COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2017-029

In the Matter of

RAJA REHMAN, M.D.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Raja Rehman, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice, as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 12-411.

Biographical Information

1. The Respondent was born on June 6, 1965. He graduated from King Edward College, University Punjab in 1987. He is Board certified in gastroenterology and internal medicine. He has been licensed to practice medicine in Massachusetts under certificate number 207022 since 2000. He is currently practicing at Lawrence General Hospital (LGH) and Holy Family Hospital. He also practices in New Hampshire at the Salem Surgery Center.
2. The Board received two 5F reports alleging disruptive behavior by the Respondent.
3. On August 22, 2012, the Respondent had an incident involving an anesthesiologist in the endoscopy unit at LGH where the Respondent used offensive language and displayed aggressive behavior.

4. The Respondent entered a procedure room in the endoscopy unit at LGH where an anesthesiologist and several other hospital staff were preparing for an endoscopic procedure to begin.

5. The Respondent collected a history from the patient and completed his exam.

6. The Respondent turned to the anesthesiologist and told the anesthesiologist that the anesthesiologist should have told the Respondent when the anesthesiologist was leaving the endoscopy unit the previous day.

7. The anesthesiologist had never, in the two months he had been working at LGH, told the Respondent when he was leaving the endoscopy unit.

8. The Respondent had arrived more than an hour late for a full day of cases.

9. The anesthesiologist reminded the Respondent that the agreement between the anesthesiology department and LGH stated that the anesthesia unit worked in endoscopy until 3 p.m. and after 3 p.m. only if staffing levels allowed.

10. The anesthesiologist told the Respondent that the Respondent could speak to the Chief of Anesthesia Services if he wished to alter the agreement.

11. The Respondent raised his voice and began cursing at the anesthesiologist.

12. The anesthesiologist left the room and also asked the nurse anesthetist who was working on the case to leave the room because a nurse anesthetist cannot work without a supervising anesthesiologist.

13. The anesthesiologist told the Respondent that they could continue the conversation privately, not in front of the patient or nursing staff.

14. The Respondent again cursed at the anesthesiologist from the patient's bedside.

15. Members of the staff were still present.

16. On February 12, 2013, the Respondent had a second incident in the endoscopy unit at LGH. The Respondent again used offensive language and displayed disruptive behavior.

17. The anesthesiologist walked into a procedure room and told the CRNA that this would be the last case with the Respondent because she had to go to another room after this procedure.

18. After the procedure, the anesthesiologist and the Respondent met in the doctor's dictation room. The Respondent told the anesthesiologist that he had scheduled cases and the anesthesiologist was obliged to render anesthesia services. The anesthesiologist told the Respondent that he would have to prioritize with the other gastroenterologist who needed anesthesia services because there was a staffing shortage.

19. The anesthesiologist received a call from his certified nurse anesthetist (CNA) stating that the Respondent refused to release her to go to a different procedure room.

20. The anesthesiologist had spoken to the Respondent 30 minutes earlier to explain that the physicians in the endoscopy unit would have to share the nurse anesthetist because there was a staffing shortage. The Respondent agreed.

21. The anesthesiologist was unable to go immediately to the endoscopy unit to address the matter with the Respondent because he was working on a case in the operating room.

22. The anesthesiologist called the endoscopy unit to try to speak with the Respondent.

23. The Respondent yelled and cursed at the anesthesiologist and insisted that the anesthesiologist tell the Respondent in person that the CNA had to leave the Respondent's procedure room.

24. The anesthesiologist finished his procedure in the OR within 10 to 15 minutes of hanging up the phone from the Respondent.

25. He immediately went to speak with the Respondent in the endoscopy unit.

26. The Respondent, the gastroenterologist who also needed a CNA for his procedure, and the anesthesiologist met in an office within the endoscopy unit.

27. The Respondent continued yelling and cursing because he was angry that the anesthesiologist had hung up the phone earlier.

28. A nurse closed the door because patients could hear the physicians arguing.

29. The anesthesiologist and the Respondent had a heated exchange when the anesthesiologist asked the Respondent if he felt emasculated because the anesthesiologist's penis was larger than the Respondent's arm.

30. The Respondent became more upset.

31. The gastroenterologist said that he did not want to step on the Respondent's toes since the Respondent's case was scheduled and not an add-on.

32. The anesthesiologist found another CNA to work on the gastroenterologist's case.

33. Both cases were completed favorably.

34. On February 15, 2013, the Respondent had another case with the same anesthesiologist.

35. A procedure, an endoscopic retrograde cholangiopancreatography (ERCP) that usually took the Respondent 30-45 minutes took more than 2 hours.

36. The patient experienced post-procedure complications.

37. The Emergency Department team was working to stabilize the patient.

38. The Respondent came into the room and began yelling.

39. The anesthesiologist laughed at the absurdity of the Respondent's behavior at a time when the patient needed their attention.

40. After these incidents, LGH issued a letter of reprimand to the Respondent.

41. LGH also addressed a systems issue that created a shortage of anesthesia staff in the afternoon.

42. The Respondent was also referred to Physician Health Services (PHS).

43. PHS recommended that the Respondent participate in an anger management program and enter into substance abuse treatment.

44. On April 25, 2017, the Respondent entered into a PHS monitoring contract. He is currently in compliance with that contract.

45. The Respondent entered and completed a substance abuse program.

46. The Respondent failed to disclose on two physician renewal applications that he had been disciplined by LGH and that he had an ongoing investigation with the Board.

47. The Respondent failed to conform his behavior to professional standards for a physician.

48. The Respondent failed to disclose hospital discipline on his 2013 renewal application.

49. The Respondent failed to disclose that he was the subject of an ongoing investigation on his 2013 and 2015 physician renewal application.

LEGAL BASIS FOR PROPOSED RELIEF

A. Pursuant to G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine, including practicing medicine with negligence on repeated occasions.

B. Pursuant to *Sugarman v. Board of Registration in Medicine*, 422 Mass. 338 (1996), *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979) and *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician

upon proof satisfactory to a majority of the Board that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

C. The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01, *et seq.*

NATURE OF RELIEF SOUGHT

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

ORDER

Wherefore, it is hereby ORDERED that the Respondent show cause why he should not be disciplined for the conduct described herein.

By the Board of Registration in Medicine,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Chair

Dated: September 14, 2017

SENT CERTIFIED MAIL 9/18/17

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No.2017-029

In the Matter of	)
Raja Rehman, M.D.	)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Raja Rehman (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 12-411.

Findings of Fact

1. The Respondent was born on June 6, 1965. He graduated from King Edward College, University Punjab in 1987. He is Board certified in gastroenterology and internal medicine. He has been licensed to practice medicine in Massachusetts under certificate number 207022 since 2000. He is currently practicing at Lawrence General Hospital (LGH) and Holy Family Hospital. He also practices in New Hampshire at the Salem Surgery Center.

2. The Board received two 5F reports alleging disruptive behavior by the Respondent.

3. On August 22, 2012, the Respondent had an incident involving an anesthesiologist in the endoscopy unit at LGH where the Respondent used offensive language and displayed aggressive behavior.

4. The Respondent entered a procedure room in the endoscopy unit at LGH where an anesthesiologist and several other hospital staff were preparing for an endoscopic procedure to begin.

5. The Respondent collected a history from the patient and completed his exam.

6. The Respondent turned to the anesthesiologist and told the anesthesiologist that the anesthesiologist should have told the Respondent when the anesthesiologist was leaving the endoscopy unit the previous day.

7. The anesthesiologist had never, in the two months he had been working at LGH, told the Respondent when he was leaving the endoscopy unit.

8. The Respondent had arrived more than an hour late for a full day of cases.

9. The anesthesiologist reminded the Respondent that the agreement between the anesthesiology department and LGH stated that the anesthesia unit worked in endoscopy until 3 p.m. and after 3 p.m. only if staffing levels allowed.

10. The anesthesiologist told the Respondent that the Respondent could speak to the Chief of Anesthesia Services if he wished to alter the agreement.

11. The Respondent raised his voice and began cursing at the anesthesiologist.

12. The anesthesiologist left the room and also asked the nurse anesthetist who was working on the case to leave the room because a nurse anesthetist cannot work without a supervising anesthesiologist.

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18. After the procedure, the anesthesiologist and the Respondent met in the doctor's dictation room. The Respondent told the anesthesiologist that he had scheduled cases and the anesthesiologist was obliged to render anesthesia services. The anesthesiologist told the Respondent that he would have to prioritize with the other gastroenterologist who needed anesthesia services because there was a staffing shortage.

19. The anesthesiologist received a call from his certified nurse anesthetist (CNA) stating that the Respondent refused to release her to go to a different procedure room.

20. The anesthesiologist had spoken to the Respondent 30 minutes earlier to explain that the physicians in the endoscopy unit would have to share the nurse anesthetist because there was a staffing shortage. The Respondent agreed.

21. The anesthesiologist was unable to go immediately to the endoscopy unit to address the matter with the Respondent because he was working on a case in the operating room.

22. The anesthesiologist called the endoscopy unit to try to speak with the Respondent.

23. The Respondent yelled and cursed at the anesthesiologist and insisted that the anesthesiologist tell the Respondent in person that the CNA had to leave the Respondent's procedure room.

24. The anesthesiologist finished his procedure in the OR within 10 to 15 minutes of hanging up the phone from the Respondent.

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28. A nurse closed the door because patients could hear the physicians arguing.

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30. The Respondent became more upset.

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40. After these incidents, LGH issued a letter of reprimand to the Respondent.

41. LGH also addressed a systems issue that created a shortage of anesthesia staff in the afternoon.

42. The Respondent was also referred to Physician Health Services (PHS).

43. PHS recommended that the Respondent participate in an anger management program and enter into substance abuse treatment.

44. On April 25, 2017, the Respondent entered into a PHS monitoring contract. He is currently in compliance with that contract.

45. The Respondent entered and completed a substance abuse program.

46. The Respondent failed to disclose on two physician renewal applications that he had been disciplined by LGH and that he had an ongoing investigation with the Board.

47. The Respondent failed to conform his behavior to professional standards for a physician.

48. The Respondent failed to disclose hospital discipline on his 2013 renewal application.

49. The Respondent failed to disclose that he was the subject of an ongoing investigation on his 2013 and 2015 physician renewal application.

Conclusions of Law

A. The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine including practicing medicine with negligence on repeated occasions.

B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982).

Sanction and Order

The Respondent's license is hereby indefinitely suspended, stayed upon entry into a standard Probation Agreement that includes clinical monitoring, Board-approval of a proposed practice plan,

and compliance with Dr. Rehman's April 25, 2017 PHS contract for three years from the date the Consent Order is approved.

Execution of this Consent Order

Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated

entities with which the Respondent becomes associated for the duration of this suspension. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

Raja Rehmah, M.D., Licensee — Date 6/25/17

David Gould, Esq., Attorney for the Licensee — Date 6/26/17

Gloria Brooks, Complaint Counsel — Date 9/14/17

So ORDERED by the Board of Registration in Medicine this 14th day of September 2017.

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, Board Chair

SENT CERTIFIED MAIL 9/18/17 mg

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No. 2017-029

In the Matter of

Raja Rehman, M.D.

PROBATION AGREEMENT

I. COMPLIANCE WITH AGREEMENT

The Respondent agrees that violation of this Probation Agreement, including such provisions which survive this Agreement, shall constitute sufficient grounds for the immediate suspension of the Respondent's license to practice medicine, or any such lesser sanction as the Board may deem fit to impose, without prior notice to the Respondent. The Respondent hereby waives any claim or defense to any subsequent action by the Board to suspend the Respondent's license or impose such other lesser sanction, for any such violation or violations of this Agreement, except that the Respondent shall be entitled to defend against the assertion of a violation of this Agreement. The Respondent acknowledges and agrees that by entering into this Agreement, the Respondent is relinquishing important procedural and substantive rights.

II. PARTIES

The parties to this Probation Agreement are the Board of Registration in Medicine (hereinafter "the Board") and Raja Rehman, M.D. (hereinafter "the Respondent").

III. JURISDICTION

The parties agree that the Board has the authority to enter into this Probation Agreement, and that the Board may enforce the terms of this Agreement in accordance with applicable laws and regulations and the provisions of this Agreement.

IV. CONDITIONS OF PROBATION

During the probationary period, which shall be effective on the date the Board accepts this Agreement, the Respondent shall comply with each of the following requirements:

A. The Respondent agrees to undergo monitoring by the Board for at least three years from the date of approval of this Agreement, and for such further period thereafter as the Board shall for reasonable cause order. At the Board's discretion, any periods during which the Respondent is not practicing medicine, during the probationary period, may extend the probationary period. Under no circumstances, will early termination of this Agreement be allowed.

B. The Respondent shall refrain from all consumption of alcohol and use of all controlled substances, unless specifically prescribed by a treating physician who has been informed of the Respondent's history of substance use, for a legitimate medical purpose and in the usual course of the treating physician's medical practice.

C. The Respondent shall immediately notify the Board in writing any time that any treating physician writes a prescription for the Respondent for a controlled substance in Schedules II through IV, inclusive.

D. The Respondent shall not prescribe any controlled substances to himself or any member of his family; and agrees that this provision contained in this sentence will survive the probationary period. Prescribing of controlled substances under this paragraph must be in accordance with all applicable state and federal controlled substance registration requirements.

E. The Respondent has entered into a Substance Use Monitoring Contract with a Behavioral Health Addendum, effective April 25, 2017, and in a form acceptable to the Board, with Physician Health Services ("PHS") of the Massachusetts Medical Society. The Respondent agrees to abide fully by all terms of this contract. This contract includes a provision that PHS will promptly inform the Board of any lapse or violation of its terms by the Respondent, and the contract provides for any necessary waivers of privilege or confidentiality by the Respondent. PHS shall submit quarterly reports to the Board which detail the Respondent's compliance with this contract.

F. The Respondent shall undergo random bodily fluid screenings as required by PHS or as may be required by the Board, which requirement may be reasonably modified from time to time consistent with scientific or practical advances in the field of alcohol and drug detection. The Respondent shall submit random samples at least weekly on average, or at such other frequency as the Board or PHS may require. An officer of PHS shall file reports of the screening evaluations completed during the previous three months with the Board within thirty (30) days as part of their quarterly report. Said reports shall specify the dates on which samples were taken and shall specify the results of the analysis of such samples and shall be signed by the person in charge. In addition, the Respondent shall obtain the written agreement of PHS to notify the Board immediately by telephone and in writing.

1. a) in the event that Respondent's sample is found to contain any evidence of alcohol or any controlled substance in violation of this Probation Agreement; or

b) in the event that PHS has other reliable evidence that the Respondent has used alcohol or any controlled substance in violation of this Probation Agreement;

2. in the event that the Respondent misses any random bodily fluid test, excluding an administrative or laboratory mistake beyond the Respondent's control;

3. in the event that the Respondent refuses to cooperate with PHS in monitoring bodily fluids in any manner; or

4. in the event that the Respondent withdraws any waiver filed in connection with this Probation Agreement; or

5. in the event that the PHS contract is terminated for any reason other than successful completion of the contract, as determined by the Director of PHS.

The Respondent agrees to waive any privileges he may have concerning such reports and disclosures to the Board by PHS.

G. During the length of the probationary period, the Respondent shall be reasonably available, at all times, to provide an immediate bodily fluid screen at the request of the Board.

H. The Respondent shall be under the care of a licensed or certified health care professional experienced in the treatment of chemical dependency who shall submit written reports, including reports on all missed sessions, to the

Board or its designee as often as the Board deems necessary but in any event at least once every three months. Copies of these attendance reports shall be part of the quarterly report that PHS submits to the Board. The health care professional shall immediately notify the Board by telephone whenever, in his or her professional judgment, the Respondent poses a potential danger to the health, safety and welfare of the Respondent's patients. In addition, the health care professional shall immediately notify the Board by telephone and in writing in the event that the Respondent terminates treatment, or is non-compliant with the treatment plan. In the event that the health care professional notifies the Board that the Respondent poses a danger to the health, safety or welfare of the Respondent's patients, or terminates treatment, the Board may obtain any and all information, reports and records for a period not to exceed ninety (90) days prior to the date of said notification from the health care provider concerning the Respondent. The Respondent hereby waives any privileges concerning such information, reports, records and disclosures to the Board. The health care professional shall confirm in writing, within ten (10) days of the Board's accepting this agreement, his or agreement and undertaking with respect to the obligations set forth in this Agreement, and shall notify the Board if the Respondent withdraws any waiver filed in connection with this Agreement. The Respondent may not terminate treatment with, or change the identity of the health care professional without prior Board approval. The Respondent has chosen Kimberly Roberts-Schultheis, M.D. as the healthcare professional who shall fulfill the monitoring requirements of this paragraph.

I. The Respondent shall participate at least weekly in a group-counseling program for individuals with substance use disorders, approved in advance by the PHS. The Respondent shall keep a diary of his attendance at such meetings. The Respondent shall submit this diary to PHS for periodic verification and PHS shall submit current copies of the diary in its quarterly report to the Board.

J. The Respondent shall file, within thirty (30) days of the execution of this Probation Agreement, written releases and authorizations sufficiently broad in scope so as to allow the Board to obtain any and all medical and laboratory reports, treating physicians' reports and records concerning the Respondent's treatment during the probationary period. PHS may retain as confidential the identity of informants who have disclosed suspected or known substance misuse to those programs under the promise of confidentiality.

K. All agreements whereby third parties are to provide written reports, releases, records or any other information to the Board under this Probation Agreement shall be submitted to the Board for approval within thirty (30) days after the Probation Agreement is approved by the Board. All such releases and agreements must, in addition to waiving any relevant state law privileges or immunities, provide the Board with access to all material covered by 42 CFR, Part 2, and the Criminal Offender Records Information (CORI) Act, so-called, M.G.L. c. 6, ss. 167-178; all such releases and agreements must provide that the released party shall notify the Board if any waiver is withdrawn. In the event that any such releases or waivers are not sufficient to obtain access to any information which the Board in its discretion considers relevant, the Respondent agrees to obtain personally such information and furnish it to the Board, to the extent permitted by law.

L. In the event that the Respondent seeks licensure to practice medicine in another state, the Respondent shall notify the Board of such fact and shall disclose to the licensing authority in such state his status with this Board. The Respondent shall submit to the Board copies of all correspondence and application materials submitted to another states' licensing authority.

M. In the event the Respondent should leave Massachusetts to reside or practice out of the state, the Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods

of residency or practice outside Massachusetts will not apply to the reduction of any period of the Respondent's probationary licensure, unless the Respondent enters into a monitoring agreement, approved by the Board, in the new location.

N. The Respondent shall appear before the Board or a committee of its members at such times as the Board may request, upon reasonable advance notice, commensurate with the gravity or urgency of the need for such meeting as determined by the Board or such committee.

O. The Respondent shall provide a complete copy of this Probation Agreement, with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; the Drug Enforcement Agency, Boston Diversion Group; Department of Public Health, Drug Control Program, and the state licensing boards of all states in which he has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Agreement. The Respondent is further directed to certify to the Board within ten (10) days that she has complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

P. The Respondent may engage in the practice of medicine under such conditions as the Board may impose. The Respondent is authorized to practice medicine only at Lawrence General Hospital and Holy Family Hospital.

Q. Until the Board, upon petition of the Respondent, orders otherwise, the Respondent's clinical practice shall be monitored by Ziad Alfarah, M.D., at Lawrence General Hospital and by Vartan Yeghiazarians, M.D., at Holy Family Hospital. Drs. Alfarah and Yeghiazarians, and any Board-approved successor, shall submit quarterly evaluations of the Respondent to the Board. The Respondent's monitor(s) shall immediately report any concerns about potential violations of this Probation Agreement by telephone, and in writing, directly to the Board.

R. The Respondent, and not the Board, shall be responsible for the payment of any fee or charge occasioned by the Respondent's compliance with this Probation Agreement.

S. The Respondent may request that the Board modify the conditions set forth above. The Board may, in its discretion, grant such modification. Pursuant to paragraph A, above, early termination of this Agreement will not be allowed. Except for requests for modifications related to the identity of the health care professional, worksite monitor and worksite referenced in paragraphs H, P and Q, and the Respondent's employment, the Respondent may make such a request not more than once in any one year period, nor any sooner than one year from the date of this Probation Agreement.

V. TERMINATION OF PROBATION

A. If the Respondent complies with his obligations as set forth above, the Board, at the expiration of the three-year period, shall, upon petition by the Respondent, terminate the Respondent's probationary period and probation with the Board, unless the Respondent's probation is extended in accordance with paragraph IV(A). In addition, pursuant to paragraph IV(A) early termination of this Agreement will not be allowed.

B. If the Respondent fails to comply with his obligations as set forth above, the Respondent's license to practice medicine may be immediately suspended, as agreed in Section I.

6/29/17
Date

Respondent

6/29/17
Date

Attorney for the Respondent

Accepted this 14th day of September, 2017, by the Board of Registration in Medicine.

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Chair

SENT CERTIFIED MAIL 9/18/17 mg