

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for)
Reinstatement of Surrendered)
Certificate of:)
)
)
EUGENE SHAIKEN, M.D.)
)
Physician's and Surgeon's)
Certificate No. G-19759)
)
Respondent.)
_____)

File No. 20-2006-175593

DECISION

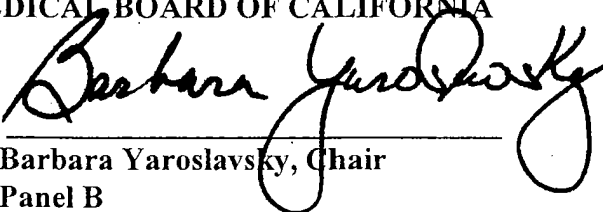
The attached Proposed Decision is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 29, 2007.

IT IS SO ORDERED December 29, 2006.

MEDICAL BOARD OF CALIFORNIA

By: _____


Barbara Yaroslavsky, Chair
Panel B
Division of Medical Quality

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for
Reinstatement of Surrendered Certificate of:

Case No. 20-2006-175593

EUGENE SHAIKEN, M.D.
2788 Crockett Circle
Los Osos, California 93402

OAH No. N2006100006

Petitioner.

PROPOSED DECISION

This matter was heard before Administrative Law Judge Jonathan Lew, State of California, Office of Administrative Hearings on November 15, 2006, in Sacramento, California.

Eugene Shaiken appeared on his own behalf.

Ismail A. Castro, Deputy Attorney General, appeared on behalf of the Department of Justice.

Submission of the matter was deferred pending receipt of documentation of Continuing Medical Education (CME) units received in 2006. Documentation was received on November 27, 2006, and marked and received into evidence as Exhibit A. Petitioner raised additional matters unrelated to CME in Exhibit A and the Department of Justice was therefore invited to respond, and did so on November 29, 2006. The case was submitted for decision on November 29, 2006.

FACTUAL FINDINGS

1. On December 10, 1970, the Medical Board of California issued Physician's and Surgeon's Certificate No. G-19759 to petitioner.

2. On or about April 29, 1992, an accusation was filed against petitioner alleging violations of the Medical Practice Act. On July 7, 1993, the Division of Medical Quality,

Medical Board of California (Board), issued its decision in *In the Matter of Eugene Shaiken, M.D.*, Case No. D-4718, wherein petitioner's physician's and surgeon's certificate was surrendered.

3. On March 12, 2006, petitioner filed this petition for reinstatement of surrendered certificate under the authority of Business and Professions Code section 2307. Petitioner previously filed a petition for penalty relief on July 15, 2003, praying for reinstatement of his surrendered certificate. That petition was denied by the Board on February 10, 2004.

4. Background. Petitioner attended medical school at Marquette University School of Medicine. He did a rotating internship at Bayfront Medical Center in St. Petersburg, Florida, and a residency in psychiatry at Sepulveda Veterans Administration Hospital, a UCLA affiliated program. He completed the residency in 1973, and worked for a private corporation, John Charles Beck, Inc., operating a 30-bed inpatient psychiatric hospital in Antelope Valley, California. In 1976, he worked for Comprehensive Psychiatric Services, Inc., as part of a group practice in Walnut Creek, California, providing both outpatient and inpatient psychiatric services. Petitioner worked there for one and a half years before being employed as a staff psychiatrist with the San Luis Obispo County Mental Health Department. As a staff psychiatrist, petitioner ran a 14-bed inpatient psychiatric unit, and was a supervising psychiatrist for both a day treatment program and for a case management program for chronically ill psychiatric patients. He continued in this employ for 13½ years before surrendering his license in June 1990.

5. The disciplinary action taken against petitioner's license occurred as a result of several alleged violations of the Medical Practice Act relating to sexual misconduct with four patients, and gross negligence in connection with the consumption of marijuana with patients. (Bus. & Prof. Code; §§ 726 and 2234.) In the stipulation and waiver setting forth the basis for disciplinary action, petitioner admitted no guilt, stipulating only that the allegations "if proven, constitute grounds for disciplinary action."¹

Petitioner acknowledges no wrongdoing in connection with any of the alleged violations. In his statement² to the Board he explains:

In July, 1993, I voluntarily surrendered my California Medical License (without admitting guilt to any of the charges) because I could not prove my innocence. Things have changed. Two of the five women (E.M. and F.C.) have recently admitted publicly that they lied. They now admit that they (along with L.P and G.T.) did form a conspiracy in order to hurt me and obtain money from my employer, and that I did not sexually abuse them. I believe that if pressure could be brought to

¹ The stipulation also noted that petitioner "enters into this Stipulation to avoid the stress and emotional damage which a hearing would place on both him and his family."

² Petitioner included the same statement in his current petition that was filed as part of his July 15, 2003 Petition for Penalty Relief.

bear by a board investigator or district attorney, the truth would be brought out – that I was, and am, innocent of all charges.

6. Since surrendering his license, petitioner and his wife have engaged in a home-based retail/wholesale business selling health-related products including vitamins, shampoo, toothpaste and skin care products. He has not practiced medicine since June 1990. Petitioner describes taking part in several “rehabilitative efforts.” He was seen by a psychiatrist, Ralph Allison, M.D., for treatment of depression over a two year period. Petitioner and his wife attended a group therapy session with a non-physician therapist for over three years. He was also seen by David B. Cheek, M.D., for six months for treatment of his depression until 1996. Petitioner is no longer under the care of psychiatrist or psychologist, and reports that he currently has no physical or mental health concerns.

7. Petitioner submitted letters from Jerren E. Jorgensen, M.D., and David W. Ralston, M.D., in support of his petition for penalty relief. Dr. Jorgensen is a retired physician from the practice of plastic and reconstructive surgery. He had regularly referred patients to petitioner whom he felt were seeking plastic surgery as a solution for emotional problems and could be better managed by a psychiatrist. Dr. Jorgensen believes petitioner to be of the highest moral character. He notes that after petitioner surrendered his license, he acted responsibly and actively obtained proper treatment for his depression. Dr. Jorgensen strongly believes that petitioner should be allowed to return to his profession, as there is “a real need for psychiatric care in our community, as most of the practitioners of his field are working at the prisons or state hospital.” He suggests that petitioner will be welcomed back by his colleagues and patients alike. Dr. Jorgensen also notes that petitioner has completed the post-graduate training requested by the Board and as of January 1, 2006, had “completed 150 hours of category 1 CME’s and read the last two years of the American Psychiatric Association Journal, and has annual subscriptions to Harvard Mental Health Letter and Audio-Digest (Psychiatry).” Dr. Jorgensen recommends that the Board reinstate petitioner’s medical license.

Similarly, Dr. Ralston believes petitioner is ready to return to active psychiatric practice. Dr. Ralston worked with petitioner when they were both employed by the San Luis Obispo County Mental Health Department. Dr. Ralston served as County Health Officer and Health Agency Administrator, responsible, in part, for the supervision of the mental health clinic and psychiatric hospital. He had multiple interactions with petitioner, never having received any complaints about him from patients, and never having any concerns about his professional or personal behavior. Dr. Ralston notes the difficulty experienced by petitioner in being forced to quit his medical practice in 1990. He writes: “But through all of this turmoil, you have maintained your integrity and supported your family. I hope that this is the beginning of the end for this tragedy of justice. If you are allowed to return to your medical practice, I will continue to refer patients to you.”

8. Petitioner has completed a significant amount of CME since his 2003 petition. In 2004, he completed 100 hours of category 1 credit, 86 hours of which were within psychiatry. Other CME subjects included pain management, substance abuse, end of life

care, ethics and risk management. In 2005, petitioner completed 50 CME category 1 credits in psychiatry. As of November 16, 2006, petitioner has completed a total of 42 CME category 1 credits in psychiatry this calendar year through an audio-digest program. He earned an additional six CME credits this year from the *Carlott Psychiatric Letter*. Petitioner has also read two years worth of *The Journal of the American Psychiatric Association*.

Petitioner believes he continues to possess the basic skills required of a practicing psychiatrist. His main focus has been keeping up to date on changes in medications. Accordingly, he has taken courses on psychiatric medications, including a review of current medications and related studies on their problems, efficiency and use. He agrees that a current peer assessment of his medical knowledge is necessary and he is open to participating in a clinical training program. In particular, he acknowledges that developing a working knowledge of what is newly available in medication and other current developments in psychiatry would be very helpful to him.

9. Petitioner desires to work as a psychiatrist for the California Department of Corrections and Rehabilitation (CDCR) at its Men's Colony in San Luis Obispo. He is open to working at other sites operated by CDCR if there are no openings in San Luis Obispo. For example, he recently made inquiry about a position in a long term locked psychiatric facility in Merced. He would be comfortable working in a men's facility, avoiding altogether the risk of women accusing him of offering drugs in exchange for sexual favors. However, petitioner does believe he can treat female patients. He notes that he has learned from this experience that he must exercise greater care in thoroughly documenting matters in patient medical records. When patients make inappropriate remarks or gestures, he now understands he must record that information. He notes that his position at the San Luis Obispo County Mental Health Department was a high pressure job where he was overworked and not then able to keep better medical records. Petitioner has also learned the importance of maintaining professional distance between physician and patient, and of understanding what patients can and cannot do in terms of their treatment.

10. Petitioner has addressed concerns raised by the Board in its February 2004 Decision denying his request for reinstatement. He was directed to address "gaps in his medical fund of knowledge and clinical practice skills by undertaking continuing medical education, reading medical journals, participating in medical seminars and training, and actively demonstrating a genuine interest in the acquisition of both didactic and clinical medical knowledge." He has done so.

The Department of Justice does not oppose petitioner having his certificate reinstated. However, given that he has not practiced medicine in 16 years there remains the question of how he might best be reintroduced to medical psychiatric practice. A successful and proven model for physician reentry is one provided through the University of California, San Diego School of Medicine's Physician Assessment and Clinical Education (PACE). This program consists of a comprehensive assessment program comprised of a two-day assessment of a physician's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to a physician's

specialty or sub-specialty, and at minimum, a 40-hour program of clinical education in the area of practice in which a physician was alleged to be deficient.

Based on a physician's performance and test results in the assessment and clinical education, the PACE will advise the Board of its recommendations for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting a physician's practice of medicine. Upon completion of any additional educational or clinical training, a physician would submit to and pass an examination. PACE's determination whether or not a physician passed the examination or successfully completed the program is binding.

11. Petitioner understands the value of PACE and/or comparable physician transition programs and agrees they would be beneficial. However, he expresses concern about the costs, noting that he simply does not have the money.³ He proposes instead that a psychiatrist at the CDCR Men's Colony be appointed to supervise him. Petitioner suggests that this physician monitor would report to the Board as to the quality and reasonableness of his assessment and treatment of each patient.

Having a physician monitor will be an important component of petitioner's reentry into medical practice. A monitor will be responsible for submitting a quarterly written report to the Board, which includes an evaluation of petitioner's performance, and indicating whether petitioner's practices are within the standards of practice of medicine and whether he is practicing medicine safely. However, as a condition precedent to engaging in medical practice, it is absolutely critical that petitioner first successfully complete PACE or an equivalent program, and that the Board be so notified. Petitioner has not practiced medicine, directly or indirectly, for over 16 years. Prior to engaging in medical practice, it is also important that petitioner complete all PACE or equivalent program recommended educational/clinical training and submit to and pass an examination. Further, his medical practice should be subject to any restrictions recommended by PACE or other approved training program. These additional objectives cannot be achieved through appointment of a CDCR physician monitor to supervise his practice. At the time of hearing, petitioner indicated that he would welcome participation in such programs.

12. Petitioner's participation in and successful completion of a PACE or equivalent assessment and clinical training program is necessary in order for him to demonstrate that his current ability to practice medicine safely and competently. His alternate plan does not satisfy this requirement. With this condition precedent in place, it would not be contrary to the public welfare or safety to issue petitioner a probationary license at this time.

³ Petitioner notes that PACE costs \$13,100 and that such must be paid up front.

LEGAL CONCLUSIONS

1. Under Business and Professions Code section 2307, a person whose certificate has been revoked may petition the Division of Medical Quality for reinstatement after a period of not less than three years has elapsed. At least three years have elapsed from the effective date of the decision ordering the disciplinary action in this case and this condition has therefore been satisfied.

2. The matters set forth in Findings 5 through 12 have been considered. Over the past 16 years, petitioner has not engaged in medical practice and within psychiatry practice in particular. He has engaged in medical study over the past three years, amassing nearly 200 hours of CME credit. He has expressed a willingness to participate in a physician transition program that would include an assessment of his medical/clinical skills and an educational component to address any deficits in his medical knowledge. Completion of such a program, including passing a program examination, is a necessary condition precedent to his return to medical practice. Along with having a physician available to monitor his practice and other standard conditions of probation in place, petitioner appears to be a good candidate for a probationary license.

Petitioner has submitted recommendations from physicians and surgeons who have personal knowledge of his activities since the disciplinary penalty was imposed. He has submitted documentation of his participation in medical training and continuing education activities over the period that his certificate was surrendered. For these and other reasons it would not be contrary to the public interest to reinstate his certificate at this time.

ORDER

The Petition for Reinstatement of Surrendered Certificate of Eugene Shaiken is granted. Physician's and Surgeon's Certificate No. G 19759 is reinstated, and simultaneously revoked; however the revocation is stayed and petitioner is placed on probation for five (5) years, subject to the following terms and conditions:

1. Clinical Training Program. Within 60 calendar days of the effective date of this Decision, petitioner shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of petitioner's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to petitioner's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which petitioner was alleged to be deficient and which takes into account data obtained from the assessment, Decision, Accusation, and any other information that the Division or its

designee deems relevant. Petitioner shall pay all expenses associated with the clinical training program.

Based on petitioner's performance and test results in the assessment and clinical education, the Program will advise the Division or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of medicine. Petitioner shall comply with Program recommendations.

At the completion of any additional educational or clinical training, petitioner shall submit to and pass an examination. The Program's determination whether or not petitioner passed the examination or successfully completed the Program shall be binding.

Petitioner shall complete the Program not later than six months after petitioner's initial enrollment unless the Division or its designee agrees in writing to a later time for completion.

Failure to participate in and complete successfully all phases of the clinical training program outlined above is a violation of probation.

Petitioner shall not practice medicine until petitioner has successfully completed the Program and has been so notified by the Division or its designee in writing, except that petitioner may practice in a clinical training program approved by the Division or its designee. Petitioner's practice of medicine shall be restricted only to that which is required by the approved training program.

2. Monitoring of Practice. Within 30 calendar days of the effective date of this Decision, petitioner shall submit to the Division or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with petitioner, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Division, including but not limited to any form of bartering, shall be in petitioner's field of practice, and must agree to serve as petitioner's monitor. Petitioner shall pay all monitoring costs.

The Division or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the

proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement.

Within 60 calendar days of the effective date of this Decision, and continuing through the first two years of probation, petitioner's practice shall be monitored by the approved monitor. Petitioner shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

The monitor shall submit a quarterly written report to the Division or its designee which includes an evaluation of petitioner's performance, indicating whether petitioner's practices are within the standards of practice of medicine or billing, or both, and whether petitioner is practicing medicine safely, billing appropriately or both.

It shall be the sole responsibility of petitioner to ensure that the monitor submits the quarterly written reports to the Division or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, petitioner shall, within five calendar days of such resignation or unavailability, submit to the Division or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If petitioner fails to obtain approval of a replacement monitor within 60 days of the resignation or unavailability of the monitor, petitioner shall be suspended from the practice of medicine until a replacement monitor is approved and prepared to assume immediate monitoring responsibility. Petitioner shall cease the practice of medicine within 3 calendar days after being so notified by the Division or designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation of probation.

3. Solo Practice. Petitioner is prohibited from engaging in the solo practice of medicine

4. Prohibited Practice. During probation, petitioner is prohibited from practicing outside his medical specialty of psychiatry. After the effective date of this Decision, the first time that a patient seeking prohibited services makes an appointment, petitioner shall orally notify the patient that he does not practice outside the medical specialty of psychiatry. Petitioner shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and

5) a description of the notification given. Petitioner shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Division or its designee, and shall retain the log for the entire term of probation. Failure to maintain a log as defined in the section, or to make the log available for immediate inspection and copying on the premises during business hours is a violation of probation.

In addition to the required oral notification, after the effective date of this Decision, the first time that a patient who seeks prohibited services presents to petitioner, petitioner shall provide a written notification to the patient stating that he does not practice emergency room medicine or treat trauma care patients. Petitioner shall maintain a copy of the written notification in the patient's file, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Division or its designee, and shall retain the notification for the entire term of probation. Failure to maintain the written notification as defined in the section, or to make the notification available for immediate inspection and copying on the premises during business hours is a violation of probation.

5. Notification. Prior to engaging in the practice of medicine petitioner shall provide a true copy of the Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to petitioner, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Division or its designee within 15 calendar days. This condition shall apply to any change in hospitals, other facilities or insurance carrier.

6. Supervision of Physician Assistants. During probation, petitioner is prohibited from supervising physician assistants.

7. Obey All Laws. Petitioner shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

8. Quarterly Declarations. Petitioner shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation. Petitioner shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

9. Probation Unit Compliance. Petitioner shall comply with the Division's probation unit. Petitioner shall, at all times, keep the Division informed of respondent's business and residence addresses. Changes of such addresses shall be

immediately communicated in writing to the Division or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b). Petitioner shall not engage in the practice of medicine in petitioner's place of residence. Petitioner shall maintain a current and renewed California physician's and surgeon's license.

Petitioner shall immediately inform the Division or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

10. Interview with the Division or Its Designee. Petitioner shall be available in person for interviews either at petitioner's place of business or at the probation unit office, with the Division or its designee upon request at various intervals and either with or without prior notice throughout the term of probation.

11. Residing or Practicing Out-of-State. In the event petitioner should leave the State of California to reside or to practice petitioner shall notify the Division or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Division or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and Probation Unit Compliance.

Petitioner's license shall be automatically cancelled if petitioner's periods of temporary or permanent residence or practice outside California totals two years. However, petitioner's license shall not be cancelled as long as petitioner is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

12. Failure to Practice Medicine - California Resident. In the event petitioner resides in the State of California and for any reason petitioner stops practicing medicine in California, petitioner shall notify the Division or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to

the reduction of the probationary term and does not relieve petitioner of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Division or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Petitioner's license shall be automatically cancelled if petitioner resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

13. Violation of Probation. Failure to fully comply with any term or condition of probation is a violation of probation. If petitioner violates probation in any respect, the Division, after giving petitioner notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation, or an Interim Suspension Order is filed against petitioner during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. License Surrender. Following the effective date of this Decision, if petitioner ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request the voluntary surrender of respondent's license. The Division reserves the right to evaluate petitioner's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, petitioner shall within 15 calendar days deliver petitioner's wallet and wall certificate to the Division or its designee and petitioner shall no longer practice medicine. Petitioner will no longer be subject to the terms and conditions of probation and the surrender of petitioner's license shall be deemed disciplinary action.


If petitioner reapplies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. Probation Monitoring Costs. Petitioner shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Division, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Division or its designee no later than January

31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

16. Completion of Probation. Petitioner shall comply with all financial obligations not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, petitioner's certificate shall be fully restored.

DATED: December 5, 2006



JONATHAN LEW
Administrative Law Judge
Office of Administrative Hearings