COMMONWEALTH OF KENTUCKY BOARD OF MEDICAL LICENSURE CASE NO. CME632

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY DAVID J. PARTIN, M.D., LICENSE NO. 47606, 305 HARPES CREEK ROAD, SILER, KENTUCKY 40763

ORDER SUSPENDING LICENSE PURSUANT TO 201 KAR 9:310

The Kentucky Board of Medical Licensure is charged with the enforcement of 201 KAR 9:310. That regulation requires licensees to complete a minimum of sixty (60) hours of continuing medical education (CME) every three years. The regulation specifies that licensees must provide verification of their successful completion of the CME requirement on or before April 1, 2018; however, the regulation provides for a six-month extension, upon request, to complete the minimum CME requirement. Section 9(2)(b) of the regulation provides,

- (b) If a licensee has not completed the continuing medical education requirements within the six (6) month period established by this subsection, his or her license shall:
 - 1. Be immediately suspended; and
 - 2. Remain suspended until the licensee has submitted verifiable evidence that he or she has completed the continuing education requirements.

This licensee requested and obtained a six (6) month extension of time in which to complete the minimum CME requirement for the preceding three year period. Having reviewed its records, the Board FINDS that, although the six month extension period has expired, the licensee has still not provided verification of completion of the minimum CME requirements. The Board CONCLUDES that the licensee is still in noncompliance, after the six (6) month extension granted. Accordingly, pursuant to 201 KAR 9:310, the

Board ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by DAVID J. PARTIN, M.D., is SUSPENDED IMMEDIATELY and SHALL REMAIN SUSPENDED until such time as the licensee submits verifiable evidence indicating completion of the CME requirements.

SO ORDERED this 16th day of November, 2018.

RANDEL C. GIBSON, D.O.

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PRESIDENT

Certificate of Service

I certify that the original of this Order of Suspension was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222 and a copy was mailed, by certified mail return-receipt requested, to David J. Partin, M.D., License No. 47606, 305 Harpes Creek Road, Siler, Kentucky 40763 on this ______day of November, 2018.

LEÁNNE K. DÍAKOV

General Counsel

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