

A review of public records indicates that final disciplinary orders have been entered on the following Physicians.

Order copies can be obtained by contacting the Board.

Data last updated 1/29/2013 – New Actions Highlighted in Yellow

Licensee Name Alarcon, Victor M. MD
Mailing Address #3 MARGATE TERRACE
PUEBLO, CO 81001

Disciplinary Summary 1/06/03 voluntarily surrendered medical license due to disability.

Licensee Name Allen, James L. MD
Mailing Address 1200 College Dr
Rock Springs, WY 82901

Disciplinary Summary 06/13/2006 Voluntary Surrender of license due to a guilty plea to felony. Dr. Allen petitioned for reinstatement of his medical license at a hearing November 17, 2010. The hearing reconvened on April 15, 2011 when Dr. Allen presented a CPEP evaluation for consideration. Based on the CPEP report the Board found that Dr. Allen had not demonstrated that he was able to safely, skillfully and competently resume the practice of medicine. The petition was denied on April 16, 2011

Licensee Name Allerheiligen, David A. MD
Mailing Address 4935 WEBB CREEK ROAD
CASPER, WY 82604

Disciplinary Summary Consent Decree dated 1/15/97 wherein licensee agreed to complete CME in appropriate prescribing and record keeping. Licensee met conditions of decree. Docket closed 2/16/98.

Licensee Name Andrew, Thomas T. MD
Mailing Address 201 W. Lakeway Road #300
Gillette, WY 82718

Disciplinary Summary Physician entered five year consent decree with the Board whereas he would have to work under the supervision of another physician that would review all prescribing of controlled substances

Licensee Name Anneberg, Spencer K. MD
Mailing Address 909 28TH AVENUE
GREELEY, CO 80631

Disciplinary Summary Order of Revocation of Physician's License issued on 2/24/97. Revocation of Wyoming license based on revocation of Colorado license on 12/19/96.

Licensee Name Aquilna, Joseph N. MD
Mailing Address 1551 LINDEN PLACE
SAGINAW, MI 48603

Disciplinary Summary Consent Decree dated 8/26/98. Licensee failed to report investigation in another state during the annual renewal cycle.

Licensee Name Aranibar, Alberto . MD
Mailing Address 431 SOUTH BURNSIDE AVENUE #11-E
LOS ANGELES, CA 90036
Disciplinary Summary **On October 14, 2003 voluntarily surrendered license in lieu of investigation of action in California.**

Licensee Name Barrier, Alvis L. MD
Mailing Address Univ. of Missouri Medical School
Columbia, MO 65212
Disciplinary Summary **Consent Decree dated 1/7/97 wherein licensee agreed to one month suspension, 5 years probation, refrain from self prescribing controlled substances and submit to random urine screens. Amended 1/9/98 to prohibit self prescribing of any kind. 11/1/00 Order Terminating Consent Decree. License fully restored with no restrictions or conditions.**

Licensee Name Baumstarck, Jr., Joseph . MD
Mailing Address StrongTree Clinic
Lovell, WY 82431
Disciplinary Summary **Board Accepted Voluntarily Relinquishment of License in Lieu of Contested Case Hearing on November 20, 2008.**

Licensee Name Bender, David S. MD
Mailing Address 110 Hosptial Lane
Afton, WY 83110
Disciplinary Summary **Final order dated 4/11/02 wherein Dr. Bender agreed to an assessment by PLAS [Post Licensure Assessment Sytem] and agreed to complete additional training and education if necessary. Assessment and additional education requirement completed by 8/1/03. All requirements met and file closed on 9/23/03. MEDICAL LICENSE IS FULLY RESTORED WITH NO CONDITIONS OR RESTRICTIONS.**

Licensee Name Bennett, Bruce, M.D.
Mailing Address 4531 E. 23rd Street
405 W. Boxelder Rd., Suite A-1
Casper, WY 82609
Disciplinary Summary **10/3/2011 Dr. Bennett entered into a Consent Decree in which he will be on probation for a period of two years; he shall only provide medical treatment in a setting we he and the patients are visually observed by a third-party at all times during treatment; arrange for work site monitor to ensure he maintains patient boundaries and conducts himself appropriately and professionally; the work site monitor will send quarterly reports to the Board regarding Dr. Bennett's professional conduct. On January 25, 2013, Dr. Bennett came before the Wyoming Board of Medicine petitioning for removal of the restrictions placed on his medical license through the Consent Decree. On January 26, 2013, the Board voted to remove all restrictions, allowing Dr. Bennett to have a full and unrestricted physician license**

Licensee Name Blain, James L. DO
Mailing Address 27742 MISSOURI DRIVE
LEBANON, MO 65536
Disciplinary Summary **Consent Decree dated 3/26/97 wherein licensee agreed to a restriction from practicing medicine in Wyoming. Licensee may petition the Board for a hearing to resume practice in**

Wyoming. Licensee bears the burden of proof that he can safely and skillfully practice medicine.

Licensee Name Blount, James J. MD
Mailing Address 192 UINTA DRIVE
GREEN RIVER, WY 82935
Disciplinary Summary **Order Revoking Physicians License dated 1/3/94. Physician refused/failed to provide requested information and to appear for an informal interview and subsequent contested case hearing.**

Licensee Name Bury, Richard R. MD
Mailing Address ,
Disciplinary Summary **Consent Decree dated 11/30/00 in which licensee agreed to 5 years probation and notification to Board prior to practicing in Wyoming. Action was taken due to action in Colorado for controlled substance diversion.**

Licensee Name Byram, Mark T. MD
Mailing Address Centennial Medical Center
Nashville, TN 37215
Disciplinary Summary **Stipulation for issuance of Physician's License with Conditions 2/27/92. Licensee self reported substance abuse. Licensee met all conditions. 8/1/94 conditions were removed.**

Licensee Name Cantu, Amador R. DO
Mailing Address 354 South 1000 West
Blackfoot, ID 83221
Disciplinary Summary **11/10/03 Consent Decree. Licensee agrees to specialized training, chart review, annual visits with the Board and 5 years probation. 2/16/04 Consent Decree terminated. Licensee completed specialized training, Probationary period abrogated**

Licensee Name Cesko, David R. MD
Mailing Address 819 W. Maple Street
Rawlins, WY 82301
Disciplinary Summary **12/20/2005 - Three years of random unannounced review of patient files; must complete controlled substance & record keeping course.
9/24/2010 – Two year additional Consent Decree with random reviews of patient records.**

Licensee Name Climaco, Jesus L. MD
Mailing Address 1204 HILLTOP DR #109
ROCK SPRINGS, WY 82901
Disciplinary Summary **Emergency Suspension of license 9/4/92. Voluntary Relinquishment of license 12/4/92. Licensee indicted in county court for alleged indecent liberties with a child patient.**

Licensee Name Cormack, Alvin P. MD
Mailing Address 320 14th Ave
Lewiston, ID 83501
Disciplinary Summary **Consent Decree and Order dated 10/8/99 wherein licensee agreed not to practice in Wyoming until resolution of disciplinary action in Idaho.**

Licensee Name Couch, II, Marvin W. MD
Mailing Address P.O. Box 128
Rawlins, WY 82301
Disciplinary Summary Entered into 5 year consent decree requiring a Board-approved boundaries course and annual meetings with Petitioners. Order terminating probation issued on October 24, 2009.

Licensee Name Cunningham, Leon D. MD
Mailing Address 85 AREQUA RIDGE DRIVE
COLORADO SPRINGS, CO 80919
Disciplinary Summary 2/20/03 Order Revoking Physician's License due to action taken by Colorado Board of Medical Examiners.

Licensee Name Cygan, Ronald W. MD
Mailing Address P.O. Box 26785
Overland Park, KS 66225
Disciplinary Summary Consent decree dated 2/4/04 requiring neuropsychological evaluation, ongoing psychiatric treatment, quarterly reports to Board and five years probation for alleged unprofessional conduct.

Licensee Name Davis, Thomas, MD
Mailing Address 4185 Overdale
Gillette, WY 82718
Disciplinary Summary May 22, 2012 – The Wyoming Board of Medicine entered an Order accepting the Consent Decree between Dr. Davis and members of the Board in which Dr. Davis must have peer review of all Schedule II and II controlled substances, to mirror the actions the Federal Court placed on his license in a criminal matter. The Board was presented with a petition to vacate the Consent Decree of Thomas Davis, M.D. On January 26, 2013, the Board voted to approve an order vacating the Interim Consent Decree. The Order does not preclude the Board from further investigation or action related to the original complaint.

Licensee Name Del Real, Frank . MD
Mailing Address 231 South Wilson Street
Casper, WY 82601
Disciplinary Summary Petition for removal of all restrictions granted on June 8, 2007. License is now unencumbered and in good standing

Licensee Name Devous, A. Scott. MD
Mailing Address I.H.S./ 107 H. STREET
POPLAR, MT 59255
Disciplinary Summary 7/18/83 Voluntarily Relinquished Medical License. Diverting controlled substances.

Licensee Name Devous, A. Scott. MD
Mailing Address P.O. BOX 189
GILLETTE, WY 82717
Disciplinary Summary 7/18/83 Voluntarily relinquished medical license. Diverting controlled substances. 6/1/87 License reinstated with condtions. New license number issued. Must inform Board prior to practice of medicine in Wyoming. 6/8/90 license revoked due to non compliance of Board action. License reinstated 4/22/91 90 day suspension. Board order appealed to District

Court. 90 day suspension upheld, all other restrictions and conditions reversed. License reinstated 8/19/91 without restrictions or conditions.

Licensee Name Dobson, Joseph C. MD
Mailing Address Alpha Family Medicine
Cheyenne, WY 82001
Disciplinary Summary **Consent decree dated 1/30/03 wherein licensee agrees to conditions on license. 11/12/03 Licensee released from condtions.**

Licensee Name Duck, Sigsbee W. MD
Mailing Address Sweetwater Medical Group
Rock Springs, WY 82901
Disciplinary Summary **3/4/2004 - License entered a consent decree - 1) Agreed to psych evaluation and followup treatment, 2) 5 years probation and 3) chaperone with all female patients Early termination of probation granted on 2/5/2007. License is in good standing and unrestricted.**

Licensee Name Dunaway, Thomas, M.D.
Mailing Address 57 Blue Sky Highway
Ethete, WY 82520
Disciplinary Summary **2/3/2011 – Dr. Dunaway received a Stipulated license in which he will enter into and comply with WPAP for a period of five years and enter into and remain under the care of one or more mental health provider. On August 2, 2012, Dr. Dunaway appeared before the Board requesting his restrictions and conditions be removed. After the hearing, the Board determined that Dr. Dunaway established by a preponderance of the evidence that he had fulfilled and corrected all conditions previously imposed. Therefore the Board concluded that Dr. Dunaway’s restrictions and conditions be removed.**

Licensee Name Duffy, John L. MD
Mailing Address P.O. BOX 261
WALKER, IA 52352
Disciplinary Summary **Order Revoking Physician's License 12/22/93. Licensee failed or refused to appear for contested case hearing. 2/23/05 - Licensee reinstated with conditions. Limited to assist physicians in limited practice in Iowa correctional system.**

Licensee Name Fernon, Chris J. DO
Mailing Address 799 HALLECK CANYON ROAD
WHEATLAND, WY 82001
Disciplinary Summary **Consent Decree dated 1/31/98 wherein licensee agreed to complete CME in appropriate prescribing and to a restriction in prescriptive practice. Consent decree dated 8/18/00 wherein licensee voluntary surrendered medical license. Licensee may have a medical condition which involves addiction to illegal controlled substances and may have engaged in use of illegal controlled substances.**

Licensee Name Fitterman, William S. DO
Mailing Address ,
Disciplinary Summary **6/4/2010 - Physician placed on five years probation - complete CME on record keeping and documentation of prescribing of scheduled drugs - will obtain in advance of accepting**

employment obtain written approval by the Petitioners. Dr. Fitterman petitioned the Board for removal of all restrictions placed on his license in June 2010. On January 26, 2013, the Board voted to approve an order removing all restrictions allowing Dr. Fitterman a full and unrestricted license.

Licensee Name Frazier, Jr, Robert A. MD
Mailing Address DEPT OF PATH/1060 FIRST COLONIAL
VIRGINIA BEACH, VA 23454
Disciplinary Summary **Stipulation for Issuance of Physician's License 11/24/92. Licensee agreed to drug and alcohol monitoring. Licensee met conditions. 6/4/94 conditions were removed.**

Licensee Name Gilbertson, Phillip R. MD
Mailing Address Wyoming Life Resource Center
Lander, WY 82520
Disciplinary Summary **9/3/2009 - Physician entered into Consent Decree in which he must enroll in and comply with WPAP for the length of 5 years**

Licensee Name Gladney, Samuel L. MD
Mailing Address 1600 WEST COLLEGE #110
GRAPEVINE, TX 76051
Disciplinary Summary **2/20/03 Order Revoking Physician's License due to action taken by Texas State Board of Medical Examiners.**

Licensee Name Gooder, Ronald L. MD
Mailing Address 2321 Breck Avenue
Casper, WY 82601
Disciplinary Summary **License revoked 8/13/03.**

Licensee Name Goodpasture, John E. MD
Mailing Address 120 E Beaugard Ave
San Angelo, TX 76903
Disciplinary Summary **Stipulation for Issuance of Physician's License with Restrictions 6/25/97. License restricted to practice of anesthesiology and to practice in a hospital where peer review is performed. Licensee prohibited from practicing in an office or healthcare facility where no peer review is performed. 4/24/00 restrictions removed.**

Licensee Name Guron, Azad S. MD
Mailing Address 13 FOWLOW DRIVE
CANADA A2N 2V6,
Disciplinary Summary **Stipulation for Issuance of Physician's License with Restrictions dated 9/28/92. License restricted in Wyoming to practice of anesthesiology and may not practice outside scope of practice for anesthesiology.**

Licensee Name Gustafson, Paul T. DO
Mailing Address 2710 E. Harney Street
Laramie, WY 82072
Disciplinary Summary **The Board began an investigation in February 2010 into the physician resigning his clinical privileges at Ivinson Memorial Hospital in Laramie, Wyoming, while under investigation of**

a post operative death. Dr. Gustafson did not respond to the Board's request for information regarding this matter. Dr. Gustafson allowed his Wyoming medical license to lapse while under investigation by the Board. This action was reported to FSMB and NPDB. No final orders have been issued against licensee.

Licensee Name Harbrecht, David J. MD

Mailing Address 196 Arrowhead Drive, Suite 5
Evanston, WY 82930

Disciplinary Summary Consent Decree dated 3/24/97 where licensee agrees to restriction in prescribing. Restrictions in Utah dated 8/15/96 caused subsequent restriction in Wyoming. On October 15, 2011, the Board granted the request of Dr. Harbrecht to have the conditions removed from his Wyoming license. Dr. Harbrecht now holds a full and unrestricted license.

Licensee Name Hawley, Jr., James W. MD

Mailing Address 201 14th Street
Wheatland, WY 82201

Disciplinary Summary Consent Decree 6/3/99. Licensee agreed to 5 years probation while he receives documented treatment and annual compliance visits with the Board. Amended decree 7/17/00, incorporated first consent decree and added chart & prescription review for one year and notification to Board prior to E.R. work. 11/12/03 Licensee released from all conditions and restrictions.

Licensee Name Heiss, Richard J. MD
Mailing Address 2000 ASHE ROAD #28
BAKERSFIELD, CA 93309

Disciplinary Summary 1/30/03 license surrendered in lieu of revocation hearing.

Licensee Name Henshaw, Diane C. MD

Mailing Address Rocky Mountain Oncology Center
Casper, WY 82609

Disciplinary Summary 2/7/03 license reinstated with conditions.

Licensee Name Hillier, Anthony, D.O.

Mailing Address 736 Hirst Street
Cheyenne, WY 82009

Disciplinary Summary On January 2013, Dr. Hillier entered into a consent decree with the Wyoming Board of Medicine in which Dr. Hillier will have a three (3) month stayed suspension; a five year probationary period; participate in and stay compliant with the WPAP program; participate in mental health and addictions counseling. Please contact the Board for a Full Consent Decree

Licensee Name Hoffman, David E. MD

Mailing Address 1115 Lane 12
Lovell, WY 82431

Disciplinary Summary 4/24/98 license suspended with conditions by consent decree. Conditions include 5 years probation and monitored by the Wyoming Physician Assistance Program for substance abuse. 6/22/99 reinstatement of license with conditions. 10/16/03 license fully restored with no encumbrances.

Licensee Name Hopkins, Matthew V. MD

Mailing Address 424 Yellowstone Avenue
Cody, WY 82414

Disciplinary Summary 10/24/2009 - Entered into consent decree to include he must enter a contract with WPAP and maintain compliance. 7/15/2011 After non-compliance Dr. Hopkins entered another Consent Decree with the Board to include a six-month stayed suspension. On November 1, 2011, after notification of non-compliance, Dr. Hopkins medical license was suspended for the six month term. The suspension shall end April 28, 2012.

Licensee Name Houston, Robert E. MD

Mailing Address Spartanburg Fam Med/Residency
Spartanburg, SC 29303

Disciplinary Summary Stipulation for Issuance of Physician's License 6/15/93 wherein licensee agreed to mental health monitoring. Licensee met conditions. 11/18/97 conditions were removed.

Licensee Name Hrnicek, Gary E. MD

Mailing Address 1200 Hawthorne Ave.
Casper, WY 82604

Disciplinary Summary Consent decree dated 1/20/00 requiring 5 years probation during which time licensee would be evaluated by the Colorado Personalized Education for Physicians. Probation and all conditions removed effective June 11, 2001.

Licensee Name Iliya, John A. MD

Mailing Address 1208 Hilltop, Ste 105
Rock Springs, WY 82901

Disciplinary Summary Consent Decree dated 01/10/00 whereupon licensee agreed to conditions on license to include 5 years probation. During probation licensee agreed to assessment and treatment if necessary and annual compliance visits with the Board. 4/14/04 Order for release from conditions and restoration of license without encumbrances.

Licensee Name Johnson, Alan B. MD

Mailing Address ,

Disciplinary Summary After summarily suspending the license of physician on 1/20/10, physician voluntarily offered to relinquish his license in lieu of a contested case hearing. On June 4, 2010, the Board voted unanimously to accept the voluntary relinquishment. Please contact the Board office for more information.

Licensee Name Johnson, Gerald W. MD

Mailing Address 4265 SAN FELIPE SUITE 620
HOUSTON, TX 77027

Disciplinary Summary Consent Decree 6/24/99 wherein licensee agreed to a restriction on Wyoming license. Licensee will not practice in Wyoming until and unless the restriction on his surgical practice in Texas is removed. On 10/14/03 license revoked.

Licensee Name Kirbens, Drew J. MD
Mailing Address 13691 E. MARINA DRIVE APT 207
AURORA, CO 80014
Disciplinary Summary **4/9/98 license revoked for negligence and willful use of inappropriate or unnecessary medical treatments.**

Licensee Name Kleppinger, Kent M. MD
Mailing Address 1252 N. 22nd, Suite B
Laramie, WY 82072
Disciplinary Summary **Consent decree dated 8/94. Licensee agreed to complete CME for ethics and sexual misconduct and 5 years probation. 10/2/99 license conditions removed.**

Licensee Name Landreth, Jr., Knute . MD
Mailing Address HRMC 172 4th St. S.D.
Huron, SD 57350
Disciplinary Summary **1990 letter of censure.**

Licensee Name Larsen, James C. MD
Mailing Address 2642 Ardon Lane
Capser, WY 82609
Disciplinary Summary **90 day suspension for failure to report professional liability settlements to the Board. February 5, 2003 license restored to good standing.**

Licensee Name Larson, Trenette A. MD
Mailing Address ,
Disciplinary Summary **6/4/2010 - Physician entered into a two year consent decree to include 8 hours of CME each month on a variety of subjects; will not prescribe controlled substances to family members; will not keep any scheduled drugs in a soley run office**

Licensee Name Lea, Mark S. MD
Mailing Address 1016 Highland Way
Rock Springs, WY 82901
Disciplinary Summary **Licensee voluntarily relinquished license, Board accepted relinquishment on June 4, 2010 - See also Docket #10-11**

Licensee Name Lefever, Michael E. DO
Mailing Address 1101 SO. MONTANA STREET
BUTTE, MT 59701
Disciplinary Summary **On 9/29/03 the Board accepted surrender of license in lieu of investigation.**

Licensee Name Jason Lovell, D.O.
Mailing Address P.O. Box 6029
Riverton, WY 82501
Disciplinary Summary **Dr. Lovell entered into a consent decree with the Board on April 13, 2012, wherein he must enroll in and successfully complete a boundaries course; be placed on a two year probationary period; and notify the Board monthly of his work activities.**

Licensee Name Jason Lovell, D.O.

Mailing Address P.O. Box 6029
Riverton, WY 82501

Disciplinary Summary **December 26, 2012 – Voluntary Suspension of Wyoming medical accepted by the Board on this date. Dr. Lovell allegedly had sexual contact with a patient during a scheduled appointment at his clinic after completing a course on maintaining appropriate boundaries. Dr. Lovell also allegedly provided a prescription for a controlled substance at that appointment.**

Licensee Name Mackay, Calvin R. MD

Mailing Address 123 2ND AVENUE #410
SALT LAKE CITY, UT 84103

Disciplinary Summary **1990 license revoked when licensee didn't appear for contested case hearing. Action based upon misrepresentation on renewal application regarding multiple malpractice actions. 2/6/93 Consent Decree following contested case hearing which resulted in reinstatement of license with new license no. 5170A with the following restrictions: Restricted from practice of general surgery/orthopedic surgery; give 45 days written notice and interview with full Board prior to returning to WY to practice..**

Licensee Name Mackay, Calvin R. MD

Mailing Address 4535 NORTHGATE DRIVE
PROVO, UT 84604

Disciplinary Summary **2/6/93 Consent Decree licensee agreed to the following restrictions: restricted from practice of general surgery and orthopedic surgery; give 45 days notice and interview with full Board prior to return to Wyoming to practice.**

Licensee Name Madjar, Jr., David D. MD

Mailing Address 160 S. 8th Street
Lander, WY 82520

Disciplinary Summary **4/11/97 voluntary surrender of Wyoming license. 4/17/08 Licensee petitioned for re-instatement of his license. The Board granted re-instatement effective 4/17/08**

Licensee Name Mahony, Cheryl . MD

Mailing Address PO BOX 9
JACKSON, WY 83001

Disciplinary Summary **License Emergently Suspended on 6/11/02. License reinstated with conditions on 5/5/03. 5/24/04 Summary Suspension of Medical License.**

Licensee Name Marler, Mary E. MD

Mailing Address WYOMING STATE TRAINING SCHOOL
LANDER, WY 82520

Disciplinary Summary **1/27/94 voluntary, indefinite suspension of license. Allegations of attempting to renew or obtain license by misrepresentation, incapacity and/or incompetence to practice medicine and mental or physical disability rendering medical practice unsafe.**

Licensee Name Martin, Michael P. MD

Mailing Address 126 Quincy Road
Cheyenne, WY 82009

Disciplinary Summary **Consent decree dated 2/27/04 wherein Dr. Martin agreed to complete a medical ethics course and remain on two years probation with the Board.**

Licensee Name McCreedy, Philip A. MD
Mailing Address 430 ASPEN PLACE
GOLDEN, CO 80401
Disciplinary Summary **11/17/98 Stipulated surrender of license and agreement to never reapply for Wyoming licensure.**

Licensee Name McInnis, Michael J. MD
Mailing Address 1204 Hilltop Drive, #108
Rock Springs, WY 82901
Disciplinary Summary **Respondent came before the Board at a hearing in November 2009 to petition for reinstatement of his license. On January 30, 2010, the Board approved the reinstatement of his license with conditions. He is on probation for a period of five years. He must enter into a contract and comply with WPAP. He must have a proctor with will supervise his activities. He will pay the costs of the hearing.**

Licensee Name Miller, Malachi, M.D.
Address
Disciplinary The Board entered into a Consent Decree with Dr. Miller which included that the medical license be voluntarily suspended pending alcohol evaluation and treatment. On July 14, 2011, the Board granted Dr. Miller's license reinstatement with a stayed six month suspension. On September 9, 2011, after notification of a DUI in Colorado, the Board lifted the stay of suspension that will run through March 9, 2012.

Licensee Name Moser, Christopher MD
Mailing Address
Disciplinary Summary **License revoked January 27, 2012.** While under investigation for failure to submit to an informal interview following a proper request from the Board, and failure to prepare and maintain legible and complete medical records Dr. Moser allowed his license to lapse.

Licensee Name Morrell, Harley, PA-C
Mailing Address 29 Iron Creek Drive
Cody, WY 82414
Disciplinary Summary **Respondent entered into a Consent Decree with the Board on April 13, 2012, wherein he agreed to a stayed Revocation of his license pending the outcome of disciplinary action against his supervising physician. Final determination of this matter will be no later than three (3) months following the outcome of matters related to his supervising physician**

Licensee Name Nash, Robert A. MD
Mailing Address 831 S. Highway 150
Evanston, WY 82931
Disciplinary Summary **12/29/93 enjoined from providing treatment to female patients. 12/26/94 license restored with restrictions. Licensee permanently restricted from treating/counseling female patients**

unless a chaperone (physician, nurse or social worker) is present.

Licensee Name Norelli, Robert A. MD
Mailing Address 2805 CEDAR AVENUE #A
GILLETTE, WY 82716
Disciplinary Summary Signed consent decree dated 11/14/02 wherein doctor agreed to comply with Wyoming statutes and cease prescribing controlled substances to family members

Licensee Name Novick, Robert A. MD
Mailing Address 1230 East 1st Street
Casper, WY 82601
Disciplinary Summary 7/23/92 consent decree with conditions concerning licensee's history of chemical dependency. 9/29/95 stipulated conditions on license removed and license restored without restrictions.

Licensee Name Oglesby, Richard J. MD
Mailing Address 409 NO. DAVID
WICHITA, KS 67212
Disciplinary Summary 6/24/92 consent decree with conditions concerning licensee's history of chemical dependency. 7/1/95 stipulated conditions were amended and imposed stay while licensee resides and practices in another state.

Licensee Name Painter, Rebecca A. MD
Mailing Address 201 W. Lakeway Road, Ste. 811
Gillette, WY 82718
Disciplinary Summary Order dated 3/2/99 imposing continuing education, chart review and costs. 3/3/2000 Wyoming Supreme Court decision reversed Order. License in good standing and without encumbrance.

Licensee Name Rainey, Debra K. MD
Mailing Address BOX 661
HANNA, WY 82327
Disciplinary Summary 8/17/04 agreed to voluntarily surrender license due to action in Iowa. 12/16/93 licensee voluntarily surrendered license in response to alleged misrepresentation on renewal application and inappropriate prescribing. 3/15/95 license reinstated with conditions including practice monitoring and continued therapy with quarterly reports. 6/2/95 Order Nunc Pro Tunc required preapproval of practice changes. 12/4/97 Order removed remaining restrictions & conditions. 8/13/2004 surrendered license in lieu of investigation.

Licensee Name Ramsay, William J. MD
Mailing Address P.O. Box 4070
Jackson, WY 83001
Disciplinary Summary 10/15/03 consent decree. Licensee completed course in patient boundary issues.

Licensee Name Rees, Joseph R. MD
Mailing Address 5450 South 850 East
South Ogden, UT 84405
Disciplinary Summary 6/23/93 licensee applied for reactivation of his lapsed license and was granted reactivation of license with conditions concerning his history of chemical dependency. 6/16/96 three

year term of conditional licensure terminated and license restored without conditions.

Licensee Name Repas, Thomas B. DO
Mailing Address 640 Flormann Street
Rapid City, SD 57701
Disciplinary Summary **Consent decree dated 5/5/03 requires additional education by 9/12/03. Consent decree conditions satisfied and docket closed 10/12/03.**

Licensee Name Riley, Edward C. DO
Mailing Address Fort Belknap Health Center
Harlem, MT 59526
Disciplinary Summary **Dr. Riley was given a stipulated license stating that he must sign a five year contract with WPAP and stay in compliance**

Licensee Name Sappington, John S. MD
Mailing Address Wyoming Behavioral Institute
Casper, WY 82609
Disciplinary Summary **License granted with Stipulation with Restrictions and Conditions. Licensee must enroll in the WPAP for 5 years due to substance abuse issues. Board accepted Voluntary Relinquishment of Dr. Sappington's license on October 23, 2010.**

Licensee Name Saranga, Jean J. MD
Mailing Address 991 WINTHER WAY
SANTA BARBARA, CA 93110
Disciplinary Summary **7/28/92 license restricted to practice of child and adolescent psychiatry. Licensee agreed to inability to practice in other areas.**

Licensee Name Sarner, Steven W. MD
Mailing Address 915 DOVE ISLAND ROAD
NEWTON, NJ 07860
Disciplinary Summary **2/23/99 consent decree where licensee agreed to relinquish Wyoming license concurrent with relinquishment in New Jersey and to never reapply in Wyoming.**

Licensee Name Schmunk, Robert F. MD
Mailing Address RT 1 BOX 135
DOUGLAS, WY 82633
Disciplinary Summary **Wyoming medical license revoked 3/13/84.**

Licensee Name Schneider, Jr., John H. MD
Mailing Address OMNI
1739 Spring Creek Lane, Suite 200
Billings, MT 59102
Disciplinary Summary **The Board of Medicine summarily suspended the Wyoming Medical license of John H. Schneider, Jr., M.D., effective 5:00 p.m., January 28, 2012. Based upon evidence provided by staff, the Board was led to find that Dr. Schneider's continued possession of a Wyoming Medical License posed an imminent and immediate threat to the public health, safety, and welfare of the people of Wyoming that imperatively required a temporary suspension of Dr. Schneider's license. On March 20, 2012, a special meeting of the Board of Medicine was**

held to hear the request of Dr. Schneider to have his license reinstated after complying with the requirement of attending a controlled substance prescribing course and entering into a consent decree placing restrictions on his license. The Board lifted the suspension and required Dr. Schneider to comply with the consent decree.

Licensee Name Short, Ronald M. MD
Mailing Address 8566 BEAVERWOOD DRIVE
GERMANTOWN, TN 38138
Disciplinary Summary 10/4/02 - Medical license issued with conditions for five years including ongoing evaluation and monitoring for substance abuse.

Licensee Name Sidhu, Anup S. MD
Mailing Address 1456 West 5th Street
Sheridan, WY 82801
Disciplinary Summary Entered into a 5 year consent decree requiring review of patient records by a mental health professional and annual meetings with the Petitioners.

Licensee Name Singer, Jonathan W. DO
Mailing Address 1401 Airport Parkway, Suite 150
Cheyenne, WY 82001
Disciplinary Summary Physician entered into five year probation with the Board to include continuation of counseling; a chaperone present when treatment requires the disrobing of a female patient. Dr. Singer petitioned the Board for removal of the restriction requiring a chaperone when female patients are disrobed, and the Board granted the petition on Jan.27, 2012. Dr. Singer currently holds an unrestricted license with the Wyoming Board of Medicine.

Licensee Name Sisk, Jerald L. MD
Mailing Address ,
Disciplinary Summary 10/22/03 Consent Decree wherein licensee agrees to follow recommendations by CPEP regarding educational standards.

Licensee Name Smith, William J. MD
Mailing Address 2301 SOUTH HWY 65
MARSHALL, MO 65340
Disciplinary Summary 3/22/99 emergency suspension of license. 8/6/99 Order restoring license with conditions and 5 years probation . Licensee admitted to sexual exploitation of a patient, negligence and malpractice. 1/3/01 supplemental order requiring Dr. Smith to submit to a psychiatric evaluation and treatment if applicable. 5/14/01 surrendered license with conditions.

Licensee Name Sridharan, Palur V. MD
Mailing Address P.O. Box 2139
Rawlins, WY 82301
Disciplinary Summary 6/5/92 consent decree requiring competency examination and radom urine screens for one year. 6/5/97 encumbrances removed and license restored without conditions.

Licensee Name Steger, David J. MD

Mailing Address 1130 Major Avenue
Riverton, WY 82501

Disciplinary Summary **Temporary Suspension for mental/substance abuse evaluations effective March 3, 2010. Suspension in effect until 10 days after Board receives results of evaluation or until a contested case hearing. License reinstated on June 4, 2010 with restrictions and 5 years probation related to mental health treatment and alcohol monitoring. Board accepted Voluntary Relinquishment of Dr. Steger's license on October 27, 2010.**

Licensee Name Steinhaus, Lyndon K. MD

Mailing Address

Disciplinary Summary **Voluntary surrender of license due to criminal conviction**

Licensee Name Story, John H. MD

Mailing Address 25 WEST 10TH ST
LOVELL, WY 82431

Disciplinary Summary **6/5/85 license revoked.**

Licensee Name Strahan, Michael J. MD

Mailing Address 1333 W. 5th Street, #103
Sheridan, WY 82801

Disciplinary Summary **All restrictions and conditions removed as of 10/25/2006.**

Licensee Name Sundell, Mark A. DO

Mailing Address 2295 E. MAPLE STREET
GLOBE, AZ 85501

Disciplinary Summary **License surrendered 4/3/03.**

Licensee Name Swenson, Michael, M.D.

Mailing Address 49 Deer Valley Drive
Lander, WY 82520

Disciplinary Summary **2/16/2011 – Stipulated License given in which Dr. Swenson will enroll in and stay compliant with WPAP for a period of five (5) years.**

Licensee Name Taylor, Jack E. MD

Mailing Address PO BOX 159
GILLETTE, WY 82716

Disciplinary Summary **1986 license revoked due to a felony conviction in Federal court. Physician's petition for reinstatement denied in 1994 and again in 1995. Physician didn't demonstrate knowledge in scope of practice to enable to safely and competently practice medicine in Wyoming.**

Licensee Name Tesoro, Augusto . MD

Mailing Address 2105 YOUNG FARM PLACE
MONTGOMERY, AL 36106

Disciplinary Summary **11/29/93 permanent injunction from prescribing or diagnosing by phone, mail or other indirect communications. Must notify Board 30 days prior to returning to practice in Wyoming and must complete CME in proper prescribing.**

Licensee Name Turner, Clayton E. MD

Mailing Address Casper Orthopaedic Associates

Address Casper, WY 82609
Disciplinary Summary 9/24/04 - Consent decree issued requiring 5 years probation, mandatory attendance in prescribing and boundaries CME courses, psychiatric evaluation, annual meetings with Board and CPEP evaluation if necessary.

Licensee Name Wagner, Malcolm E. MD
Mailing Address 590 W PUTNAM
PORTERVILLE, CA 93257
Disciplinary Summary 4/30/99 conditions on Wyoming license adopted from those imposed by California including CME in record keeping, supervision boundaries and medical ethics; continuing psychotherapy, practice monitoring with chaparone when treating a female patient. Licensee admitted to unprofessional conduct and inappropriate supervision of a physician assistant.

Licensee Name Walker, Richard W. MD
Mailing Address 1354 SAGE COURT
ROCK SPRINGS, WY 82901
Disciplinary Summary 8/6/03 Voluntarily surrendered medical license.

Licensee Name Walsh, Thomas D. DO
Mailing Address ,
Disciplinary Summary Consent decree 11/28/00 wherein licensee agrees to 5 years probation and not to practice medicine until treating physician's release that he is able to safely and skillfully practice medicine and written notification from WY Board that he may return to practice. Consent decree amended on 2/28/01 extends probation indefinitely. Consent decree amended 7/14/03 requires evaluation, completion of Colorado Personalized Education for Physicians (CPEP) program and contract with Wyoming Professional Assistance Program.

Licensee Name Washburn, James W. DO
Mailing Address 2804 Marc Knighton Court
Lecanto, FL 34461
Disciplinary Summary Consent decree dated 5/5/03 requires additional education by 9/12/03. Consent decree conditions satisfied and docket closed 10/12/03.

Licensee Name Wells, Marjorie L. MD
Mailing Address 6500 East Second Street
Casper, WY 82609
Disciplinary Summary Consent decree dated 8/5/02 restricting OB and ICU practice for five years. 10/25/04 - Restrictions on license removed. License is now unencumbered and in good standing.

Licensee Name Wilson, Edward A. DO
Mailing Address 304 Coffeen Avenue
Sheridan, WY 82801
Disciplinary Summary STIPULATION FOR ISSUANCE OF PHYSICIAN'S LICENSE WITH CONDITIONS AND RESTRICTIONS dated 10/25/04 wherein Dr. Wilson agreed to practice monitors by local area internist and pediatrician, restriction from ER practice in addition to continuing medical education and annual meetings with the Board. 2/20/05 - All conditions and

restrictions removed. License is full and unencumbered.

Licensee Name Wineinger, David K. MD
Mailing Address 10301 HICKMAN MILLS DRIVE #100
KANSAS CITY, MO 64137
Disciplinary Summary **7/21/97 licensee permanently precluded from alcohol use. Licensee admitted failure to disclose impairment concerning substance abuse.**

Licensee Name Wuchinich, Jane . MD
Mailing Address PO BOX 350/118 HEART BUTTE RD
EAST GLAZIER, MT 59434
Disciplinary Summary **Consent decree 3/10/97 requiring urine screens concerning history of substance abuse. Suspension of license 1/31/98 for 30 days due to violation of of existing consent decree. Amendment 6/28/00 to consent decree requiring evaluation for substance abuse within 90 days. On 8/14/00 the 1998 Order of Suspension reversed by District Court and remanded for a new hearing. License lapsed on July 1, 2000.**

Licensee Name Wyatt, Paul Wade. MD
Mailing Address 2466 Green Oaks Drive
Bountiful, UT 84010
Disciplinary Summary **Petition for removal of all restrictions granted on June 8, 2007. License is now unencumbered and in good standing**

Licensee Name Young, James R. MD
Mailing Address 5020 Virtue Arc Drive #219
Stockton, CA 95207
Disciplinary Summary **7/9/91 license reinstated with restrictions and conditions: Shall not perform surgery or obstetrics.**