> Thomas A. Joas, MD, <i>California Medical</i> Paul M. Steingard, DO, <i>Arizona Osteopathic</i>
2002	Robert S. Heidt Sr., MD, <i>Ohio</i> Marilyn B. Ward, <i>Washington Medical</i>
2003	Dinesh G. Patel, MD, <i>Massachusetts</i>

Leadership Award (cont.)

2004	Raymond J. Albert, <i>Ohio</i> Anand G. Garg, MD, <i>Ohio</i>
2005	William H. Beeson, MD, <i>Indiana</i>
2006	Ralph W. Stewart, MD, <i>Indiana</i>
2007	Ansel R. Marks, MD, JD, <i>New York PMC</i>
2008	Hampton W. Irwin, MD, <i>Washington Medical</i> Clarence C. Reynolds, MD, <i>Missouri</i>
2009	Randy T. Kohl, MD, <i>Nebraska</i>
2010	William L. Harp, MD, <i>Virginia</i>
2011	Thomas R. Pickard, DO, <i>Oklahoma Osteopathic</i> Samuel L. Selinger, MD, <i>Washington Medical</i>
2012	Stan T. Ingram, Esq, <i>Mississippi</i> C. William Schmidt, <i>Kentucky</i>
2013	W. Eugene Musser Jr., MD, <i>Wisconsin</i>
2014	Patricia A. King, MD, PhD, <i>Vermont Medical</i> Leslie M. Burger, MD, <i>Washington Medical</i>
2015	Marilyn E. Pattison, MD, <i>Washington Medical</i> Irvin E. Zeitler Jr., DO, <i>Texas</i>
2016	George C. Smith Sr., MD, <i>Alabama</i>
2017	Richard E. Burney, MD, <i>Michigan Medical</i> Preston P. Nunnelley, MD, <i>Kentucky</i>
2018	J. William (Bill) Kinsinger, MD, <i>Oklahoma Medical (posthumously)</i> C. Grant La Farge, MD, FACP, <i>New Mexico Medical</i> Janis M. Orlowski, MD, MACP, <i>District of Columbia</i>
2019	Ahmed D. Faheem, MD, <i>West Virginia Medical</i> Warren B. Howe, MD, <i>Washington Medical</i>
2020	Randel C. Gibson, DO, <i>Kentucky</i> Maroulla S. Gleaton, MD, <i>Maine Medical</i> Candace L. Sloane, MD, <i>Massachusetts</i>
2021	George M. Abraham, MD, MPH, <i>Massachusetts</i> Keith E. Loiselle, <i>Pennsylvania Medical</i> Kevin Paul O'Connor, MS, MD, <i>Virginia</i>
2022	Sherif Z. Zaafran, MD, <i>Texas</i>
2023	Nicole Krishnaswami, JD, <i>Oregon</i> Robert P. Sticca, MD, FACS, FSSO, <i>North Dakota</i>
2024	Alexander Gross, MD, <i>Georgia</i> Ahlani Quiogue, <i>Hawaii</i> Dennis Smith, JD, <i>Maine Medical</i>

Distinguished Service Award

1986	Frederick T. Merchant, MD, <i>Ohio</i>
1987	Edithe J. Levit, MD, <i>(individual nonmember)</i>

Distinguished Service Award (cont.)

1988	Ray L. Casterline, MD, <i>Oregon</i>
1989	John H. Morton, MD, <i>New York State</i>
1990	William E. Jacott, MD, <i>Minnesota</i>
1991	David S. Citron, MD, <i>Wyoming</i>
1992	Henry G. Cramblett, MD, <i>Ohio</i>
1993	Bryant L. Galusha, MD, <i>North Carolina</i>
1994	Anthony J. Cortese, DO, <i>Oregon</i>
1995	Robert L. Volle, Ph.D. (<i>individual nonmember</i>)
1996	Melvin E. Sigel, MD, <i>Minnesota</i>
1997	Barbara S. Schneidman, MD, <i>Washington Medical</i>
1998	Hormoz H. Rassekh, MD, <i>Iowa</i> Kenneth C. Yohn, MD, <i>Alabama</i>
1999	Gerald J. Béchamps, MD, <i>Virginia</i>
2000	Robert E. Porter, MD, <i>New Hampshire</i>
2001	Ray Q. Bumgarner, JD, <i>Ohio</i> James E. West, MD, <i>Alabama</i>
2002	John T. Hinton, DO, <i>Wyoming</i> Susan M. Spaulding, <i>Vermont Osteopathic</i>
2003	William H. Fleming, MD, <i>Texas</i> Stephen I. Schabel, MD, <i>South Carolina</i>
2004	George C. Barrett, MD, <i>North Carolina</i> Larry D. Lessly, JD, <i>Nevada Medical</i>
2005	Ronald Joseph, <i>California Medical</i> Daniel B. Kimball Jr., MD, <i>Pennsylvania Medical</i>
2006	George J. Van Komen, MD, <i>Utah Medical</i>
2007	Bruce W. McIntyre, JD, <i>Rhode Island</i>
2008	Doris C. Brooker, MD, <i>Minnesota</i> Alan E. Shumacher, MD, <i>California Medical</i>
2009	Nancy Achin Audesse, <i>Massachusetts</i> Leon C. Hamrick Sr., MD, <i>Alabama</i>
2010	Gary R. Clark, <i>Oklahoma Osteopathic</i>
2011	Janet D. Carson, JD (<i>individual nonmember</i>)
2012	J. William McCord Jr., DO, <i>Tennessee Osteopathic</i> Daniel W. Morrissey, OP, <i>New Hampshire</i>
2013	Martin Crane, MD, <i>Massachusetts</i> Scott M. Fishman, MD (<i>individual nonmember</i>)
2014	Ellen J. Harder, PA, <i>Washington Medical (posthumous)</i>
2015	Bruce H. Hasenkamp, JD, <i>California Medical</i> Jerry D. Klepner (<i>individual nonmember</i>) Robert A. Leach, JD, <i>Minnesota</i>
2016	N. Stacy Lankford, MD, <i>Indiana</i> Randal C. Manning, MBA, CMBE, <i>Maine Medical</i>

Distinguished Service Award (cont.)

2017	Freda M. Bush, MD, <i>Mississippi</i> Robert C. Knittle, MS, <i>West Virginia Medical</i> James N. Thompson, MD, <i>(individual nonmember)</i>
2018	R. David Henderson, JD, CMBE, <i>North Carolina</i> Lyle R. Kelsey, MBA, CAE, CMBE, <i>Oklahoma Medical</i> Jon V. Thomas, MD, MBA, <i>Minnesota</i>
2019	Anita M. Steinbergh, DO, <i>Ohio</i>
2020	Kathleen Haley, JD, <i>Oregon</i> Boyd R. Buser, DO, <i>Kentucky</i> Thomas J. Nasca, MD, <i>(individual nonmember)</i> Stephen C. Shannon, DO, <i>(individual nonmember)</i>
2021	Donald H. Polk, DO, <i>Tennessee Osteopathic</i>
2022	Captain Robin Hunter Buskey, DHSc, PA-C, <i>North Carolina</i> Heidi M. Koenig, MD, <i>Kentucky</i>
2023	Ruth M. Martinez, MA, CMBE, <i>Minnesota</i>

Lifetime Achievement Award

2000	Harold E. Jervey Jr., MD, <i>South Carolina</i>
2008	George C. Barrett, MD, <i>North Carolina</i>
2010	Stanley M. Aronson, MD, MPH, <i>Rhode Island</i> Milton W. Hamolsky, MD, <i>Rhode Island</i>
2011	J. Lee Dockery, MD <i>(individual nonmember)</i>
2012	Regina M. Benjamin, MD, MBA, <i>Alabama</i>
2014	Rev. O. Richard Bowyer, MDiv, ThM, <i>West Virginia Medical</i> Larry D. Dixon, <i>Alabama</i>
2015	Donald E. Melnick, MD, MACP <i>(individual nonmember)</i>
2016	Janelle A. Rhyne, MD, MACP, <i>North Carolina</i>
2018	Bryant L. Galusha, MD, <i>North Carolina</i>
2019	Barbara S. Schneidman, MD, MPH, <i>Washington Medical</i>
2022	LaSharn Hughes, MBA, CMBE, <i>Georgia (posthumous)</i>
2023	J. Daniel Gifford, MD, FACP, <i>Alabama</i> R. David Henderson, JD, <i>North Carolina</i>
2024	Arthur Hengerer, MD, <i>New York PMC</i>

SAMPLE NOMINATION LETTER

**(The following letter is fictitious and is meant for guidance only;
content should be adjusted according to the qualifications for the specific award
for which the person is being nominated)**

Jeffrey D. Carter, MD, Chair
FSMB Awards Committee

RE: Nomination of [NOMINEE'S NAME] for the [NAME OF AWARD]

Dear Dr. Carter:

[SAMPLE TEXT – please describe nominee's qualifications in your own words – include examples where appropriate – and adjust according to the award descriptions and qualifications provided in the Call for Award Nominations.]

It is with great pleasure that I [or the NAME OF STATE MEDICAL BOARD] nominate [Nominee's name] for the FSMB's 2025 [NAME OF AWARD].

[Nominee's Name] has served the medical community and her patients with extraordinary care and respect since entering into solo practice in April 1975. Since that time, she has not only distinguished herself as a physician and healer, but also as a public servant for the advancement of medicine and the medical regulatory process. Throughout her career, [Nominee's Name] has worked selflessly to ensure the safety, protection, and welfare of all patients.

[Nominee's Name] has held multiple positions of authority at the local, state, and national levels, including, but not limited to [EXAMPLES such as current position on the state medical board, positions on the county/state medical societies, hospitals, medical schools, etc.]. She has also been highly involved with the FSMB [EXAMPLES OF FSMB SERVICE]. Her involvement has led to [EXAMPLES OF IMPACT]. But it is also [Nominee's Name's] quiet strength, courage, and dedication in other areas of her life that have earned her the utmost respect and admiration of her patients and colleagues alike [EXAMPLES].

I am therefore honored and privileged to nominate [Nominee's Name] for one of the FSMB's highest honors of 2025.

Sincerely,
[NOMINATOR's NAME AND TITLE]

cc: [NAMES]

Enclosure – Curriculum CV with contact information



EXHIBIT

D

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission
From: Rebecca Robbins
Date: September 27, 2024
Subject: FSMB Call for Bylaws Amendment

Prior to its annual meeting, the FSMB calls for any proposed amendments to its Bylaws. A copy of the FSMB Bylaws is attached. Proposed amendments are due by November 15, 2024.

If the Commission has no proposed amendment to the Bylaws, this item should be received as information.



**FEDERATION OF
STATE MEDICAL BOARDS**

CALL FOR BYLAWS AMENDMENTS

2024-2025

The FSMB Bylaws Committee will meet on **December 4, 2024**, to consider requests for amendments to the FSMB Bylaws.

Article XIV, Section A states:

These Bylaws may be amended at any annual meeting of the House of Delegates by two-thirds of those present and voting. **Bylaws changes may be proposed only by the Board of Directors, Member Medical Boards or the Bylaws Committee and its members**. All such proposals must be submitted in writing to the Bylaws Committee, in care of the Secretary of the FSMB. The Bylaws Committee shall inform the Member Medical Boards of its meeting dates not fewer than sixty days in advance of the meeting. The recommendations of the Bylaws Committee and the full texts of all proposed amendments recommended to the Committee shall be sent to each Member Medical Board not fewer than sixty days prior to the annual meeting of the House of Delegates at which they are to be considered.

Bylaws Amendment Deadline

The deadline for submission of proposed amendments is November 15, 2024. The Bylaws were last amended in April 2024. **You may view the 2024 FSMB Bylaws by clicking this link.**

Please submit your recommendations electronically to:

FSMB Bylaws Committee

c/o Humayun J. Chaudhry, DO, MACP, President and CEO

Secretary, Board of Directors

lmitchell@fsmb.org

The receipt of all recommendations will be confirmed within two business days. If you do not receive confirmation, please contact Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support, at lmitchell@fsmb.org.

2024 FSMB BYLAWS

ARTICLE I. NAME

The corporation shall be known as the Federation of State Medical Boards of the United States, Inc. ("FSMB").

ARTICLE II. CLASSES OF MEMBERSHIP, Nomination AND MEMBERSHIP RIGHTS

SECTION A. MEMBER MEDICAL BOARDS

The term "Member Medical Board" as used in the Articles of Incorporation and in these Bylaws shall refer to any board, committee or other group in any state, territory, the District of Columbia or possession of the United States of America that is empowered by law to pass on the qualifications of applicants for licensure to practice allopathic or osteopathic medicine or to discipline such licensees. If a state or other jurisdiction has more than one such entity and if each is an independent agency unrelated to the others, each is eligible for membership. Any eligible Medical Board may become a Member Medical Board upon approval of its application by the Board of Directors.

SECTION B. FELLOWS

There shall be two categories of Fellow of the FSMB:

1. **BOARD MEMBER FELLOW.** A Board Member Fellow is an individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board. A Board Member Fellow shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of thirty-six months thereafter, and
2. **STAFF FELLOW.** A Staff Fellow is an individual hired or appointed and who is responsible for the day-to-day supervision and performance of the administrative duties and functions for which a medical board is responsible. Each member board may denote only one individual to serve as a Staff Fellow of the FSMB. No individual shall continue as a Staff Fellow upon termination of employment by or service to the Member Medical Board.

SECTION C. HONORARY FELLOWS

A Board Member Fellow as defined in Section B, paragraph 1 shall become an Honorary Fellow of the FSMB thirty-six months after completion of service on a Member Medical Board. A Staff Fellow as defined in Section B, paragraph 2 shall become an Honorary Fellow of the FSMB upon

termination of employment by or service to the Member Medical Board. An Honorary Fellow of the FSMB may be appointed by the Chair to serve as a member of any committee or in any other appointive capacity.

SECTION D. ASSOCIATE MEMBERS

A Member Medical Board may designate one or more employees or staff members, other than an individual designated as a Staff Fellow, to be an Associate Member of the FSMB. No individual shall continue as an Associate Member upon termination of employment by or service to the Member Medical Board.

SECTION E. OFFICIAL OBSERVERS

An organization may apply for Official Observer status at meetings of the House of Delegates. The Board of Directors shall prescribe rules and procedures to govern the application for, the granting of and the exercise of Official Observer status.

SECTION F. RIGHTS OF MEMBERS

Except as otherwise provided in these Bylaws, rights, duties, privileges and obligations of a member of the FSMB may be exercised only by a Member Medical Board.

SECTION G. METHODS OF NOMINATION TO ELECTED OFFICE OR BOARD OF DIRECTORS

Nomination by the Nominating Committee or Nomination by Petition pursuant to Articles III, IV, V and VIII shall be the sole methods of nomination to an elected office or the Board of Directors of the FSMB. A candidate who runs for and is not elected to an elected office shall be ineligible to be nominated for any other elected office during the same election cycle.

ARTICLE III. OFFICERS: ELECTION AND DUTIES

SECTION A. OFFICERS OF THE FSMB

1. OFFICERS. The officers of the FSMB shall be that of Chair, Chair-elect, Immediate Past Chair, Treasurer and Secretary.
2. Only an individual who is a Fellow as defined in Article II, Section B, paragraph 1 at the time of the individual's election or appointment shall be eligible for election or appointment as an Officer of the FSMB, except for the position of Secretary.
3. The position of Secretary shall be an ex-officio office, without vote, and the President of the FSMB shall serve as Secretary.

SECTION B. ELECTION OF OFFICERS

1. The Chair-elect shall ascend to the position of Chair at the Annual Meeting following the meeting in which the Chair-elect was elected.
2. The Chair-elect shall be elected at each Annual Meeting of the House of Delegates.
3. The Immediate Past Chair assumes that position upon the Chair-elect ascending to the position of Chair.
4. The Treasurer shall be elected every third year at the Annual Meeting of the House of Delegates.
5. Officers shall be elected by a majority of the members of the House of Delegates present and voting.
6. In any election, should no candidate receive a majority of the votes cast, a runoff election shall be held between the two candidates who receive the most votes for that office on the first ballot. Up to two additional runoff elections shall be held.
7. Prior to each election, the presiding officer shall cast a sealed vote that shall be counted only to resolve a tie that cannot be decided by the process set forth in this section.

SECTION C. DUTIES OF OFFICERS

1. The duties of the Chair shall be as follows:
 - a. Preside at all meetings and sessions of the House of Delegates and the Board of Directors;
 - b. Perform the duties customary to the office of the Chair;
 - c. Make appointments to committees and define duties of committee members in accordance with these Bylaws, except as otherwise provided herein;
 - d. Serve, ex officio, on all committees except as otherwise provided herein; and
 - e. Exercise such other rights and customs as the Bylaws and parliamentary usage may require or as the FSMB or the Board of Directors shall deem appropriate.
2. The duties of the Chair-elect shall be as follows:
 - a. Assist the Chair in the discharge of the Chair's duties; and
 - b. Perform the duties of the Chair at the Chair's request or, in the event of the Chair's temporary absence or incapacitation, at the request of the Board of Directors.

3. The duties of the Immediate Past Chair shall be as follows:
 - a. Assist the Chair in the transition from Chair-elect to Chair;
 - b. Serve as chair of the Nominating Committee; and
 - c. Perform such other duties and responsibilities as the Chair shall determine.
4. The duties of the Treasurer shall be as follows:
 - a. Perform the duties customary to that office;
 - b. Perform such other duties as the Bylaws and custom and parliamentary usage may require or as the Board of Directors shall deem appropriate;
 - c. Serve as an ex officio member of the Audit Committee; and
 - d. Serve as chair of the Finance Committee.
5. The duties of the Secretary shall be as follows:
 - a. Administer the affairs of the FSMB; and
 - b. Such duties and responsibilities as the FSMB and the Board of Directors shall determine.

SECTION D. TERMS OF OFFICE AND SUCCESSION

1. The Chair and Chair-elect shall serve for single terms of one year or until their successors assume office.
2. The Immediate Past Chair shall serve until a successor to the current Chair assumes office.
3. The Treasurer shall serve for a single term of three years or until the Treasurer's successor assumes the office.
4. Officers shall assume office upon final adjournment of the Annual Meeting of the House of Delegates at which they were elected.
5. The term of the Secretary is co-terminus with that of the President of the FSMB.

SECTION E. VACANCIES

1. In the event of a vacancy in the office of the Chair, the Chair-elect shall assume the position of Chair for the remainder of the unexpired term, and shall then serve a full one-year term as Chair.
2. In the event of a vacancy in the office of the Chair-elect, the Board of Directors shall appoint a Director-at-Large to assume the duties, but not the office, of Chair-elect for the remainder of

the unexpired term. At the next Annual Meeting of the House of Delegates, both a Chair and a Chair-elect shall be elected in accordance with the provisions in Section B of this Article.

3. In the event of a vacancy in the office of Immediate Past Chair, the office shall remain open until a new Chair assumes the office.
4. In the event of a vacancy in the office of the Treasurer, the Board of Directors shall elect one of the Directors-at-Large to serve as Treasurer, with one vote on the Board of Directors and one vote on the Executive Committee, until the next year's Annual Meeting of the House of Delegates, at which time a Treasurer shall be elected.

ARTICLE IV. BOARD OF DIRECTORS

SECTION A. MEMBERSHIP AND TERMS

1. **MEMBERSHIP:** The Board of Directors shall be composed of the Officers, nine Directors-at-Large and two Staff Fellows. At least three members of the Board, who are not Staff Fellows, shall be non-physicians, at least two of whom shall be a Member Medical Board public member.
2. **NOMINATION OF STAFF FELLOWS:** Nominations for Staff Fellow positions shall be accepted from Member Boards, the Board of Directors and the Administrators in Medicine. Staff Fellows shall be appointed by the Board of Directors in staggered terms in accordance with policies and procedures established by the Board of Directors.
3. **TERMS:** Directors-at-Large shall each serve for a term of three years and shall be eligible to be reelected to one additional term. Staff Fellows shall serve for a term of two years and shall be eligible to be reappointed to one additional term. A partial term totaling one-and-a-half years or more shall count as a full term.

SECTION B. NOMINATIONS

1. The Nominating Committee shall submit a roster of one or more candidates for each of the offices and positions to be filled by election at the Annual Meeting of the House of Delegates.
2. The Nominating Committee shall mail its roster of candidates to Member Boards not fewer than sixty days prior to the Annual Meeting of the House of Delegates.

SECTION C. ELECTION OF DIRECTORS-AT-LARGE

1. At least three of the Directors-at-Large shall be elected each year at the Annual Meeting of the House of Delegates by a majority of the votes cast.
2. If no candidate receives a majority of the votes on the first ballot, and one seat is to be filled, a

runoff election shall be held between the two candidates who received the most votes on the first ballot.

3. If more than one seat is to be filled from a single list of candidates, and if one or more seats are not filled by majority vote on the first ballot, a runoff election shall be held, with the ballot listing candidates equal in number to twice the number of seats remaining to be filled. These candidates shall be those remaining who received the most votes on the first ballot. The same procedure shall be used for any required subsequent runoff elections. In the event of a tie vote in a runoff election up to two additional runoff elections shall be held.
4. Prior to the election, the presiding officer shall cast a sealed vote, ranking each candidate in a list. The presiding officer's vote is counted for the candidate in the runoff election who is highest on the list. The presiding officer's vote is counted only to resolve a tie that cannot be decided by the process set forth in this section.
5. Directors shall assume office upon final adjournment of the Annual Meeting of the House of Delegates at which they were elected.
6. Only an individual who is a Board Member Fellow at the time of the individual's election shall be eligible for election as a Director of the FSMB.

SECTION D. DUTIES OF THE BOARD OF DIRECTORS

1. The control and administration of the FSMB is vested in the Board of Directors and it shall act for the FSMB between Annual Meetings.
2. The Board of Directors shall carry out the mandates of the FSMB as established by the House of Delegates, and it shall have full and complete authority to perform all acts and to transact all business for and on behalf of the FSMB.
3. The Board of Directors shall conduct and manage all property, affairs, work and activities of the FSMB, subject only to the provisions of the Articles of Incorporation and these Bylaws and to resolutions and enactments of the House of Delegates.
4. The Board of Directors shall be the fiscal agent of the FSMB.
5. The Board of Directors shall establish rules for its operations and meetings.
6. The FSMB shall indemnify Directors, Officers and other individuals acting on behalf of the FSMB if such indemnification is in accordance with the laws of the State of Nebraska and the operational policies and procedures of the Board of Directors, as adopted. The Board shall

report to the membership of the FSMB at the Annual Meeting of the House of Delegates.

7. The Board of Directors shall establish a strategic plan for the FSMB that states the FSMB mission and objectives and shall submit that plan to the House of Delegates for ratification, modification or rejection. The Board shall review the current strategic plan annually and propose any amendments to the Annual Meeting of the House of Delegates for ratification, modification or rejection. The FSMB President shall report to the Annual Meeting of the House of Delegates on the extent to which the FSMB's stated objectives have been accomplished in the preceding year.

SECTION E. REMOVAL FROM OFFICE

1. REMOVAL: Any officer or member of the Board of Directors may be removed for any cause deemed sufficient by an affirmative vote of two-thirds of the total members of the Board of Directors entitled to vote and who are not subject to removal from office.
2. PROCEDURE: The procedure for removal shall be as follows:
 - a. The Board shall file with the Secretary of the Board and deliver a written statement of the cause for removal to the officer or board member in sufficient detail as to state the grounds for the removal. Delivery to the officer or board member shall be by certified mail, return receipt requested, to the last address known to the Board.
 - b. The officer or board member shall deliver a sworn written response to the Board no later than thirty calendar days after the written statement of the cause for removal is delivered to the officer or board member in question. Delivery to the Board shall be by certified mail, return receipt requested, directed to the Secretary of the Board at the FSMB corporate office.
 - c. At the Board meeting following the date the response is due, the Board shall determine whether or not to proceed with removal. Notice of the Board's action shall be delivered to the officer or board member by certified mail, return receipt requested. If the officer or board member does not file a written response, the Board shall proceed with a determination.
 - d. If the Board votes to proceed with removal of the officer or board member, at a Board meeting the board member shall be afforded the opportunity to address the Board on the merits of the allegations and produce any relevant information to the Board after which the Board shall make a determination. The Board meeting at which the officer or board member has the opportunity to address the Board shall be held no less than thirty days after delivery

of the notice of removal.

3. **APPEAL:** Any officer or member of the Board of Directors removed by the Board of Directors may appeal to the House of Delegates at its next business meeting. The officer or member may be reinstated by a two-thirds vote of the House of Delegates.
4. **DELIVERY:** For the purposes of this section, "Delivery" is effective upon mailing.

SECTION F. VACANCIES

1. **DIRECTORS-AT-LARGE:** In the event of a vacancy in the membership of the Directors-at-Large, the Board of Directors may appoint a Fellow who meets the qualifications for the position to serve until the next annual meeting of the House of Delegates, at which time a Fellow shall be elected and shall serve the remainder of the unexpired term. In the event a Director-at-Large is elected to the office of Treasurer or Chair-elect, that vacancy shall be filled by an election at the same annual meeting of the House of Delegates.
2. **STAFF FELLOWS:** In the event of a vacancy of a Staff Fellow, the Board of Directors may appoint a substitute to complete the Staff Fellow's term in accordance with the policies established by the Board of Directors.

SECTION G. EXECUTIVE COMMITTEE OF THE BOARD

1. **MEMBERSHIP:** The Board of Directors shall establish an Executive Committee of the Board, which shall consist of the Chair as Chair, Chair-elect, Treasurer, Immediate Past Chair and three Directors-at-Large. The Directors-at-Large shall be elected for a one-year term by majority vote of the Directors-at-Large and the Staff Fellows serving on the Board of Directors at the first regular meeting of the Board following the annual meeting of the House of Delegates. In the event of a vacancy in a Director-at-Large position, the Directors-at-Large and the Staff Fellows serving on the Board, by majority vote, shall choose another Director-at-Large to serve the remainder of the one-year term. A Staff Fellow may serve in one of the Director-at-Large positions. No more than one Staff Fellow may serve on the Executive Committee at any one time. In the event of vacancy in the position of Immediate Past Chair, this position shall remain vacant until the next annual meeting of the House of Delegates.
2. **DUTIES:** In intervals between Board meetings, the Executive Committee shall act for and on behalf of the Board in any matters that require prompt attention. It shall not modify actions previously taken by the Board unless additional information or a change of circumstances is presented and warrants additional action.

3. **MEETINGS:** The Executive Committee may meet as often as it deems necessary or appropriate, either in person, telephonically, electronically or by unanimous written consent, and at such times and places and manner as the Chair may determine. Minutes must be kept of all meetings.
4. **REPORTING:** The Executive Committee shall report in writing all formal actions taken by it to the Board of Directors within five working days of taking those actions. At each meeting of the Board, the Executive Committee shall present to the Board a written report of all its formal actions since the previous meeting of the Board.

SECTION H. PUBLIC POLICY STATEMENTS

A "public policy" is defined as the official public position of the FSMB on a matter that may be reasonably expected to affect Member Boards when dealing with their licensees, other health care providers, health-related special interest groups, governmental bodies or the public. The House of Delegates is the official public policy-making body of the FSMB. When the interests of the FSMB require more immediate action, the Board of Directors, or the President in consultation with the Chair, if feasible, is authorized to issue statements on matters of public policy between Annual Meetings.

ARTICLE V. NOMINATION BY PETITION FOR BOARD OF DIRECTORS AND NOMINATING COMMITTEE

SECTION A. SUBMISSION OF A PETITION

1. At the time the Nominating Committee's roster of candidates is distributed to the Member Boards, the Boards will be informed that a Fellow who is qualified for nomination, but not otherwise nominated by the Nominating Committee, may seek to run for a position on the Board of Directors as an Officer or Director-at-Large, or for a position on the Nominating Committee.
2. In order to be placed on the ballot, the Fellow seeking nomination is required to present a petition to Administrative Staff that is signed by at least one Fellow from at least four Member Boards as well as a fellow from the Board of the member seeking nomination.
3. The deadline to submit petitions to the Administrative Staff is twenty-one days prior to the Annual Meeting.

SECTION B. VALIDATION AND PLACEMENT ON BALLOT

1. The Administrative Staff shall verify that all signatures on the petition are valid. "Valid" is

defined as the person who is seeking nomination and the persons who signed the petition are Fellows as defined in the FSMB Bylaws.

2. Once verified, the petitions are deemed valid and the candidate is placed on the ballot.
3. The names of those seeking to run by petition whose petitions are deemed valid shall be distributed to the Voting Delegates not fewer than fourteen days prior to the Annual Meeting.
4. Once a candidate seeking to run by petition is added to the ballot, the candidate shall be afforded the same privileges and be bound by the same rules in the campaign process as candidates who were nominated by the Nominating Committee.

ARTICLE VI. PRESIDENT

The Board of Directors may, by a two-thirds majority vote of the full Board, appoint a President of the FSMB, who shall be a physician, to serve without term. The President shall administer the affairs of the FSMB and shall have such duties and responsibilities as the Board of Directors and the FSMB shall direct. The President shall serve as Secretary of the FSMB and shall be an ex-officio member, without vote, of the Board of Directors.

ARTICLE VII. MEETINGS

SECTION A. ANNUAL MEETING OF THE HOUSE OF DELEGATES

The annual meeting of the House of Delegates of the FSMB, which shall be called the House of Delegates, shall be held at such time and place as may be fixed by the Board of Directors. Written notice of the time and place of the meeting shall be given to all Member Medical Boards by mail not fewer than ninety days prior to the date of the meeting. Notice is effective upon mailing.

SECTION B. SPECIAL MEETINGS OF THE HOUSE OF DELEGATES

Special meetings of the House of Delegates may be called at any time by the Chair, on the written request of ten Member Medical Boards or by action of the Board of Directors. Written notice of the time and place of such meetings shall be given to all Member Medical Boards by mail not fewer than thirty days prior to the date of the meeting. Notice is effective upon mailing.

SECTION C. RIGHT TO VOTE

1. The right to vote at meetings of the House of Delegates is vested in, and restricted to, Member Medical Boards. Each Member Medical Board is entitled to one vote, said vote to be cast by the delegate of the Member Board. The delegate shall be the president of the Member Medical

Board or the President's designated alternate. In order for a delegate to be permitted to vote, the delegate shall present a letter of appointment to the Secretary of the Board of Directors.

2. All classes of membership shall have the right of the floor at meetings of the House upon request of a delegate and approval of the presiding officer; however, the right to introduce resolutions is restricted to Member Medical Boards and the Board of Directors and the procedure for submission of such resolutions shall be in accordance with FSMB Policy.

SECTION D. QUORUM

A majority of Member Medical Boards shall constitute a quorum at any meeting of the House of Delegates. A majority of the voting members of the Board of Directors or any committee or other constituted group shall constitute a quorum of the Board, committee or group.

SECTION E. RULES OF ORDER

Meetings of the House of Delegates, Board of Directors and all committees shall be conducted in accordance with the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*, current edition, except when in conflict with the Articles of Incorporation or these Bylaws, in which case the Articles of Incorporation or these Bylaws shall prevail.

ARTICLE VIII. STANDING AND SPECIAL COMMITTEES

SECTION A. STANDING COMMITTEES

1. The Standing Committees of the FSMB shall be:
 - a. Audit Committee
 - b. Bylaws Committee
 - c. Education Committee
 - d. Ethics and Professionalism Committee
 - e. Finance Committee
 - f. Journal Oversight Committee
 - g. Nominating Committee
6. ADDITIONAL STANDING COMMITTEES. Additional standing committees may be created by resolution of the FSMB and/or amendment to the Bylaws. Chairs and members of all standing committees, with the exception of the Nominating Committee, shall be appointed by the Chair, with the approval of the Board of Directors, for a term of one year, unless otherwise provided for in these Bylaws. Reappointment, unless specifically prohibited, is permissible.

7. **MEMBERSHIP.** Honorary Fellows and Associate Members may be appointed by the Chair to serve on a standing committee in addition to the number of committeemembers called for in the following sections of this chapter. No more than one Honorary Fellow, Associate Member or non-member subject matter expert may be appointed by the Chair to serve in such a capacity on any standing committee unless otherwise provided for in these Bylaws. All committee members shall serve with vote. Honorary Fellows, Associate Members and non-members appointed to standing committees by the Chair shall serve for a term concurrent with the term of the Chair. No individual shall serve on more than one standing committee except as specified in the Bylaws. With the exception of the Nominating Committee and the Journal Oversight Committee, the Chair and the Chair-elect shall serve, ex-officio, on all committees.
8. **VACANCIES.** In the event a vacancy occurs in an elected position on a standing committee, the Chair, with the approval of the Board of Directors, shall appoint a Fellow to serve on the committee until the next meeting of the House of Delegates, at which time an election will be held to fill the vacant position for the remainder of the unexpired term. In the event a vacancy occurs in an appointed position on a standing committee, the Chair, with the approval of the Board of Directors, shall appoint a Fellow to serve on the committee for the remainder of the unexpired term. In the event the Chairmanship of the Nominating Committee becomes vacant, the FSMB Chair, with the approval of the FSMB Board of Directors, shall appoint a Past Chair of the FSMB Board of Directors to serve in that capacity for the remainder of the unexpired term.

SECTION B. AUDIT COMMITTEE

The Audit Committee shall:

1. Be composed of five Fellows, three of whom shall be members of the Board of Directors. The Treasurer of the FSMB shall serve ex-officio without vote. The Chair of the FSMB shall appoint the Chair of the Audit Committee from one of the three sitting Board Members.
2. Ensure that an annual audit of the financial accounts and records of the FSMB is performed by an independent Certified Public Accounting firm.
3. Recommend to the Board of Directors the appointment, retention or termination of an independent auditor or auditors and develop a schedule for periodic solicitation of audit firms consistent with Board policies and best practices.
4. Oversee the independent auditors. The independent auditors shall report directly to the Committee.

5. Review the audit of the FSMB. Submit such audit and Committee's report to the Board of Directors.
6. Report any suggestions to the Board of Directors on fiscal policy to ensure the continuing financial strength of the FSMB.
7. When the finalized committee report to the Board of Directors is made, suggestions and feedback will be forwarded to the Finance Committee.

SECTION C. BYLAWS COMMITTEE

The Bylaws Committee, composed of five Fellows, shall continually assess the Articles of Incorporation and the Bylaws and shall receive all proposals for amendments thereto. It shall, from time to time, make recommendations to the House of Delegates for changes, deletions, modifications and interpretations thereto.

SECTION D. EDUCATION COMMITTEE

The Education Committee shall be composed of eight Fellows, to include the Chair as chair, the Immediate Past Chair and the Chair-elect. The Committee shall be responsible for assisting in the development of educational programs for the FSMB.

SECTION E. ETHICS AND PROFESSIONALISM COMMITTEE

The Ethics and Professionalism Committee shall be composed of up to eight Fellows and up to two subject matter experts. The Ethics and Professionalism Committee shall address ethical and professional issues pertinent to medical regulation.

SECTION F. FINANCE COMMITTEE

The Finance Committee shall be composed of five Fellows, to include the Treasurer as Chair. The Finance Committee shall review the financial condition of the FSMB, review and evaluate the costs of the activities and programs to be undertaken in the forthcoming year, present a budget for the FSMB to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting and perform such other duties as are assigned to it by the Board of Directors. Except for the Treasurer, no Fellow shall serve on both the Audit and Finance Committees.

SECTION G. JOURNAL OF MEDICAL REGULATION

1. The Board of Directors shall provide for the publication of the *Journal of Medical Regulation* to further scholarship on issues of medical regulation and public protection.

2. A Journal Oversight Committee consisting of three (3) members of the Board of Directors and four (4) other individuals shall be appointed by the Board of Directors. Directors shall serve for a term determined by policies of the Board of Directors. Committee members who are not Directors shall serve staggered three-year terms and be limited to two full terms. The Journal Oversight Committee shall develop the annual budget for the *Journal of Medical Regulation* and ensure the editorial independence of the *Journal of Medical Regulation*.
3. An Editorial Board, not to exceed four (4) Fellows and five (5) non-Fellows, shall be responsible for subject matter and editorial content of the *Journal of Medical Regulation*. Members shall be selected and serve terms set forth in a process approved by the Journal Oversight Committee. No officer or member of the Board of Directors shall serve on the Editorial Board.

SECTION H. NOMINATING COMMITTEE: PROCESS FOR ELECTION

1. MEMBERSHIP: The Nominating Committee shall be composed of six Fellows and the Immediate Past Chair, who shall chair the Committee and serve without vote except in the event of a tie. Only an individual who is a Board Member Fellow at the time of the individual's election shall be eligible for election as a member of the Nominating Committee. With the exception of the Immediate Past Chair, no two Committee members shall be from the same member board and no officer or member of the Board of Directors shall serve on the Committee. A member of the Nominating Committee may not serve consecutive terms.
2. ELECTION: At least three Fellows shall be elected at each Annual Meeting of the House of Delegates by a plurality of votes cast, each to serve for a term of two years. In the event of a tie vote in a runoff election, up to two additional runoff elections shall be held. Prior to the election, the presiding officer shall cast a sealed vote, ranking each candidate in a list. The presiding officer's vote is counted for the candidate in the runoff election who is highest on the list. The presiding officer's vote is counted only to resolve a tie that cannot be decided by the process set forth in this section.
3. Members of the Nominating Committee are not eligible for inclusion on the roster of candidates for offices and positions to be filled by election at the Annual Meeting of the House of Delegates.

SECTION I. SPECIAL COMMITTEES

Special committees may be appointed by the Chair, from time to time, as may be necessary for a specific purpose.

SECTION J. REPRESENTATIVES TO OTHER ORGANIZATIONS AND ENTITIES

Appointment of all representatives of the FSMB to other official organizations or entities shall be made or nominated by the Chair, with the approval of the Board of Directors, as applicable, and shall serve for a term of three years unless the other organization shall specify some other term of appointment. Representatives to these organizations shall be Fellows, Honorary Fellows or Associate Members at the time of their appointment or nomination.

ARTICLE IX. UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)

SECTION A. Except as otherwise set forth in this Article, the composition of committees and subcommittees for the USMLE are subject to agreements with and the advice and consent of the National Board of Medical Examiners (NBME) and/or the USMLE Composite Committee. The Chair, with the approval of the Board of Directors, shall make appointments to the following USMLE committees in appropriate numbers and at appropriate times as required by the FSMB/NBME Agreement establishing the USMLE and by other agreements as may apply:

1. USMLE Composite Committee, which shall be responsible for the development, operation and maintenance of policies governing the three-step USMLE. The President shall be one of the FSMB's representatives on this Committee.
2. USMLE Budget Committee, which shall be responsible for the development and monitoring of USMLE revenues and expenses, including the establishment of fees. FSMB representatives on the Committee will be the Chair, Chair-elect, Treasurer, President and the senior FSMB financial staff member.
3. The USMLE Management Committee shall be responsible for overseeing the design, development, scoring and standard setting for the USMLE Step examinations, subject to policies established by and reporting to the USMLE Composite Committee. Appointments to the Management Committee shall be made consistent with the FSMB/NBME Agreement Establishing the USMLE.

SECTION B.

The President shall provide FSMB advice and consent to the NBME for NBME's appointments to the USMLE Management Committee and/or any appointments made jointly under the FSMB/NBME Agreement Establishing the USMLE.

ARTICLE X. POST-LICENSURE ASSESSMENT SYSTEM

The Post-Licensure Assessment Governing Committee shall be responsible for the development, operation and maintenance of policies governing the Post-Licensure Assessment System (PLAS) established by joint agreement between FSMB and NBME. The Chair, with the approval of the Board of Directors, shall make appointments to the Post-Licensure Assessment Governing Committee and its program committees in appropriate numbers and at appropriate times as required by the FSMB/NBME joint agreement establishing the Post-Licensure Assessment System and by other agreements as may apply.

ARTICLE XI. FINANCES AND DUES

SECTION A. SOURCES OF FUNDS

Funds necessary for the conduct of the affairs of the FSMB shall be derived from but not be limited to:

1. Annual dues imposed on the Member Medical Boards and Official Observers;
2. Special assessments established by the House of Delegates;
3. Voluntary contributions, devices, bequests and other gifts;
4. Fees charged for examination services, database services, credentials verification services and publications.

SECTION B. ANNUAL DUES, ELIGIBILITY TO SERVE AS A DELEGATE

The annual dues for Member Medical Boards shall be established, from time to time, by a majority vote of the House of Delegates.

1. Annual dues for Member Medical Boards shall be the same for all Members regardless of their physician populations. Annual dues are due and payable not later than January 1.
2. Any Member Medical Board whose dues are in default at the time of the Annual Meeting of the House of Delegates shall be ineligible to have a seated delegate.

ARTICLE XII. DISCIPLINARY ACTION

SECTION A. MEMBER

For the purposes of this Article, a member shall be defined as a Member Medical Board, a Fellow, an Honorary Fellow, an Associate Member, or Official Observer.

SECTION B. AUTHORIZATION

The Board of Directors, on behalf of the House of Delegates, may enforce disciplinary measures, including expulsion, suspension, censure and reprimand, and impose terms and conditions of probation or such sanctions as it may deem appropriate, for any of the following reasons:

1. Failure of the member to comply or act in accordance with these Bylaws, the Articles of Incorporation of the FSMB, or other duly adopted rules or regulations of the FSMB;
2. Failure of the member to comply with any contract or agreement between the FSMB and such member or with any contract or agreement of the FSMB that binds such member;
3. Failure of the member to maintain confidentiality or security, or the permitting of conditions that allow a breach of confidentiality or security, in any manner dealing with the licensing examination process or the confidentiality of FSMB records, including the storage, administration, grading or reporting of examinations and information relating to the examination process; or
4. The imposition of a sanction, judgment, disciplinary penalty or other similar action by a Member Medical Board that licenses the member or by a state or federal court, or other competent tribunal, whether or not related to the practice of medicine and including conduct as a member of a Member Medical Board.

SECTION C. PROCEDURE

1. Any member alleged to have acted in such manner as to be subject to disciplinary action shall be accorded, at a minimum, the procedural protection set forth in the Manual for Disciplinary Procedures, which is available from the FSMB upon the written request of any member.
2. In event of a decision to expel a Member Medical Board pursuant to Section B, the House of Delegates shall ratify the decision at its next regularly scheduled meeting, or at an earlier meeting specially called for by the Chair in accordance with Article VII, Section B.

SECTION D. REINSTATEMENT

In the event a member is expelled from the FSMB, the member may apply to the President for reinstatement after one year following final action on expulsion. The President shall review the application and the reason for the expulsion and forward a report to the Board. The Board may accept the application for reinstatement under such terms and conditions as it may deem appropriate, reject the application or request further information from the President. The Board's decision to accept or reject an application is final.

ARTICLE XIII. CORPORATE SEAL

The Board of Directors shall adopt a corporate seal that meets the requirements of the state in which the FSMB is incorporated.

ARTICLE XIV. ADOPTION AND AMENDMENT OF BYLAWS, EFFECTIVE DATE

SECTION A. AMENDMENT

These Bylaws may be amended at any annual meeting of the House of Delegates by two-thirds of those present and voting. Bylaws changes may be proposed only by the Board of Directors, Member Medical Boards or the Bylaws Committee and its members. All such proposals must be submitted in writing to the Bylaws Committee, in care of the Secretary of the FSMB. The Bylaws Committee shall inform the Member Medical Boards of its meeting dates not fewer than sixty days in advance of the meeting. The recommendations of the Bylaws Committee and the full texts of all proposed amendments recommended to the Committee shall be sent to each Member Medical Board not fewer than sixty days prior to the annual meeting of the House of Delegates at which they are to be considered.

SECTION B. EFFECTIVE DATE

These Bylaws and any other subsequent amendments thereto, shall become effective upon their adoption, except as otherwise provided in the amendment.

Bylaws last amended in April 2024



EXHIBIT E

STATE of ALABAMA MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission

From: Rebecca Robbins

Date: October 7, 2024

Subject: FSMB Call for Public Comments: Advisory Commission on Additional Licensing Models – Draft Guidance Document

The Advisory Commission on Additional Licensing Models (Advisory Commission), a group formed by the Federation of State Medical Boards (FSMB), the Accreditation Council for Graduate Medical Education (ACGME), and Intealth is seeking comment and feedback on its Draft Guidance Document concerning pathways by which internationally trained physicians may become eligible for medical licensure from a medical board in the United States.

In the draft document, included with this memorandum, the Advisory Commission makes recommendations on the following:

- Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways
- An offer of employment prior to application for an additional pathway
- ECFMG Certification and graduation from a recognized medical school
- Completion of post-graduate training (PGT) outside the United States
- Possession of a license/registration/authorization to practice medicine in another country or jurisdiction and medical practice experience
- A limit on “time out of practice” before becoming eligible to apply for an additional pathway
- A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine
- Eligibility for a full and unrestricted license to practice medicine
- Standard data collection requirements

Comments are due by **December 6, 2024**. If the Commission has no comments, this item should be received as information.

Rebecca Robbins

Subject: FW: Feedback Requested on Draft Recommendations from Advisory Commission on Additional Licensing Models

Dear Executive Directors, Board Chairs and Presidents,

I am alerting you to the opening of a public comment period for draft preliminary recommendations for assisting the state and territorial medical boards and legislators in developing or modifying additional licensing pathways for physicians who have completed training internationally. These preliminary recommendations were drafted by the Advisory Commission on Additional Licensing Models, a group formed by FSMB, the Accreditation Council for Graduate Medical Education (ACGME), and Intealth.

I encourage you and your board to review the draft guidance document and recommendations and to provide your comments and feedback to the Advisory Commission by December 6, 2024. Please find links below to a press release announcing the public comment period, the guidance document with draft preliminary recommendations, and the survey instrument to provide your comments and feedback.

View the press release [here](#).

View the supporting draft guidance document and its nine recommendations linked [here](#).

Provide your comments and feedback to the draft recommendations by December 6 [here](#).

Your participation in this public comment period is instrumental in helping the Advisory Commission on Additional Licensing Models create supplemental recommendations that will be considered later in 2025.

If you have any questions, please do not hesitate to reach out to me or FSMB's VP of Engagement, Andrea Ciccone, JD, copied on this email. FSMB is grateful for your willingness to participate in this public comment period and we look forward to your valuable feedback.

Thanks,
Hank

Humayun "Hank" Chaudhry, DO, MACP, FRCP
President and Chief Executive Officer

Federation of State Medical Boards
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o. 817-868-4044 | hchaudhry@fsmb.org | www.fsmb.org



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ADVISORY COMMISSION ON ADDITIONAL LICENSING MODELS

Advisory Commission on Additional Licensing Models Releases Draft Preliminary Recommendations for Public Comment Public comment period runs through December 6

WASHINGTON, D.C.- The Advisory Commission on Additional Licensing Models has released draft preliminary recommendations for public comment. The recommendations, once finalized, are intended for state medical boards, state legislators, policymakers and interested stakeholders to help inform those jurisdictions interested in developing or modifying additional licensing pathways for physicians who have completed training internationally.

The draft guidance with preliminary recommendations is available for viewing [here](#).

The Advisory Commission encourages interested parties to **submit comments about the draft recommendations through December 6, 2024 at the survey link [here](#).**

The Advisory Commission compiled the draft preliminary recommendations in response to a growing number of U.S. state and territorial legislatures interested in modifying traditional post-graduate training requirements for medical licensure of physicians who have completed training internationally by eliminating the traditional requirement for completion of ACGME-accredited graduate medical education (GME) in the U.S. The draft preliminary recommendations, outlined in nine specific areas and largely focused on eligibility requirements or considerations for entry into additional licensure pathways for physicians who have completed training internationally, are intended to support alignment of existing and future policies and statutes.

Upon completion of the public comment period, the Advisory Commission will review the feedback and comments received and release its preliminary guidance for formal consideration in early 2025.

Additional recommendations from the Advisory Commission, which will be essential to supplement the initial recommendations being shared today for feedback, are anticipated later in 2025 to address other important areas, such

as the criteria or assurances that should be required for a physician to transition from provisional to full and unrestricted licensure.

About the Advisory Commission on Additional Licensing Models

The Advisory Commission on Additional Licensing Models was established in December 2023 by the Federation of State Medical Boards (FSMB), Intealth™, and the Accreditation Council for Graduate Medical Education (ACGME). The Advisory Commission was principally formed to provide guidance about additional pathways for the state licensure of physicians who have completed training and practiced outside of the United States.

About FSMB

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices. The FSMB serves the public through Docinfo.org, a free physician search tool which provides background information on the more than 1 million doctors in the United States. To learn more about the FSMB, visit www.fsmb.org.

About Intealth

Intealth is a private, nonprofit organization that brings together the expertise and resources for advancing quality in health care education worldwide in order to improve health care for all. Through strategic integration of its divisions, ECFMG® and FAIMER®, Intealth offers a flexible and multi-layered portfolio of services. These services enhance and support the education and training of health care professionals, verify their qualifications required to practice, and inform the development of health workforce policies around the world. By leveraging these combined competencies, Intealth powers innovation in areas critical to the health professions. Learn more at www.intealth.org.

About ACGME

The Accreditation Council for Graduate Medical Education ([ACGME](http://www.acgme.org)) is an independent, 501(c)(3), not-for-profit organization that sets and monitors

voluntary professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans. Graduate medical education (GME) refers to the period of education in a particular specialty (residency) or subspecialty (fellowship) following medical school; the ACGME oversees the accreditation of residency and fellowship programs in the US.

Advisory Commission on Additional Licensing Models DRAFT GUIDANCE DOCUMENT

There are currently two primary pathways by which internationally trained physicians may become eligible for medical licensure from a state medical board in the United States and its territories:

1. Completion of one to three years, depending on the state or territory,¹ of U.S.-based graduate medical education (GME) accredited by the Accreditation Council for Graduate Medical Education (ACGME), accompanied by certification by ECFMG®, a division of Intealth™, and successful passage of all three Steps of the United States Medical Licensing Examination® (USMLE®), is the most common current pathway to medical licensure for international medical graduates (IMGs) in the United States. In addition to expanding a physician's knowledge and skills in one or more medical or surgical specialties, U.S.-based GME affords time for participants to acclimate to the U.S. health care system, culture and social norms, and the medical illnesses and conditions that are most prevalent (e.g., heart disease, cancer, accidents) among those residing in the United States.
2. "Eminence" pathways (usually sought by prominent mid-career physicians from abroad) have long existed in many states and typically do not require ECFMG Certification or successful passage of any Step of the USMLE. It is likely that such pathways will continue to be an option for highly qualified and fully trained internationally trained physicians. These pathways are most often used for those deemed to have "extraordinary ability," and include "eminent specialist" or "university faculty" pathways for physicians pursuing academic or research activities, and they typically align with the O-1 (extraordinary ability) visa issued by the U.S. State Department.² Of note, most state medical boards also have existing statutes or regulations allowing the licensing of IMGs at their discretion, though in practice these are not easy to achieve or available commonly. A few medical boards explicitly allow postgraduate training (PGT) – also known as postgraduate medical education (PGME) – outside of the United States or Canada, from countries such as England, Scotland, Ireland, Australia, New Zealand and the Philippines.

Beginning in 2023, eight (8) states have enacted legislation creating additional licensing pathways for internationally trained physicians that does not require completion of ACGME-accredited GME training in the United States.

¹ [International Medical Graduates GME Requirements, Board-by-Board Overview, FSMB](#)

² <https://www.uscis.gov/working-in-the-united-states/temporary-workers/o-1-visa-individuals-with-extraordinary-ability-or-achievement>

These newly established additional licensing pathways are designed principally for internationally-trained and internationally-practicing physicians who wish to enter the U.S. health care workforce. A primary goal of these pathways in many jurisdictions, according to testimony and statements by sponsors and supporters, is to address U.S. health care workforce shortages, especially in rural and underserved areas.

It must be noted that U.S. federal immigration and visa requirements will impact the practical ability of those who are not U.S. citizens or permanent U.S. residents (green card holders) to utilize any additional pathway. Additionally, the ubiquity of specialty-board certification as a key factor in employment and privileging decisions is likely to impact the efficacy of non-traditional licensing pathways. States may, therefore, wish to consider other health care workforce levers, such as advocating for increased state and Medicare/Medicaid funding to expand U.S. GME training slots, offering some means of transition assistance to IMGs, and expanding the availability and utilization of enduring immigration programs like the Conrad 30 waiver program, Health and Human Services (HHS) waivers, regional commission waivers, and the United States Citizenship and Immigration Service (USCIS) Physician National Interest Waiver.

While the additional pathway legislation introduced and enacted since 2023 varies from state to state, this consensus-based guidance highlights areas of similarities among them and suggests considerations and resources related to each, where such may exist. Areas of concordance among most, if not all, state laws advancing additional licensure pathways – as addressed in more detail later in this document – include the following:

- 1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways**
- 2. An offer of employment prior to application for an additional pathway**
- 3. ECFMG Certification and graduation from a recognized medical school**
- 4. Completion of post-graduate training (PGT) outside the United States**
- 5. Possession of a license/registration/authorization to practice medicine in another country or jurisdiction and medical practice experience**
- 6. A limit on “time out of practice” before becoming eligible to apply for an additional pathway**
- 7. A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine**
- 8. Eligibility for a full and unrestricted license to practice medicine**
- 9. Standard data collection requirements**

The Advisory Commission on Additional Licensing Models, established in December 2023 and convened on four separate occasions in 2024, would like to offer the following set of initial recommendations for consideration by state medical boards, state legislators, policymakers, and other relevant stakeholders, specific to the above nine areas of concordance. The purpose of these recommendations is to support alignment of policies, regulations and statutes, where possible, and to add clarity and specificity to statutory and

procedural language to better protect the public – the principal mission of all state medical boards – and to advance the delivery of quality health care to all citizens and residents of the United States.

These initial recommendations focus on eligibility requirements and related considerations for entry into an additional licensure pathway. To ensure that physicians entering these pathways are prepared to safely practice in the United States, these pathways should optimally include assessment and supervisory components for which additional guidance is under development by the advisory commission and will be forthcoming in 2025.

1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways.

Many states that have enacted additional pathway legislation have explicitly included state medical boards in the implementation process to assure the ability of the state to support safe medical practice.

Additional licensure pathways will likely incur increased processes, time and resources for state medical boards. State legislatures should consider additional funding and resources that may need to be allocated through state appropriations to fully implement, operationalize, and evaluate an additional new pathway for medical licensure.

States evaluating how to proceed may wish to consider first authorizing their state medical boards to establish a smaller pilot program with primary care specialties that typically require a shorter period of post-graduate training, which may be more comparable internationally, and which may serve to increase access to care in rural and underserved areas. This may enable state medical boards and private partners to build the necessary infrastructure and trust for adoption of additional licensure pathways and evaluate the programs before a substantial increase in applicants or expansion to other specialties is welcomed.

Recommendation 1a: States should empower their medical boards to promulgate rules and regulations should they choose to enact additional licensure pathway requirements for qualified, internationally trained physicians.

Recommendation 1b: State legislatures should ensure state medical boards have the necessary resources to fully implement, operationalize, and evaluate any new, additional licensure pathways including the ability to hire or assign staff with knowledge and understanding of licensing international medical graduates.

2. An offer of employment prior to application for an additional pathway.

Internationally trained physicians applying for a license to practice medicine under these new additional licensure pathways have typically required in statute to have an offer of employment from a medical facility that can assure supervision and assessment of the IMG's proficiency. All states that have enacted additional pathway legislation at the time of this document's publication have included such a requirement, whether it is employment with an associated ACGME-accredited program, a Federally Qualified Health Center (FQHC), a Community Health Center (CHC), a Rural Health Clinic (RHC), or other state-licensed medical facility that has capacity and experience with medical education and assessment. The employer should be an entity with sufficient infrastructure that allows for supportive education and training resources for the IMG, as well as supervisory and assessment resources, including peer-review.

Recommendation 2a: States should require internationally trained physicians applying under an additional licensure pathway to have an offer of employment from a medical facility, as defined by the state medical board.

Recommendation 2b: State medical boards should have the authority to determine which medical facilities are able to supervise and assess the IMG's proficiency and capabilities (e.g., an ACGME-accredited program, an FQHC, a CHC, an RHC or other state-licensed medical facility that has capacity and experience with medical education and assessment).

3. ECFMG Certification and graduation from a recognized medical school.

Internationally trained physicians applying under an additional licensure pathway should be graduates of a recognized medical school. All states that have enacted pathway legislation at the time of this document's publication have included this requirement.

Recognition or inclusion in directories from organizations such as the World Health Organization (WHO) or the *World Directory of Medical Schools (World Directory)*³ may serve as a helpful proxy for this requirement. The latter directory is the product of a collaboration between the World Federation for Medical Education (WFME) and FAIMER®, a division of Intealth.

Traditionally, IMGs have been required to obtain ECFMG Certification, a qualification that includes verification of their graduation from a *World Directory* recognized medical school, passage of USMLE Steps 1 and 2, and demonstration of English language proficiency via the Occupational English Test (OET) Medicine.

³ <https://www.wdoms.org/>

Recommendation 3: States should require ECFMG Certification for internationally trained physicians to enter an additional licensure pathway.

State medical boards may also wish to require IMGs to provide additional supporting materials of the medical education they have undertaken outside the United States. In such instances, primary source verification and review of credentials that utilizes resources such as Intealth's Electronic Portfolio of International Credentials (EPICSM)⁴ may be useful.

4. Completion of post-graduate training (PGT) outside the United States.

States that have introduced or enacted additional pathway legislation have generally included a requirement that applicants should have completed PGT that is "substantially similar" to a residency program accredited by the ACGME in the United States.

There is significant variability, however, in the structure and quality of international PGT. The degree of clinical exposure may be uncertain and inconsistent across programs. Too, there is not currently an established and accepted accreditation system or authority that is able to deem international PGT programs to be "substantially similar" to ACGME-accredited PGT programs available in the United States, nor do many state medical boards have the capacity, resources, or expertise to assess international programs for this purpose on their own. Until such a formal accreditation system exists, the term "substantially similar" may need to be defined and determined by the state medical board.⁵ Arriving at definitions and determinations of substantial similarity will have significant implications for state medical boards to plan for and obtain additional resources and support, and expertise to evaluate international training programs that have significant variability in structure, content and quality.

Recommendation 4a: Completion of formal, accredited PGT outside the United States should be a requirement for entry into an additional licensure pathway.

Formal postgraduate training and accreditation is not available in all countries and jurisdictions. In its absence, medical boards may be inclined to consider alternative forms of training on a case-by-case basis. These circumstances and experiences – including apprenticeship, clerkship, or observership models – may differ widely in objective measures of quality that do not involve fellowship training or involve quasi-residency arrangements that may or may not support an international physician's education and experience for additional pathway eligibility.

⁴ <https://www.ecfm.org/psv/>

⁵ Development of a program for recognition of international systems of accreditation of PGT is currently being led by the World Federation for Medical Education, with anticipated launch in mid-2025.

Recommendation 4b: State medical boards may make use of a variety of existing proxies for determining that a PGT program completed outside the United States is “substantively similar” for purposes of additional licensure pathway eligibility for internationally trained physicians, including whether the IMG’s program has been accredited by ACGME International (ACGME-I) and/or whether the IMG has completed an ACGME-accredited fellowship training program in the United States. Boards may also wish to ask the IMG to produce their training program’s curriculum (and case requirements, for surgical specialties) for review.

A “number of years in-practice” threshold in a given specialty in place of formal PGT may also be used on a case-by-case basis by the state medical board as an alternative metric, as long as it also includes additional requirements, such as ECFMG Certification and passage of all three Steps of the USMLE program. Where boards have access to, or can partner with, organizations with relevant experience and expertise, they may seek to determine the nature of such practice, including degree of clinical exposure, interaction with patients and performance of procedures; where applicable, this information is likely to be valuable in making determinations of competency and practice readiness.

5. Possession of a license/registration/authorization to practice medicine in another country or jurisdiction and medical practice experience.

Most states that have enacted additional pathway legislation have included a requirement that applicants be licensed or authorized to practice medicine in another country. Practice experience requirements in current statutes vary from three to five years. Additional pathway legislation commonly also includes a requirement that the license obtained overseas be “in good standing” and that attempt be made to verify the physician’s discipline and criminal background history. State medical boards should consider primary source verification of any documentation from applicants related to licensure, employment and practice history.

Recommendation 5: States should require internationally trained physicians applying for a license under an additional licensure pathway to be fully licensed, registered, or authorized to practice medicine in another country or jurisdiction and to provide evidence of medical practice experience of at least three years.

6. A limit on “time out of practice” before becoming eligible to apply for an additional licensure pathway.

An international physician’s time out of active practice before applying for an additional licensing pathway is typically and explicitly limited in currently enacted legislation, in line with extant guidelines required for medical licensure renewal of most physicians licensed in the United States. Time out of practice is a major challenge and concern for state medical boards in terms of assuring patient safety and public protection, regardless of where the training or initial licensure occurred, given that the practice of medicine changes

so rapidly. Many state medical boards, and this is often included in their respective Medical Practice Acts, already recommend a formal re-entry process when a licensed physician has been out of practice for more than a certain number of years (the most often cited period of time in most statutes is two years).⁶

Recommendation 6: States should consider limits on time out of practice for physicians entering additional licensing pathways that are consistent with re-entry to practice guidelines for other physician applicants within their jurisdiction.

States that have enacted additional licensing pathway legislation have listed varying ranges for the number of years of IMG practice, from continuous practice preceding application to within the preceding five years. States should be cognizant that requiring continuous practice may be difficult for many applicants to manage and/or demonstrate, especially if they have to navigate the U.S. immigration system, adjust to displacement, or face any number of non-immigration barriers faced by domestic physicians that require time away from active practice, including, but not limited to, sickness, caregiving or raising children.

7. A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine.

All states that have enacted additional pathway legislation as of the date of publication of this guidance have explicitly included a provision that applicants for additional pathways to a full and unrestricted medical license first begin with a temporary provisional license to practice medicine.

“Supervision” is mentioned as a part of this provision by some states in their enacted legislation. For example, a few states have enacted legislation that allows internationally trained physicians to practice under the “supervision of a licensed physician for two years” as part of their pathway. Supervision and support for internationally trained physicians are crucial to navigate and bridge cultural and boundary differences, and to enable qualified internationally trained physicians to learn the technical and operational side of the U.S. health care system, including the process of billing and the use of electronic health records. Such supervision and support are also essential for public protection. Examples of supervisory structures that could be helpful include a collaborative practice arrangement, preceptorships and/or more formalized training models that include opportunities for progressive assessment of the international physician’s caseload and practice. States may also choose to require a “declaration of fitness” made by supervising physicians or verification of compliance with a state’s continuing medical education (CME) requirements in order to progress to full and unrestricted licensure.⁷

⁶ [board-requirements-on-re-entry-to-practice.pdf \(fsmb.org\)](#)

⁷ [Continuing Medical Education, Board-by-Board Overview, FSMB](#)

The Advisory Commission on Additional Licensing Models is exploring resources available to assist state medical boards with the potential structure of an assessment program and provisional supervised licensure, and anticipates proposing recommendations on this matter sometime in 2025.

Recommendation 7a: States should require a period of temporary provisional licensure for qualified internationally trained physicians under an additional licensure pathway before they become eligible to apply for a full and unrestricted license.

Recommendation 7b: During their period of temporary provisional licensure, applicants should be supervised by licensed physicians within the same specialty as the applicant's intended practice.

Recommendation 7c: During this period of temporary provisional licensure, applicants should receive progressive assessment (as defined by the state medical boards and suggested in this section) and adequate support by the employer to help the international physician navigate and bridge cultural and boundary differences, including understanding billing, coding and electronic health records.

States have taken a variety of approaches in specifying the duration of provisional licensure, with two or three years being the most common time periods cited in legislation. However, there have been some legislative proposals for a two-step progression, by which an IMG first becomes eligible for a restricted or limited license after at least two years of provisional licensure, but still practices in areas or specialties with the greatest medical need, with or without ongoing supervision; provisional, restricted, and limited licensees under this arrangement are *required* in order to practice at these facilities for the entire duration of their time prior to full licensure.

8. Eligibility for a full and unrestricted license to practice medicine.

All states that have enacted additional pathway legislation have included a provision that at the conclusion of the provisional or restricted licensure period, the qualified international physician should become eligible to apply for a full and unrestricted license to practice medicine. There is a small but meaningful linguistic divergence in enacted legislation thus far, however, with wording indicating that state medical boards *may* or *shall* grant a full and unrestricted license to the IMG applicant.

State medical boards ordinarily and typically retain the authority to make licensure decisions for all licensees, even after a period of provisional licensure. Automatic transition to full and unrestricted licensure, by contrast, is neither ordinary nor typical. State medical boards may wish to consider working with their legislatures to retain the ability to exercise their due diligence and assess each applicant on their merits before determining whether they meet the state's criteria for full licensure.

States may also consider explicit requirements for provisional licensees before being granted eligibility for full licensure, such as passing USMLE Step 3 (already a requirement for all other IMGs for licensure), passing the employer's (or facility's) assessment and evaluation program, and having neither any disciplinary actions nor investigations pending over the course of their provisional licensure. Most states that have enacted pathway legislation have required a combination of these steps and there have been some proposals to include a letter of recommendation from the applicant's supervising physician as well.

Recommendation 8a: State medical boards in states that have enacted legislation to create additional licensing pathways for internationally trained physicians should work with their legislatures, where permitted, to retain their historic and statutory ability to exercise their due diligence and assess each applicant on their merits before they progress from provisional to full and unrestricted licensure.

Recommendation 8b: State medical boards should add a requirement for passing USMLE Step 3 (as already required of all IMGs) for a full and unrestricted license and a proviso that the applicant not have any disciplinary actions or investigations pending from their provisional licensure period.

9. Standard data collection requirements.

Data collection and dissemination is critical for state medical boards, state legislators, and state medical boards to better understand the impact of these types of additional licensure pathways. Significant questions remain about the efficacy of these additional pathways to address U.S. health care workforce shortages. Much of the legislation introduced thus far does not address what will likely be significant barriers to employment and the ability to practice with a full license in many states. These questions include whether physicians entering a pathway will be eligible for board certification, whether malpractice insurers will cover their practice, and whether payors will reimburse for the services provided by these physicians.

Recommendation 9: State medical boards, assisted by partner organizations as may be necessary, should collect information that will facilitate evaluation of these additional licensure pathways to make sure they are meeting their intended purpose. This information should include:

- the number of applicants
- the number of internationally trained physicians receiving provisional licensure under the pathway and the number denied provisional licensure under the pathway
- the number of individuals achieving full and unrestricted licensure,
- the percentage of individuals that stay and practice in their specialty of training and in rural or underserved areas

- the number of complaints received and disciplinary actions taken (if any)
- the practice setting and specialty of applicants
- the number of IMGs licensed through additional licensure pathways who ultimately remain in the United States versus returning to their home countries
- the number of individuals achieving specialty board certification
- the costs to the board of operating an additional licensing pathway

DRAFT



EXHIBIT

F

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission

From: Rebecca Robbins

Date: September 27, 2024

Subject: FSMB Call for Nominations for Elected Positions to FSMB Board of Directors and Nominating Committee
FSMB Call for Nominations for Staff Fellows to the FSMB Board of Directors
FSMB Call for Applications for Standing/Special Committee and Workgroup Appointments

The FSMB is seeking the following nominations and applications.

1. **Nominations for elected positions to the FSMB Board of Directors** (Requires Board nomination):

- **Chair-elect - 1 Board Member Fellow, to be elected for 3 years: one year as Chair-elect; one year as Chair; and one year as Immediate Past Chair**
- **Directors-at-Large - 3 Board Member Fellows, each to be elected for a three-year term**
- **Nominating Committee - 3 Board Member Fellows, each to be elected to a single two year term**

Eligibility requirements: Any person who is or will be a Board Member Fellow of the FSMB at the time of the election on Saturday, April 26, 2025 is eligible for nomination. (See additional suggested qualifications on the attached.)

2. **Nominations for appointment of Staff Fellows to the FSMB Board of Directors** (Requires Board nomination):

- **Staff Fellow – Appointed to two-year term with eligibility to be reappointed to one additional term**

3. **Applications for FSMB Committees and Workgroups** (Does not require Board nomination; Appointments will be made by the incoming FSMB Chair):

Standing Committees:

- Audit
- Bylaws
- Education
- Ethics and Professionalism
- Finance
- Journal Oversight
- FSMB special committee(s) and/or workgroup(s)

Committee and Workgroup Appointee Eligibility:

- **Board Member Fellow:** A Board Member Fellow is an individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board. A Board Member Fellow shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of thirty-six months thereafter.
- **Staff Fellow:** A Staff Fellow is an individual hired or appointed and who is responsible for the day-to-day supervision and performance of the administrative duties and functions for which a medical board is responsible. Each member board may denote only one individual to serve as a Staff Fellow of the FSMB. No individual shall continue as a Staff Fellow upon termination of employment by or service to the Member Medical Board.

Any nominations for elected/appointed positions and applications for standing committees and potential special workgroups must be submitted by December 15, 2024.

If the Commission does not wish to submit a nominee for an elected position, this item should be received as information.

NOMINATIONS FOR FSMB ELECTED OFFICES

Jeffrey D. Carter, MD, Chair of the FSMB's Nominating Committee, invites FSMB Member Medical Boards to submit names of Board Member Fellows for the Nominating Committee to consider as candidates for elected office. Elections will be held at the FSMB's April 26, 2025, House of Delegates annual business meeting. Nominees may include physicians as well as non-physicians who are Board Member Fellows of the FSMB. Eligibility requirements, additional position-specific qualifications, responsibilities of elected positions, and necessary documentation are included on the following pages. **Please refer to this information when submitting your letters of nomination.**

Nomination Deadline

The Nominating Committee requests that all nominations be submitted by **11:59 pm CT on December 15, 2024. No nominations will be accepted after this deadline.**

Elected Positions

In accordance with the FSMB Bylaws, the Nominating Committee shall submit a roster of one or more candidates for each position. A candidate who runs for and is not elected to an elected office shall be ineligible to be nominated for any other elected office during the same election cycle. Positions to be filled in 2025 are as follows:

- | | |
|------------------------|--|
| • Chair-elect | 1 Board Member Fellow, to be elected for 3 years: one year as Chair-elect; one year as Chair; and one year as Immediate Past Chair |
| • Directors-at-Large | 3 Board Member Fellows, each to be elected for a three-year term ^{*/**} |
| • Nominating Committee | 3 Board Member Fellows, each to be elected for a two-year term ^{***} / ^{****} |

^{*}In accordance with the with the FSMB Bylaws, *"At least three members of the Board, who are not Staff Fellows, shall be non-physicians, at least two of whom shall be a Member Medical Board public member."* Currently, there are three non-physicians on the FSMB Board, who are Member Medical Board public members, who will continue serving through FY 2026 (May 2025-April 2026). Accordingly, **although additional non-physicians may be elected in 2025, it will not be required that a non-physician be elected this year.**

^{**}Should a current Board member whose term does not expire in May 2025 be elected Chair-elect, then a 4th candidate will need to be elected to fill the remainder of that Board member's term

^{***}In accordance with the FSMB Bylaws, *"At least one elected member of the Nominating Committee shall be a public member."* Currently, there is one public member on the Nominating Committee, and that member's term will end in April 2026. Accordingly, **although additional public members may be elected in 2025, it will not be required that a public member be elected this year.**

^{****}No two Nominating Committee members shall be from the same Member Medical Board. Continuing members of the Committee are from **Florida Medical, Mississippi and Wisconsin; therefore, no Nominating Committee candidates shall be from those Member Medical Boards.**

Eligibility Requirements

Any person who is or will be a Board Member Fellow of the FSMB at the time of the election on **Saturday, April 26, 2025**, is eligible for nomination. In accordance with Bylaws Article II, Section B, *"A Board Member Fellow is an individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board. A Board Member Fellow shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of thirty-six months thereafter."*

A candidate for elected office should exhibit the following **Core Competencies**:

- Have a clear understanding of (and enthusiastically support) the vision, mission, and strategic goals of the FSMB (see attached FSMB Strategic Plan on page 7-8);
- Possess a positive outlook on the role and function of Member Medical Boards in the medical regulatory field;
- Bring a broad, national perspective to specific issues;
- Have adequate time and commitment necessary to fulfill the responsibilities of the office; and
- Demonstrate professionalism, personal integrity, and the ability to work effectively with others.

The following additional qualifications are suggested but not mandatory:

- **Chair-elect:** One or more years' experience on the FSMB Board of Directors and, if applicable, a commitment of time that may require reduction by one-third or more of patient care duties in medical practice.
- **Board of Directors and Nominating Committee:** 1) One or more years on a Member Medical Board, 2) FSMB committee or workgroup participation, and 3) prior attendance of **at least one** FSMB Annual Meeting.
- **Board of Directors:** Significant experience on a non-profit Board of Directors or Foundation may be considered an equivalent for one of the recommendations stated above.

Responsibilities

The *Responsibilities of Elected Positions* can be found on pages 4-5. Additionally, newly elected members of the Board will take part in the Investiture of the Board at the 2025 Annual Meeting on **Saturday, April 26**, and join the Board at its first meeting of the year on the following morning, **Sunday, April 27**.

Documentation Requirement

1. **Photograph – color (jpg).** A head shot of the nominee is preferred. Questions about photos may be directed to Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support at lmitchell@fsmb.org.
2. **Letter of Nomination**
The letter of nomination **must** come from the nominee's Member Medical Board to the Nominating Committee and should specify: (1) the name of the nominee to be considered; (2) the office for which the nominee is being recommended; (3) a description of the nominee's ability to demonstrate the core competencies and/or additional position-specific qualifications stated above; (4) the nominee's agreement to the submission of his/her name for potential nomination; (5) the nominee's affirmation that he/she is aware of the time commitment required for the position to which he/she may be elected; and (6) the nominee's mailing address, daytime telephone number and email address.

The letter of nomination should be addressed to:

Jeffrey D. Carter, MD, Chair
FSMB Nominating Committee

3. **Personal Statement (sample on page 7) (maximum 500-word limit).** The nominee should state why the nominee wants to serve in the position for which the nominee will be campaigning for election; how the nominee fulfills the core competencies and/or additional position-specific qualifications, and what the nominee will contribute to FSMB.
4. **Bullet Points.** The nominee should submit 6-8 bullet points (maximum 200-word limit) reflecting accomplishments for which the nominee wishes to be recognized.
5. **CV Summary (maximum 5 pages) and/or bio.** Please provide relevant information including the nominee's education, current profession, FSMB activities, important appointments, honors, awards, etc.
6. **Candidate's Signatory Page (see "Documentation Submission" below).** The nominee must submit an electronically signed confirmation that the nominee, if selected as a candidate: 1) will be a Board Member Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 26, 2025;
2) is aware of the time commitment required for the position to which the nominee may be elected; and
3) is disclosing any potential conflict(s) of interest.

Please note that should the Nominating Committee select the nominee for inclusion in its roster of candidates, the photo and all documents submitted will be posted on the FSMB Annual Meeting Website, and some of the information included in the Election Manual that will be distributed to the Annual Meeting attendees. Social security numbers and all other private information must be removed from the documents prior to submission.

Documentation Submission

Materials will need to be submitted electronically via *DocuSign*. Please contact Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support, at lmitchell@fsmb.org or 817-868-4060 to request the *DocuSign* Uploading and Signature Tool for submitting Nominations for Elected Office. Included with this tool will be the Candidate's Signatory Page for the nominee to sign electronically.

A confirmation acknowledging receipt of the nomination materials will be sent within two business days. If you do not receive confirmation, or for questions, please contact Ms. Mitchell as outlined above.

RESPONSIBILITIES OF ELECTED POSITIONS

BOARD OF DIRECTORS

The FSMB Board of Directors is responsible for the control and administration of the FSMB and reports to the House of Delegates; the Board provides leadership in the development and implementation of the FSMB's Strategic Goals and the Board's Annual Action Plan; the Board is responsible for governing and conducting the business of the corporation, including supervising the President-CEO; and, under the leadership of the Chair and President-CEO, represents the FSMB to other organizations and promotes recognition of the FSMB as the premier organization concerned with medical licensure and discipline. The Board of Directors is the fiscal agent of the corporation.

GENERAL RESPONSIBILITIES

The Board of Directors is responsible for the following:

1. Setting goals, objectives, and priorities necessary to achieve the FSMB Strategic Goals.
2. Setting goals, objectives, and critical success factors for the President-CEO.
3. Ensuring effective management of the FSMB's financial resources.
4. Approving systems for assessing and addressing needs of Member Medical Boards.
5. Implementing adopted Board of Directors professional development and self-assessment plans.
6. Promoting use of FSMB services among targeted customer groups.
7. Enhancing communication with and among Member Medical Boards.
8. Enhancing support and education for Member Medical Board executives and their staff.

TIME COMMITMENT

Board Meetings

The Board of Directors will meet five times during the FY 2026 fiscal year:

April 27, 2025 (2-3 hrs) – Seattle, Washington (*immediately following the Annual Meeting*)

July 9-13, 2025 – Harwich, Massachusetts (*a board retreat, includes travel days*)

October 22-25, 2025 – Washington, DC (*includes travel days*)

February 2026 – Meeting Date and Site TBD

April 29, 2026 – Baltimore, Maryland (*preceding the Annual Meeting*)

May 3, 2026 (2-3 hrs) – Baltimore, Maryland (*immediately following the Annual Meeting*)

2026 Board of Directors Hill Visits

The Board of Directors may be asked to participate in "Hill Visits" (*dates TBD*) in Washington, DC. This is usually 2 days total including travel dates.

New Directors Orientation

Newly elected directors will be asked to participate in a New Directors Orientation in **June 2025** with the FSMB Chair, President-CEO and Executive Team either at the FSMB Euless, Texas offices or via Zoom (*meeting date TBD*). This will be preceded by a one-hour virtual session with FSMB support staff (*date TBD*).

Subcommittees of the Board of Directors

All directors will be appointed to one (1) subcommittee of the Board of Directors, which include the Awards, Governance, and Planning Committees. Additionally, three (3) directors will be elected by the Board to participate on the Executive, Compensation, and Investment Committees with the officers of the Board.

NOMINATING COMMITTEE

The charge of the Nominating Committee as currently set forth in the FSMB Bylaws is to submit a roster of one or more candidates for each of the offices and positions to be filled by election at the annual meeting of the House of Delegates. The Committee will communicate its roster of candidates to Member Medical Boards not fewer than sixty days prior to the annual meeting of the House of Delegates.

GENERAL RESPONSIBILITIES

The Nominating Committee is responsible for the following:

1. Soliciting nominations from Member Medical Boards for Board Member Fellows interested in seeking an elected FSMB position;
2. Assertively recruiting individuals who have the core competencies set forth on page 2 and who represent diversified backgrounds, experiences, and cultures;
3. Educating potential candidates on core competencies for FSMB leadership roles and the responsibilities associated with respective leadership positions;
4. Reviewing letters of nomination and supporting material for each individual nominated or recruited as a candidate for election;
5. Verifying that candidates have the core competencies for FSMB leadership positions;
6. Verifying that queries of the FSMB Physician Data Center have been completed on physician and physician assistant candidates and that no board actions have been reported that could call into question an individual's fitness for FSMB leadership;
7. Affirming that all candidates for elected leadership have disclosed any potential conflicts of interest.
8. Considering the importance of public member representation on the FSMB Board of Directors and assure the roster of candidates provides for election of adequate/qualified public representation;
9. Selecting and narrowing the roster of candidates to those who best demonstrate the core competencies outlined; have the necessary qualifications and eligibility for a position; and bring valuable talents and perspectives to the FSMB;
10. Preparing a report to the House of Delegates, which includes a roster of candidates for positions to be filled by election at the House of Delegates annual business meeting; and
11. Determining process for notifying candidates of the Nominating Committee's decisions as soon as possible following the Committee's winter meeting and provide the Nominating Committee report to the FSMB Board of Directors for information.

TIME COMMITMENT

Members of the Nominating Committee serve a single two-year term. Our newly elected Nominating Committee members are invited to join the incoming Committee Chair, outgoing Committee Chair, FSMB President & CEO, returning members of the Nominating Committee, and those who are rotating off the Committee for an informal **Nominating Committee Social (4:30-5:00) on Saturday, April 26, 2025**, preceding the Inauguration of the Chair, during the Annual Meeting. The Committee will meet again via videoconference in **August 2025, and April 2026 (dates TBD)** as well as in person or via videoconference in **January 2026**. In preparation for the January meeting, the Committee members will each interview three to six nominees. Members of the Committee will also receive scholarships to attend the FSMB's 2026 Annual Meeting, so they are onsite to solicit membership interest in elected and appointed positions.

SAMPLE PERSONAL STATEMENT

NAME: _____

CANDIDATE FOR: [Chair-elect, Board of Directors or Nominating Committee]

[SAMPLE TEXT – please describe your own experiences using your own words]
(maximum 500-word limit)

I am a candidate for [elected office]. Since beginning my medical career in a small rural town over 20 years ago, I have been involved in professionalism and upholding the higher standards of being a physician. Currently, I am the Chairman of the Department of [specialty] at the School of Medicine in [city].

My experiences with medical licensure began in 2015 when I was appointed to the advisory committee for athletic trainers of the [Member Medical Board]. Subsequently, I was appointed as a member of the [Member Medical Board] in 2018. I was elected Vice President in 2019 and have been serving as President since January 2020.

Since being appointed to the [Member Medical Board], I have been serving the [Member Medical Board] in many capacities, which have included [committee/workgroups, etc.].

Additionally, I have worked as [other professional experiences and associations].

It is with great anticipation that I am running for [elected office]. I have the energy, enthusiasm and experience to represent the FSMB. My qualifications are broad and strong, which will allow me to function well within a system that is focused on licensure, discipline and protection of the public.

FSMB STRATEGIC PLAN

(Approved May 6, 2023)

Our Vision

A medical regulatory system in which patients have access to high-quality health care, and the integrity of the practice of medicine is protected.

Our Mission

To serve as a national voice for state medical boards, supporting them with services and initiatives that promote patient safety, the integrity of the practice of medicine, access to high-quality healthcare, and regulatory best practices.

Values

The FSMB, an organization of state medical boards, embraces these equally important values:

Public Protection: We promote the health, safety, and welfare of the public by providing outstanding service to the nation's state medical boards, which remains our highest priority.

Leadership: We demonstrate accountability, unity of purpose, resilience and commitment as we advance our mission and vision.

Integrity: We incorporate honesty, ethical behavior, consistency, open communication and transparency in our activities, seeking to build trust with those we serve.

Excellence: We maintain the highest standards of performance and a commitment to continuous improvement while demonstrating adaptability and innovation in developing new products and initiatives.

Collaboration: We build strong, mutually beneficial relationships, seeking new partners and opportunities for engagement and participation while placing an emphasis on the value of diversity, equity and inclusion in our work together.

Service: We provide timely, responsive, high-quality service to our stakeholders, including our member boards, external partners and the public, continually seeking their input as we strive to meet changing needs.

Strategic Goals

- **State Medical Board Support:** Serve state medical boards by promoting regulatory best practices and providing operational resources that add to their effectiveness.
- **Advocacy and Policy Leadership:** Strengthen state medical regulation through impactful advocacy and policy development.
- **Engagement:** Build engagement and participation with state medical boards and other state, national and international organizations and government entities, seeking and advancing shared goals and outcomes.

- ***Communication:*** Raise awareness of the vital role of medical regulation and the work the FSMB, serving as a trusted source of information for state medical boards and the public.
- ***Education:*** Advance understanding of key issues in medical regulation by providing targeted educational programming and resources that meet the needs of state medical boards and the public.
- ***Technology and Data:*** Enhance the FSMB's data integration and research capabilities, developing technology and data solutions that benefit state medical boards and promote the sharing of valuable information.
- ***Organizational Strength and Excellence:*** Enhance the FSMB's efficiency, effectiveness and adaptability, strengthening resources in support of its mission while sustaining a diverse, equitable and inclusive workforce.



**NOMINATIONS FOR STAFF FELLOWS
FSMB BOARD OF DIRECTORS
2024-2025**

Nominations for a Staff Fellow to serve on the FSMB Board of Directors are now being accepted from FSMB Member Medical Boards, the Board of Directors and Administrators in Medicine (AIM). The FSMB Board will appoint a Staff Fellow at its February 2025 meeting.

Nomination Deadline

Those wishing to nominate a Staff Fellow to serve on the FSMB Board of Directors should do so no later than **December 15, 2024**.

Eligibility Requirements

FSMB Bylaws Article II, Section B(2) defines Staff Fellow as *an individual hired or appointed and who is responsible for the day-to-day supervision and performance of the administrative duties and functions for which a medical board is responsible. Each member board may denote only one individual to serve as a Staff Fellow of the FSMB. No individual shall continue as a Staff Fellow upon termination of employment by or service to the Member Medical Board.*

A current list of individuals designated as Staff Fellows of the Member Medical Boards can be found on pages 3-5.

Responsibilities

Staff Fellows serve a two-year term and will be eligible to be reappointed to one additional term. The newly appointed Staff Fellow will take part in the Investiture of the Board at the 2025 Annual Meeting on **Saturday, April 26** and join the Board at its first meeting of the year on the following morning, **April 27**. A document outlining the responsibilities of the Board of Directors and time commitment for the 2025-2026 fiscal year can be found on page 6.

Documentation Requirements

The following documents should be submitted as part of the nomination process:

1. Letter of nomination providing background information on the nominee and a description of the individual's ability and commitment necessary to fulfill the responsibilities of the Board. The letter should be addressed to:

**Katie L. Templeton, JD, Chair
Federation of State Medical Boards**

2. A CV Summary (**maximum of 5 pages**) and/or bio of the nominee.

Documentation Submission

The letter of nomination and CV/bio should be submitted electronically to Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support, at lmitchell@fsmb.org. Please submit all documents in one email.

A confirmation acknowledging receipt of the documents will be sent within two business days. If you do not receive confirmation, or for questions, please contact Ms. Mitchell by email or at 817-868-4060.

RESPONSIBILITIES OF THE FSMB BOARD OF DIRECTORS

BOARD OF DIRECTORS

The FSMB Board of Directors is responsible for the control and administration of the FSMB and reports to the House of Delegates; the Board provides leadership in the development and implementation of the FSMB's Strategic Goals and the Board's Annual Action Plan; the Board is responsible for governing and conducting the business of the corporation, including supervising the President-CEO; and, under the leadership of the Chair and President-CEO, represents the FSMB to other organizations and promotes recognition of the FSMB as the premier organization concerned with medical licensure and discipline. The Board of Directors is the fiscal agent of the corporation.

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Subcommittees of the Board of Directors

All directors will be appointed to one (1) subcommittee of the Board of Directors, which include the Awards, Governance, and Planning Committees. Additionally, three (3) directors will be elected by the Board to participate on the Executive, Compensation, and Investment Committees with the officers of the Board.

BOARD/ORG	FULL NAME	TITLE
ALABAMA COMMISSION	Rebecca Robbins	Director of Operations
ALABAMA MEDICAL	William M. Perkins, MJA	Executive Director
ALASKA	Natalie M. Norberg, LMSW	Executive Administrator
ARIZONA MEDICAL	Patricia E. McSorley, JD, CMBE	Executive Director
ARIZONA OSTEO	Justin Bohall, CMBE	Executive Director
ARKANSAS	Amy E. Embry	Executive Director
CALIFORNIA MEDICAL	Reji T. Varghese	Executive Director
CALIFORNIA OSTEO	Erika Calderon	Executive Director
COLORADO	Paula E. Martinez, MBA	Program Director
CONNECTICUT	Tyra Anne Peluso	Board Liaison (no executive director)
DELAWARE	Alison Warren	Executive Director
DISTRICT OF COLUMBIA	Sithembile Chithenga, MD, MPH	Executive Director
FLORIDA MEDICAL	Paul Vazquez, JD	Executive Director
FLORIDA OSTEO	Stephanie Webster	Executive Director
GEORGIA	Jason S. Jones, MPSA	Executive Director
GUAM	Zennia Cruz Pecina, MSN, RN, CCHP	Executive Director
HAWAII	Ahlani K. Quiogue	Executive Officer
IDAHO	Nicole L. Chopski, PharmD, ANP	Executive Officer
ILLINOIS	Camile Lindsay, JD Todd Robertson cc: Lauren Craig, JD	Director Board Liaison (primary contact) Associate General Counsel
INDIANA	Christine Maslan	Board Director
IOWA	Charles Hill, JD cc: Chrissy Greco	Executive Director Assistant to Executive Director
KANSAS	Susan B. Gile	Executive Director
KENTUCKY	Michael S. Rodman	Executive Director
LOUISIANA	Vincent A. Culotta, Jr., MD	Executive Director
MAINE MEDICAL	Timothy E. Terranova	Executive Director
MAINE OSTEO	Rachel MacArthur	Executive Secretary
MARYLAND	Christine A. Farrelly, MS	Executive Director
MASSACHUSETTS	George Zachos, JD	Executive Director
MICHIGAN MEDICAL	Kerry Ryan Przybylo, JD	Manager, Boards & Committees (executive director role)
MICHIGAN OSTEO	Kerry Ryan Przybylo, JD	Manager, Boards & Committees (executive director role)
MINNESOTA	Elizabeth A. Huntley, JD, CMBE	Executive Director
MISSISSIPPI	Kenneth E. Cleveland, MD	Executive Director

BOARD/ORG	FULL NAME	TITLE
MISSOURI	James Leggett	Executive Director
MONTANA	Samuel Hunthausen, CMBE	Executive Officer
NEBRASKA	Vonda Apking, BSBA, MPA	Program Manager
NEVADA MEDICAL	Edward O. Cousineau, JD	Executive Director
NEVADA OSTEO	Frank DiMaggio, JD	Executive Director
NEW HAMPSHIRE	Alexander Fisher cc: Charlene Anstead and Bethany Cottrell	Senior Board Administrator Board Administrator Div. Dir, Licensing & Board Admin.
NEW JERSEY	Antonia Winstead	Executive Director
NEW MEXICO	Amanda Quintana	Acting Executive Director
NEW YORK PMC	Shelly L. Wang Bandago, MPA	Director
NEW YORK STATE	Stephen J. Boese, MSW	Executive Secretary
NORTH CAROLINA	Thomas W. Mansfield, JD	Chief Executive Officer
NORTH DAKOTA	Sandra DePountis, JD	Executive Director
NO MARIANA ISLANDS	Esther S. Fleming	Executive Director
OHIO	Stephanie M. Loucka, JD	Executive Director
OKLAHOMA MEDICAL	Sandra Harrison, JD, MPA	Interim Executive Director
OKLAHOMA OSTEO	Steven K. Mullins, JD	Executive Director
OREGON	Nicole A. Krishnaswami, JD	Executive Director
PENNSYLVANIA MEDICAL	Saiyad Ali	Board Administrator
PENNSYLVANIA OSTEO	Priscilla Turek	Board Administrator
PUERTO RICO	Dana Miró Medina	Executive Director
RHODE ISLAND	Staci A. Fischer, MD	Chief Administrative Officer
SOUTH CAROLINA	Maggie Parham Murdock, Esq	Board Administrator
SOUTH DAKOTA	Margaret B. Hansen, PA-C, MPAS	Executive Director
TENNESSEE MEDICAL	Stacy A. Tarr	Executive Director
TENNESSEE OSTEO	Stacy A. Tarr	Executive Director
TEXAS	Stephen Brint Carlton, JD	Executive Director
UTAH MEDICAL	Larry Marx, MPA	Bureau Manager
UTAH OSTEO	Larry Marx, MPA	Bureau Manager
VERMONT MEDICAL	David K. Herlihy, Esq	Executive Director
VERMONT OSTEO	Corey Young	Administrator
VIRGIN ISLANDS	Deborah K. Richardson-Peter, MPA	Director
VIRGINIA	William L. Harp, MD	Executive Director
WASHINGTON MEDICAL	Kyle Karinen, JD	Executive Director

BOARD/ORG	FULL NAME	TITLE
WASHINGTON OSTEO	U. James Chaney cc: Becky McElhiney	Executive Director Program Manager
WEST VIRGINIA MEDICAL	Mark A. Spangler, MA, CMBE	Executive Director
WEST VIRGINIA OSTEO	Jonathan T. Osborne, Esq	Executive Director
WISCONSIN	Thomas H. Ryan, MPA, JD	Executive Director
WYOMING	Kevin D. Bohnenblust, JD	Executive Director



APPLICATIONS FOR FSMB COMMITTEES AND WORKGROUPS 2024-2025

Immediately following the FSMB 2025 Annual Meeting on April 24-26, the FSMB's newly elected Chair will finalize appointments for FSMB standing committees (**Audit, Bylaws, Education, Ethics and Professionalism, Finance, Journal Oversight**) and, potentially, for an FSMB special committee(s) and/or workgroup(s). Service on the committees and workgroups will begin in May 2025.

Appointment Application Deadline

Individuals interested in serving on a standing committee, special committee or workgroup, or the Reference or Rules Committee should submit the appropriate application materials no later than **December 15, 2024**.

Eligibility

In accordance with the FSMB Bylaws, standing committees are composed primarily of Fellows of the FSMB defined as:

1. **BOARD MEMBER FELLOW.** *A Board Member Fellow is an individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board. A Board Member Fellow shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of thirty-six months thereafter, and*
2. **STAFF FELLOW.** *A Staff Fellow is an individual hired or appointed and who is responsible for the day-to-day supervision and performance of the administrative duties and functions for which a medical board is responsible. Each member board may denote only one individual to serve as a Staff Fellow of the FSMB. No individual shall continue as a Staff Fellow upon termination of employment by or service to the Member Medical Board.*

A limited number of **Honorary Fellows, Associate Members** and **Non-Member Subject Matter Experts** also may be appointed to committees and workgroups.

It is important to note in your letter of interest and on the Committee Application Questionnaire any previous experience you may have that would warrant your appointment to a specific group(s).

Responsibilities

The charges and time commitments of the committees/workgroups are provided on pages 3-6.

Documentation Requirements

Individuals interested in serving on a committee or workgroup should submit the following:

- 1) Letter of interest for **Audit, Bylaws, Education, Ethics and Professionalism, Finance, Journal Oversight and/or an FSMB special committee(s) and/or workgroup(s)** addressed to:

George Abraham, MD, MPH
FSMB Chair-elect

- 2) Letter of Interest for **Reference and/or Rules Committee** addressed to:

Katie Templeton, JD
FSMB Chair

- 3) A CV Summary (**maximum of 5 pages**) and/or bio.

Additionally, applicants are asked to complete a very brief Committee Application Questionnaire that can be accessed through this link: <https://www.surveymonkey.com/r/SSP87DX>. If applicable, be prepared to include the year(s) you attended the FSMB Annual Meeting, prior FSMB service, and related state medical board or other service for the position(s) in which you are interested in serving.

Documentation Submission

Your letter and CV/bio will need to be submitted electronically to Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support, at lmitchell@fsmb.org. **Please submit all documents in one email.**

A confirmation acknowledging receipt of the documents and completion of the questionnaire will be sent within two business days. If you do not receive confirmation, or for questions, please contact Ms. Mitchell by email.

FEDERATION OF STATE MEDICAL BOARDS
Responsibilities of Standing Committees, Special Committees/Workgroups

Audit Committee

The primary charge of the Audit Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section B, is to review the audit of the FSMB.

Tasks of the Committee include:

1. Reviewing the auditor's report with specific attention to material deficiencies and recommendations.
2. Reporting any suggestions to the Board of Directors on fiscal policy to ensure the continuing financial strength of the FSMB.

TIME COMMITMENT

Members of the Audit Committee serve one-year terms. Consistent with common practice of audit committees within the U.S., the Audit Committee expects to meet via videoconference one to two times during the year for 30-90 minutes for each meeting.

Bylaws Committee

The charge of the Bylaws Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section C, is to continually assess the Articles of Incorporation and the Bylaws and receive all proposals for amendments thereto. The Committee will, from time to time, make recommendations to the House of Delegates for changes, deletions, modifications, and interpretations to the Bylaws.

Tasks of the Committee include:

1. Receiving requests for amendments or revisions from the Board of Directors or from Member Medical Boards. Upon receiving requests, the Committee drafts Bylaws language that is appropriate in style and placement. The Bylaws Committee members also may propose amendments or revisions to the Bylaws, and draft language that is appropriate for inclusion.
2. Advising the House of Delegates with regards to each modification they have drafted, citing in their report to the House their choice to support, oppose or remain neutral regarding the language they have drafted. Members of the Committee may give testimony in support of their position before a Reference Committee.
3. Interpreting the Bylaws upon request of the Board of Directors, Member Medical Boards, or others.
4. Reviewing the Bylaws and Articles of Incorporation on a continual basis to ensure they are in alignment.

TIME COMMITMENT

Members of the Bylaws Committee serve one-year terms. The Committee will meet once (or as needed) by videoconference.

Education Committee

The charge of the Education Committee as currently set forth in the FSMB Bylaws, Article VIII, Section E is to assist in the development of educational programs for the FSMB. This includes the Annual Meeting program as well as other educational offerings.

Tasks of the Committee include:

1. Providing consultation and recommendations in the development and review of the FSMB's Annual Meeting educational program.
2. Identifying and prioritizing educational topics in accordance with the mission, vision, core values and goals of the FSMB.
3. Evaluating education trends and opportunities to provide quality educational programming to FSMB membership.
4. Reviewing needs assessment data and stated knowledge gaps in order to identify appropriate speakers for chosen topics.
5. Ensuring balance, independence, objectivity, and scientific rigor in educational activity.
6. Ensuring compliance with ACCME guidelines for accreditation.

TIME COMMITMENT

Members of the Education Committee serve one-year terms. The Committee will meet in person, with subsequent meetings held via videoconference. The frequency of meetings will be determined by need.

Ethics and Professionalism Committee

The charge of the Ethics and Professionalism Committee as currently set forth in the FSMB Bylaws, Article VIII, Section F is to address ethical and professional issues pertinent to medical regulation.

Tasks of the Committee include:

1. Addressing ethical and/or professional concerns expressed by FSMB Member Medical Boards.
2. Researching data pertinent to the issues and/or obtaining input from experts in the specific subject areas being considered.
3. Developing model policies for use by Member Medical Boards to be submitted for approval by the FSMB House of Delegates.

TIME COMMITMENT

Members of the Ethics and Professionalism Committee serve one-year terms. The Committee will meet either in person or via videoconference. The frequency of the meetings will be determined by need.

Finance Committee

The charge of the Finance Committee as currently set forth in the FSMB Bylaws, Article VIII, Section G is to review the financial condition of the FSMB; review and evaluate the costs of the activities and/or programs to be undertaken in the forthcoming year and recommend a budget to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting; and perform such other duties as are assigned to it by the Board of Directors.

Tasks of the Committee include:

1. Assessing prior financial performance in comparison to budget.
2. Reviewing the draft budget for alignment with organizational goals, programs, and services.
3. Approving the budget for recommendation to the Board of Directors.

TIME COMMITMENT

Members of the Finance Committee serve one-year terms. The Committee will have one 60- to 90-minute videoconference in the winter and possibly other meetings as determined by need.

Journal Oversight Regulation

The charge of the Journal Oversight Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section D, is to ensure the editorial independence of the *Journal of Medical Regulation (JMR)*, offer strategic guidance and work directly with the *JMR* Editor-in-Chief.

Tasks of the Committee include:

1. Providing strategic oversight/guidance to the *JMR*
2. Ensuring editorial independence of the *JMR*
3. Receiving and reviewing the annual report of the *JMR* EIC
4. Reviewing and offering suggestions for a proposed annual budget for *JMR*
5. Approving appointment/selection process to the Editorial Board
6. Reviewing metrics and performance data for the *JMR*

TIME COMMITMENT

Members of the Journal Oversight Committee serve staggered three-year terms and are limited to two full terms. The Committee will meet in person or via videoconference periodically during the year.

Special Committees/Workgroups

Special Committees and Workgroups are appointed by the Chair as necessary or as charged by the House of Delegates and are established for a specific purpose. Special Committees and Workgroups usually meet three times per year, in person and/or via videoconference, and continue their work for one or two years. Special Committees and/or Workgroups with their charges for 2024-2025 are to be determined.

EXHIBIT
G

THE TRI-REGULATOR SYMPOSIUM

2025

Federation of State Medical Boards
National Association of Boards of Pharmacy
National Council of State Boards of Nursing

SAVE THE DATES

MARCH 6 & 7, 2025 | TYSONS CORNER, VA

2025 TRI-REGULATOR SYMPOSIUM

Thursday, March 6, 2025

2025 OPIOID REGULATORY COLLABORATIVE (ORC) SUMMIT

Friday, March 7, 2025

Join together with members from FSMB, NABP and NCSBN to discuss opportunities for interprofessional cooperation and the challenges facing state medical, nursing and pharmacy boards. Look for more information coming soon.



October 31, 2024

Honorable Steve Marshall
Attorney General
State of Alabama
501 Washington Avenue
Montgomery, Alabama 36104

Dear Attorney General Marshall,

I have the privilege of serving as Chairman of the Medical Licensure Commission of Alabama ("the Commission"). Please accept this letter as a request for a formal opinion of the Attorney General pursuant to Ala. Code § 36-15-1. At its regular public business meeting held on October 23, 2024, the Commission passed a resolution directing that this request be submitted to your office.

1. Background About the Medical Licensure Commission

The Legislature created the Commission in 1981. *See* Act No. 1981-218, 1981 Acts of Alabama p. 273. In so doing, the Legislature gave "the Medical Licensure Commission overall supervision, discretion, and judgment with respect to the issuance of licenses authorizing the licensee to practice medicine or osteopathy within the State of Alabama." Ala. Code § 34-24-333(a). The Legislature explained that "[i]t is the purpose of this article to vest exclusively in the Medical Licensure Commission the power to issue, revoke, and reinstate all licenses to practice medicine or osteopathy." Ala. Code § 34-24-342.

The Commission and the Alabama Board of Medical Examiners fulfill separate, but complementary roles to ensure that the practice of medicine is rigorously peer-regulated to protect public health and safety. As the Court of Civil Appeals has noted, "the Board is the investigative and prosecutorial arm of the state's medical profession. The Commission, on the other hand, constitutes the adjudicative arm of the profession, and has the exclusive authority to revoke the licenses of physicians who are guilty of professional misconduct." *Evers v. Board of Medical Examiners*, 516 So. 2d 650, 652 (Ala. Civ. App. 1987). Before the Commission makes any decision on the discipline of a medical license, it is required to receive and consider a non-binding recommendation from the Board. Ala. Code § 34-24-361 ("[T]he [C]ommission shall request and consider but not be bound by a recommendation from the State Board of Medical Examiners.").

2. Relevant Statutory and Constitutional Provisions

The Legislature designed the Commission to guarantee that agency expertise in medical licensing issues is hard-wired. The Commission has eight members. Seven of the members are, by statute, are required to be "physicians, each of whom shall be either a doctor of medicine or a doctor of osteopathy and be licensed to practice medicine or osteopathy in this state." Ala. Code § 34-24-310(a). An eighth member is a non-physician "public member" who is appointed by the Governor. Ala. Code § 34-24-310(b).

In addition to the requirement that seven of the eight Commissioners be licensed physicians, the statute creating the Commission requires that “[e]ach member of the commission shall be a citizen of this state and the membership of the commission shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.” Ala. Code § 34-24-310(a). By statute, both the physician members and the public member serve five-year terms, with no limit on the number of terms a member of the commission can serve. *See id.*

In November 2016, the voters of Alabama approved an amendment to the Alabama Constitution of 1901 providing as follows:

Sec. 111.07. Maximum age limitations on certain appointed or elected officials prohibited.

1. Any provision of the constitution or other law that imposes a maximum age restriction for the appointment, election, or service of an appointed or elected official, with the exception of persons elected or appointed to a judicial office pursuant to Section 155, is repealed.

2. The Legislature may not enact any law imposing a maximum age restriction for the appointment, election, or service of any appointed or elected official.

Ala. Const. Art. IV, § 111.07.

3. Questions Presented

[This paragraph is still a little rough but you get the idea] The Commission believes that the public is best served when Commission membership and leadership cycle periodically, to ensure the introduction of fresh ideas and continual vigor into public service. The Commission also believes that its physician members should serve as examples of professionalism to Alabama physicians. Accordingly, the Commission has been exploring ways in which it might promote a healthy rotation of well-qualified Commission members, thereby ensuring that the Commission remains dynamic, diverse, and well-equipped to address the difficult challenges presented to it. Accordingly, the Commission requests that the Attorney General provide his opinion on the following questions:

I. Under general principles of Alabama administrative law, does the Commission have legal authority to promulgate administrative rules providing for any one or more of the following?

- Disqualifying any physician with a public disciplinary action against their medical license, which requires reporting to the National Practitioner Data Bank, from being appointed to, or continuing to serve, on the Commission.
- Providing that each member of the Commission may serve no more than three terms (*i.e.*, although lawfully appointed by the respective appointing authority, requiring the member to resign from the Commission after completing three terms).

- Requiring each member to resign from the Commission at the conclusion of the monthly meeting following their 75th birthday.
- Providing that no member of the Commission shall be eligible to serve more than five consecutive years as its Chairman.

II. If the answer to the foregoing question or any part thereof is in the affirmative, would the proposed administrative rules contravene Ala. Const. Art. IV, § 111.07, which, by its own terms, applies only to "The Legislature?"

4. Conclusion

Thank you for your service to the State of Alabama, and for your consideration of the foregoing requests. If any additional information is needed, please feel free to contact me or the Commission's General Counsel, Aaron Dettling.

Sincerely,

Jorge A. Alsip, M.D.
Chairman, Medical Licensure Commission
of Alabama

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

**MICHELLE SNYDER JACKSON,
M.D.,**

Respondent.

EXHIBIT

I

**BEFORE THE MEDICAL
LICENSURE COMMISSION
OF ALABAMA**

CASE NO. 2015-355

ORDER

This matter is before the Medical Licensure Commission on Respondent's written request, dated October 3, 2024, to withdraw her earlier request for modification of the terms of probation imposed by our Amended Order of March 18, 2019. Respondent's withdrawal of her request is accepted, and the hearing in this matter, previously scheduled for December 18, 2024, is cancelled.

DONE on this the 29th day of October, 2024.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

**E-SIGNED by Jorge Alsip, M.D.
on 2024-10-29 15:31:32 CDT**

**Jorge A. Alsip, M.D.
its Chairman**



AlaFile E-Notice

EXHIBIT

J

03-CV-2024-900817.00

Judge: BROOKE E REID

To: DETTLING AARON LINDEN
aaron@fortif.com

NOTICE OF COURT ACTION

IN THE CIRCUIT COURT OF MONTGOMERY COUNTY, ALABAMA

AMJAD I. BUTT M.D. V. ALABAMA MEDICAL LICENSURE COMMISSION
03-CV-2024-900817.00

A court action was entered in the above case on 10/4/2024 6:56:15 AM

ORDER

[Filer:]

Disposition: GRANTED

Judge: BER

Notice Date: 10/4/2024 6:56:15 AM

GINA J. ISHMAN
CIRCUIT COURT CLERK
MONTGOMERY COUNTY, ALABAMA
251 S. LAWRENCE STREET
MONTGOMERY, AL, 36104

334-832-1260

IN THE CIRCUIT COURT OF MONTGOMERY COUNTY, ALABAMA

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Case No.: CV-2024-900817.00

/s/ BROOKE E REID
CIRCUIT JUDGE

EXHIBIT

K

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

**MOHAMED ABDEL HAKEEM
KHALAF, M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE
COMMISSION OF
ALABAMA**

CASE NO. 2024-242

ORDER SETTING HEARING

For Contested Cases Initiated by Administrative Complaint

The Medical Licensure Commission has received the verified Administrative Complaint filed by the Alabama State Board of Medical Examiners in this matter. The Commission has determined that this matter is due to be set down for hearing under the provisions of Ala. Code § 34-24-361(e). This Order shall serve as the Notice of Hearing prescribed in Ala. Admin. Code r. 545-X-3-.03(3), (4). The Commission's legal authority and jurisdiction to hold the hearing in this matter are granted by Article 8, Chapter 24, Title 34 of the Code of Alabama (1975), and the particular sections of the statutes and rules involved are as set forth in the Administrative Complaint and in this Order.

1. Service of the Administrative Complaint

A copy of the Administrative Complaint and a copy of this Order shall be served forthwith upon the Respondent, by personally delivering the same to Respondent if he or she can be found within the State of Alabama, or, by overnight courier, signature required, to Respondent's last known address if he or she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Fedex/Nicole Roque, who is designated as the duly authorized agent of the Commission.

2. Initial Hearing Date

This matter is set for a hearing as prescribed in Ala. Code §§ 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Wednesday, March 26, 2025, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104. Unless otherwise specified by the Commission, the hearing will be held in person. All parties and counsel are expected to appear and to be prepared for the hearing at this date, time, and place.

3. Appointment of Hearing Officer

The Commission appoints the Honorable William R. Gordon, Circuit Judge (Ret.) as the Hearing Officer in this matter, pursuant to Ala. Admin. Code r. 545-X-3-.08. The Hearing Officer shall exercise general superintendence over all pre-hearing proceedings in this matter, and shall serve as the presiding officer at the

hearing, having and executing all powers described in Ala. Admin. Code r. 545-X-3-.08(1)(a)-(g).

4. Answer

Respondent shall file an Answer, as prescribed in Ala. Admin. Code r. 545-X-3-.03(6), within 20 calendar days of the service of the Administrative Complaint. If Respondent does not file such an Answer, the Hearing Officer shall enter a general denial on Respondent's behalf.

5. Rescheduling/Motions for Continuance

All parties and attorneys are expected to check their schedules immediately for conflicts. Continuances will be granted only upon written motion and only for good cause as determined by the Chairman (or, in his absence, the Vice-Chairman) of the Medical Licensure Commission. Continuances requested on grounds of engagement of legal counsel on the eve of the hearing will not be routinely granted.

6. Case Management Orders

The Hearing Officer is authorized, without further leave of the Commission, to enter such case management orders as he considers appropriate to the particular case. Among any other matters deemed appropriate by the Hearing Officer, the Hearing Officer may enter orders addressing the matters listed in Ala. Admin. Code

r. 545-X-3-.03(5)(a)-(f) and/or 545-X-3-.08(1)(a)-(g). All parties will be expected to comply with such orders.

7. Manner of Filing and Serving Pleadings

All pleadings, motions, requests, and other papers in this matter may be filed and served by e-mail. All filings shall be e-mailed to:

- The Hearing Officer, William Gordon (wrgordon@charter.net);
- The Director of Operations of the Medical Licensure Commission, Rebecca Robbins (rrobbins@almlc.gov);
- General Counsel of the Medical Licensure Commission, Aaron Dettling (adettling@almlc.gov);
- General Counsel for the Alabama Board of Medical Examiners, Wilson Hunter (whunter@albme.gov); and
- Respondent/Licensee or his or her counsel, as appropriate.

The Director of Operations of the Medical Licensure Commission shall be the custodian of the official record of the proceedings in this matter.

8. Discovery

Consistent with the administrative quasi-judicial nature of these proceedings, limited discovery is permitted, under the supervision of the Hearing Officer. *See* Ala. Code § 41-22-12(c); Ala. Admin. Code r. 545-X-3-.04. All parties and attorneys

shall confer in good faith with one another regarding discovery. If disputes regarding discovery are not resolved informally, a motion may be filed with the Hearing Officer, who is authorized to hold such hearings as appropriate and to make appropriate rulings regarding such disputes.

9. Publicity and Confidentiality

Under Alabama law, the Administrative Complaint is a public document. The hearing itself is closed and confidential. The Commission's written decision, if any, will also be public. *See* Ala. Code § 34-24-361.1; Ala. Admin. Code r. 545-X-3-.03(10)(h), (11).

10. Stipulations

The parties are encouraged to submit written stipulations of matters as to which there is no basis for good-faith dispute. Stipulations can help to simplify and shorten the hearing, facilitate the Commission's decisional process, and reduce the overall costs of these proceedings. Written stipulations will be most useful to the Commission if they are submitted in writing approximately 10 days preceding the hearing. The Hearing Officer is authorized to assist the parties with the development and drafting of written stipulations.

11. Judicial Notice

The parties are advised that the Commission may take judicial notice of its prior proceedings, findings of fact, conclusions of law, decisions, orders, and judgments, if any, relating to the Respondent. *See* Ala. Code § 41-22-13(4); Ala. Admin. Code r. 545-X-3-.09(4).

12. Settlement Discussions

The Commission encourages informal resolution of disputes, where possible and consistent with public interest. If a settlement occurs, the parties should notify the Hearing Officer, the Commission's Director of Operations, and Commission's General Counsel. Settlements involving Commission action are subject to the Commission's review and approval. To ensure timely review, such settlements must be presented to the Commission no later than the Commission meeting preceding the hearing date. Hearings will not be continued based on settlements that are not presented in time for the Commission's consideration during a monthly meeting held prior to the hearing date. The Commission Vice-Chairman may assist the parties with the development and/or refinement of settlement proposals.

13. Subpoenas

The Commission has the statutory authority to compel the attendance of witnesses, and the production of books and records, by the issuance of subpoenas. *See* Ala. Code §§ 34-24-363; 41-22-12(c); Ala. Admin. Code r. 545-X-3-.05. The

parties may request that the Hearing Officer issue subpoenas for witnesses and/or documents, and the Hearing Officer is authorized to approve and issue such subpoenas on behalf of the Commission. Service of such subpoenas shall be the responsibility of the party requesting such subpoenas.

14. Hearing Exhibits

- A. Parties and attorneys should, if possible, stipulate as to the admissibility of documents prior to the hearing.
- B. The use of electronic technology, USB drives, CD's, DVD's, etc. is acceptable and encouraged for voluminous records. If the Commission members will need their laptop to view documents, please notify the Hearing Officer prior to your hearing.
- C. If providing hard copies, voluminous records need not be copied for everyone but, if portions of records are to be referred to, those portions should be copied for everyone.
- D. If a document is to be referred to in a hearing, copies should be available for each Commission member, the Hearing Officer, the Commission's General Counsel, opposing attorney, and the court reporter (12 copies).
- E. Index exhibits/documents for easy reference.
- F. Distribute exhibit/document packages at the beginning of the hearing to minimize distractions during the hearing.

15. Administrative Costs

The Commission is authorized, pursuant to Ala. Code § 34-24-381(b) and Ala. Admin. Code r. 545-X-3-.08(9) and (10), to assess administrative costs against the Respondent if he or she is found guilty of any of the grounds for discipline set forth in Ala. Code § 34-24-360. The Board of Medical Examiners [X]has / []has

not given written notice of its intent to seek imposition of administrative costs in this matter.

16. Appeals

Appeals from final decisions of the Medical Licensure Commission, where permitted, are governed by Ala. Code § 41-22-20 and 34-24-367.

DONE on this the 28th day of October, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-10-28 12:49:42 CDT

Jorge Alsip, M.D.
Its Chairman

Distribution:

- Honorable William R. Gordon (incl. Administrative Complaint)
- Rebecca Robbins
- Respondent/Respondent's Attorney
- E. Wilson Hunter
- Aaron L. Dettling

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

THOMAS J. SHAKNOVSKY, D.O.,

Respondent.

EXHIBIT

L

**BEFORE THE MEDICAL
LICENSURE COMMISSION
OF ALABAMA**

CASE NO. 2024-243

**ORDER TEMPORARILY SUSPENDING LICENSE
AND SETTING HEARING**

The Medical Licensure Commission has received the verified Administrative Complaint and Petition for Summary Suspension of License (“the Administrative Complaint”) filed by the Alabama State Board of Medical Examiners in this matter. The Commission has determined that this matter is due to be set down for hearing under the provisions of Ala. Code § 34-24-361(e). This Order shall serve as the Notice of Hearing prescribed in Ala. Admin. Code r. 545-X-3-.03(3), (4). The Commission’s legal authority and jurisdiction to hold the hearing in this matter are granted by Article 8, Chapter 24, Title 34 of the Code of Alabama (1975), and the particular sections of the statutes and rules involved are as set forth in the Administrative Complaint and in this Order.

1. Temporary Suspension of License

Upon the verified Administrative Complaint of the Alabama State Board of Medical Examiners, and pursuant to the legal authority of Ala. Code §§ 34-24-361(f) and 41-22-19(d), it is the ORDER of the Commission that the license to practice medicine or osteopathy, license certificate number DO.1639 of THOMAS J. SHAKNOVSKY, D.O. ("Respondent"), be, and the same is hereby, immediately SUSPENDED. Respondent is hereby ORDERED and DIRECTED to surrender the said license certificate to the Medical Licensure Commission, at 848 Washington Avenue, Montgomery, Alabama, 36104. Respondent is further ORDERED immediately to CEASE and DESIST from the practice of medicine in the State of Alabama.

This action is taken consistent with the Rules and Regulations of the Board of Medical Examiners and the Medical Licensure Commission and Ala. Code § 34-24-361(f), based upon the request of the Alabama State Board of Medical Examiners upon the Board's finding and certification that the Board presently has in its possession evidence that the continuance in practice of Respondent may constitute an immediate danger to his patients and the public.

Respondent is reminded that the suspension of his or her license to practice medicine in Alabama triggers certain obligations with regard to patient notification

and patient records. *See* Ala. Admin. Code r. 540-X-9-.10(4)(c); 545-X-4-.08(4)(c).

Respondent shall comply with these requirements.

2. Service of the Administrative Complaint

A copy of the Administrative Complaint and a copy of this Order shall be served forthwith upon the Respondent, by personally delivering the same to Respondent if he or she can be found within the State of Alabama, or, by overnight courier, signature required, to Respondent's last known address if he or she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by FedEx/Nicole Rague, who is designated as the duly authorized agent of the Commission.

3. Initial Hearing Date

This matter is set for a hearing as prescribed in Ala. Code §§ 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Wednesday, December, 18, 2024, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104. Unless otherwise specified by the Commission, the hearing will be held in person. All parties and counsel are expected to appear and to be prepared for the hearing at this date, time, and place.

4. Appointment of Hearing Officer

The Commission appoints the Honorable William R. Gordon, Circuit Judge (Ret.) as the Hearing Officer in this matter, pursuant to Ala. Admin. Code r. 545-X-3-.08. The Hearing Officer shall exercise general superintendence over all pre-hearing proceedings in this matter, and shall serve as the presiding officer at the hearing, having and executing all powers described in Ala. Admin. Code r. 545-X-3-.08(1)(a)-(g).

5. Answer

Respondent shall file an Answer, as prescribed in Ala. Admin. Code r. 545-X-3-.03(6), within 20 calendar days of the service of the Administrative Complaint. If Respondent does not file such an Answer, the Hearing Officer shall enter a general denial on Respondent's behalf.

6. Rescheduling/Motions for Continuance

All parties and attorneys are expected to check their schedules immediately for conflicts. Continuances will be granted only upon written motion and only for good cause as determined by the Chairman (or, in his absence, the Vice-Chairman) of the Medical Licensure Commission. Continuances requested on grounds of engagement of legal counsel on the eve of the hearing will not be routinely granted.

7. Case Management Orders

The Hearing Officer is authorized, without further leave of the Commission, to enter such case management orders as he considers appropriate to the particular case. Among any other matters deemed appropriate by the Hearing Officer, the Hearing Officer may enter orders addressing the matters listed in Ala. Admin. Code r. 545-X-3-.03(5)(a)-(f) and/or 545-X-3-.08(1)(a)-(g). All parties will be expected to comply with such orders.

8. Manner of Filing and Serving Pleadings

All pleadings, motions, requests, and other papers in this matter may be filed and served by e-mail. All filings shall be e-mailed to:

- The Hearing Officer, William Gordon (wrgordon@charter.net);
- The Director of Operations of the Medical Licensure Commission, Rebecca Robbins (rrobbins@almlc.gov);
- General Counsel of the Medical Licensure Commission, Aaron Dettling (adettling@almlc.gov);
- General Counsel for the Alabama Board of Medical Examiners, Wilson Hunter (whunter@albme.gov); and
- Respondent/Licensee or his or her counsel, as appropriate.

The Director of Operations of the Medical Licensure Commission shall be the custodian of the official record of the proceedings in this matter.

9. Discovery

Consistent with the administrative quasi-judicial nature of these proceedings, limited discovery is permitted, under the supervision of the Hearing Officer. *See* Ala. Code § 41-22-12(c); Ala. Admin. Code r. 545-X-3-.04. All parties and attorneys shall confer in good faith with one another regarding discovery. If disputes regarding discovery are not resolved informally, a motion may be filed with the Hearing Officer, who is authorized to hold such hearings as appropriate and to make appropriate rulings regarding such disputes.

10. Publicity and Confidentiality

Under Alabama law, the Administrative Complaint and this Order are public documents. The hearing itself is closed and confidential. The Commission's written decision, if any, will also be public. *See* Ala. Code § 34-24-361.1; Ala. Admin. Code r. 545-X-3-.03(10)(h), (11).

11. Stipulations

The parties are encouraged to submit written stipulations of matters as to which there is no basis for good-faith dispute. Stipulations can help to simplify and shorten the hearing, facilitate the Commission's decisional process, and reduce the overall costs of these proceedings. Written stipulations will be most useful to the Commission if they are submitted in writing approximately 10 days preceding the

hearing. The Hearing Officer is authorized to assist the parties with the development and drafting of written stipulations.

12. Judicial Notice

The parties are advised that the Commission may take judicial notice of its prior proceedings, findings of fact, conclusions of law, decisions, orders, and judgments, if any, relating to the Respondent. *See* Ala. Code § 41-22-13(4); Ala. Admin. Code r. 545-X-3-.09(4).

13. Settlement Discussions

The Commission encourages informal resolution of disputes, where possible and consistent with public interest. If a settlement occurs, the parties should notify the Hearing Officer, the Commission's Director of Operations, and Commission's General Counsel. Settlements involving Commission action are subject to the Commission's review and approval. To ensure timely review, such settlements must be presented to the Commission no later than the Commission meeting preceding the hearing date. Hearings will not be continued based on settlements that are not presented in time for the Commission's consideration during a monthly meeting held prior to the hearing date. The Commission Vice-Chairman may assist the parties with the development and/or refinement of settlement proposals.

14. Subpoenas

The Commission has the statutory authority to compel the attendance of witnesses, and the production of books and records, by the issuance of subpoenas. *See* Ala. Code §§ 34-24-363; 41-22-12(c); Ala. Admin. Code r. 545-X-3-.05. The parties may request that the Hearing Officer issue subpoenas for witnesses and/or documents, and the Hearing Officer is authorized to approve and issue such subpoenas on behalf of the Commission. Service of such subpoenas shall be the responsibility of the party requesting such subpoenas.

15. Hearing Exhibits

- A. Parties and attorneys should, if possible, stipulate as to the admissibility of documents prior to the hearing.
- B. The use of electronic technology, USB drives, CD's, DVD's, etc. is acceptable and encouraged for voluminous records. If the Commission members will need their laptop to view documents, please notify the Hearing Officer prior to your hearing.
- C. If providing hard copies, voluminous records need not be copied for everyone but, if portions of records are to be referred to, those portions should be copied for everyone.
- D. If a document is to be referred to in a hearing, copies should be available for each Commission member, the Hearing Officer, the Commission's General Counsel, opposing attorney, and the court reporter (12 copies).
- E. Index exhibits/documents for easy reference.
- F. Distribute exhibit/document packages at the beginning of the hearing to minimize distractions during the hearing.

16. Administrative Costs

The Commission is authorized, pursuant to Ala. Code § 34-24-381(b) and Ala. Admin. Code r. 545-X-3-.08(9) and (10), to assess administrative costs against the Respondent if he or she is found guilty of any of the grounds for discipline set forth in Ala. Code § 34-24-360. The Board of Medical Examiners [X]has / []has not given written notice of its intent to seek imposition of administrative costs in this matter.

17. Appeals

Appeals from final decisions of the Medical Licensure Commission, where permitted, are governed by Ala. Code §§ 41-22-20 and 34-24-367.

DONE on this the 23rd day of October, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:



Jorge Alsina, M.D.
its Chairman

Distribution:

- Honorable William R. Gordon (incl. Administrative Complaint)
- Rebecca Robbins
- Respondent/Respondent's Attorney
- E. Wilson Hunter
- Aaron L. Dettling

EXHIBIT

M

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

**KRISTIN TAYLOR BRUNSVOLD,
M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2024-147

ORDER

This matter is before the Medical Licensure Commission of Alabama on the “Unopposed Motion to Extend Hearing Date” filed by Respondent on September 10, 2024. The Board does not oppose a continuance. Upon consideration, the motion is granted, and the hearing in this matter, previously scheduled for December 18, 2024, is hereby continued and re-set on Wednesday, January 22, 2025, at 10:00 a.m.

DONE on this the 29th day of October, 2024.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

**E-SIGNED by Jorge Alsip, M.D.
on 2024-10-29 14:40:33 CDT**

**Jorge A. Alsip, M.D.
its Chairman**

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

JAMES CURTIS DILDAY, M.D.,

Respondent.

EXHIBIT

N

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2023-118

ORDER

This matter is before the Medical Licensure Commission of Alabama on the “Motion to Continue” filed by the Board on October 17, 2024. Upon consideration, and for good cause shown, the Motion to Continue is granted, and the hearing in this matter, previously scheduled for November 25, 2024, is hereby continued generally. The parties are directed to provide the Commission a joint status report following the December 3, 2024 status conference. The Commission anticipates establishing a new hearing date at its regular business meeting to be held on December 18.

DONE on this the 31st day of October, 2024.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

**E-SIGNED by Jorge Alsip, M.D.
on 2024-10-31 12:26:54 CDT**

**Jorge A. Alsip, M.D.
its Chairman**

EXHIBIT**O****ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,****Complainant,****v.****MICHAEL D. DICK, M.D.,****Respondent.****BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA****CASE NO. 2018-031****ORDER**

This matter came before the Medical Licensure Commission of Alabama on October 22, 2024, for continuation and completion of the contested case hearing. The parties have agreed that the Commission's findings will be entered within 60 days of completion of the hearing, rather than the 30-day deadline provided for in Ala. Code § 41-22-16(a)(1). In order to assist the Commission's fact-finding process, the Commission invites both parties to submit summary listings of citations to record evidence that each party believes supports its position in this matter. Such summaries should be filed no later than November 6, 2024.

DONE on this the 29th day of October, 2024.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA****By:****E-SIGNED by Jorge Alsip, M.D.
on 2024-10-29 14:36:12 CDT****Jorge A. Alsip, M.D.
its Chairman**