

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

August 27, 2025

MEMBERS PRESENT IN PERSON

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

MEMBERS NOT PRESENT

L. Daniel Morris, Esq

MLC STAFF

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

OTHERS PRESENT

BME STAFF

Buddy Chavez, Investigator
Anthony Crenshaw, Investigator
Rebecca Daniels, Investigator
Randy Dixon, Investigator
Amy Dorminey, Director of Operations
Greg Hardy, Investigator
Alicia Harrison, Associate General Counsel
Chris Hart, Technology
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Roland Johnson, Physician Monitoring
Sally Knight, Physician Monitoring
Stephen Lavender, Investigator
Christy Lawson, Paralegal
William Perkins, Executive Director
Ben Schlemmer, Investigator
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 seven members present, Commission Chairman, Jorge Alsip, M.D. convened the monthly meeting of the Alabama Medical Licensure Commission.

OLD BUSINESS

Minutes July 23, 2025

Commissioner Nagrodzki made a motion that the Minutes of July 23, 2025, be approved. A second was made by Commissioner Christopher. The motion was approved by unanimous vote.

NEW BUSINESS

Full License Applicants

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
1. Hermelinda G Abcede	Medical College of Wisconsin	USMLE/CA
2. Mohamad Akil	Beirut Arab University	USMLE/OH
3. Osama Ali	Dow International Medical College	USMLE
4. Confidence A Alemajo	University of Buea Faculty of Health Sciences	USMLE
5. Erica Allen Barnes	University of Medicine and Health St. Kitts	USMLE
6. Benjamin David Besasie	Rush Medical College of Rush University	USMLE
7. Julia Ann Boulton	Louisiana State University	USMLE
8. Jeffrey Lane Bowers	University of Minnesota	USMLE
9. Jonathan Ronald Bowman	University of Alberta	LMCC/VA
10. Edward George Boyer, IV	Ross University School of Medicine	USMLE/VT
11. Nina-Serena Faith Burkett	Medical University of South Carolina	USMLE/VA
12. Agnelio Silverio Cardentey	University of Texas Southwestern	USMLE/TX
13. Erin Christen Carriker	University of South Carolina	USMLE
14. Richard Martin Chesnick	Medical College of Pennsylvania	NBME/PA
15. Peter Choi	Philadelphia College of Osteopathic Medicine	COMLEX/AK
16. Harrison Loyd Cloud	University of Tennessee Memphis College of Medicine	USMLE
17. Ian Daniel Coate	University of Mississippi School of Medicine	USMLE
18. James Hill Crenshaw	University of Alabama School of Medicine Birmingham	USMLE
19. Benjamin Day	Mercer University School of Medicine	USMLE
20. Nirav Kishor Desai	Case Western Reserve	USMLE/CT
21. Anna Davis Dickson	University of Mississippi School of Medicine	USMLE
22. Giancarlo P Dimassa	University of California	USMLE/CA
23. Rahul Dutta	Rutgers NJ Medical School	USMLE/CA
24. Deena Elsheikh	University of Alabama School of Medicine Birmingham	COMLEX
25. Margaret Frances Forshag	Louisiana State University New Orleans	USMLE
26. Ashenafi Tesfaye Getachew	Addis Ababa University	USMLE

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
27. Thomas Westbrook Goggin	Eastern Virginia Medical School	NBME/VA
28. Daniel Gonzalez Abascal	Central University of Venezuela Luis Razetti School of Med	USMLE
29. Anand Kumar Gupta	Government Medical College Jammu	USMLE/IL
30. Rachelle Hamadi	Saint Joseph University School of Medicine	USMLE/NY
31. Jacob B Hammond	Texas A&M University Health Science Center	USMLE/AZ
32. Amelia Anne Hartje	Florida State University College of Medicine	USMLE
33. Sarah Amal Hashimi	University of Alabama School of Medicine Birmingham	USMLE/TN
34. Sarah Megan Hicks	Florida State University College of Medicine	USMLE
35. Allen Daxter Holder	East Tennessee State Univ James H. Quillen College of Medicine	USMLE/NY
36. Robert S Hollabaugh, Jr.	University of Tennessee Memphis College of Medicine	NBME/TN
37. Derek William Holland	University of Louisville School of Medicine	USMLE
38. Tonja S Alexander Hollis	Howard University College of Medicine	USMLE
39. Rose Khine Honor	University of Medicine Mandalay	USMLE
40. Megan Kathleen Hood	University of South Alabama College of Medicine	USMLE
41. Emily Jeanne Hooker	University of Alabama School of Medicine Birmingham	USMLE
42. Hannah Elizabeth Howard	University of Kentucky College of Medicine	USMLE
43. Matthew Collins Hudson	University of Alabama School of Medicine Birmingham	USMLE
44. Andrew Stephen Irvine	University of Tennessee Memphis College of Medicine	USMLE/TN
45. Sophia Jaffri	Alabama College of Osteopathic Medicine	COMLEX
46. Carol Elizabeth Jessee	Oceania University of Medicine	USMLE
47. Valario G Johnson, Jr.	Edward Via College of Osteopathic Medicine Auburn	COMLEX/GA
48. Alexandra Nicole Kammen	University of Southern California	USMLE/CA
49. Cathal Keane	American University of The Caribbean	USMLE
50. Tabitha Anne Kearns	Louisiana State University School of Medicine New Orleans	USMLE
51. Carley Quillin King	University of Mississippi School of Medicine	USMLE
52. Fathima Rejulin Konari	Kerala University of Health Sciences	USMLE
53. Rebekah E Kurtaneck	Edward Via College of Osteopathic Medicine-Auburn	COMLEX
54. Matthew Joseph Lail	Uniformed Services University of the Health Sciences	USMLE/VA
55. Gene V Levinstein	Ross University School of Medicine	USMLE/PA
56. Matthew Guilford Long	Augusta University	USMLE
57. Margaret Doreen Maloney	Renaissance School of Medicine at Stony Brook University	USMLE
58. Angelina Carmina Maneval	Nova Southeastern University College of Osteopathic Medicine	COMLEX/SC
59. Jillian Kaye McCabe	University of Tennessee Memphis College of Medicine	USMLE/CA
60. Karl Martin Meisel	Michigan State University	USMLE/CA
61. Melissa O'Ryan Mekesa	University of Sint Eustatius	USMLE/OH
62. Rebecca Anne Miksad	Cornell University	USMLE/NY
63. Ian Spencer Naron	Louisiana State University Shreveport	USMLE
64. Hoa T Nguyen	Saint James School of Medicine Anguilla	USMLE
65. Preston Nicholas Nicely	Warren Alpert Medical School of Brown University	USMLE
66. John Charles Nichols	University of Alabama School of Medicine Birmingham	USMLE
67. Jesse Keane Noe	Meharry Medical College School of Medicine	USMLE/ID
68. Slaine Sinead O'Bryant	Mercer University School of Medicine	USMLE
69. Andrew Joseph Ohar	Edward Via College of Osteopathic Medicine Virginia	COMLEX/MI
70. William Ellis O'Mara	University of Mississippi School of Medicine	USMLE/LA
71. Kathryn Mizera O'Neil	Rush Medical College of Rush University	USMLE/TN

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
72. Mary Anne Palma Mendes	St. George's University School of Medicine	USMLE/NJ
73. Venkatesh Panthangi	Osmania Medical College	USMLE
74. Ryan David Peach	Des Moines University	COMLEX/MO
75. Michael Thomas Puccinelli	University of Alabama School of Medicine Birmingham	USMLE/OK
76. Joshua Nathaniel Pumroy	Edward via College of Osteopathic Medicine Auburn	COMLEX
77. Cyrus Alexander Rais	Keck School of Medicine University of Southern California	USMLE/CA
78. Tyler Reese	Edward Via College of Osteopathic Medicine Auburn	COMLEX
79. Arshad Nazir Reshi	Yerevan State Medical University	USMLE
80. Jose Rodrigo Reyes, III	University of Arkansas College of Medicine	USMLE/AR
81. Ryan Hanon Richardson	Medical University of South Carolina	USMLE
82. Sarah Kathryn Roberts	Louisiana State University Medical Center Shreveport	USMLE
83. Rocco Romeo	Philadelphia College of Osteopathic Medicine	COMLEX/GA
84. Jordan Louis Saag	University of Central Florida College of Medicine	USMLE
85. Mark Ziad Sabra	Ross University School of Medicine	USMLE/CA
86. Jacob Arthur Sambursky	University of Central Florida College of Medicine	USMLE/TX
87. Alissa Chantelle Schuh	University of Alabama School of Medicine Birmingham	USMLE/TN
88. Robin Amanda Schwartz	University of Arizona College of Medicine Tucson	USMLE/VT
89. Fnu Seemant	Lala Lajpat Rai Memorial Medical College	USMLE/OH
90. Warren Edward Singleton	Ross University School of Medicine	USMLE/MI
91. Kavena Sivakumar	St. George's University School of Medicine	USMLE
92. Brennan Strong Smith	University of South Alabama College of Medicine	USMLE
93. Christopher Reed Smith	Augusta University	USMLE/TN
94. Taylor Duran Spiletic	Florida State University College of Medicine	USMLE
95. Richard Ervin Stephens, Jr.	Mercer University School of Medicine	USMLE/GA
96. Stephanie Susan Stringer	Texas Tech University Health Sciences Center School of Medicine	USMLE
97. Shelby Svientek	Loyola University of Chicago Stritch School of Medicine	USMLE/MI
98. Piotr Tomasz Tekiela	Jagiellonian University	USMLE/UT
99. Jemma Rose Thompson	Florida State University College of Medicine	USMLE
100. Brent Patrick Twiford	Pacific Northwest Univ College of Osteopathic Medicine	COMLEX/AR
101. Brandon Rafael Vargas	Nova Southeastern University College of Osteopathic Medicine	COMLEX
102. Carla Rocio Viesca	University of Texas Southwestern	USMLE
103. Mary Glenn Waldrop	University of Alabama School of Medicine Birmingham	USMLE
104. Michael Aaron Wallace	Edward Via College of Osteopathic Medicine Auburn	COMLEX
105. Polly Jansen Watson	Augusta University	USMLE/IL
106. Dana Maria Weisshaar	University of Toledo College of Medicine	NBME/OH
107. Joseph A Wheeler	Alabama College of Osteopathic Medicine	COMLEX
108. Marshall Douglas Williams	Mercer University School of Medicine	USMLE
109. Leah Ahn	Tufts University School of Medicine	USMLE
110. *Sheetal Chopra	Kansas City University of Medicine and Biosciences	COMLEX
111. Anthony Valery Chuprin	Eastern Virginia Medical School	USMLE/NY
112. Manisha Das	Kolkata Medical College & Hospital	USMLE/OH
113. Adam Lee Friedlander	University of Miami Miller School of Medicine	USMLE/CO
114. *Mate Christopher Kalapos	Semmelweis University	USMLE/IL
115. Muhammad Naveed Khan	Khyber Medical College, University of Peshawar	USMLE/WI
116. Abdul Nadeem	Sindh Medical College	USMLE/IN

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
117.**Brandon Eugene Newell	Alabama College of Osteopathic Medicine	COMLEX
118.*Chandra Stockdall	University of Missouri Kansas City	USMLE/AZ

**Approved pending acceptance and payment of NDC issued by the BME.*
***Approved contingent upon acceptance of a Voluntary Agreement with the BME.*

A motion was made by Commissioner Aldridge with a second by Commissioner Nelson-Garrett to approve applicant numbers one through one hundred and eighteen (1-118) for full licensure. The motion was approved by unanimous vote.

Limited License Applicants

	<u>Name</u>	<u>Medical School</u>	<u>End.</u>	<u>Location</u>	<u>License</u>
1.	Musa Aamer	Shifa College of Medicine	Mobile Infirmary IM	LL/AL	R
2.	Mostafa Abdelhady Ali	Sohag University	Crestwood IM	LL/AL	R
3.	Surbhi Batra	Guru Gobind Singh Indraprastha Univ	NAMC Psychiatry	LL/AL	R
4.	Justin A Cavanaugh	St. George's University	UA Tuscaloosa FM	LL/AL	R
5.	Dimpl K Chanamolu	NRI Medical College	USA Health Urology	LL/AL	SP
6.	Eesha Chitneni	MediCiti Institute of Medical Science	UAB Huntsville IM	LL/AL	R
7.	Raman Deep	Dr. Rajender Prasad Medical College	UAB Neuroradiology	LL/AL	F
8.	Ali Asim Dilshad	King Edward Medical university	Mobile Infirmary IM	LL/AL	R
9.	Devin Ray Dobbins	University of Alabama	UA Tuscaloosa FM	LL/AL	R
10.	Karla E Ramon	Autonomous Univ of Nuevo Leon	NAMC IM	LL/AL	R
11.	Allison Claire Estep	VCOM Carolinas	UAB Huntsville IM	LL/AL	R
12.	Rutger Johan Fury	LSU New Orleans	UA Tuscaloosa FM	LL/AL	R
13.	Sai Tejaswi Gillela	Kakatiya Medical College	NAMC Psychiatry	LL/AL	R
14.	Grace Abigail Glidden	UAB Heersink School of Medicine	UA Tuscaloosa FM	LL/AL	R
15.	GeorgiAnna H Griffin	Lincoln Memorial University	UA Tuscaloosa FM	LL/AL	R
16.	Thomas I Harkins	William Carey University	USA Health Pediatrics	LL/AL	R
17.	Junaid Hasan	University of Health Sciences Lahore	Mobile Infirmary IM	LL/AL	R
18.	Doohee Hong	Ajou University School of Medicine	Crestwood IM	LL/AL	R
19.	Madison B Hostetler	Lincoln Memorial University	USA Health Neurology	LL/AL	R
20.	Reem Ibrahim	University of Khartoum	USA Health IM	LL/AL	R
21.	Disha Kumari Kataria	Jinnah Sindh Medical University	Mobile Infirmary IM	LL/AL	R
22.	Himashreya Katti	USC Greenville	UA Tuscaloosa FM	LL/AL	R
23.	Bushra Khalid	King Edward Medical university	Mobile Infirmary IM	LL/AL	R
24.	Umair Amir Khan	Khyber Medical University	Mobile Infirmary IM	LL/AL	R
25.	Raja R Khenhrani	Liaquat University	UAB Nephrology	LL/AL	F
26.	Abdul M Mahdi	Univ of Sharjah College of Medicine	USA Health IM	LL/AL	R
27.	Oyenyi I Makanjuola	University of Ibadan	Mobile Infirmary IM	LL/AL	R
28.	Awais Manan	Khyber Medical University	USA Health IM	LL/AL	R
29.	Mehak P S Marwah	Baba Farid University	UAB Selma FM	LL/AL	R
30.	Muhammad F Masood	University of Health Sciences	Crestwood IM	LL/AL	R

	<u>Name</u>	<u>Medical School</u>	<u>End.</u>	<u>Location</u>	<u>License</u>
31.	Fatima Masood	Gulf Medical University	USA Health Pediatrics	LL/AL	R
32.	Heather K McKelvey	UAB	Crestwood FM	LL/AL	R
33.	Cyril F Mela	Univ of Buea Faculty of Health Sci	UAB OB/GYN	LL/AL	R
34.	Jawad Mir	Army Medical College	UAB Nephrology	LL/AL	F
35.	Bryan R Mortimer	UAB Heersink School of Medicine	UAB Huntsville Psychiatry	LL/AL	R
36.	Lauren M Motley	Alabama College of Osteo Med	Crestwood FM	LL/AL	R
37.	Maryam S Muayad	University of Mosul	Crestwood FM	LL/AL	R
38.	Jai Akshay S Nair	PSG Inst of Med Science	USA Health FM	LL/AL	R
39.	Joseph Pafumy III	Geisinger Commonwealth	Mobile Infirmary IM	LL/AL	R
40.	Shannon G Rice	VCOM Auburn	UAB Huntsville Psychiatry	LL/AL	R
41.	James F Roberson, II	UAB Heersink School of Medicine	UAB Huntsville Psychiatry	LL/AL	R
42.	Rutvik M Savaliya	G.C.S. Medical College	USA Health Neurology	LL/AL	R
43.	Soumit Sharma	North Delhi Medical College	UAB Huntsville IM	LL/AL	R
44.	Shristi Sharma	Dhaka Central Medical College	USA Health Pediatrics	LL/AL	R
45.	Gaffer M G Sidahmed	Univ of Khartoum Faculty of Med	USA Health IM	LL/AL	R
46.	Seyedeh H Taghados	St. George's University	Thomas Hospital IM	LL/AL	R
47.	Zachary Lloyd Tucker	U of North Texas Fort Worth	UA Tuscaloosa FM	LL/AL	R
48.	Lauren Nicole Usrey	UAB Heersink School of Medicine	UAB Huntsville Psychiatry	LL/AL	R
49.	Quynh Chau Vo	U of Med Pharmacy Ho Chi Minh City	USA Health Pediatrics	LL/AL	R
50.	Vincent A S Volante	University of Miami	UA Tuscaloosa FM	LL/AL	R
51.	Claudia Reid Warden	VCOM Auburn	UAB Huntsville IM	LL/AL	R
52.	Gabrielle Westenberger	VCOM Auburn	UAB Huntsville IM	LL/AL	R
53.	Monique N Westley	NY Inst of Tech College of Osteo Med	Mobile Infirmary IM	LL/AL	R
54.	Dale Alan Whitaker	St. Matthews University	Gadsden Regional FM	LL/AL	R
55.	Alaa Ibrahim Mahmoud Saleh	U of Jordan	UAB Radiology-Neurology	LL/AL	F
56.	Vibhu Krishnan Viswanathan	Madras Med Col	UAB-Orthopedic Surgery	LL/AL	F

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to approve applicant numbers one through fifty-six (1-56) for limited licensure. The motion was approved by unanimous vote.

Retired Senior Volunteer Applicants

	<u>Name</u>	<u>Location</u>	<u>Name</u>
1.	Lourdes C. Corman, M.D.	Community Free Clinic Huntsville	Lourdes C. Corman, M.D.

A motion was made by Commissioner Aldridge with a second by Commissioner Nelson-Garrett to approve applicant number one (1) for retired senior volunteer 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 July 1, 2025, through July 31, 2025. A copy of this report is attached as Exhibit "A".

REPORTS

Physician Monitoring Report

The Commission received as information the physician monitoring report dated August 21, 2025. A copy of the report is attached as Exhibit "B".

APPLICANTS FOR REVIEW

Ikshvanku Barot, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Aldridge to defer any action on Dr. Barot's application for licensure until the September 25, 2025 Commission meeting. The motion was approved by unanimous vote.

Karan Goel, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to authorize Commission Chairman Alsip to approve Dr. Goel's application for full licensure upon receiving a response to a follow-up question. The motion was approved by unanimous vote.

Jeffrey J. Hackworth, D.O.

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

Smita R. Prasad, M.D.

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

Ahmad B. Rana, D.O.

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

Alice A Roberts, M.D.

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

DISCUSSION ITEMS

Amendments to Medical Licensure Commission Application for Reinstatement, Ala. Admin. Code 545-X-A-C-Ch-2

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to publish for notice and comment proposed changes, referred to as "Plan B," to the Medical Licensure Commission Application for Reinstatement, Alabama Administrative Code 545-X-A-C-Ch-2. A copy of the proposed revision is attached as Exhibit "C".

Amendments to Medical Licensure Commission Annual Renewal Application, Ala. Admin. Code 545-X-A-B-Ch-2

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to publish for notice and comment proposed changes, referred to as "Plan B," to the Medical Licensure Commission Annual Renewal Application, Alabama Administrative Code 545-X-A-B-Ch-2 (Plan B). A copy of the proposed revision is attached as Exhibit "D".

BME Rules for Publication – 540-X-10, Office Based Surgery

The Commission received as information the Board of Medical Examiners Rules for Publication – 540-X-10, Office Based Surgery. A copy of the rule is attached as Exhibit "E".

Charles Nevels, M.D.

The Commission received as information a memorandum with information provided by Dr. Nevels.

Brian E. Richardson, M.D.

The Commission received as information an update from Aaron Dettling, General Counsel, regarding the appeal filed by Brian E. Richardson, M.D., in the Alabama Court of Civil Appeals.

ADMINISTRATIVE FILINGS

Steven M. Hayden, M.D.

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 Christopher with a second by Commissioner Nagrodzki to enter an order summarily suspending Dr. Hayden's license to practice medicine in Alabama and setting a hearing for November 19, 2025. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "F".

Christopher LaGanke, M.D.

The Commission received a proposed Joint Settlement Agreement and Consent Order between Dr. LaGanke and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Christopher to accept the Joint Settlement Agreement and to enter a Consent Decree incorporating its terms. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "G".

Elizabeth Mathews, M.D.

The Commission received a proposed Joint Settlement Agreement and Consent Order between Dr. Mathews and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Falgout with a second by Commissioner Nelson-Garrett to accept the Joint Settlement Agreement and to enter a Consent Decree incorporating its terms. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "H".

Marcus D. Rushing, M.D.

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 Christopher with a second by Commissioner Nagrodzki to enter an order summarily suspending Dr. Rushing's license to practice medicine in Alabama and setting a hearing for

December 17, 2025. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "I".

Shawn D. Trask, M.D.

The Commission received a proposed Joint Settlement Agreement and Consent Order between Dr. Trask and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Christopher to accept the Joint Settlement Agreement and to enter a Consent Decree incorporating its terms. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "J".

Jeffrey L. Wallace, M.D.

The Commission received a proposed Joint Settlement Agreement and Consent Order between Dr. Wallace and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Varner to accept the Joint Settlement Agreement and to enter a Consent Decree incorporating its terms. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "K".

CLOSED SESSION UNDER ALA. CODE 34-24-361.1

At 10:21 a.m., the Commission entered closed session pursuant to Alabama Code § 34-24-361.1 to hear and consider the following matters:

James C. Dilday, M.D.

At the conclusion of the hearing, a motion was made by Commissioner Christopher with a second by Commissioner Falgout to suspend Dr. Dilday's Alabama medical license, issuing a reprimand and assessing an administrative fine. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "L".

Cosmin Dobrescu, M.D.

The Commission received as information a Motion for Leave to Amend Administrative Complaint filed by the Alabama State Board of Medical Examiners. A copy of the motion is attached hereto as Exhibit "M".

Craig R. Jones, D.O.


The Commission received a Voluntary Surrender and a Motion to Dismiss the Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Christopher with a second by Commissioner Falgout to accept the voluntary surrender and dismiss the Administrative Complaint without prejudice. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "N".

Meeting adjourned at 4:30 p.m.

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Thursday, September 25, 2025, beginning at 9:00 a.m.



JORGE A. L. S. P., M.D., Chairman
Alabama Medical Licensure Commission



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

09/25/2025

Date Signed

EXHIBIT

A

IMLCC Licenses Issued July 1, 2025 - July 31, 2025 (129)

Name	License Type	License Number	Status	Issue Date	Expiration Date	State of Primary Licensure
Pejman Preston Hedayati	MD	51908	Active	7/30/2025	12/31/2025	Arizona
Izayadeth Jennings	MD	51885	Active	7/24/2025	12/31/2025	Arizona
Patricia Lynne Kelly	MD	51724	Active	7/7/2025	12/31/2025	Arizona
Vilert Alon Loving	MD	51722	Active	7/7/2025	12/31/2025	Arizona
Bess E Brackett	MD	51778	Active	7/22/2025	12/31/2025	Colorado
Carol Thi Le	MD	51764	Active	7/17/2025	12/31/2025	Colorado
Rebecca Ann Roberts	MD	51762	Active	7/17/2025	12/31/2025	Colorado
Kaitlin F Sweeney	MD	51717	Active	7/7/2025	12/31/2025	Colorado
Kerstin May-Michelich	MD	51712	Active	7/2/2025	12/31/2025	Colorado
Stephanie Walker Harabaglia	DO	4263	Active	7/28/2025	12/31/2025	Colorado
Anne Frailing	DO	4220	Active	7/2/2025	12/31/2025	Colorado
Lisa Elphick Smale	DO	4270	Active	7/31/2025	12/31/2025	Delaware
Benjamin James Medrano	MD	51701	Active	7/1/2025	12/31/2025	District of Columbia
Christopher Goodrich	MD	51912	Active	7/30/2025	12/31/2025	Florida
Omar Qazi	MD	51910	Active	7/30/2025	12/31/2025	Florida
Eeman Tariq	MD	51909	Active	7/30/2025	12/31/2025	Florida
Keith Allen Wintermeyer	MD	51911	Active	7/30/2025	12/31/2025	Florida
Elizabeth Ann Swenson	MD	51903	Active	7/28/2025	12/31/2025	Florida
Amir Hedayati	MD	51895	Active	7/25/2025	12/31/2025	Florida
Nupporn Priyawat	MD	51896	Active	7/25/2025	12/31/2025	Florida
John Wilder Baker	MD	51886	Active	7/24/2025	12/31/2025	Florida
Brian Alexander Dummett	MD	51887	Active	7/24/2025	12/31/2025	Florida
Dunia Llapur-Hernandez	MD	51893	Active	7/24/2025	12/31/2025	Florida
Andres Felipe Velasco	MD	51781	Active	7/23/2025	12/31/2025	Florida
Sunit S Desai	MD	51777	Active	7/22/2025	12/31/2025	Florida
Robert Terence Livingston	MD	51774	Active	7/21/2025	12/31/2025	Florida
Paul Daniel Di Capua	MD	51769	Active	7/18/2025	12/31/2025	Florida
Hayley Rose Scott	MD	51768	Active	7/18/2025	12/31/2025	Florida
William Giang	MD	51760	Active	7/17/2025	12/31/2025	Florida
Juan Carlos Salgado Campo	MD	51749	Active	7/11/2025	12/31/2025	Florida

Nicole Shirvani	MD	51747	Active	7/11/2025	12/31/2025	Florida
Dawn Garcen	MD	51740	Active	7/10/2025	12/31/2025	Florida
Sehreen Mumtaz	MD	51727	Active	7/7/2025	12/31/2025	Florida
Jose Joaquin Nieves	MD	51721	Active	7/7/2025	12/31/2025	Florida
William Eugene Winn Jr.	MD	51726	Active	7/7/2025	12/31/2025	Florida
Kathryn Gwendolynn Brennick	DO	4228	Active	7/17/2025	12/31/2025	Florida
Pablo B Caignet	DO	4225	Active	7/16/2025	12/31/2025	Florida
Nolan Mott	DO	4221	Active	7/3/2025	12/31/2025	Florida
Roy Barski	DO	4219	Active	7/2/2025	12/31/2025	Florida
Kimberly Brown-Gullat	MD	51917	Active	7/30/2025	12/31/2025	Georgia
David Daniels	MD	51901	Active	7/28/2025	12/31/2025	Georgia
Jessica McCluskey	MD	51772	Active	7/21/2025	12/31/2025	Georgia
John C Lipman	MD	51743	Active	7/11/2025	12/31/2025	Georgia
Katrece Outlaw	MD	51732	Active	7/8/2025	12/31/2025	Georgia
Temitope Margaret Dube	DO	4223	Active	7/11/2025	12/31/2025	Georgia
James Price	DO	4217	Active	7/2/2025	12/31/2025	Georgia
Jacob Avraham	MD	51923	Active	7/31/2025	12/31/2025	Illinois
Raphael Zev Borok	MD	51905	Active	7/28/2025	12/31/2025	Illinois
Yolanda I Rodriguez-Rivera	MD	51892	Active	7/24/2025	12/31/2025	Illinois
Jacob Lagene Rorabaugh	MD	51889	Active	7/24/2025	12/31/2025	Illinois
Tanesha Maria Lloyd	MD	51767	Active	7/18/2025	12/31/2025	Illinois
Essam Rashad	MD	51898	Active	7/28/2025	12/31/2025	Indiana
Kareem El-Khodary	MD	51720	Active	7/7/2025	12/31/2025	Indiana
Twyla Dawn Ostercamp	DO	4222	Active	7/7/2025	12/31/2025	Iowa
Umberto Daniele Napoletano	DO	4268	Active	7/30/2025	12/31/2025	Kansas
Julie Allen	DO	4232	Active	7/21/2025	12/31/2025	Kansas
Kimberly Raye McDonald	MD	51921	Active	7/30/2025	12/31/2025	Kentucky
Anna Gabrielle Hamilton	MD	51884	Active	7/24/2025	12/31/2025	Kentucky
Antonino Cavataio	MD	51773	Active	7/21/2025	12/31/2025	Kentucky
Richard Michael McBride Miller	DO	4233	Active	7/21/2025	12/31/2025	Kentucky
Brandon Scott St Amant	MD	51920	Active	7/30/2025	12/31/2025	Louisiana
Fawad Ahmed Khan	MD	51897	Active	7/28/2025	12/31/2025	Louisiana
Edwin Wu	MD	51890	Active	7/24/2025	12/31/2025	Louisiana

Bobby Joe Lee	MD	51761	Active	7/17/2025	12/31/2025	Louisiana
Erin Elizabeth Biro	MD	51753	Active	7/16/2025	12/31/2025	Louisiana
Ronnie Self II	MD	51756	Active	7/16/2025	12/31/2025	Louisiana
Christopher Keopff Cook	DO	4227	Active	7/17/2025	12/31/2025	Maine
Michael Leedom	MD	51888	Active	7/24/2025	12/31/2025	Maryland
Shayan Siddiqui	MD	51744	Active	7/11/2025	12/31/2025	Maryland
Jessica Anne Matheess	MD	51716	Active	7/3/2025	12/31/2025	Maryland
Sima Nourani Zenuz	MD	51711	Active	7/2/2025	12/31/2025	Maryland
Emily Rose Deloria	MD	51758	Active	7/16/2025	12/31/2025	Michigan
Florence Thomas	MD	51748	Active	7/11/2025	12/31/2025	Michigan
Evan Shapiro	MD	51736	Active	7/10/2025	12/31/2025	Michigan
Michael Scott Pirkle	MD	51730	Active	7/8/2025	12/31/2025	Michigan
Shane Thomas Mallon	MD	51698	Active	7/1/2025	12/31/2025	Michigan
Brandon James Hooks	DO	4262	Active	7/25/2025	12/31/2025	Michigan
Spencer Alan Nadolsky	DO	4261	Active	7/25/2025	12/31/2025	Michigan
Christopher Joseph Elia	DO	4231	Active	7/21/2025	12/31/2025	Michigan
Kendall Gregory Fancher	MD	51780	Active	7/23/2025	12/31/2025	Minnesota
Jene Andrea Jones	MD	51770	Active	7/18/2025	12/31/2025	Minnesota
Nathanael Dennis Strimbu	DO	4264	Active	7/28/2025	12/31/2025	Mississippi
Jennifer Marie Moore	MD	51899	Active	7/28/2025	12/31/2025	Missouri
Renee Okja Dyess	MD	51891	Active	7/24/2025	12/31/2025	Missouri
Matthew Winterton	MD	51757	Active	7/16/2025	12/31/2025	Missouri
Tarek Mostafa Mansi	MD	51765	Active	7/17/2025	12/31/2025	Nevada
Hakeem Faleh Hindi	MD	51754	Active	7/16/2025	12/31/2025	Nevada
Syed Tahawar Zaidi	MD	51725	Active	7/7/2025	12/31/2025	Nevada
Suzanna Dotson	MD	51746	Active	7/11/2025	12/31/2025	New Hampshire
Christina Catherine	MD	51918	Active	7/30/2025	12/31/2025	New Jersey
Edward Yoon	MD	51913	Active	7/30/2025	12/31/2025	New Jersey
Craig Charles Price	MD	51763	Active	7/17/2025	12/31/2025	New Jersey
Florence Femi Odekinle	MD	51751	Active	7/16/2025	12/31/2025	New Jersey
Sultan Mahmood Babar	MD	51734	Active	7/10/2025	12/31/2025	New Jersey
Sergey Terushkin	MD	51738	Active	7/10/2025	12/31/2025	New Jersey
Mena Khalil-Mirhom	MD	51723	Active	7/7/2025	12/31/2025	New Jersey

Anna Katherine Kuzel	DO	4230	Active	7/21/2025	12/31/2025	New Jersey
Jon Kristian Riggs	DO	4226	Active	7/17/2025	12/31/2025	Ohio
Jodi Leigh Yelverton	MD	51718	Active	7/7/2025	12/31/2025	Oklahoma
Marc Stuart Kolpon	DO	4267	Active	7/30/2025	12/31/2025	Pennsylvania
Courtney McPherson	MD	51775	Active	7/21/2025	12/31/2025	Tennessee
Christa Dawn Woody Nichols	MD	51739	Active	7/10/2025	12/31/2025	Tennessee
Eric Potter	MD	51735	Active	7/10/2025	12/31/2025	Tennessee
Amber Moss	DO	4229	Active	7/18/2025	12/31/2025	Tennessee
Sohail Imran Aslam	MD	51904	Active	7/28/2025	12/31/2025	Texas
Evan Michael Feldman	MD	51924	Active	7/31/2025	12/31/2025	Texas
Michael Christopher Wirsching	MD	51907	Active	7/30/2025	12/31/2025	Texas
Brian Terry Hall	MD	51779	Active	7/23/2025	12/31/2025	Texas
Arif Khalid Khan	MD	51776	Active	7/22/2025	12/31/2025	Texas
Rubens J Pierami Neto	MD	51752	Active	7/16/2025	12/31/2025	Texas
Gregory Calderoni Ravizzini	MD	51737	Active	7/10/2025	12/31/2025	Texas
Ramiro Andres Echeverry	MD	51731	Active	7/8/2025	12/31/2025	Texas
Grace Kelly Vallejo	MD	51733	Active	7/8/2025	12/31/2025	Texas
Kaitlin Ervin	MD	51719	Active	7/7/2025	12/31/2025	Texas
Akhil Dev Vats	MD	51710	Active	7/2/2025	12/31/2025	Texas
Jordan Farr	DO	4265	Active	7/28/2025	12/31/2025	Texas
Ahmer Sean Faruki	DO	4224	Active	7/11/2025	12/31/2025	Texas
David Morris	MD	51919	Active	7/30/2025	12/31/2025	Utah
Gavin Sean West	MD	51745	Active	7/11/2025	12/31/2025	Utah
Kaanchan Subhash Gangal	MD	51900	Active	7/28/2025	12/31/2025	Washington
Maria Carmen Orourke	MD	51902	Active	7/28/2025	12/31/2025	Washington
Sungmi Lian	MD	51766	Active	7/17/2025	12/31/2025	Washington
Jared Benjamin Corn	MD	51742	Active	7/11/2025	12/31/2025	Washington
Karen Quaynor	MD	51704	Active	7/2/2025	12/31/2025	Washington
Jason Huei-Chiang Wong	MD	51696	Active	7/1/2025	12/31/2025	Washington
John Wyatt Miles	DO	4269	Active	7/30/2025	12/31/2025	West Virginia
Sarah Heiser	MD	51755	Active	7/16/2025	12/31/2025	Wisconsin
Mark William Kovach	MD	51922	Active	7/31/2025	12/31/2025	Wyoming

*Total licenses issued April 2017 - 6,025



EXHIBIT

B

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

To: Medical Licensure Commission
From: Nicole Roque
Subject: August Physician Monitoring Report
Date: 8/21/2025

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

Physician: Robert Bolling, M.D.
Order Type: MLC
Due Date: Other
Order Date: 12/18/2024
License Status: Active-Probation
Requirements: APHP Report
Polygraph
Therapist Report
Worksite Monitor Report
Received: Report from APHP with supporting documents
Polygraph results
Report from Deborah Schiller
Report from Luis Pernia, M.D.

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 APHP with supporting documents

Physician: Kristin J. Dobay, M.D.
Order Type: MLC
Due Date: Other
Order Date: 5/3/2024
License Status: Active-Restricted
Requirements: Limited Practice
Received: Report from APHP with supporting documents

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
Received: PDMP Compliant

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 APHP 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 APHP with supporting documents

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
Limited Practice
Therapist Report
AA/NA Meetings
Polygraph
CME
Received: Report from APHP with supporting documents

**MEDICAL LICENSURE COMMISSION OF ALABAMA
AUGUST 27, 2025**

AGENDA ITEM NO. _____

**PROPOSED CHANGES TO ALA. ADMIN. CODE 545-X-A-C-Ch-2
APPLICATION FOR REINSTATEMENT**

Today's recommended action is to approve and publish the following proposed changes to the MLC Reinstatement Application, as published at Alabama Administrative Code 545-X-A-C-Ch-2, for public notice and comment:

1. Delete the following existing question No. 10:

10. Have you engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use or sexual boundary issues? If you are a participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "NO" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Alabama Medical Licensure Commission. If yes, please include a detailed explanation.

YES

NO

2. Replace deleted question No. 10 with the following new questions 10, 11, and 12:

10. Are you currently engaged in the excessive use of alcohol, controlled substances, or the illegal use of drugs? ("Currently" means sufficiently recently to justify a reasonable belief that the use of the substance may have an ongoing impact on one's ability to practice medicine with reasonable skill and safety to patients. It is not limited to the day of, or within a matter of days or weeks before the date of this application. Rather, it means that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is regulated by the Controlled Substances Act. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.)
11. Have you received any therapy or treatment for alcohol or drug use? If you are a participant in the Alabama Professionals Health Program ("APHP") and are in compliance with your contract, you may answer "No" to this question, and such answer for this purpose

Reinstatement Application

“Plan B”—Implement Updated LBHF Recommendations

will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama. If yes, please provide details.

12. Have you been charged, investigated, sanctioned, or have there been any complaints filed against you, relating to sexual boundary issues?

3. **Re-number existing items 11 and 12 as items 13 and 14, respectively.**

**MEDICAL LICENSURE COMMISSION OF ALABAMA
AUGUST 27, 2025**

AGENDA ITEM NO. _____

**PROPOSED CHANGES TO ALA. ADMIN. CODE 545-X-A-B-Ch-2
20XX ALABAMA MEDICAL LICENSE RENEWAL APPLICATION**

Today's recommended action is to approve and publish the following proposed changes to the 20XX Alabama Medical License Renewal Application, as published at Alabama Administrative Code 545-X-A-B-Ch-2, for public notice and comment:

1. Under the heading, "SINCE YOUR LAST RENEWAL:", delete the following existing question No. 7:

7. Have you engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use or sexual boundary issues? (If you are a participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama). Yes No If you answer "yes", then a description is required.

2. Replace deleted question No. 7 with the following new questions 7, 8, and 9:

7. Are you currently engaged in the excessive use of alcohol, controlled substances, or the illegal use of drugs? ("Currently" means sufficiently recently to justify a reasonable belief that the use of the substance may have an ongoing impact on one's ability to practice medicine with reasonable skill and safety to patients. It is not limited to the day of, or within a matter of days or weeks before the date of this application. Rather, it means that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is regulated by the Controlled Substances Act. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.)
8. Have you received any therapy or treatment for alcohol or drug use? If yes, please provide details. If you are a participant in the Alabama Professionals Health Program ("APHP") and are in compliance with your contract, you may answer "No" to this question, and such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of

Annual Renewal Application

“Plan B”—Implement Updated LBHF Recommendations

Medical Examiners or the Medical Licensure Commission of Alabama.

9. Have you been charged, investigated, sanctioned, or have there been any complaints filed against you, relating to sexual boundary issues?
3. Re-number existing items 8 and 9 as items 10 and 11, respectively.



EXHIBIT E

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

MEMORANDUM

To: Medical Licensure Commission
From: Mandy Ellis
Date: August 21, 2025
Re: Administrative Rules Approved for Publication

The Board of Medical Examiners first published Administrative Rules Chapter 540-X-10, *Office-Based Surgery*, for public comment in December 2024 and received numerous comments. The Board voted to terminate the publication of the rules in April 2025 to allow for a thorough review of the public comments received. The comments have been reviewed and applied where appropriate. At its meeting August 21, 2025, the Board approved the attached rules, with recommended amendments, to be published for public comment in the *Alabama Administrative Monthly*. Anticipated amendments: further defining office-based surgery as surgery or procedure; increasing the Level II procedure time from a maximum of thirty (30) minutes to sixty (60) minutes; and, reviewing the staff to patient ratio in the recovery room.

With an expected publication date of September 30, 2025, the public comment period ends November 4, 2025. The anticipated effective date is January 10, 2026.

Attachments:

- Administrative Rule Chapter 540-X-10, *Office-Based Surgery*

RULES OF THE
ALABAMA BOARD OF MEDICAL EXAMINERS

CHAPTER 540-X-10
OFFICE-BASED SURGERY

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Appendix A – Continuum of Depth of Sedation

540-X-10-.01 Preamble.

(1) Office-based surgery is surgery performed outside of a hospital or outpatient facility licensed by the Alabama Department of Public Health. It is the position of the Board that any physician performing office-based surgery is responsible for providing a safe environment. Surgical procedures in medicine have changed over the generations from procedures performed at home or at the surgeon's office to the hospital and, now, often back to outpatient locations. However, the premise for the surgery

remains unchanged: that it be performed in the best interest of the patient and under the best circumstances possible for the management of disease and well-being of the patient.

(2) Surgery that is performed in a physician's office at this time varies from a simple incision and drainage with topical anesthesia to semi-complex procedures under general anesthesia. It is imperative that the surgeon evaluate the patient, advise and assist the patient with a decision about the procedure and the location for its performance and, to the best of the surgeon's ability, ensure that the quality of care be equal no matter the location. If the physician performs surgery in the physician's office, it is expected that the physician will require standards similar to those at other sites where the physician performs such procedures. It is also expected that any physician who performs a surgical procedure is knowledgeable about sterile technique, the need for pathological evaluation of certain surgical specimens, any drug that the physician administers or orders administered, and about potential untoward reactions, complications, and their treatment.

(3) Recognizing that there have been serious adverse events in office surgical settings, both in Alabama and in other states, the Board has developed guidelines for physicians who perform office-based surgeries. These guidelines are intended to remind the physician of the minimal requirements for various levels of surgery in the office setting. While the physician must decide on a case-by-case basis the location and level of service that is best for the physician's particular patient and procedure, this decision must always be made with the patient's best interest in mind.

(4) These rules shall not apply to an oral surgeon licensed to practice dentistry who is also a physician licensed to practice medicine if the procedure is exclusively for the practice of dentistry. An oral surgeon licensed to practice dentistry who is also a

physician licensed to practice medicine and who performs office-based surgery other than the practice of dentistry shall comply with the requirements of these regulations for those procedures which fall outside the scope of practice of dentistry.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003. Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.02 Definitions

(1) Anesthesia. A drug or agent-induced loss of sensation or consciousness which occurs on a continuum¹ with common levels identified as local, minimal, moderate, deep, and general anesthesia.

(2) Deep Sedation / Analgesia. A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from painful stimulation is **NOT** considered a purposeful response. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. The use of propofol or its derivative and analogues is considered deep sedation.

(2) General Anesthesia. A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently

¹ See Appendix A.

maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(3) Local Anesthesia. The administration of an agent which produces a localized and reversible loss of sensation in a circumscribed portion of the body.

(4) Level I Office-Based Surgery. Any type of surgery in which pre-operative medications are not required or used other than minimal pre-operative tranquilization/anxiolysis of the patient. There is no anesthesia, or it is a local, topical, appropriate block. No drug-induced alteration of consciousness other than minimal pre-operative tranquilization of the patient is permitted and the chances of complication requiring hospitalization are remote. Level I office based surgical procedures include, but are not limited to, excisions of skin lesions, moles, warts, cysts and lipomas; repair of lacerations or surgery limited to the skin and subcutaneous tissue; incision and drainage of superficial abscesses; limited endoscopies such as proctoscopies; skin biopsies, arthrocentesis, thoracentesis, paracentesis, and endometrial biopsy; insertions of IUD's and colposcopy; dilation of urethra and cystoscopic procedures; and closed reductions of simple fractures or small joint dislocations.

(5) Level II Office-Based Surgery. Any type of surgery using moderate sedation or higher, the use of intravenous medications to accomplish sedation, or a local or peripheral major nerve block, including Bier Block. Level II procedures shall have a maximum planned duration of thirty (30) minutes or less and constitute procedures in which the chance of complications requiring hospitalization is remote. Level II procedures

include liposuction when infiltration methods such as the tumescent technique are used and diagnostic studies such as endoscopic and radiologic procedures where moderate sedation is used.

(6) **Level III Office-Based Surgery.** Any type of surgery or diagnostic procedure using deep sedation or general anesthesia, a major upper or lower extremity nerve block, such as an epidural, spinal, or caudal nerve block, or any procedure in which propofol is administered, given, or used. Level III procedures shall have a combined planned duration of not more than four (4) hours and will not generally be emergent or life threatening in nature.

(7) **Minimal Sedation (anxiolysis).** A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

(8) **Moderate Sedation / Analgesia ("Conscious Sedation").** A drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from painful stimulation is **NOT** considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(9) **Office-based surgery.** Any surgical or invasive medical procedure performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.

(10) **Physician Office.** A facility, office, or laboratory where a registered physician performs office-based surgery.

(11) **Registered Physician.** A physician registered to perform office-based surgery.

(12) **Surgery.** A medical procedure which involves the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments, is a discipline that includes the operative and non-operative care of individuals in need of such intervention, and which demands pre-operative assessment, judgment, technical skills, post-operative management, and follow-up.

(13) **Regional Anesthesia** (A major conduction blockade) is considered in the same category as General Anesthesia.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.03 Registration of Physicians and Physician Offices.

(1) Level I Office-Based Surgery does not require registration.

(2) Registration is required of any physician who is licensed to practice medicine in Alabama, who maintains a practice location in Alabama, and who performs or offers to perform any Level II or Level III office-based surgery. Registration must be accomplished and approved by the Board prior to performing any Level II or Level III procedures.

(3) Registration shall be accomplished on a form provided by the Board. Initial registration shall not be automatic and must be approved by the Board, subject to

compliance with these rules and all other applicable laws. A physician office may register more than one physician using a form provided by the Board. The physician office must identify a registered physician who shall be responsible for the accuracy of the registration and all reporting requirements under these rules.

(4) Annual registration shall be due by January 1 of each year, and registration shall be by electronic means. It shall be the obligation of the registered physician to advise the Board of any change in the practice location within the State of Alabama or any other information required to be reported.

(5) On or before January 1, 2026, the Board shall cause a notice to be transmitted to every physician who is licensed in the State of Alabama notifying them of the requirements contained in this Chapter.

(6) Full compliance with these rules shall be required beginning on January 1, 2027.

540-X-10-.04 General Requirements

(1) Every physician who performs or proposes to perform office-based surgery or procedures shall be trained to perform the surgery or procedure and possess an active, unrestricted medical license.

(2) Evidence of the physician's training and continuing medical education shall be documented and readily available to patients and the Board.

(3) When evaluating whether a physician is properly trained to perform a certain surgical procedure, the Board shall consider the following criteria:

(a) Training or certification in the procedures to be performed; OR

(b) Specialty board certification by an American Board of Medical Specialties board, an American Osteopathic Association specialty board, or other credible certifying body; OR

(c) Possession of credentialing to perform the same surgery or procedure at a nearby hospital or ambulatory care facility with whom the physician has privileges or an emergency transfer agreement; OR

(d) Completion of an accredited residency or a fellowship relating to the surgery or procedure to be performed or in which the procedure was an integral part of the formal training program; OR

(e) Accreditation by a credentialing body chosen by the physician and approved by the Board.

(4) When a physician proposes to provide a new office-based surgical procedure, he or she shall conduct specific training for all personnel involved in the care of patients prior to performing the procedure. Education must be specifically tailored to the new procedure and must include, at a minimum:

(a) Formal training regarding a basic understanding of the procedure being introduced, including risks and benefits of the procedure;

(b) Signs and symptoms of postoperative complications; and

(c) A basic understanding of the management and care of patients by a review of the office's policies and protocols.

(5) Physicians performing office-based surgery shall have qualified call coverage at all times by a physician who is responsible for the emergency care of his or her patients in his or her absence.

(a) The physician providing call coverage must be trained to manage the full range of complications associated with the procedures being performed.

(b) Transfer agreements can be used to supplement call coverage but cannot be used as a substitute for a call schedule.

(6) Medical Record Maintenance and Security: Each physician office shall have a procedure for initiating and maintaining a health record for every patient evaluated or treated. The record shall include a procedure code or suitable narrative description of the procedure and must have sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the outcome and required follow-up care. For procedures requiring patient consent, there shall be a documented informed written consent. If analgesia/sedation, minor or major conduction blockade, or general anesthesia are provided, the record shall include documentation of the type of anesthesia used, drugs (type, time and dose) and fluids administered, the record of monitoring of vital signs, level of consciousness during the procedure, patient weight, estimated blood loss, duration of the procedure, and any complications related to the procedure or anesthesia. Procedures shall also be established to ensure patient confidentiality and security of all patient data and information.

(7) Infection Control Policy: Each physician office shall comply with state and federal regulations regarding infection control. For all surgical procedures, the level of sterilization shall meet current OSHA requirements. There shall be a procedure and schedule for cleaning, disinfecting, and sterilizing equipment and patient care items. Personnel shall be trained in infection control practices, implementation of universal

precautions, and disposal of hazardous waste products. Protective clothing and equipment must be readily available.

(8) Federal and State Laws and Regulations: Federal and state laws and regulations that affect the practice shall be identified and procedures developed to comply with those requirements. The following are some of the key requirements upon which office-based practices should focus:

(a) Non-Discrimination (see Civil Rights statutes and the Americans with Disabilities Act).

(b) Personal Safety (see Occupational Safety and Health Administration information).

(c) Controlled Substance Safeguards.

(d) Laboratory Operations and Performance (CLIA).

(e) Personnel Licensure Scope of Practice and Limitations.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: New Rule: Published December 31, 2025. Effective _____.

540-X-10-.05 Emergency Plan

(1) Every physician who performs office-based surgery shall maintain on-site a written emergency plan.

(2) The emergency plan shall include, but not be limited to, emergency medicines, emergency equipment, and transfer protocols that ensure the continuity of a patient's care remains uninterrupted during any adverse event or transfer.

(a) Age-appropriate emergency supplies, equipment, and medication shall be provided in accordance with the scope of surgical and anesthesia services provided at the physician's office.

(b) In a physician office where anesthesia services are provided to infants and children, the required emergency equipment must be appropriately sized for a pediatric population, and personnel must be appropriately trained to handle pediatric emergencies, which shall include up to date training and certification in Pediatric Advanced Life Support ("PALS") or Advanced Pediatric Life Support ("APLS").

(c) At least one physician currently trained in Advanced Cardiac Life Support ("ACLS") must be immediately and physically available until the last patient is past the first stage of recovery. A practitioner who is qualified in resuscitation techniques and emergency care, including ACLS, APLS, or PALS, as appropriate, must be present and available until all patients having more than local anesthesia or minor conductive block anesthesia have been discharged from the physician office.

(3) All physicians and support personnel shall be trained and capable of recognizing and managing complications related to the procedures and anesthesia that they perform. In the event of anesthetic, medical, or surgical emergencies, personnel must be familiar with the procedures and plan to be followed and able to take the necessary actions. All personnel must be familiar with a documented plan for the timely and safe transfer of patients to a nearby hospital. This plan must include arrangements for emergency medical services, if necessary, or when appropriate, escorting the patient to the hospital by an appropriate practitioner. If advanced cardiac life support is instituted, the plan must include immediate contact with emergency medical services.

(4) The emergency plan shall include objective criteria that shall be used when evaluating a patient for activation of the emergency plan, the provision of emergency medical care, and the safe and timely transfer of a patient to a hospital located within a reasonable distance as determined by the nature of the surgical procedure and which is equipped to accept transfer and treatment of the complications that may be experienced by the registered physician's patients..

(5) Every registered physician shall possess the ability to emergently transfer patients to a hospital should hospitalization become necessary. This requirement may be satisfied by possession of:

(a) A written transfer agreement, OR

(b) A written agreement with another physician willing to accept the registered physician's patient, OR

(c) Admitting, courtesy, or consulting privileges at a hospital within a reasonable distance based on the nature of the surgical procedure.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: New Rule: Published December 31, 2025. Effective _____.

540-X-10-.06 Patient Evaluation and Selection

(1) Patients must be individually evaluated using objective and subjective criteria for each procedure to determine if the physician office is an appropriate setting for the anesthesia required and for the surgical procedure to be performed. Patient selection shall occur pursuant to procedure-specific written criteria which shall be available for inspection by the Board and shall comply with any requirements issued by the physician

office's credentialing entity. These criteria shall include both inclusionary and exclusionary criteria.

(2) Patients undergoing Level II or Level III Office-Based Surgery must have an appropriately documented history and physical examination as well as other indicated consultations and studies, all occurring not more than thirty (30) days prior to the surgical procedure.

(3) In addition to the patient selection criteria required by the registered physician's credentialing entity, the Board requires adherence to the following safety parameters :

(a) Intra-peritoneal and intra-pleural procedures are not permitted to be performed in a physician's office without prior, written approval from the Board. Intravascular and intraluminal procedures, ventral hernia repair that does not open the peritoneal cavity, and rib harvest that does not enter the pleural space do not require Board approval.

(b) The registered physician must utilize written criteria for the inclusion and exclusion of pediatric patients.

(c) Patients with a history of solid organ transplant, excepting kidney transplant, are not appropriate candidates for an office-based surgical procedure.

(d) A physician shall not perform a Level II or Level III Office-Based Surgical Procedure on any patient with an American Society of Anesthesiologists Physical Status Classification ("ASA") greater than or equal to four (4).

(e) The registered physician must utilize written evidence-based frailty scoring tools and accompanying procedure-specific exclusion criteria for patients age 70 or older.

Patients age 85 or older are not appropriate candidates for an office-based surgical procedure except in emergency or urgent circumstances or without prior, written Board approval.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: New Rule: Published December 31, 2025. Effective _____.

540-X-10-.07 Accreditation and Quality Assurance

(1) All Level II and Level III office-based surgical procedures shall be performed in a physician office that is appropriately equipped, registered with the Board, and accredited or certified by an accrediting entity approved by the Board.

(2) The Board may approve an accrediting entity that demonstrates to the satisfaction of the Board that it has all of the following:

(a) Standards pertaining to patient care, recordkeeping, equipment, personnel, facilities, and other related matters that are in accordance with acceptable and prevailing standards of care as determined by the Board;

(b) Processes that ensure a fair and timely review and decision on any applications for accreditation or renewals thereof;

(c) Processes that ensure a fair and timely review and resolution of any complaints received concerning accredited or certified physician offices; and

(d) Resources sufficient to allow the accrediting entity to fulfill its duties in a timely manner.

(3) A physician may perform procedures under this rule in a physician office that is not accredited or certified, provided that the physician office has submitted an

application for accreditation by a Board-approved accrediting entity, and that the physician office is appropriately equipped and maintained to ensure patient safety such that the physician office meets the accreditation standards. If the physician office is not accredited or certified within one year of the physician's performance of the first procedure under this rule, the physician must cease performing procedures until the physician office is accredited or certified.

(4) Proof of accreditation shall be kept on file with the Board and on site at the physician office. If a physician office loses its accreditation or certification and is no longer accredited or certified by at least one Board-approved entity, the physician shall immediately cease performing procedures in that physician office. Any changes to a physician office's accreditation status shall be reported to the Board within five (5) business days.

(5) Each physician office shall implement a quality assurance program to periodically review the physician office's procedures and quality of care provided to patients.

(a) A physician office shall engage its quality assurance program not less than annually. The quality assurance program may be administered by the physician office's accrediting entity.

(b) A registered physician and his or her partners cannot provide peer review for each other.

(6) A quality assurance program shall include, but not be limited to:

(a) Review of all mortalities;

(b) Review of the patient selection, appropriateness, and necessity of procedures performed;

(c) Review of all emergency transfers;

(d) Review of surgical and anesthetic complications;

(e) Review of outcomes, including postoperative infections;

(f) Analysis of patient satisfaction surveys and complaints;

(g) Identification of undesirable trends, including diagnostic errors, poor outcomes, follow-up of abnormal test results, medication errors, and system problems; and

(h) Tracking of all deviations from the patient selection and procedure protocols, including identification of the patient, the basis for the deviation, a description of the medical decision-making supporting the deviation, a description of the outcome, and any remedial measures taken.

(7) Quality assurance program findings shall be documented and incorporated into the physician office's educational programming, protocols, and planning, as appropriate.

(8) Each physician shall attest in writing to the Board that a compliant quality assurance program has been implemented prior to performing any office-based surgery. Each physician shall be responsible for producing the plan to the Board upon demand.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: New Rule: Published December 31, 2025. Effective _____.

540-X-10-.08 Standards for Preoperative Assessment.

(1) A medical history, a physical examination consistent with the type and level of anesthesia and/or analgesia and the level of surgery to be performed, and the appropriate laboratory studies must be performed by a practitioner qualified to assess the impact of co-existing disease processes on surgery and anesthesia. A pre-anesthetic examination and evaluation must be conducted immediately prior to surgery by the physician or by a qualified person who will be administering or directing the anesthesia. If a qualified person will be administering the anesthesia, the physician shall review with the qualified person the pre-anesthetic examination and evaluation. The data obtained during the course of the pre-anesthesia evaluations (focused history and physical, including airway assessment and significant historical data not usually found in a primary care or surgical history that may alter care or affect outcome) must be documented in the medical record.

(2) Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation must be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation / Analgesia ("Conscious Sedation") must be able to rescue patients who enter a state of Deep Sedation / Analgesia, while those administering Deep Sedation / Analgesia must be able to rescue patients who enter into a state of general anesthesia.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

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Amended/Approved for Publication: August 20, 2003. Published in 8/29/03

540-X-10-.09 Standards for Moderate Sedation / Analgesia.

(1) Equipment and supplies: Emergency resuscitation equipment, emergency life-saving medications, suction, and a reliable source of oxygen with a backup tank must be readily available. When medication for sedation and/or analgesia is administered intravenously (IV), monitoring equipment must include: blood pressure apparatus, stethoscope, pulse oximetry, continuous EKG, and temperature monitoring for procedures lasting longer than thirty (30) minutes. The patient's vital signs, oxygen saturation, and level of consciousness must be documented prior to the procedure, during regular intervals throughout the procedure, and prior to discharge. The physician office, in terms of general preparation, must have adequate equipment and supplies, provisions for proper record keeping, and the ability to recover patients after anesthesia.

(2) Training required: The physician and at least one assistant must be currently trained in ACLS.

(3) Assistance of other personnel: Anesthesia may be administered only by a licensed, qualified, and competent anesthesiologist, certified registered nurse anesthetist (CRNA) practicing under the direction of or in coordination with a licensed physician who is immediately available, anesthesiologist assistant (AA), or registered nurse who has documented competence and training to administer moderate sedation/analgesia and to assist in any support or resuscitation measures as required.

(4) The individual administering moderate sedation/analgesia and/or monitoring the patient must be someone other than the physician performing the surgical procedure,

nor can this person assist in the actual performance of the procedure. Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the registered physician.

(5) At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery, and at least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the physician office.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

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540-X-10-.10 Standards for Deep Sedation / Analgesia.

(1) Equipment and supplies: Emergency resuscitation equipment, emergency life-saving medications, suction, and a reliable source of oxygen with a backup tank must be readily available. Monitoring equipment must include: blood pressure apparatus, stethoscope, pulse oximetry, continuous EKG, and temperature monitoring for procedures lasting longer than thirty (30) minutes. The patient's vital signs, oxygen saturation, and level of consciousness must be documented prior to the procedure, during regular intervals throughout the procedure, and prior to discharge. The physician office, in terms of general preparation, must have adequate equipment and supplies, provisions for proper record keeping, and the ability to recover patients after anesthesia.

(2) Training required: The physician and at least one assistant must be currently trained in Advanced Cardiac Life Support (ACLS).

(3) Assistance of other personnel: Anesthesia may be administered only by a licensed, qualified, and competent anesthesiologist, certified registered nurse anesthetist (CRNA) practicing under the direction of or in coordination with a licensed physician who is immediately available, or, anesthesiologist assistant (AA) who has documented competence and training to administer deep sedation/analgesia and to assist in any support or resuscitation measures as required.

(4) The individual administering deep sedation/analgesia and/or monitoring the patient must be someone other than the physician performing the surgical procedure, nor can this person assist in the actual performance of the procedure. Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the registered physician.

(5) At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery, And at least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the physician office.

Authors: Alabama Board of Medical Examiners

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540-X-10-.11 Standards for General and Regional Anesthesia.

(1) Equipment and supplies: Emergency resuscitation equipment, suction, and a reliable source of oxygen with a backup tank must be readily available. When triggering agents are in the office, at least twelve (12) ampules of dantrolene sodium must be readily available within ten (10) minutes with additional ampules available from another source. Monitoring equipment must include: blood pressure apparatus, stethoscope, pulse oximetry, continuous EKG, capnography, and temperature monitoring for procedures lasting longer than thirty (30) minutes. Monitoring equipment and supplies must be in compliance with currently adopted ASA standards. The physician office, in terms of general preparation, must have adequate equipment and supplies, provisions for proper record keeping, and the ability to recover patients after anesthesia.

(2) Training required: The physician and at least one assistant must be currently trained in Advanced Cardiac Life Support (ACLS).

(3) Assistance of other personnel: Anesthesia may be administered only by a licensed, qualified, and competent anesthesiologist, certified registered nurse anesthetist (CRNA) practicing under the direction of or in coordination with a licensed physician who is immediately available, or anesthesiologist assistant (AA) who has documented competence and training to administer general and regional anesthesia and to assist in any support or resuscitation measures as required.

(4) The individual administering general and regional anesthesia and/or monitoring the patient must be someone other than the physician performing the surgical procedure, nor can this person assist in the actual performance of the procedure. Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the registered physician.

(5) Direction of the sedation/analgesia component of the medical procedure must be provided by a physician who is immediately and physically present, who is licensed to practice medicine in the state of Alabama, and who is responsible for the direction of administration of the anesthetic. The physician providing direction must ensure that an appropriate pre-anesthetic examination is performed, ensure that qualified practitioners participate, be available for diagnosis, treatment, and management of anesthesia related complications or emergencies, and ensure the provision of indicated post anesthesia care.

(6) At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery, and at least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the physician office.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

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540-X-10-.12 Monitoring Requirements for the Recovery Area and Assessment for Discharge with Moderate & Deep Sedation / General Anesthesia.

Monitoring in the recovery area shall be performed by a **dedicated** person, trained in their specific job skills as determined by the registered physician, and must include pulse oximetry and non-invasive blood pressure measurement. The patient must be assessed periodically for level of consciousness, pain relief, or any untoward

complication. Each patient must meet discharge criteria as established by the practice prior to leaving the physician office. Documented recovery from anesthesia must include the following: 1) vital signs and oxygen saturation stable within acceptable limits; 2) no more than minimal nausea, vomiting, or dizziness; and 3) sufficient time (up to two (2) hours) must have elapsed following the last administration of reversal agents to ensure the patient does not become sedated after reversal effects have worn off. After meeting discharge criteria, the patient shall be given appropriate discharge instructions, discharged under the direction of the physician performing the procedure, and discharged under the care of a responsible third party. Discharge instructions shall include: 1) the procedure performed; 2) information about potential complications; 3) telephone numbers to be used by the patient to discuss with the registered physician complications or questions that may arise; 4) instructions for medications prescribed and pain management; 5) information regarding the follow-up visit date, time, and location; and 6) designated treatment facility in the event of an emergency. The use of reversal agents such as Narcan and flumazenil should be used with caution in the outpatient setting. The registered physician must be fully educated on the duration of action of these medications.

Authors: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama '34-24-53

History: New Rule: Published December 31, 2025. Effective _____.

540-X-10-.13 Tumescent Liposuction and Similarly Related Procedures.

(1) In the performance of liposuction when infiltration methods such as the tumescent technique are used, they should be regarded as regional or systemic anesthesia because of the potential for systemic toxic effects. The registered physician

is expected to be knowledgeable in proper drug dosages and the recognition and management of toxicity or hypersensitivity to local anesthetic and other drugs.

(2) When infiltration methods such as the tumescent technique are used in the performance of liposuction, the Standards for General and Regional Anesthesia stated in Rule 540-X-10-.11 must be met, including the physician registration requirement, the equipment and supplies requirement, the training requirement, and the assistance of other personnel requirement. Every person administering local anesthetics by infiltration, tumescent technique, and nerve blocks must be trained to respond to local anesthetic systemic toxicity ("LAST"). A LAST kit must be maintained on site.

(3) When infiltration methods such as the tumescent technique are used in the performance of liposuction, the monitoring requirement found in Rule 540-X-10-.12, Monitoring Requirements for the Recovery Area and Assessment for Discharge with Moderate and Deep Sedation/General Anesthesia, must be met.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama 34-24-53

History: Approved/Adopted: September 21, 2011. Effective Date: October 25, 2011.

540-X-10-.14 Reporting Requirements.

(1) Reporting to the Board is required within five (5) business days of the occurrence and will include all surgical related deaths that occur within thirty (30) days of the procedure, anesthetic or surgical events requiring CPR, wrong site surgery, wrong patient surgery, and reoperation related to a prior office-based surgical procedure occurring within thirty (30) days of the procedure. However, the transfer of a patient to a

more acute setting or a hospital as a result of the physician's findings during the diagnostic portion of a procedure does not need to be reported.

(2) Each physician office shall execute agreements with its accrediting or certifying entities requiring the entity to report any suspension, restriction, termination, or adverse accreditation action, the findings of any surveys and complaint or incident investigations, and any data requested by the Board. The registered physician shall be responsible for submitting, or causing the accrediting entity to submit, annual outcome data to the Board for all procedures performed at a physician office on or before January 31 following renewal of the physician's registration.

(3) Each registered physician shall report to the Board annually in writing a comprehensive list of all procedures performed at each location; provided, the registered physician shall report the performance of any new Level III procedure within thirty (30) days of performing the procedure at a physician office.

(4) A physician office where more than one registered physician performs office-based surgery may make reports on behalf of the registered physicians.

540-X-10-.15 Denial of Registration: Process and Grounds.

(1) If, after examination of a physician's registration, and after consideration of any information developed by the Board pursuant to an investigation into the qualifications of the physician for registration, the Board determines that there is probable cause to believe there exist grounds upon which the registration may be denied, the Board shall take the following actions:

(a) Defer final decision on the registration; and

(b) Notify the physician of the grounds for possible denial of the registration and the procedure for obtaining a hearing before the Board.

(2) The failure to request a hearing within the time specified in the notice shall be deemed a waiver of such hearing.

(3) If requested by the physician, a hearing shall be set before the Board on the registration.

(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the registration.

(5) All hearings under this rule shall be conducted in accordance with the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1 et seq. and Ala. Admin. Code Chapter 540-X-6. A decision rendered by the Board at the conclusion of the hearing shall constitute final administrative action of the Board of Medical Examiners for the purposes of judicial review under Ala. Code § 41-22-20. The registering physician shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she meets all qualifications and requirements for registration to practice office-based surgery.

(6) The Board may deny a registration on the grounds that:

(a) The registering physician does not meet a requirement of this rule;

(b) The registering physician has failed to provide any information required under this rule;

(c) The registering physician, in the opinion of the Board, is not qualified to perform a specific surgery or is not qualified to perform office-based surgery with reasonable skill and safety to his or her patients;

(d) The registering physician has committed any of the acts or offenses constituting grounds to discipline the applicant in this state pursuant to, but not limited to, Ala. Code §§ 16-47-128, 34-24-360, and 34-24-57; or

(e) The registering physician has submitted or caused to be submitted false, misleading, or untruthful information to the Board in connection with his or her application.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee

Statutory Authority: Code of Alabama §§ 34-24-53, 34-24-53.1

History: Approved/Adopted: Approved for Publication January 15, 2003.

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Amended/Approved: June 20, 2018. Effective Date: October 1, 2018.

Amended/Approved: November 19, 2020. Certified Rule Filed: February 18, 2021. Effective Date: April 12, 2021.

540-X-10-.16 Penalties.

(1) A physician may be guilty of unprofessional conduct within the meaning of Ala. Code § 34-24-360(2) if he or she fails to comply with the requirements of these rules or fails to make any mandatory report.

(2) A physician who has been found to be not in compliance with the requirements of Chapter 540-X-10 may have his or her license revoked, suspended, fined, or otherwise disciplined by the Medical Licensure Commission.

(3) The Board may restrict, modify, suspend, deny issuance or renewal, or revoke a physician's registration based on a finding of non-compliance or violation of these rules.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee

Statutory Authority: Code of Alabama '34-24-53

History: Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003.
Effective Date: November 21, 2003.

EXHIBIT

F

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

STEVEN MARK HAYDEN, M.D.,

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION
OF ALABAMA**

CASE NO. 2025-205

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 MD.13468 of STEVEN MARK HAYDEN, M.D. ("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 Nicole Roque/Email, 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, November 19, 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.

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 28th day of August, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-08-28 14:35:31 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

EXHIBIT

G

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

**CHRISTOPHER COLE LAGANKE,
M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2025-098

CONSENT DECREE

This matter comes before the Medical Licensure Commission of Alabama (“the Commission”) on the Administrative Complaint (“the Administrative Complaint”) filed by the Alabama State Board of Medical Examiners (“the Board”) on August 14, 2025. The Board and the Respondent, Christopher Cole Laganke, M.D. (“Respondent”), have entered into a Joint Settlement Agreement (“the Settlement Agreement”), and have asked the Commission to approve the Settlement Agreement and to embody it in this Consent Decree.

General Provisions

1. **Approval of the Settlement Agreement.** After review, the Commission finds that the Settlement Agreement represents a reasonable and appropriate disposition of the matters asserted in the Administrative Complaint. The Commission therefore approves the Settlement Agreement.

2. **Mutual Agreement and Waiver of Rights.** Respondent has consented and agreed to the entry of this Consent Decree, and has agreed to be bound by the findings of fact, conclusions of law, and terms and conditions stated herein. Respondent has validly waived all rights to an administrative hearing before the Commission, to be represented by an attorney at such hearing, and to further notice and formal adjudication by the Commission of the charges arising from the Administrative Complaint. Respondent has also validly waived all rights to judicial review of this Consent Decree pursuant to Ala. Code § 34-24-367, the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1, *et seq.*, by extraordinary writ, or otherwise.

3. **Public Documents.** The Administrative Complaint, the Settlement Agreement, and this Consent Decree shall constitute public records under the laws of the State of Alabama. The Administrative Complaint, the Settlement Agreement, and this Consent Decree may be published or disclosed by the Board and/or the Commission without further notice to Respondent.

4. **Additional Violations.** Any violation of the requirements of this Consent Decree, or any new violation of state or federal laws or regulations, may result in the Board filing a petition to discipline Respondent's medical license. Nothing in this Consent Decree precludes the Board from bringing new

administrative charges against Respondent based upon events and circumstances not raised in the Administrative Complaint.

5. **Retention of Jurisdiction.** The Commission retains jurisdiction for the purpose of entering such other and further orders and directives as may be required to implement the provisions of this Consent Decree.

6. **Official Notice.** Pursuant to Ala. Code § 41-22-13(4), Respondent is informed that the Board and/or the Commission may at any time take official notice of this Consent Decree, and/or any of the Findings of Fact herein, and may deem any of the findings or conclusions set forth in this Consent Decree to be conclusively established, all without further notice to Respondent.

Findings of Fact

1. Respondent has been licensed to practice medicine in the State of Alabama since September 25, 1991, having been issued license no. MD.16117. Respondent was so licensed at all relevant times.

2. On or about November 14, 2024, Respondent submitted or caused to be submitted an Alabama medical license renewal application for calendar year 2025. On that application, Respondent certified that the annual minimum continuing medical education requirement of 25 AMA PRA Category 1™ credits had been met or would be met by December 31, 2024. Respondent further represented that, if audited, Respondent would have supporting documents.

3. Respondent earned only 19.5 valid continuing medical education credits during 2024.

Conclusions of Law

1. The Commission has jurisdiction over the subject matter of the Administrative Complaint, and over the parties, pursuant to Ala. Code § 34-24-310, *et seq.*

2. The Commission finds, as a matter of law, that the determined facts constitute violations of Ala. Code § 34-24-360(23), Ala. Admin. Code r. 545-X-5-.02, and Ala. Admin. Code r. 545-X-5-.10.

Order/Discipline

Based upon the foregoing Findings of Fact and Conclusions of Law, it is ORDERED, ADJUDGED, AND DECREED:

1. That Respondent is assessed an administrative fine in the amount of two thousand dollars (\$2,000.00). In accordance with Ala. Admin. Code r. 545-X-3-.08(8)(d)(i), Respondent is ordered to pay the administrative fine within 30 days of this Order.¹

¹ See Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that “[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission” may be a separate instance of “unprofessional conduct.” See Ala. Admin. Code r. 545-X-4-.06(6). Failure to timely pay the assessed costs and fines may therefore form an independent basis for further disciplinary action against Respondent.

2. That Respondent is ordered to obtain 25 *additional* credits of AMA PRA Category 1™ or equivalent continuing medical education, in addition to the 25 credits already required for calendar year 2025, for a combined total of 50 credits, during calendar year 2025.

3. That no costs of this proceeding are assessed against Respondent at this time.

DONE on this the 2nd day of September, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-09-02 10:43:11 CDT

Jorge A. Alsip, M.D.
its Chairman

EXHIBIT

H

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

ELIZABETH G. MATHEWS, M.D.,

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2025-327

CONSENT DECREE

This matter comes before the Medical Licensure Commission of Alabama (“the Commission”) on the Administrative Complaint (“the Administrative Complaint”) filed by the Alabama State Board of Medical Examiners (“the Board”) on July 30, 2025. The Board and the Respondent, Elizabeth G. Mathews, M.D. (“Respondent”), have entered into a Joint Settlement Agreement (“the Settlement Agreement”), and have asked the Commission to approve the Settlement Agreement and to embody it in this Consent Decree.

General Provisions

1. **Approval of the Settlement Agreement.** After review, the Commission finds that the Settlement Agreement represents a reasonable and appropriate disposition of the matters asserted in the Administrative Complaint. The Commission therefore approves the Settlement Agreement.

2. **Mutual Agreement and Waiver of Rights.** Respondent has consented and agreed to the entry of this Consent Decree, and has agreed to be bound by the findings of fact, conclusions of law, and terms and conditions stated herein. Respondent has validly waived all rights to an administrative hearing before the Commission, to be represented by an attorney at such hearing, and to further notice and formal adjudication by the Commission of the charges arising from the Administrative Complaint. Respondent has also validly waived all rights to judicial review of this Consent Decree pursuant to Ala. Code § 34-24-367, the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1, *et seq.*, by extraordinary writ, or otherwise.

3. **Public Documents.** The Administrative Complaint, the Settlement Agreement, and this Consent Decree shall constitute public records under the laws of the State of Alabama. The Administrative Complaint, the Settlement Agreement, and this Consent Decree may be published or disclosed by the Board and/or the Commission without further notice to Respondent.

4. **Additional Violations.** Any violation of the requirements of this Consent Decree, or any new violation of state or federal laws or regulations, may result in the Board filing a petition to discipline Respondent's medical license. Nothing in this Consent Decree precludes the Board from bringing new

administrative charges against Respondent based upon events and circumstances not raised in the Administrative Complaint.

5. **Retention of Jurisdiction.** The Commission retains jurisdiction for the purpose of entering such other and further orders and directives as may be required to implement the provisions of this Consent Decree.

6. **Official Notice.** Pursuant to Ala. Code § 41-22-13(4), Respondent is informed that the Board and/or the Commission may at any time take official notice of this Consent Decree, and/or any of the Findings of Fact herein, and may deem any of the findings or conclusions set forth in this Consent Decree to be conclusively established, all without further notice to Respondent.

Findings of Fact

1. Respondent has been licensed to practice medicine in the State of Alabama since March 22, 2022, having been issued license no. MD.44069. Respondent was so licensed at all relevant times.

2. On or about November 21, 2024, Respondent submitted or caused to be submitted an Alabama medical license renewal application for calendar year 2025. On that application, Respondent certified that the annual minimum continuing medical education requirement of 25 AMA PRA Category 1™ credits had been met or would be met by December 31, 2024. Respondent further represented that, if audited, Respondent would have supporting documents.

3. Respondent earned only 6.75 valid continuing medical education credits during 2024.

Conclusions of Law

1. The Commission has jurisdiction over the subject matter of the Administrative Complaint, and over the parties, pursuant to Ala. Code § 34-24-310, *et seq.*

2. The Commission finds, as a matter of law, that the determined facts constitute violations of Ala. Code § 34-24-360(23), Ala. Admin. Code r. 545-X-5-.02, and Ala. Admin. Code r. 545-X-5-.10.

Order/Discipline

Based upon the foregoing Findings of Fact and Conclusions of Law, it is ORDERED, ADJUDGED, AND DECREED:

1. That Respondent is assessed an administrative fine in the amount of two thousand five hundred dollars (\$2,500.00). In accordance with Ala. Admin. Code r. 545-X-3-.08(8)(d)(i), Respondent is ordered to pay the administrative fine within 30 days of this Order.¹

¹ See Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that “[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission” may be a separate instance of “unprofessional conduct.” See Ala. Admin. Code r. 545-X-4-.06(6). Failure to timely pay the assessed costs and fines may therefore form an independent basis for further disciplinary action against Respondent.

2. That Respondent is ordered to obtain 25 *additional* credits of AMA PRA Category 1™ or equivalent continuing medical education, in addition to the 25 credits already required for calendar year 2025, for a combined total of 50 credits, during calendar year 2025.

3. That no costs of this proceeding are assessed against Respondent at this time.

DONE on this the 2nd day of September, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-09-02 10:43:28 CDT

Jorge A. Alsip, M.D.
its Chairman

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

MARCUS D. RUSHING, M.D.,

Respondent.

**EXHIBIT
I**

**BEFORE THE MEDICAL
LICENSURE COMMISSION
OF ALABAMA**

CASE NO. 2025-167

**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 MD.48933 of MARCUS D. RUSHING, M.D. ("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 Nicole Roque/Email, 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 17, 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.

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 28th day of August, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-08-28 16:15:33 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

EXHIBIT

J

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

SHAWN DANIEL TRASK, M.D.,

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2025-220

CONSENT DECREE

This matter comes before the Medical Licensure Commission of Alabama (“the Commission”) on the Administrative Complaint (“the Administrative Complaint”) filed by the Alabama State Board of Medical Examiners (“the Board”) on July 30, 2025. The Board and the Respondent, Shawn Daniel Trask, M.D. (“Respondent”), have entered into a Joint Settlement Agreement (“the Settlement Agreement”), and have asked the Commission to approve the Settlement Agreement and to embody it in this Consent Decree.

General Provisions

1. **Approval of the Settlement Agreement.** After review, the Commission finds that the Settlement Agreement represents a reasonable and appropriate disposition of the matters asserted in the Administrative Complaint. The Commission therefore approves the Settlement Agreement.

2. **Mutual Agreement and Waiver of Rights.** Respondent has consented and agreed to the entry of this Consent Decree, and has agreed to be bound by the findings of fact, conclusions of law, and terms and conditions stated herein. Respondent has validly waived all rights to an administrative hearing before the Commission, to be represented by an attorney at such hearing, and to further notice and formal adjudication by the Commission of the charges arising from the Administrative Complaint. Respondent has also validly waived all rights to judicial review of this Consent Decree pursuant to Ala. Code § 34-24-367, the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1, *et seq.*, by extraordinary writ, or otherwise.

3. **Public Documents.** The Administrative Complaint, the Settlement Agreement, and this Consent Decree shall constitute public records under the laws of the State of Alabama. The Administrative Complaint, the Settlement Agreement, and this Consent Decree may be published or disclosed by the Board and/or the Commission without further notice to Respondent.

4. **Additional Violations.** Any violation of the requirements of this Consent Decree, or any new violation of state or federal laws or regulations, may result in the Board filing a petition to discipline Respondent's medical license. Nothing in this Consent Decree precludes the Board from bringing new

administrative charges against Respondent based upon events and circumstances not raised in the Administrative Complaint.

5. **Retention of Jurisdiction.** The Commission retains jurisdiction for the purpose of entering such other and further orders and directives as may be required to implement the provisions of this Consent Decree.

6. **Official Notice.** Pursuant to Ala. Code § 41-22-13(4), Respondent is informed that the Board and/or the Commission may at any time take official notice of this Consent Decree, and/or any of the Findings of Fact herein, and may deem any of the findings or conclusions set forth in this Consent Decree to be conclusively established, all without further notice to Respondent.

Findings of Fact

1. Respondent has been licensed to practice medicine in the State of Alabama since May 29, 2014, having been issued license no. MD.33419. Respondent was so licensed at all relevant times.

2. On or about November 21, 2024, Respondent submitted or caused to be submitted an Alabama medical license renewal application for calendar year 2025. On that application, Respondent certified that the annual minimum continuing medical education requirement of 25 AMA PRA Category 1TM credits had been met or would be met by December 31, 2024. Respondent further represented that, if audited, Respondent would have supporting documents.

3. Respondent earned only 22.75 valid continuing medical education credits during 2024.

Conclusions of Law

1. The Commission has jurisdiction over the subject matter of the Administrative Complaint, and over the parties, pursuant to Ala. Code § 34-24-310, *et seq.*

2. The Commission finds, as a matter of law, that the determined facts constitute violations of Ala. Code § 34-24-360(23), Ala. Admin. Code r. 545-X-5-.02, and Ala. Admin. Code r. 545-X-5-.10.

Order/Discipline

Based upon the foregoing Findings of Fact and Conclusions of Law, it is ORDERED, ADJUDGED, AND DECREED:

1. That Respondent is assessed an administrative fine in the amount of one thousand dollars (\$1,000.00). In accordance with Ala. Admin. Code r. 545-X-3-.08(8)(d)(i), Respondent is ordered to pay the administrative fine within 30 days of this Order.¹

¹ See Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that “[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission” may be a separate instance of “unprofessional conduct.” See Ala. Admin. Code r. 545-X-4-.06(6). Failure to timely pay the assessed costs and fines may therefore form an independent basis for further disciplinary action against Respondent.

2. That Respondent is ordered to obtain 25 *additional* credits of AMA PRA Category 1™ or equivalent continuing medical education, in addition to the 25 credits already required for calendar year 2025, for a combined total of 50 credits, during calendar year 2025.

3. That no costs of this proceeding are assessed against Respondent at this time.

DONE on this the 2nd day of September, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-09-02 10:43:48 CDT

Jorge A. Alsip, M.D.
its Chairman

EXHIBIT

K

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

**JEFFREY LEIGH WALLACE,
M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2025-226

CONSENT DECREE

This matter comes before the Medical Licensure Commission of Alabama (“the Commission”) on the Administrative Complaint (“the Administrative Complaint”) filed by the Alabama State Board of Medical Examiners (“the Board”) on August 4, 2025. The Board and the Respondent, Jeffrey Leigh Wallace, M.D. (“Respondent”), have entered into a Joint Settlement Agreement (“the Settlement Agreement”), and have asked the Commission to approve the Settlement Agreement and to embody it in this Consent Decree.

General Provisions

1. **Approval of the Settlement Agreement.** After review, the Commission finds that the Settlement Agreement represents a reasonable and appropriate disposition of the matters asserted in the Administrative Complaint. The Commission therefore approves the Settlement Agreement.

2. **Mutual Agreement and Waiver of Rights.** Respondent has consented and agreed to the entry of this Consent Decree, and has agreed to be bound by the findings of fact, conclusions of law, and terms and conditions stated herein. Respondent has validly waived all rights to an administrative hearing before the Commission, to be represented by an attorney at such hearing, and to further notice and formal adjudication by the Commission of the charges arising from the Administrative Complaint. Respondent has also validly waived all rights to judicial review of this Consent Decree pursuant to Ala. Code § 34-24-367, the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1, *et seq.*, by extraordinary writ, or otherwise.

3. **Public Documents.** The Administrative Complaint, the Settlement Agreement, and this Consent Decree shall constitute public records under the laws of the State of Alabama. The Administrative Complaint, the Settlement Agreement, and this Consent Decree may be published or disclosed by the Board and/or the Commission without further notice to Respondent.

4. **Additional Violations.** Any violation of the requirements of this Consent Decree, or any new violation of state or federal laws or regulations, may result in the Board filing a petition to discipline Respondent's medical license. Nothing in this Consent Decree precludes the Board from bringing new

administrative charges against Respondent based upon events and circumstances not raised in the Administrative Complaint.

5. **Retention of Jurisdiction.** The Commission retains jurisdiction for the purpose of entering such other and further orders and directives as may be required to implement the provisions of this Consent Decree.

6. **Official Notice.** Pursuant to Ala. Code § 41-22-13(4), Respondent is informed that the Board and/or the Commission may at any time take official notice of this Consent Decree, and/or any of the Findings of Fact herein, and may deem any of the findings or conclusions set forth in this Consent Decree to be conclusively established, all without further notice to Respondent.

Findings of Fact

1. Respondent has been licensed to practice medicine in the State of Alabama since August 28, 2008, having been issued license no. MD.29105. Respondent was so licensed at all relevant times.

2. On or about December 9, 2024, Respondent submitted or caused to be submitted an Alabama medical license renewal application for calendar year 2025. On that application, Respondent certified that the annual minimum continuing medical education requirement of 25 AMA PRA Category 1™ credits had been met or would be met by December 31, 2024. Respondent further represented that, if audited, Respondent would have supporting documents.

3. Respondent earned only 8.0 valid continuing medical education credits during 2024.

Conclusions of Law

1. The Commission has jurisdiction over the subject matter of the Administrative Complaint, and over the parties, pursuant to Ala. Code § 34-24-310, *et seq.*

2. The Commission finds, as a matter of law, that the determined facts constitute violations of Ala. Code § 34-24-360(23), Ala. Admin. Code r. 545-X-5-.02, and Ala. Admin. Code r. 545-X-5-.10.

Order/Discipline

Based upon the foregoing Findings of Fact and Conclusions of Law, it is ORDERED, ADJUDGED, AND DECREED:

1. That Respondent is assessed an administrative fine in the amount of two thousand five hundred dollars (\$2,500.00). In accordance with Ala. Admin. Code r. 545-X-3-.08(8)(d)(i), Respondent is ordered to pay the administrative fine within 30 days of this Order.¹

¹ See Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that “[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission” may be a separate instance of “unprofessional conduct.” See Ala. Admin. Code r. 545-X-4-.06(6). Failure to timely pay the assessed costs and fines may therefore form an independent basis for further disciplinary action against Respondent.

2. That Respondent is ordered to obtain 25 *additional* credits of AMA PRA Category 1™ or equivalent continuing medical education, in addition to the 25 credits already required for calendar year 2025, for a combined total of 50 credits, during calendar year 2025.

3. That no costs of this proceeding are assessed against Respondent at this time.

DONE on this the 2nd day of September, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-09-02 10:44:06 CDT

Jorge A. Alsip, M.D.
its Chairman

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

JAMES CURTIS DILDAY, M.D.,

Respondent.

EXHIBIT

L

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2023-118

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter came before the Medical Licensure Commission of Alabama for a contested case hearing on August 27, 2025. After receiving and considering all of the relevant evidence and argument, we find the Respondent, James Curtis Dilday, M.D., guilty of the disciplinary charges presented by the Board and impose professional discipline as set forth below.

I. Introduction and Procedural History

The Respondent in this case is James Curtis Dilday, M.D. ("Respondent"). Respondent is a licensee of this Commission who practices outpatient psychiatric medicine from offices in Birmingham and Northport. Respondent was first licensed by the Commission on November 5, 1985, having been issued license no. MD.12437.

This contested case began with an Administrative Complaint filed by the Board with the Commission on September 3, 2024, followed by a First Amended Administrative Complaint filed on February 4, 2025 (hereinafter “the Administrative Complaint”). The Administrative Complaint contains two counts, both of which center on Respondent’s refusal to submit to a “complete neurological evaluation with [REDACTED], M.D.” at the [REDACTED], as ordered by the Board pursuant to Ala. Code § 34-24-360(19). In that Order, entered on July 26, 2024, the Board had found “probable cause to believe that [Respondent] is not capable, physically, or mentally, of practicing medicine or osteopathy with reasonable skill and safety to patients,” and therefore had ordered Respondent to “submit to a complete neurological evaluation with [REDACTED]” at the [REDACTED]. In Count One, the Board alleges that Respondent is guilty of violating Ala. Code § 34-24-360(19). Count Two, based on the same basic facts as Count One, alleges that Respondent’s refusal to submit to the evaluation violated the Commission’s rules against “unprofessional conduct,” in violation of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-4-.06(6). On grounds of these two Counts, the Board moves the Commission to “reprimand, restrict, or revoke the license to practice medicine of Respondent, impose a fine,

and take such other actions as the Commission may deem appropriate based upon the evidence presented for consideration.”

On August 27, 2025, we conducted a full evidentiary hearing as prescribed in Ala. Admin. Code r. 545-X-3. The case supporting disciplinary action was presented by the Alabama Board of Medical Examiners through its attorneys E. Wilson Hunter and Alicia Harrison. Respondent appeared before the Commission and testified in person, represented by his attorneys George L. Beck, Jr., and Jim L. DeBardelaben. Pursuant to Ala. Admin. Code r. 545-X-3-.08(1), the Honorable William R. Gordon presided as Hearing Officer. Board Exhibits 1-3, 5-7, 14, 17, and 19-36,¹ and Respondent’s Exhibits 1-12 were received into evidence. The Board submitted Board Exhibits 4, 8-13, 15, 16, and 18 as an offer of proof pursuant to Ala. Code § 41-22-13(1)²; these exhibits, which were ruled inadmissible by the Hearing Officer, were neither reviewed nor considered by the Commission as part of its deliberations. Each side was offered the opportunity to present evidence and argument in support of its respective contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility

¹ Of these, Board Exhibits 5, 14, and 17 were admitted in redacted form in accordance with evidentiary rulings of the Hearing Officer.

² That statute provides that “[w]henver any evidence is excluded as inadmissible, all such evidence existing in written form shall remain a part of the record as an offer of proof.”

to be afforded to the evidence, and the fair and reasonable inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

II. Findings of Fact

1. Respondent was first licensed to practice medicine in Alabama on November 5, 1985, under license number MD.12437. In addition to his Alabama license, Respondent formerly held medical licenses in Arkansas and Ohio.

2. On June 21, 2004, the Arkansas State Medical Board entered an order revoking Respondent's Arkansas medical license. (Board Ex. 14.) The Arkansas Board's decision was based, in part, on expert testimony provided by Dr. Richard Owings, M.D. ("Dr. Owings"), an Arkansas physician who was also a medical school classmate of Respondent.

3. On October 11, 2006, the State Medical Board of Ohio took reciprocal disciplinary action, revoking Respondent's Ohio medical license on grounds of the Arkansas Board's revocation of Respondent's Arkansas license. (Board Ex. 17.)

4. In or about May 2023, Dr. Owings filed a formal complaint with the Board relating to Respondent. (Board Ex. 3.) Dr. Owings' narrative portion of the complaint read as follows:

I am Richard Owings MD, PhD and I am a physician licensed in the state of Arkansas and a specialist in psychiatry. My opinion is that Kurt Dilday, MD is unfit to practice medicine. His license to practice medicine was revoked in the states of Arkansas and Ohio about 20 years ago. Recently he has sent me two emails that are bizarre and threatening. Essentially he is threatening revenge based on my role as an expert witness in the hearings that resulted in the revocation of his license by the Arkansas State Medical Board. I assert that his history and his current behavior demonstrate that he lacks the judgment and the emotional stability to provide appropriate care to psychiatric patients.

(Board Ex. 3 at 2.) Dr. Owings' complaint to the Board thus directly placed into issue whether Respondent was "physically or mentally capable of practicing medicine or osteopathy with reasonable skill and safety to patients," within the meaning of Ala. Code § 34-24-360(19)b., c.

5. Dr. Owings' complaint to the Board included copies of two e-mail threads, both of which originated from an e-mail list made up of medical school classmates from the University of Arkansas Medical School Class of 1984, of which both Respondent and Dr. Owings are members.

6. The first e-mail thread, spanning January 7 and 8, 2021, began with an e-mail to the class announcing the passing of a classmate named James Shea. Dr. Owings responded to the whole group: "All: I'm saddened to hear about James' death. I think Kris said it right: James was a nice gentle man. We were in the same specialty and I saw him at conferences, and he was unfailingly pleasant. Richard Owings." (Board Ex. 3 at 4.)

7. About 30 minutes after Dr. Owings' e-mail to the group, Respondent replied privately to Dr. Owings:

Yes – James was a nice, and gentle soul ... NOT like the low-life snake, and disingenuous, lying ass-hole piece of shit human garbage – like YOU!

PS: Happy New Year, fuck-wad.

(*Id.* (ellipsis in original).)

8. A few hours later, Dr. Owings replied privately to Respondent:

Curt:

James' eulogy isn't the appropriate forum for this, so I'll only comment this once and then respond no more. I did not testify against you before the [Arkansas] Medical Board because I hate you or for the purpose of injuring you-rather I testified that you were doing bad things that hurt psychiatric patients. It all happened 25 years ago, I'm sorry you've nursed resentment all these years, because that can't be good for you. You could learn from the Board's correction and be better for it.

Your one time friend and colleague who truly wishes good for you,

Richard Owings

(*Id.*)

9. About fifteen minutes later, Respondent replied to Dr. Owings:

Wrong richie ... all wrong.

*You were paid by Bill Trice to assist in heaping further harm, on me and my family ... you were a hired, and reimbursed mercenary ...

**Also, you are full of narcissistic bullshit (and always have been) ... you might try to embrace reality lil' boy – I have, and it leads to a vastly superior life.

PS: James Shea and I, were much better friends than you and he ...
*So, I believe that, once again, you are trying to be self-righteous ...
but you haven't got a leg to stand on.

PSS: Try to fathom this – like everyone else, you make mistakes too.

(*Id.* (ellipses in original).)

10. That, apparently, was the end of the interaction between Respondent and Dr. Owings in January 2021.

11. The second e-mail exchange occurred a little more than two years later. On April 21, 2023, the University of Arkansas Medical School Alumni Association distributed an e-mail to the same mailing list, announcing an alumni reunion weekend for the Class of 1984. Respondent responded by sending the following e-mail to Dr. Owings:

Good morning fuckwad,

Around this time next year richie, your sawed-off little white trash dickless piss of shitass and I; will be “reuniting” (as they say) for the upcoming 40-year UAMS College of Medicine Class of 1984 Reunion.

Note: You can run lil’ ritchie, but you cannot hide ... *I recommend that it’s probably best to leave your whoredog wife at home - as I sincerely doubt that her dumb-ass would enjoy listening to our “discussion”.

I really hope (for your sake punk) that the money Bill Trice, Esq., paid you, to lie about me, will ultimately be worth it, to you. Note: You can’t talk your way out of this one ... it just will not work.

Sincerely,

Your classmate,

JCD

PS: You really are, and always have been, a low life narcissistic son of a bitch.

PSS: Another 1984 classmate referred to you as a child molester. So, you see your reputation ritchie, among your peers, is not quite as stellar as you may wish to believe.

(Board Ex. 3 at 3 (ellipses in original).)

12. Considering the overall profane and belligerent tone and content of Respondent's e-mails to Dr. Owings, coupled with the phrases "[y]ou can run lil' ritchie, but you cannot hide"—a phrase clearly connoting pursuit with intent to avenge—and "[y]ou can't talk your way out of this one"—implying that the interaction would go beyond the mere exchange of words—we find that a reasonable person would interpret Respondent's communications as threatening. Respondent's e-mails, separated by more than two years of time, cannot be rationalized as an isolated or impulsive error in judgment. Rather, these e-mails signal that Respondent suffers from a severe deficit in impulse control that is persistent across time.

13. On October 26, 2023, pursuant to its powers under Ala. Code § 34-24-360(19)(b), the Board entered the following Order finding that probable cause existed as to whether Respondent was able to practice medicine with reasonable skill and safety to patients, and requiring Respondent to submit to a full neuropsychological evaluation:

ORDER

The Alabama State Board of Medical Examiners ("the Board") received a complaint on JAMES C. DILDAY, M.D., wherein it was alleged that JAMES C. DILDAY, M.D., was unfit to practice medicine due to the revocation of Dr. Dilday's medical license in Arkansas and Ohio and Dr. Dilday's use of threatening communications. The Board has considered the investigative material and all information compiled in response to the investigation, including various documents, interviews, and a response from Dr. Dilday.

The Board has concluded that there is probable cause to believe that JAMES C. DILDAY, M.D. is guilty of unprofessional conduct pursuant to Ala. Code § 34-24-360(2) and is not able to practice medicine with reasonable skill and safety to patients in violation of Ala. Code § 34-24-360(19).

Accordingly, it is the ORDER of the Board, pursuant to its authority under Ala. Code § 34-24-360(19)(b), that JAMES C. DILDAY, M.D. submit to a complete neuropsychological evaluation at [REDACTED], within 180 days of the date of this Order.

The Board further ORDERS that the results of this evaluation be forwarded to the Board for review and that JAMES C. DILDAY, M.D. sign a release for the professionals at the facility to forward such results and any other information concerning the evaluation to the Board. The expense of the evaluation ordered herein shall be borne by JAMES C. DILDAY, M.D.

JAMES C. DILDAY, M.D. is ORDERED and DIRECTED to confirm whether he intends to comply with this order by notifying the Board's Physician Monitoring Director, Roland Johnson (rjohnson@albme.gov), or Legal Assistant, Lynde Crowder (lcrowder@albme.gov), at (334) 242-4116 or 1-800-227-2606, NO LATER THAN November 10, 2023. Dr. Dilday is further ordered to notify Roland Johnson or Lynde Crowder of the date of the scheduled evaluation.

ORDERED this 26th day of October, 2023.

(Board Ex. 19 (boldface in original).)

14. Respondent complied with the Board's Order of October 26, 2023, attending an evaluation at [REDACTED] from December 4-7, 2023. [REDACTED] issued its preliminary findings on December 15, 2023 (Board Ex. 21), and a final "Professional Fitness for Duty Evaluation" report, on January 16, 2024 (Board Ex. 22). The evaluation resulted in an ultimate conclusion that Respondent was "conditionally fit to practice medicine," subject to certain recommendations as set forth below in greater detail.

15. The [REDACTED] evaluation spanned four days and involved six doctoral-level professionals, including a physician. The evaluation process did not rely on one or only a few assessment tools. Rather, in addition to extensive clinical interviews, [REDACTED]'s assessment employed a wide variety of standardized assessment tools to assess multiple domains of cognitive and emotional functioning. These tools included:

standardized tests of mental and emotional functioning in adults (the Minnesota Multiphasic Personality Inventory-2, or MMPI-2, the Millon Clinical Multiaxial Inventory-IV, or MCMI-IV, the Personality Assessment Inventory, or PAI); a standard test of normal personality styles (Millon Index of Personality Styles Revised, or MIPS Revised); selected subtests of a standardized test of current verbal and nonverbal intellectual functioning (the Wechsler Adult Intelligence Scale - Fourth Edition, or WAIS-IV); a standardized test of current memory functioning (the Wechsler Memory Scale - Fourth Edition, or WMS-IV); a standardized test of executive conceptual functioning (the Booklet Category Test); a standardized test of frontal systems functioning involving sustained visual attention,

perceptual tracking, sequencing, eye-hand coordination, and information processing (Color Trails Test 1 and 2); and a standardized test of attention, concentration, distractibility, and impulsivity (the Connors' Continuous Performance Test 3, or CPT 3).

(Board Ex. 22 at 6.)

16. In addition, the [REDACTED] team reviewed collateral information including the Board's Order of October 26, 2023, background documentation provided by the Board, and reports prepared by other psychologists and psychiatrists in 2023. (Board Ex. 22 at 7.) The [REDACTED] assessment team collected and synthesized all of this data into its final findings and recommendations.

17. While much of the testing performed by [REDACTED] produced essentially normal scores and results, concerns were highlighted about Respondent's [REDACTED]. [REDACTED] reported that [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] further evaluation is warranted and delineated in the recommendations below." (Board Ex. 22 at 3.) Citing Respondent's performance specifically on the [REDACTED]
[REDACTED], a standardized test of [REDACTED], [REDACTED] reported that Respondent "[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED]

[REDACTED].” (Board Ex. 22 at 17.) In addition,

standardized testing on [REDACTED] indicated that

Respondent’s “[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] However, given findings in other

areas [REDACTED], it would be prudent for him to

undergo further evaluation.” (Board Ex. 22 at 19.)

18. Based on the sum total of its multidisciplinary assessment, [REDACTED] offered the following diagnoses of Respondent based on DSM-5-TR diagnostic criteria:

- [REDACTED]

[REDACTED]

- [REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

(Board Ex. 22 at 4.)

19. [REDACTED] offered the eight following recommendations:
1. Dr. Dilday should discontinue his [REDACTED]. He does not show evidence of an attention disorder and this medication may be exacerbating his [REDACTED] concerns. Dr. Dilday should defer to his providers' judgment for his medication management and not attempt to make changes on his own.
 2. Dr. Dilday should have [REDACTED] to rule out [REDACTED] as a contributor to his poor scores on testing. He was observed [REDACTED] and to appear to be [REDACTED] team.
 3. Due to Dr. Dilday's poor performance on [REDACTED] testing and his self-reported difficulty [REDACTED], he should have a [REDACTED] to check for potential mitigating factors such as [REDACTED].
 4. The Assessment team recommends that Dr. Dilday consult with a [REDACTED]-[REDACTED] may be a good place to consider as they are familiar with him and have a robust [REDACTED]. The [REDACTED] should read the [REDACTED] report prior to meeting with Dr. Dilday. It is recommended that

- [REDACTED]
5. The results of the above consultations should be provided to the Board as well as the [REDACTED] team for review and final recommendations. Repeat testing may be warranted.
 6. The assessment team recommends that Dr. Dilday adapt his practice to meet his current level of functioning. He should not overly rely on his memory, instead, he should take copious notes and refer to his documentation with working with patients. He should strive not to overextend himself and leave adequate time to complete his work.
 7. The Assessment team recommends that Dr. Dilday take realistic steps to wind down his practice over the next 2-3 years.
 8. The assessment team recommends that Dr. Dilday practice at all times in full accordance with relevant federal, state, local, organizational, and professional regulations, ethical guidelines, and best practices. If he ever is unable or unwilling to adhere to these requirements, we recommend that he disengage himself from the practice of medicine immediately until reassessment finds him ready to resume practicing.

(Board Ex. 22 at 5, 6.)

20. After reviewing the [REDACTED] report, on January 18, 2024, the Board entered a second Order:

ORDER

The Alabama State Board of Medical Examiners ("the Board") received a complaint on JAMES C. DILDAY, M.D., wherein it was alleged that JAMES C. DILDAY, M.D., was unfit to practice medicine due to the revocation of Dr. Dilday's medical license in Arkansas and Ohio and Dr. Dilday's use of threatening communications. Following the Board's review of the investigative material, it ordered Dr. Dilday to undergo a neuropsychological evaluation at [REDACTED]. The Board has now considered

the evaluation conducted by [REDACTED] on December 4-7, 2023.

The Board has concluded that there is probable cause to believe that JAMES C. DILDAY, M.D. is not able to practice medicine with reasonable skill and safety to patients in violation of Ala. Code § 34-24-360(19).

Accordingly, it is the ORDER of the Board, pursuant to its authority under Ala Code § 34-24-360(19)(b), that JAMES C. DILDAY, M.D. submit to a complete neurological evaluation, to include a PET scan with and without contrast, **within 60 days of the date of this Order.**

The Board further ORDERS that the results of this evaluation be forwarded to the Board and [REDACTED] for review and that JAMES C. DILDAY, M.D. sign a release for the professionals at the facility to communicate with the Board and [REDACTED] and forward such results and any other information concerning the evaluation to the Board and [REDACTED]. The expense of the evaluation ordered herein shall be borne by JAMES C. DILDAY, M.D.

JAMES C. DILDAY, M.D. is ORDERED and DIRECTED to **confirm whether he intends to comply with this order** by notifying the Board's Physician Monitoring Director, Roland Johnson (rjohnson@albme.gov), or Legal Assistant, Lynde Crowder (lcrowder@albme.gov), at (334) 242-4116 or 1-800-227-2606, **NO LATER THAN February 2, 2024.** Dr. Dilday is further ordered to notify Roland Johnson or Lynde Crowder of the date of the scheduled evaluation.

ORDERED this 18th day of January, 2024.

(Board Ex. 23 (boldface in original).)

21. Respondent substantially complied with this Order, submitting to a neurological evaluation performed by [REDACTED], M.D. on January 23, 2024. Dr. [REDACTED]'s findings were as follows:

His neurologic evaluation was normal except for [REDACTED]
[REDACTED], it needs further evaluation given concerns raised by the board and the [REDACTED]

Work up so far includes normal B12, Folate and Thiamine level. [REDACTED] done earlier today with some concerns [REDACTED]. His FDG PET scan does not show any areas of hypometabolism. I was able to review his full NPT from [REDACTED] report. Based on that report, they found him conditionally fit for practice. The report also assesses for personality traits, etc. and note[s] that he may [REDACTED].

At this time, he does not meet criteria for dementia. He likely has [REDACTED]. The underlying etiology for [REDACTED] needs to be assessed. I do believe that anxiety is contributing to this.

[REDACTED]

[REDACTED]

Plan:

Reviewed and discussed the results of NPT from [REDACTED] as well as PET scan report.

No indication to stop work, practice at this point based on my eval, based on the neuropsych testing from [REDACTED] and based on the PET scan. However, do recommend ongoing evaluation as noted above. Further evaluation about his continued practice to be based on repeat NPT in a year from last one, approx. Dec 2024.

* * *

[Return to Clinic]: 9 mos

(Board Ex. 27 at 4.) Although [REDACTED] had “some concerns [REDACTED] [REDACTED]” based on Respondent’s [REDACTED], the [REDACTED] who read the [REDACTED], [REDACTED], M.D., did not mention these concerns in his reading. (Board Ex. 25.)

22. Respondent’s [REDACTED] is consistent with [REDACTED] [REDACTED].

23. Consistent with the Board’s orders, the results of [REDACTED] evaluation were provided to [REDACTED] for its further review in conjunction with its previous evaluative findings. On May 7, 2024, after reviewing [REDACTED] findings, [REDACTED] issued the following “Addendum” to its previous findings:

This addendum is provided to the report dated 1/12/2024 following the [REDACTED] team’s acquisition of additional collateral information. Since the evaluation, Dr. Dilday has consulted with a neurologist, [REDACTED], and the neurologist’s consult information has been shared with the [REDACTED] team. During his neurological evaluation, Dr. Dilday scored [REDACTED], which is indicative of impairment. He lost points on screeners of [REDACTED]. A PET scan was unremarkable; however, an [REDACTED]. He was diagnosed with [REDACTED] and recommended ongoing evaluation, which consists of repeat neurological assessments, with imaging, yearly.

Dr. Dilday’s neurological exam was consistent with neuropsychological testing and his general presentation at [REDACTED] [REDACTED] for evaluation. It is our clinical opinion that our diagnoses, conclusions, and recommendations remain applicable.

Dr. Dilday should take concrete steps toward ending his practice well over the next 2 years. In the meantime, he should structure his practice to meet his current level of functioning, be sure not to overextend himself, not move beyond the scope of his current practice, and document clear and detailed notes. He should undergo yearly neuropsychological and neurological evaluations to monitor his status — these should be done with a Board-approved clinician.

On behalf of the entire team, it has been a pleasure to work with Dr. Dilday.

(Board Ex. 31.)

24. On July 26, 2024, after reviewing [REDACTED]'s report and the

[REDACTED] "Addendum," the Board entered a third order:

ORDER

The Alabama State Board of Medical Examiners ("the Board") have considered information provided by [REDACTED] and the [REDACTED] concerning JAMES C. DILDAY, M.D., relating to a full neurocognitive and neurological assessment of Dr. Dilday and whether he is capable, physically or mentally, of practicing medicine or with reasonable skill and safety to patients. The Board has also considered a response from Dr. Dilday regarding his assessments.

The Board has concluded that there is probable cause to believe that JAMES C. DILDAY, M.D. is not able to practice medicine with reasonable skill and safety to patients in violation of Ala. Code § 34-24-360(19).

Accordingly, it is the ORDER of the Board, pursuant to its authority under Ala. Code § 34-24-360(19)(b), that JAMES C. DILDAY, M.D. submit to a complete neurological evaluation with [REDACTED], within 90 days of the date of this Order.

The Board further **ORDERS** that the results of this evaluation be forwarded to the Board for review and that **JAMES C. DILDAY, M.D.** sign a release for the evaluating physician to forward such results and any other information concerning the evaluation to the Board. The expense of the evaluation ordered herein shall be borne by **JAMES C. DILDAY, M.D.**

JAMES C. DILDAY, M.D. is **ORDERED** and **DIRECTED** to **confirm whether he intends to comply with this order** by notifying the Board's Physician Monitoring Director, Roland Johnson (rjohnson@albme.gov), or Legal Assistant, Lynde Crowder (lcrowder@albme.gov), at (334) 242-4116 or 1-800-227-2606, **NO LATER THAN August 9, 2024**. Dr. Dilday is further ordered to notify Roland Johnson or Lynde Crowder of the date of the scheduled evaluation.

ORDERED this 26th day of July, 2024.

(Board Ex. 33 (boldface in original).)

25. Respondent has refused to comply with the Board's Order of July 26, 2024. (Board Ex. 34, 35.) As of the date of these Findings of Fact and Conclusions of Law, more than 400 days have passed since the Board entered its order, and more than 300 days have passed since October 24, 2024—the deadline by which Respondent was ordered to have submitted to “a complete neurological evaluation with [REDACTED]”

26. In an apparent attempt to mitigate his refusal to comply with the Board's Order for “a complete neurological evaluation with [REDACTED] [REDACTED],” Respondent visited [REDACTED], M.D., a Birmingham-area neurologist, on two separate occasions—on January 6 and August 1, 2025. Dr.

██████ testified via videotaped deposition. Respondent's visits to Dr. ██████ are of no probative value, and do nothing to mitigate Respondent's noncompliance with the Board's Order that he be evaluated by ██████.

27. Of the January visit, Dr. ██████ testified that "it was kind of confusing to me because I did not—I had very limited information on that first visit. I didn't know what it was about. I had no information from the medical board of what they wanted, what they were, you know, looking into. So I knew—I knew nothing more than what Dr. Dilday gave me that—told me that day." (██████ Depo. at 14.) In particular, Respondent specifically did not allow Dr. ██████ to review the ██████ report before the January visit. (██████ Depo. at 35; Respondent's Ex. 2 at 2.) At the January visit, Dr. ██████ performed a basic physical and history, which appeared normal. Dr. ██████ administered a "Mini-Mental Status Examination," or "MMSE," on which Respondent scored 30 out of 30 possible points. The MMSE, however, according to Dr. ██████, is "just a test you can do to try to get a baseline of someone's cognition." (██████ Depo. at 16.) Dr. ██████ agreed that the MMSE "certainly does not equate to an in-depth cognitive function test." (██████ Depo. at 41-42.) The ██████ test administered by ██████, by contrast, has more questions on it and, according to Dr. ██████, "could identify more subtle deficits" than the MMSE can. (██████ Depo. at 43.)

28. At the August visit, Dr. [REDACTED] had received and reviewed some collateral information relating to the [REDACTED] assessment and [REDACTED]'s evaluation. Respondent told Dr. [REDACTED] that "he disagreed with some of the neuropsychological conclusions that [REDACTED] had." ([REDACTED] Depo. at 22.) Dr. [REDACTED] repeated the MMSE, and Respondent again scored 30 out of 30 possible points. ([REDACTED] Depo. at 23-24.) Because Respondent did not inform Dr. [REDACTED] of any neurological issues he was having, Dr. [REDACTED] did not do any additional testing. ([REDACTED] Depo. at 27.) Dr. [REDACTED] expressly declined to opine on whether Respondent should work toward winding down his practice over the next 2-3 years, because "I can't predict somebody that comes in with no complaints how they're going to be in two years. I have no idea." ([REDACTED] Depo. at 25.) Dr. [REDACTED] also stated that he was not positioned to question the other professionals' diagnoses. ([REDACTED] Depo. at 60.) Dr. [REDACTED] expressly declined to confirm or contradict the [REDACTED] assessment, noting: "I rec he consider second opinion from a neuropsych to dispute whatever the findings were [REDACTED]. I do not do full neuropsychological evals." (Respondent's Ex. 11 at 2.)

29. In sum and substance, although Respondent visited Dr. [REDACTED] two times, the evidentiary record before us is devoid of any evidence that Dr. [REDACTED] performed any meaningful neurological evaluation of Respondent. That is understandable as a clinical matter, because Respondent did not report any

symptoms or problems to Dr. [REDACTED]. (See [REDACTED] Depo. at 15-16, 19, 27, 50, 52.) As Dr. [REDACTED] put it, "When they come in and say I'm feeling fine, I say come back when you don't feel fine." ([REDACTED] Depo. at 50.) Respondent's two casual visits to Dr. [REDACTED] clearly do not suffice as a proxy for the "complete neurological evaluation with [REDACTED]" that the Board ordered Respondent to submit to, and are not substantially probative of Respondent's fitness to practice medicine with reasonable skill and safety, either presently or as might reasonably be anticipated in the foreseeable future.

30. The Board has made express findings of "probable cause" that Respondent was and is unable to practice medicine with reasonable skill and safety. After a full adversary hearing in which Respondent was afforded the opportunity to controvert the Board's probable cause determination, the Commission agrees with the Board's determination that probable cause exists "that [Respondent] is not capable of practicing medicine or osteopathy with reasonable skill and safety to patients" within the meaning of Ala. Code § 34-24-360(19)b., c.

31. Based on the totality of the evidence presented, including (a) Respondent's profane and threatening e-mail communications to Dr. Owings; (b) the outcomes of the multidisciplinary evaluation performed by [REDACTED]; (c) [REDACTED] finding of [REDACTED]; (d) [REDACTED]

██████████ "concerns for ██████████," and (e) Dr. ██████████'s recommendation that the "underlying etiology for ██████████ needs to be assessed," we make our own independent finding, separate and distinct from the Board's, that probable cause exists "that [Respondent] is not capable of practicing medicine or osteopathy with reasonable skill and safety to patients" pursuant to Ala. Code § 34-24-360(19)b., c.

III. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this cause pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq.* Under certain conditions, the Commission "shall have the power and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee." Ala. Code § 34-24-360. In addition to all other authorized penalties and remedies, the Commission may impose a fine of up to \$10,000.00 per violation and may require the payment of administrative expenses incurred in connection with the disciplinary proceeding. Ala. Code § 34-24-381(a), (b).

2. Respondent was properly notified of the time, date and place of the administrative hearing and of the charges against him in compliance with Ala. Code §§ 34-24-361(e) and 41-22-12(b)(1), and Ala. Admin. Code r. 545-X-3-

.03(3), (4). At all relevant times, Respondent was a licensee of this Commission and was and is subject to the Commission's jurisdiction.

3. Before making any decision on a contested case such as this one, the Commission is required by law to "receive and consider" a recommendation from the Board. The Board's recommendation, however, is not binding upon the Commission. *See* Ala. Code § 34-24-311. The Commission has received and duly considered the Board's non-binding recommendation to find Respondent guilty of the disciplinary allegations outlined in the Administrative Complaint, and to "reprimand, restrict, or revoke the license to practice medicine of Respondent, impose a fine, and take such other actions as the Commission may deem appropriate based upon the evidence presented for consideration."

4. In Count One of the Administrative Complaint, the Board alleges that Respondent should be disciplined for refusing to comply with an Order of the Board issued pursuant to the authority of Ala. Code § 34-24-360(19). That statute provides, in relevant part:

b. When the issue is whether or not a doctor is physically or mentally capable of practicing medicine or osteopathy with reasonable skill and safety to patients, then, *upon a showing of probable cause to the board or commission that the doctor is not capable of practicing medicine or osteopathy with reasonable skill and safety to patients, the board or commission may order and direct the doctor in question to submit to either a physical, mental, or laboratory examination or any combination of such examinations to be performed by a physician or osteopath*

designated by the board. The expense of such examination shall be borne by the physician or osteopath who is so examined.

c. ***Every physician licensed to practice medicine or osteopathy in the State of Alabama*** who accepts the privilege of practicing medicine or osteopathy in the State of Alabama by actually practicing or by the making and filing of an annual registration to practice medicine ***shall be deemed to have given his or her consent to submit to a mental, physical, or laboratory examination or to any combination of such examinations and to waive all objections to the admissibility of the examining physician's testimony or examination reports*** on the ground that they constitute privileged doctor-patient communications.

Ala. Code § 34-24-360(19)b., c. (emphasis added).

5. Statutes like this are common across the United States. See *Humenansky v. Minnesota Bd. of Med. Examiners*, 525 N.W.2d 559, 563 fn. 1 (Minn. App. 1994) (collecting statutes). These statutes codify the Legislature's judgment that persons licensed to practice medicine are entrusted with the health and safety of the State's citizens, and that to ensure the protection of the public, a regulatory apparatus designed to ensure the fitness of physicians is essential. As a condition of the trust reposed in them, licensed physicians are deemed by law to have consented to medical examinations ordered by the Board calculated to ensure the physicians' continuous fitness to practice with reasonable skill and safety. A physician's refusal to submit to such examinations, therefore, violates a basic condition precedent upon which a license to practice medicine is issued. As the Florida Supreme Court has observed in a similar case, "mental fitness and

emotional stability are essential traits that a physician must possess in order to competently practice medicine in a manner not injurious to the citizenry." Accordingly, a "*physician may not both refuse to submit to a mental or physical examination to demonstrate his fitness to practice, and yet demand that he receive the benefits of the status of being a licensed physician.*" *Boedy v. Department of Professional Regulation*, 463 So. 2d 215, 217-18 (Fla. 1985) (emphasis added).

6. Count Two accuses Respondent of "unprofessional conduct." The Commission may discipline any physician who, after notice and hearing, is shown to have engaged in "[u]nprofessional conduct as defined herein or in the rules and regulations promulgated by the commission." Ala. Code § 34-24-360(2).

7. The Commission has specifically defined a physician's failure or refusal to submit to an examination pursuant to Ala. Code § 34-24-360(19) as "unprofessional conduct" punishable by the Commission:

Unprofessional conduct shall mean the [c]ommission or omission of any act that is detrimental or harmful to the patient of the physician or detrimental or harmful to the health, safety, and welfare of the public, and which violates the high standards of honesty, diligence, prudence and ethical integrity demanded from physicians and osteopaths licensed to practice in the State of Alabama. Furthermore, without limiting the definition of unprofessional conduct in any manner, the Commission sets out the below as examples of unprofessional conduct:

* * *

(6) *The refusal or failure by a physician to comply with an order entered by . . . the Board of Medical Examiners*

issued pursuant to Code of Ala. 1975, Section 34-24-360(19) or (20) or pursuant to Code of Ala 1975, Section 34-24-361(h).

Ala. Admin. Code r. 545-X-4-.06(6) (emphasis added).

8. The Board's Order of July 26, 2024 requiring Respondent to "submit to a complete neurological evaluation with [REDACTED]" was clear, definite, and unambiguous. The Board's Order even gave Respondent a generous deadline of 90 days by which the complete neurological evaluation with [REDACTED] was to be completed. The Board had clear legal authority to enter the Order, the Board's Order was clearly predicated by facts demonstrating, at least, probable cause "that the doctor is not capable of practicing medicine or osteopathy with reasonable skill and safety to patients," and the Board's Order was not overly expansive nor burdensome, but rather was properly tailored to produce data either to confirm or rebut that finding of probable cause. Respondent had a clear legal duty to obey it.

9. It is undisputed that Respondent refused to obey the Board's Order of July 26, 2024. That disobedience is a violation of Ala. Code § 34-24-360(19) as alleged in Count One, and "unprofessional conduct" under Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-4-.06(6) as alleged in Count Two.

10. We reach all of these decisions based on all of the facts presented, viewed through the lens of our professional experience, expertise, and judgment. *See* Ala. Code § 41-22-13(5) ("The experience, technical competence, and

specialized knowledge of the agency may be utilized in the evaluation of the evidence.”).

IV. Decision

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

1. That the Respondent, James Curtis Dilday, M.D., is adjudged **GUILTY** of violating Ala. Code § 34-24-360(19) as charged in Count One of the Administrative Complaint;

2. That the Respondent, James Curtis Dilday, M.D., is adjudged **GUILTY** of unprofessional conduct in violation of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-4-.06(6) as charged in Count Two of the Administrative Complaint;

3. That on account of Count One of the Administrative Complaint, Respondent's license to practice medicine in the State of Alabama is **SUSPENDED INDEFINITELY** pending further Orders of the Commission;

4. That, that on account of Count Two of the Administrative Complaint, Respondent's license to practice medicine in the State of Alabama is **REPRIMANDED**;

5. That Respondent shall, within 30 days of this Order,³ pay an administrative fine in the amount of \$10,000.00 as to Count One of the Administrative Complaint, and \$10,000.00 as to Count Two of the Administrative Complaint, for a total administrative fine of \$20,000.00;

6. That it is the present sense of the Commission that any petition for relief from the suspension imposed herein, or any application for reinstatement pursuant to Ala. Code § 34-24-337(e)-(j), as applicable, is not likely to be granted except and unless Respondent clearly establishes that all of the following conditions have been satisfied:

- a. Respondent shall have submitted unconditionally to a complete neuropsychological evaluation to be performed by [REDACTED], located at [REDACTED], as well as any follow-up examinations, evaluations, and/or testing recommended by [REDACTED]; without limiting the comprehensive scope of [REDACTED] evaluation, the objectives of the evaluation shall include determining the underlying

³ See Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that "[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission" may be a separate instance of "unprofessional conduct." See Ala. Admin. Code r. 545-X-4-.06(6).

etiology of Respondent's [REDACTED] as recommended by Dr. [REDACTED], and evaluating whether there have been any changes in the [REDACTED] since it was last assessed;

- b. Respondent shall have submitted unconditionally to a complete psychiatric evaluation to be performed by a psychiatrist designated by [REDACTED], as well as any follow-up examinations, evaluations, and/or testing recommended by that psychiatrist;
- c. [REDACTED] and the psychiatrist designated by [REDACTED] shall have been provided all relevant collateral information at least 30 days preceding their respective evaluations, including but not limited to these Findings of Fact and Conclusions of Law and all exhibits specifically referenced herein;
- d. Respondent shall have executed valid consents authorizing [REDACTED] and the psychiatrist designated by [REDACTED] to disclose all information and documents regarding their evaluations and conclusions to the Board, the Commission, [REDACTED], and [REDACTED]; and

- e. Respondent shall have been found able to practice medicine with reasonable skill and safety to patients, subject to stated conditions.

7. Nothing in these Findings of Fact and Conclusions of Law precludes the Board from continuing its ongoing investigation of the Respondent and entering such other and further orders as the Board considers necessary and proper within its scope of authority.

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

DONE on this the 18th day of September, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-09-18 10:32:20 CDT

Jorge A. Alsip, M.D.
Its Chairman

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

JAMES CURTIS DILDAY, M.D.,

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2023-118

ORDER

This matter is before the Medical Licensure Commission of Alabama on
“Respondent’s Objection to Hearing or in the Alternative Motion to Dismiss,” filed
on August 27, 2025. Upon review by the full Commission, the motion is denied.

DONE on this the 18th day of September, 2025.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

**E-SIGNED by Jorge Alsip, M.D.
on 2025-09-18 10:32:36 CDT**

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

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

COSMIN DOBRESKU, M.D.,

Respondent.

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CASE NO.: 2023-054

EXHIBIT

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MOTION FOR LEAVE TO AMEND ADMINISTRATIVE COMPLAINT

Pursuant to Ala. Admin. Code r. 545-X-3-.03(13), the Alabama State Board of Medical Examiners (“the Board”) respectfully moves the Medical Licensure Commission of Alabama (“the Commission”) for leave to amend the Administrative Complaint filed in this matter, and states as follows:

1. The Board filed an Administrative Complaint and Petition for Summary Suspension of License with the Commission on May 10, 2023, charging Respondent with the following counts: (1) disciplinary action taken by another state, (2) practicing medicine in such a manner as to endanger the health of a patient, (3) gross malpractice and gross negligence in the practice of medicine, and (4) resignation of hospital staff privileges.

2. The Commission temporarily suspended Respondent’s license and set the matter for a hearing on August 23, 2023. Shortly thereafter, Respondent requested a continuance of the hearing and executed a waiver of the 120-day limitation on the summary suspension.

3. At the Commission’s November 2023 business meeting, the Board made an oral request to continue this matter until such time as the Alaska Board’s proceedings against Respondent had been concluded. The Commission granted the Board’s oral motion and continued the hearing of this matter, generally.

4. On May 16, 2025, Respondent sent correspondence to counsel for the Board notifying her of the Alaska Board's decision to "uphold all the ALJ's recommendations regarding [his] case from the trial there in March 2025" and that "summary suspension is still now the final action of the Alaska board."

5. On May 20, 2025, counsel for the Board responded to Respondent's May 16 email and requested a copy of the Alaska Board's ALJ recommendations or final ruling. Respondent acknowledged the Board's request and agreed to provide a copy of the Alaska Board's decision once he received it.

6. On June 6, 2025, counsel for the Board contacted the senior investigator assigned to the Alaska Board matter and requested a certified copy of its decision as well as any investigative materials that the Alaska Board was willing to provide.

7. On June 9, 2025, the Alaska Board's senior investigator responded to the Board's request for a certified copy of the Alaska Board's decision and stated that "a certified copy of the ALJ decision cannot be release [sic] until after the 30-day window for [Respondent] to ask the [Alaska] Board for reconsideration is met."

8. On July 11, 2025, approximately 34 days after the expiration of the 30-day appeal period, counsel for the Board again emailed the senior investigator for the Alaska Board requesting certified copies of its decision as well as its investigative materials. In response, the investigator stated "[t]here was different calculation concluded by the Office of Administrative hearings so the decision will not be final until after July 17th".

9. Counsel for the Board again submitted her request to the Alaska Board on July 20, 2025 for certified copies. More than three weeks later, on August 14, the Board received a certified copy of the Alaska Board's investigative report and decision.

10. After a thorough review of the Alaska Board's investigative report and decision, the Board respectfully moves the Commission for leave to amend the Administrative Complaint to include the Alaska Board's recent and final action taken against Respondent's license.

11. Rule 15 of the Alabama Rules of Civil Procedure provides that leave to amend a pleading more than forty-two days after the first trial setting shall be given upon a showing of good cause. *See* Ala. R. Civ. P. 15. *See also* Ala. Admin. Code r. 545-X-3-.03(13). The law in Alabama provides that amendments to pleadings shall be freely allowed unless there exists some valid reason to deny the amendment, such as actual prejudice or undue delay. *See Ex parte GRE Ins. Group*, 822 So. 2d 388, 390 (Ala. 2001). The Board does not intend to materially alter the charges brought against Respondent; rather, the Board desires to amend the administrative complaint to conform to the findings of the Alaska Board.

12. The Commission has reset this matter for hearing for October 29, 2025. If this motion is granted by the Commission, the Board will file its amended administrative complaint at least forty-five (45) days prior to the hearing date, or by September 8, 2025.

WHEREFORE, PREMISES CONSIDERED, the Board respectfully moves the Commission for leave to amend the Administrative Complaint.

Respectfully submitted on this the 19th day of August, 2025.

s/ Alicia Harrison

E. Wilson Hunter, General Counsel
Alicia Harrison, Associate General Counsel
ALABAMA BOARD OF MEDICAL EXAMINERS
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Telephone: 334-242-4116
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aharrison@albme.gov

CERTIFICATE OF SERVICE

I certify that on this 19th day of August 2025, I served a true and correct copy of the foregoing on the following individuals by sending the same *via* U.S. Mail or electronic mail:

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s/ Alicia Harrison
OF COUNSEL

EXHIBIT

N

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

CRAIG RAYMOND JONES, D.O.,

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2024-279

ORDER

This matter is before the Medical Licensure Commission of Alabama on the Board's Motion to Dismiss, filed on August 22, 2025. As grounds for the motion, the Board says that Respondent has executed a voluntary surrender of his certificate of qualification and license to practice medicine. For good cause shown, therefore, the Commission accepts Respondent's voluntary surrender; the Board's Motion to Dismiss is granted; and the Administrative Complaint filed on November 13, 2024, is dismissed without prejudice.

DONE on this the 2nd day of September, 2025.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-09-02 10:44:22 CDT

Jorge A. Alsip, M.D.
its Chairman