



1. That Dr. Doctor shall reimburse the Board in the amount of \$X,XXX for all expenses related to the investigation and prosecution of this matter. The reimbursement cost is due within six (6) months of the date of this Order.
2. That Dr. Doctor must appear before the Board, in person, every three (3) months during the pendency of this matter or as requested by the Board. At said appearances, Order(s) may be amended.
3. That Dr. Doctor will initiate monthly contact with their Board Compliance Officer by the tenth (10th) day of each month.
4. That Dr. Doctor must complete the Monthly Supervision Self-Report by the tenth (10th) day of each month. (Exhibit A, Monthly Supervision Self-Report).
5. If the probation is supervised by the Board staff, that Dr. Doctor is assessed an ongoing monthly Administrative Maintenance fee of one hundred dollars (\$100), due by the first day of each month and continued monthly during the pendency of any active and ongoing Board Order.
6. That Dr. Doctor complete, and regularly maintain monthly, the Compliance Information Request Form within ten (10) days of issuance of this Order. (Exhibit B, Compliance Information Request Form).
7. That Dr. Doctor shall bear the financial costs of any expenses incurred from this Order.
8. Board staff shall have oversight of this Order on behalf of the Board, and the authority to direct Dr. Doctor to attend meetings, provide urine drug tests if requested, and to provide any and all reports, evaluations, assessments, and/or documents, relevant to this matter, including but not limited to, the signing of any authorizations necessary for the release of any and all evaluations/reports directly to the Board.
9. That Dr. Doctor may utilize their right to consult legal counsel in connection with this inquiry by the Board known as OSBOE-####-###, this Order, or any other inquiry by the Board.

10. That Dr. Doctor is required to notify the Board within seven (7) days of any changes to legal counsel.
11. Dr. Doctor shall provide a copy of this Order in whole with any current or potential employer.
12. That Dr. Doctor is required to notify the Board within seven (7) days of any changes to their residential or practice address.
13. That Dr. Doctor is required to notify the Board within seven (7) days of any changes to their cell phone number.
14. That Dr. Doctor renews their license yearly as required by the Board's statutes and rules. Failure to renew your license could result in cancellation by the Board.
15. That Dr. Doctor maintains compliance with continuing medical education ("CME") credits as required by the Board's statutes and rules.
16. In the event Dr. Doctor leaves the State of Oklahoma to practice medicine in another jurisdiction, and surrenders their license here in Oklahoma, the terms and conditions of this Order shall be tolled.

Any violation of this Order may result in further discipline of Dr. Doctor's license to practice osteopathic medicine in the State of Oklahoma.

This Order is a public record and therefore subject to the Oklahoma Open Records Act. Further, This Order may be reportable to the National Practitioner Data Bank ("NPDB") pursuant to federal law, including but not limited to, 45 CFR Part 60.

Moreover, as facts may indicate any violation of this Order may result in a referral to the Oklahoma Attorney General for the unauthorized practice of osteopathic medicine in the State of Oklahoma.

Name: _____

Reporting Period (MO/YR): _____

MONTHLY SUPERVISION SELF-REPORT

Please complete this report and return to the office of the Board, 4848 N. Lincoln Blvd., Suite 100, Oklahoma City, OK 73105 (Fax 405.557.0653) by the 10th of the month following the reporting period. Failure to do so may result in a Citation. Please use additional paper as necessary.

- 1.) Has your home, practice address or telephone number changed since your last report?
_____ If yes, please list your current address and telephone number.

HOME: _____

PRACTICE: _____

CELL: _____

EMAIL: _____

- 2.) How many hours do you typically work per week? _____

- 3.) If you are planning to take vacation, please provide the dates and location: _____

- 4.) **Since your last report:** List any hospitals, licensing authorities, governmental agencies, or other entities that have taken action to limit, suspend, revoke, or modify privileges: _____

- 5.) What is the current status of your OBN/DEA narcotics permits? _____

- 6.) **Since your last report:** Describe any previously unreported legal actions pending or actions resolved (criminal and civil): _____

- 7.) **Since your last report:** If you have been treated by a health care provider, who provided the care and what was the reason? _____

- 8.) If any medications were prescribed for your use, what were the medications, the quantities, and dosage. _____

- 9.) Please communicate any progress you've made in addressing the terms and conditions of your board order(s): _____

- 10.) If your Board Order requires attendance in OHPP meetings or therapy, attach attendance sheets showing meetings attended.

Signature: _____

Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Blvd., Suite 100 Oklahoma City, OK 73105

Phone: 405-528-8625

Fax: 405-557-0653



COMPLIANCE INFORMATION REQUEST

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE. THIS INFORMATION WILL BE USED BY THE BOARD INVESTIGATOR, AND WILL NOT BECOME PART OF YOUR PUBLIC FILE.

NAME: _____ LICENSE NO. _____

DOB: _____ SEX: _____ SSN: _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

RESIDENCE ADDRESS: _____

ADD'L BUSINESS ADDRESS(ES): _____

RESIDENCE TELEPHONE: _____

CELL PHONE: _____

BUSINESS TELEPHONE: _____

EMAIL ADDRESS: _____

OTHER STATES LICENSED IN: _____

HOSPITAL PRIVILEGES: _____