

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

**2003/2004 ANNUAL REPORT
OF THE
BUREAU OF HEALTH PROFESSIONS**

**Michigan Department of Community Health
Bureau of Health Professions
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Bureau of Health Professions

The Bureau of Health Services was transferred by Executive Order 2003-18 from the Department of Consumer & Industry Services to the Department of Community Health effective December 7, 2003 and was renamed the Bureau of Health Professions.

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Bureau of Health Professions

Fiscal Year 2003/2004 Budget

Appropriated F.T.E.s	121
Legislative Appropriation	\$14,207,000
FINANCIAL PLAN:	
Salary and Wages	\$5,050,900
Longevity and Insurance	\$830,000
Retirement & FICA	\$1,245,800
Communications	\$145,800
Travel	\$237,000
Utilities	\$10,000
Contractual Services	\$4,425,000
Supplies and Materials	\$430,000
Equipment	\$71,300
Grants	\$330,000
TOTAL	\$12,775,800

2003/2004 Promulgated Rules

Counseling

R 338.1751

Defines "supervisor" to mean a licensed professional counselor who has training in the function of supervision, revises the definition of "under the supervision of a licensed professional counselor" to specify that the supervision is ongoing, and makes technical changes to the language of the rule.

R 338.1752

Specifies that the required supervised practice of an applicant for licensure must begin upon the issuance of the limited license and continue until the professional counselor license is issued. Deletes the reference to applications submitted on or after October 1, 1994.

R 338.1753

Updates language in the rule pertaining to the Board of Counseling's adoption by reference of standards for accrediting postsecondary institutions and counselor education programs.

R 338.1756

Deletes the reference to October 1, 1994 in the provision on applicants applying for licensure by endorsement who were licensed in another state before October 1, 1994, and deletes the provision that required an applicant for licensure who did not meet the rule's provisions to have been licensed in another state after having passed a national counselor examination.

Dentistry

R 338.11701

Requires dentists to complete a minimum of 20 hours of approved continuing education in programs related to clinical issues. Requires

dental specialists to complete 20 hours of the required 60 hours of continuing education in the dental specialty field in which they are certified. Requires dentists to complete at least one continuing education hour in pain and symptom management.

R 338.11703

Specifies that a hospital-based dental specialty program is considered acceptable continuing education. Makes several revisions to the provisions on acceptable continuing education for dentists.

R 338.11704

Specifies in a separate rule the requirements for renewing a license as a dental hygienist or a dental assistant, including clarifying provisions on the completion of continuing education. Requires a licensee to complete at least 12 hours of continuing education in programs related to clinical issues.

R 338.11704a

Specifies in a separate rule the courses and programs considered acceptable continuing education for dental hygienists and dental assistants and sets limitations on the amount of continuing education credits that may be earned for a course or program. Makes several revisions to the provisions on acceptable continuing education.

R 338.11705

Updates provisions concerning the adoption by reference of standards for approving continuing education, and permits the Board of Dentistry to approve a state, regional, or national dental organization as an acceptable provider of continuing education courses.

Emergency Medical Services – Personnel Licensing

R 325.22301

Lists terms and the definitions of these terms that are used in the rules.

R 325.22302

Specifies that terms defined in the Public Health Code have the same meaning when used in the rules.

R 325.22311

Requires an application for a licensure examination to be submitted to the Department, or state-designated representative, within two years of the course completion date.

R 325.22313

Establishes requirements that must be met by a licensee who applies for a lower level license.

R 325.22314

Provides for an individual to apply for licensure by endorsement.

R 325.22315

Provides for the licensure of an applicant who only has active status of the national registry of emergency medical technicians and has not been licensed in any other state.

R 325.22316

Requires the Department to transmit to a licensee an application for renewal.

R 325.22321

Provides for the renewal of a license as a medical first responder, including the completion of 15 continuing education hours.

R 325.22322

Provides for the renewal of a license as an emergency medical technician, including the completion of 30 continuing education credit hours.

R 325.22323

Provides for the license renewal or relicensure as an emergency medical technician specialist, including the completion of 36 continuing education credit hours.

R 325.22324

Provides for the license renewal or relicensure as a paramedic, including the completion of 45 continuing education credit hours.

R 325.22325

Specifies that submission of an application for renewal of a license or relicensure constitutes an applicant's certification of compliance with the rules, and permits the Department to require an applicant or licensee to submit documentation demonstrating compliance with the continuing education requirement.

R 325.22326

Provides for the awarding of continuing education credit for the completion of certain continuing education courses and programs as well as academic courses related to emergency medical services, and provides for the adoption by reference of standards for approving continuing education courses.

R 325.22327

Requires the Department to consider applications for approval of continuing education programs not covered in the previous rule and requires the evaluation of applications based on specified criteria.

R 325.22331

Establishes requirements for the licensure by examination of instructor-coordinators.

R 325.22332

Requires an application for examination as instructor-coordinator to be completed and returned to the Department within two years of course completion.

R 325.22333

Requires the Department, or its designee, to administer a written examination to graduates of an approved instructor-coordinator education course.

R 325.22334

Requires an applicant who fails to pass a written examination in three attempts to complete an approved instructor-coordinator education course or refresher course before reapplying for further examination.

R 325.22335

Establishes requirements that an applicant for licensure by endorsement as an instructor-coordinator must meet.

R 325.22336

Requires licensed instructor-coordinators to accrue 30 continuing education credits in ongoing education programs specified by the Department as appropriate for licensed instructor-coordinators.

R 325.22337

Requires the Department to transmit to an instructor-coordinator licensee an application for renewal.

R 325.22338

Specifies that submission of an application for

renewal or relicensure will constitute an applicant's certification of compliance with the rule's requirements, and permits the Department to require an applicant or licensee to submit documentation to demonstrate compliance with the continuing education requirement.

R 325.22339

Establishes requirements with which a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic education program must comply.

R 325.22340

Establishes requirements with which an instructor-education program must comply.

R 325.22341

Specifies that an education program sponsor is responsible for the overall quality of the program and the courses offered, and establishes responsibilities of the program sponsor, the instructor-coordinator, and the physician director.

R 325.22342

Requires an instructor-coordinator for all emergency medical educational training courses to possess a current emergency medical services license that must be commensurate with the level of the training course being taught, and specifies that only an instructor-coordinator with a paramedic license may be responsible for a paramedic course. Establishes responsibilities of an instructor-coordinator.

R 325.22343

Establishes responsibilities of the education program physician director.

R 325.22344

Establishes requirements that an education program course instructor must meet.

R 325.22345

Permits the Department to evaluate an emergency medical services program at any time, and specifies conditions in which an evaluation must commence.

R 325.22346

Specifies that the procedures set forth in the rules apply to hearings required under the Public Health Code as they relate to advanced mobile emergency care services, limited advanced mobile emergency care services, ambulances, and ambulance operations as they relate to specified parts of the Code.

R 325.22347

Establishes requirements with which a Department-issued compliance order to an ambulance operation, limited advanced mobile emergency care service, or advanced mobile emergency care service must comply.

R 325.22348

Provides for the initiation of a hearing by the Department, and specifies information to be included in a hearing notice.

R 325.22349

Specifies the manner in which service of a document upon any party must be made.

R 325.22350

Permits a party to appear in person, by an authorized representative, or by legal counsel.

R 325.22351

Specifies information that must be included in a pleading and certain other documents.

R 325.22352

Provides for a request for an extension of time for the filing of a pleading or document.

R 325.22353

Permits a respondent to file with the Department a written answer within 15 days after service of a notice of hearing.

R 325.22354

Permits cases to be consolidated, for good cause, on the motion of any party or the hearing officer's own motion.

R 325.22355

Prescribes the powers of a presiding officer to conduct a fair, full, and impartial hearing.

R 325.22356

Permits a hearing officer to order a pre-hearing conference for the purpose of facilitating the disposition of a contested case.

R 325.22357

Permits a party to request an adjournment of a scheduled hearing by motion to the presiding officer assigned to conduct the hearing.

R 325.22358

Permits the parties, any time before a final order is issued, to negotiate an agreement containing consent findings and an order disposing of a case or part of a case.

R 325.22359

States that the same rights to discovery and depositions provided in the state's general court rules that are applicable to civil cases will apply to all hearings begun

and conducted pursuant to the Public Health Code and these administrative rules.

R 325.22360

Requires all preliminary notices to be filed at least five days before the date set in the notice for a hearing.

R 325.22361

Permits a presiding officer to direct that the direct testimony of any witness be submitted before the hearing in written form together with any exhibits to be sponsored by the witness.

R 325.22362

Requires hearings to be recorded, but does not require that they be transcribed unless requested by a party.

R 325.22363

Requires the hearing officer, following the conclusion of a hearing, to deliver to the Department the official case file and his or her proposal for decision.

Rescinded Rules

Public Act 375 of 2000 amended the Public Health Code to rescind the following rules:

R 325.23101, R 325.23102, R 325.23103, R 325.23104, R 325.23105, R 325.23106, R 325.23107, R 325.23201, R 325.23202, R 325.23203, R 325.23301, R 325.23302, R 325.23303, R 325.23304, R 325.23401, R 325.23402, R 325.23403, R 325.23404, R 325.23405, R 325.23406, R 325.23407, R 325.23501, R 325.23502, R 325.23503, R 325.23504, R 325.23505, R 325.23506, R 325.23507, R 325.23601, R 325.23602, R 325.23603, R 325.23701, R 325.23702, R 325.23703, R 325.23704, R 325.23705, R 325.23706, R 325.23707, R 325.23801, R 325.23802, R 325.23803, R 325.23804, R 325.23805, R 325.23806, R 325.23807, R 325.23808, R 325.23901, R 325.23902,

R 325.23903, R 325.23904, R 325.23905, R 325.23906, R 325.24001, R 325.24002, R 325.24003, R 325.24005, R 325.24006, R 325.24007, R 325.24008, R 325.24009, R 325.24010, R 325.24011, R 325.24012, R 325.24013, R 325.24014, R 325.24016, R 325.24017, R 325.24018, R 325.24020, R 325.24101, R 325.24102, R 325.24103, R 325.24104, R 325.24105, R 325.24106, R 325.24107, R 325.24108, R 325.24109, R325.24110, R 325.24111, R 325.24112, R 325.24113, R 325.24114, R 325.24115, R 325.24116, R 325.24117, and R 325.24118.

Sections 20977(1) and (2) of the Act rescinded the rules, listed above, to implement former Parts 32, 203, and 207 of the Public Health Code unless the Department recommended, and the Emergency Medical Services Coordination Committee approved, rules it considered applicable. The rules that were maintained were subject to review pursuant to the Administrative Procedures Act.

The rules that were preserved were:

R 325.23102 – R 325..23106, R 325.23201, R 325.23202, R 325.23401 – R 325.23406, R 325.23501 – R 325.23507, R 325.23601 – R 325.23603, R 325.23702, R 325.23706, R 325.23801 – R 325.23808, R 325.23901 – R 325.23903, R 325.23905, R 325.23906, R 325.24001 – R 325.24009, R 325.24011, R 325.24013 – R 325.24015, R 325.24020, and R 325.24101 – R 325.24115.

While the new rules rescinded the rules that had been preserved, these provisions were recodified and renumbered in the new rules.

Nursing

R 338.10101

Makes a technical change to the language of the rule.

R 338.10102

Makes a technical change to the language of the rule.

R 338.10104

Makes a technical change to the language of the rule.

R 338.10201

Provides that a graduate of a Canadian registered nurse program that was approved by a Canadian province and had been taught in English and who held an active Canadian license and had not been sanctioned is considered to meet the rules' requirement that a licensure applicant "completed a registered nurse education program acceptable to the Board of Nursing. Provides exemption from completion of the requirements for a certificate from the Commission on Graduates of Foreign Nursing School for licensure applicants who graduated from a nurse education program located outside of the United States if the applicant has passed the NCLEX examination, maintained an active license, and has had no disciplinary sanctions, as specified in the rule.

R 338.10202

Updates language on the NCLEX examination.

R 338.10204

Establishes time lines that applicants for either a registered nurse or licensed practical nurse license must meet in his or her first attempt at completing the NCLEX-RN or NCLEX-PN examination following graduation from a nurse education program and specifies the number of times an individual may sit for either test. Provides an exemption from these time lines for graduates who hold a current license in Canada and who graduated from a Canadian registered nurse program.

R 338. 10206

Makes a technical change to the language of the rule.

R 338. 10301

Revises the definition of "major program change" to include a change in the primary instructional method. Revises the definition of "registered nurse program" to delete reference to a "diploma in nursing" and to delete references to certain degree levels and provides, instead, that a registered nurse program prepare students for "initial" registered nurse licensure.

R 338.10303

Updates language in the rule pertaining to the initial approval of a nursing education program, including the submission of a self-study report by a sponsoring agency. Requires the self-study reports to be submitted to the Board of Nursing within one month after an accrediting agency decides on the accreditation of a nursing education program.

R 338. 10304

Makes a technical change to the language of the rule.

R 338.10307

Revises the provisions on course content to ensure that nurses are prepared to care for diverse populations.

R 338.10308

Makes technical changes to the language of the rule.

R 338.10312

Makes technical changes to the language of the rule.

R 338.10404

Updates references to various nursing specialty organizations and qualifications required for a registered nurse to obtain certification as either a nurse anesthetist, nurse midwife, or nurse practitioner.

R 338.10405

Updates references to various nursing specialty organizations and their requirements for renewal of a nursing specialty certification.

R 338.10601

Requires at least one continuing education contact hour to be in pain and symptom management in each license renewal period.

R 338.10603

Updates references to the organizations and their standards for approval of nursing continuing education programs.

Psychology

R 338.2503

Updates language in the rule that references the Board of Psychology and the Department.

R 338.2504

Revises scores that have to be obtained on tests that demonstrate that an applicant has a working knowledge of the English language.

R 338.2505

Makes technical changes to the language of the rule.

R 338.2506

Makes technical changes to the language of the rule.

R 338.2507

Specifies that an applicant for a limited license must have earned a master's degree in psychology, and permits applicants who are enrolled in a master's degree program that qualified them for a limited license to be eligible for a limited license if they apply for a limited license within five years of the rule's effective date and requires a master's degree that includes one course in scientific and professional ethics and standards.

R 338.2507a

Makes a technical change to the language of the rule.

R 338.2508

Rescinded the provision that allowed the Board of Psychology to grant a license to a person who had been certified as a consulting psychologist under former Public Act 257 of 1959.

R 338.2509

Rescinded the provision that allowed the Board of Psychology to grant a license to a person who had been certified as a psychologist under former Public Act 277 of 1959

R 338.2510

Makes technical changes to the language of the rule.

R 338.2511

Updates language in the rule pertaining to the Board of Psychology's adoption by reference of standards for accrediting post-secondary institutions.

R 338.2514

Deletes reference to sections of the Public Health Code that have been deleted and makes technical changes to the language in the rule.

Social Work

R 338.2901

Increases the number of hours of social work courses that an individual must meet for an associate degree or two years of college that is required for registration as a social work technician.

R 338.2905

Rescinded the rule that interpreted the term "recognized agency".

R 338.2906

Updates language in the rule pertaining to the adoption by reference by the Board of Social Work of standards for accrediting social work education programs.

R 338.2906a

Revises the list of activities that are considered qualifying experience for an applicant for registration as a certified social worker, and makes technical changes to the language of the rule.

R 338.2908

Requires a person who holds a social work registration, but who has not completed a graduate program in social work and was no longer enrolled in the program, to notify the Department that he or she has not met the requirements of the rules.

R 338.2908a

Establishes requirements for an applicant for social work registration by examination, including passing the basic examination developed and scored by the Association of Social Work Boards.

R 338.2908b

Establishes requirements for an applicant for certified social work registration by examination, including passing the clinical examination developed and scored by the Association of Social Work Boards.

R 338.2908c

Specifies the passing score that must be achieved on the basic social work examination.

R 338.2908d

Specifies the passing score that must be achieved on the clinical social work examination.

R 338.2909

Revises the rules to clarify the types of activities that are considered to be prohibited conduct, including taking advantage of a professional relationship to further a social worker's personal, religious, political or business interest or soliciting a sexual relationship with a client.

R 338.2910

Deletes from the rule's provisions on professional standards for advertising the provisions pertaining to the distribution of brochures or catalogs and the soliciting or advertising for personal patronage for social work services by means of specified forms of media.

Licensing Program

Application Section

The Application Section of the Licensing Division has two units. The Application Processing Unit receives and reviews applications for licensure and/or registration of health professionals. The 18,973 applications received during this fiscal year were reviewed along with supporting documentation to determine an applicant's eligibility for examination and/or licensure.

The Application Support Unit fills requests for applications and copies of laws and rules. This unit sent out 19,703 applications during this fiscal year.

Board Support Section

The Board Support Section is responsible for providing administrative support to the 19 health professional boards/committees/task forces within the Bureau of Health Professions. Some of the duties include scheduling meeting dates and locations, preparing and mailing agenda materials to the board members prior to each meeting, and taking and transcribing minutes for each meeting.

In addition to the above, the following functions are also handled by this section:

- Rules promulgation process
- Conducting public hearings
- Update administrative rule books as required
- Process travel vouchers

Education, Testing & Credentials Section

The Education, Testing and Credentials Section (ETC) is responsible for the following functions:

- Review and approval of educational or training programs for the Board of Nursing program.
- Development and administration of examinations used in the licensure/registration process either by ETC or through contractual arrangements with national testing agencies
- Preparation of written license verifications
- Administration of the federally mandated Nurse Aide registration program including training trainers of nurse aides, training program review and approval, review of individual requests for exemption from training requirements, and contractual administration of the testing program and registry database for approximately 121,378 nurse aides
- Review and approval of continuing education programs for the Emergency Medical Services program until June 1 and the Boards of Chiropractic, Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine and Surgery, Pharmacy, Podiatric Medicine and Surgery and Nursing Home Administrators.
- Processing of random audits of licensees for compliance with continuing education requirements
- Microfilm all licensure/registration file updates

Continuing Education Audits:

Chiropractic	84 Audited 72 Complied
Dentistry Dentists	90 Audited 56 Complied
Dental Hygienists	103 Audited 65 Complied
Dental Assistants	12 Audited 7 Complied
Emergency Medical Personnel	
Instructor/Coordinator	13 Audited 13 Complied
EMT Basic	187 Audited 146 Complied
EMT Specialist	39 Audited 31 Complied
Paramedic	117 Audited 108 Complied
Medicine	110 Audited 77 Complied
Nursing	
Practical Nurses	50 Audited 35 Complied
Registered Nurses	249 Audited 235 Complied
Nurse Anesthetists	41 Audited 41 Complied
Nurse Midwives	5 Audited 5 Complied
Nurse Practitioners	48 Audited 45 Complied
Osteopathic Medicine & Surgery	86 Audited 70 Complied

Podiatric Medicine & Surgery 13 Audited
7 Complied

Audits were not completed on the following professions due to computer programming problems:

Optometry
Pharmacy

Program Operations Section

The Program Operations Section is responsible for the following functions:

- Enters all applications into licensing database.
- Schedules/authorizes applicants for licensing/registration examination and processes test results
- Processes all license renewals
- Maintains the data base with name and address changes
- Reconciles payments with application/renewal process

Licensing Statistics

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants Processed</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Chiropractic Chiropractors	198		106	1,331	2,817
Counseling Counselors	230		56	1,579	5,245
Limited	439			1,193	1,466
Dentistry Dentists	260		301	2,351	7,745
Dental Specialists	43	29 (24 Passed)	0	313	1,102
Dental Hygienists	381		144	2,936	9,403
Dental Assistants	148	247(165 Passed)	1	321	1,108
Emergency Medical Personnel Medical First Responder	632		0	2,899	10,099
EMT – Basic	1,445		23	2,303	11,026
EMT – Specialist	82		0	318	1,308
Paramedic	403		25	2,113	6,882
Instructor/Coordinator	61		0	233	925
Marriage and Family Therapy Marriage and Family Therapists	21	10 (8 Passed)	6	426	878
Medicine Medical Doctors	1,708	714 (608 Passed)	3,610	9,337	29,784
Nurse Aides		9,280		15,969	41,307
Nursing Registered Nurses	4,789	3,931 (3,074 Passed)	3,725	56,280	117,492
Nurse Specialists	391			2,366	5,172
Practical Nurses	1,464	1,177 (1,086 Passed)	378	12,467	27,008
Trained Attendants				0	1
Nursing Home Administrators	112	183 (119 Passed)	32	652	1,175
Occupational Therapy Occupational Therapists	218		134	2,136	4,160
Occupational Therapy Assts.	55		39	481	973

**Department of Community Health
Bureau of Health Professions**

2003/2004 Annual Report

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Optometry Optometrists	64		45	757	1,565
Osteopathic Medicine and Surgery Osteopathic Doctors	291		637	1,970	6,260
Pharmacy Pharmacists	672	414 (364 Passed)	432	5,748	11,720
Jurisprudence Pharmacies	235	688 (544 Passed)	38	1,346	2,656
Manufacturer/Wholesaler	147		68	323	731
Physical Therapy Physical Therapists	609	611 (210 Passed)	416	3,387	7,011
Physician's Assistant Physician Assistants	222		119	1,166	2,469
Podiatric Medicine and Surgery Podiatrists	28	26 (24 Passed)	28	250	778
Psychology Psychologists	82	78 (48 Passed)	99	1,235	2,586
Doctoral Limited	87			296	398
Masters Limited	151			1,686	3,620
Temporary Limited	194				416
Sanitarian Sanitarians	10	9 (6 Passed)	0	291	572
Social Work Social Work Technician	315		181	861	1,940
Social Worker	1,503	97 (94 Passed)		5,092	11,000
Certified Social Worker	881	61 (41 Passed)		6,428	13,715
Veterinary Medicine Veterinarians	204	NAVLE - 122 (100 Passed)	173	1,601	3,584
Veterinary Technicians	198	197 (168 Passed)	7	776	1,651
TOTAL	18,973			135,198	318,441 Less CNA

Disciplinary Actions

Profession	Reprimand	Probation	Fine	Voluntary Surrender	Limited License	Suspension	Revocation	TOTAL
Chiropractic	0	6	0	0	1	1	0	8
Counseling	0	1	0	1	0	0	2	4
Dentistry	1	22	4	0	1	15	0	43
EMS Personnel	0	0	0	2	0	19	2	23
Marriage & Family Therapy	0	2	0	1	0	0	0	3
Medicine	2	19	18	4	10	18	0	71
Nursing	6	110	10	2	14	115	2	259
Nursing Home Administrators	1	1	1	0	0	0	1	4
Occupational Therapy	0	1	0	0	0	0	0	1
Optometry	0	1	0	0	0	0	0	1
Osteopathic Med & Surgery	0	6	9	0	0	6	2	23
Pharmacy	28	25	5	1	2	11	0	72
Physical Therapy	0	2	1	0	0	0	0	3
Physician's Assts.	0	1	1	0	0	2	0	4
Podiatric Med & Surgery	0	1	0	0	0	1	1	3
Psychology	0	4	0	2	1	2	0	9
Sanitarians	0	0	0	0	0	0	0	0
Social Work	1	4	0	1	3	10	4	23
Veterinary Medicine	1	11	5	0	1	5	0	23
BUREAU TOTALS	40	217	54	14	33	205	14	577

**Controlled Substances
Advisory Commission**

The Controlled Substances Advisory Commission was established by Public Act 60 of 1988, to monitor indicators of controlled substance abuse and diversion, to recommend actions to address diversion and to recommend actions to address identified problems of abuse and diversion. The Commission consists of 13 voting members and 7 ex-officio members.

Rogg, Jeffrey T., Chairperson
Public Member
Alpena

Collins, James Wesley, Ph.D.
Public Member
Detroit

Emiley, Terrence, D.P.M.
Board of Podiatric Medicine and Surgery
Grand Rapids

Ervin, Edward, Ph.D.
Professional Member
Kalamazoo

Durst, Stephen, R.Ph.
Board of Pharmacy
Portage

Grant, James, M.D.
Board of Medicine
Royal Oak

Griffin, Richard, D.O.
Board of Osteopathic Medicine and Surgery
East Lansing

Maher, Ashraf, D.D.S.
Board of Dentistry
Portage

Miller, Norman S., M.D.
Pharmacology Profession
East Lansing

O'Handley, Patricia, D.V.M.
Board of Veterinary Medicine
East Lansing

Perkins, Holly A., M.D.
Psychiatry Profession
Grand Rapids

Phillips, Cynthia, R.N.
Board of Nursing
Spring Arbor

Renfrew, William F., Rev.
Public Member
Lansing

Wissel, Michael, R.Ph.
Drug Control Administrator
Department of Community Health

Wolf, Jim, Det./Lt.
Diversion Investigation Unit
Michigan State Police

Vacant
Family Independence Agency

Vacant
Department of Education

Kenyon, James, R.Ph., Supervisor
Bureau of Health Services Review
Medical Services Administration
Department of Community Health

Brim, Melanie B, Director
Bureau of Health Professions
Department of Community Health

Marderosian, Howard C.
Assistant Attorney General In Charge
Health Professionals Division
Department of Attorney General

**Schedule of Commission Meetings
Fiscal Year 2003/2004**

None were held

MICHIGAN AUTOMATED PRESCRIPTION SYSTEM

The Michigan Automated Prescription System (MAPS) became operational on January 1, 2003, and replaced the Official Prescription Program (OPP), which ended on December 31, 2002. While the OPP captured selected Schedule 2 and anabolic steroid prescription data, MAPS collects all dispensed controlled substance prescriptions in Schedules 2 through 5.

The number of prescriptions captured in 2002, the last year for the OPP, was 769,390 records. In 2003, MAPS collected over 10 million prescriptions and over 14 million prescriptions for 2004. In 2002, the OPP responded to 17 requests for data from practitioners and others. In 2003, MAPS responded to 5,114 requests for data, and responded to over 34,000 requests for data from practitioners and others in 2004.

Currently, the MAPS program is identifying patients who appear to “doctor shop.” Doctor shoppers are individuals who seek treatment from multiple physicians with the ultimate goal of obtaining a specific controlled substance. Doctor shoppers were able to conceal this activity, prior to the MAPS program, by seeking to obtain hydrocodone prescriptions, which are Schedule 3 controlled substances. Schedule 3-5 drugs were not reported to the OPP. The MAPS program is identifying “doctor shoppers” and advising the treating physicians of this activity.

In late April 2005, MAPS will be available “on line” for practitioners and pharmacists to request patient specific reports. The completed reports will then be available within 48 business hours for the requestor to download and print. All data will be received and transmitted behind the State of Michigan firewall, which will allow practitioners to comply with HIPAA security requirements effective April 2005.

Several other changes will occur in the MAPS program by 2006. Those include twice monthly reporting which will cut the data lag from when prescriptions are dispensed to when they are reported from as many as six weeks, down to two weeks or less. Social Security numbers will be eliminated as a patient identifier. They will be replaced with the Michigan Drivers License Number, and positive identification required when a controlled substance is dispensed and pharmacy employees do not know the patient or their agent. No identification number will be required for patients under sixteen years of age.

**Health Professional
Recovery Committee**

The Health Professional Recovery Committee (HPRC) was created by Public Act 80 of 1993, which became effective April 1, 1994. Section 333.16167 describes the Committee's duties as follows:

Sec. 16167. The committee shall do all of the following:

(a) Establish the general components of the health professional recovery program and a mechanism for monitoring health professionals who may be impaired.

(b) Subject to sections 16169 and 16170 and in conjunction with the health professional recovery program consultants described in section 16168, develop and implement criteria for the identification, assessment, and treatment of health professionals who may be impaired.

(c) In conjunction with the health professional recovery program consultants described in section 16168, develop and implement mechanisms for the evaluation of continuing care or aftercare plans for health professionals who may be impaired.

(d) Develop a mechanism and criteria for the referral of a health professional who may be impaired to a professional association when appropriate for the purpose of providing assistance to the health professional. In developing criteria under this subdivision, the committee shall require that a referral be made only with the consent of the health professional.

(e) Annually report to each board and the physician's assistants task force created under this article on the status of the health professional recovery program. The committee shall include in the report, at a minimum, statistical information on the level of participation in the program of each health profession. The committee may include in the report recommendations for changes in the health professional recovery program and for participation by the boards and the physician's assistants task force, professional associations, substance abuse treatment and prevention programs, and other appropriate agencies.

The health profession boards and the Director of the Department of Community Health appoint members in accordance with section 16165 of the Michigan Public Health Code.

**Schedule of Committee Meetings
Fiscal Year 2003/2004**

December 8, 2003
March 29, 2004
June 14, 2004
September 13, 2004

Member Appointed By	Term Expires
Kane, Thomas, D.O., Chair Board of Osteopathic Medicine & Surgery	12/31/05
Grand, Joel, D.D.S. – Vice Chair Board of Dentistry	12/31/05
Barna, Mary E., D.P.M. Board of Podiatric Medicine & Surgery	12/31/05
Black, R. Elizabeth, P.T., M.S. Board of Physical Therapy	12/31/05
Bosley, Cindy, N.H.A. Board of Nursing Home Administrators	12/31/05
Brim, Melanie B., Ex-Officio Bureau of Health Professions Representing Department Director	
Brogan, Shirley, L.P.C. Board of Counseling	12/31/05
Crain, Jo Anne, Ph.D., O.T.R. Board of Occupational Therapists	12/31/05
Carr, Donald L., Ph.D. Board of Psychology	12/31/05
Garza, Ray R Contract Administrator Bureau of Health Professions	
Gordon, Thomas J., Ph.D. Board of Psychology	12/31/05
Hall, Lori, C.S.W., M.F.T. Board of Marriage and Family Therapy	12/31/05
Hall, Steven C., R.S. Represents Sanitarians	12/31/05
Kuhlman, Roger L., O.D. Board of Optometry	12/31/05
Malinoff, Herbert L., M.D. Board of Medicine	12/31/05
McGinnity, John G., M.S., P.A.-C Task Force on Physicians' Assistants	12/31/05
Newman, Charles H., R.Ph. Board of Pharmacy	12/31/05

Paxton, William S., A.C.S.W. Board of Social Work	12/31/05
Rode, Paula C., D.V.M. Board of Veterinary Medicine	12/31/05
Socie, Barbara., R.N., B.S.N. Board of Nursing	12/31/05
Vacant Public Member	12/31/05
Vacant Public Member	12/31/05
Vacant Board of Chiropractic	12/31/05

Accomplishments

- Transition to a new contractor, resulting in improved case management and improvement in the manner in which participant files are maintained.
- Continued review of HPRP Policies and Procedures to reflect changes in the field of addiction medicine.
- Continued refinement of the HPRP.org website by updating information and deleting unnecessary or irrelevant information.
- Movement of the functions involving education and outreach efforts regarding the program from the contractor to the Bureau of Health Professions to allow the contractor to focus on the needs of program participants.
- Completion of a descriptive report regarding the operation and status of the HPRP for the time period of April 1, 2003 through March 31, 2004, and approved by the HPRC.

Michigan Board of Audiology

The Michigan Board of Audiology was created with the enactment of Public Act 97 of 2004, which amended the Public Health Code, Public Act 368 of 1978.

The practice of audiology, as defined in the Public Health Code, means the nonmedical and nonsurgical application of principles, methods, and procedures related to disorders of hearing.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by ascertaining minimal entry-level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety and welfare.

The Michigan Board of Audiology consists of 9 voting members: 5 audiologists, 2 members licensed to practice medicine or osteopathic medicine and surgery who hold a certificate of qualification from the American Board of Otolaryngology and 2 public members.

Board Members

Board members were not appointed in fiscal year 2003/2004.

Michigan Board of Chiropractic

The Michigan Board of Chiropractic was originally formed with the enactment of Public Act 145 of 1933. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of chiropractic as defined in the Public Health Code means that discipline within the health arts which deals with the nervous system and its relationship to the spinal column and its inter-relationship with other body systems.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners and verifying continuing education during licensure. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Chiropractic consists of 9 voting members: 5 chiropractors and 4 public members.

Board Members	Term Expires
Craft, Donna, D.C., Chair Brooklyn	12/31/04
Pettet, Jack, Public Member Vice Chair, South Haven	12/31/05
Chelenyak, Patricia L., D.C. Northville	12/31/07
Flood, Clifford, Public Member Lansing	12/31/05
Handler, Mark, Public Member Midland	12/31/05
Knight, Philip, D.C. Marshall	12/31/06
Nemacheck, Patricia, Public Member Marquette	12/31/03

Settimi, Harry, D.C. Lansing	12/31/03
Spencer, Timothy J., D.C. Dexter	12/31/06

The following appointment was made on 05/06/04:

McLeod, Gary R., D.C. Three Rivers (replaced Settimi)	12/31/07
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The following appointment was made on 07/01/04:

Knox, Edward R., Public Member Southfield (replaced Nemacheck)	12/31/07
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**Schedule of Board Meetings
Fiscal Year 2003/2004**

- November 18, 2003
- January 6, 2004
- March 16, 2004
- May 11, 2004
- July 13, 2004
- September 14, 2004

Licensing Activity

Applications Received	198
Number of Licensees	2,817

Regulatory Activity

Allegations Received	29
Administrative Investigations	31
Field Investigations Authorized	13
Field Investigations Completed	7
Administrative Complaints Filed	13
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	6
Fine	0
Voluntary Surrender	0
Limited License	1
Suspension	1
Revocation	0
Total Disciplinary Actions	8

Michigan Board of Counseling

The Michigan Board of Counseling was created by Public Act 421 of 1988 which was an amendment to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code defines the practice of counseling to mean the rendering to individuals, groups, families, organizations, or the general public a service involving the application of clinical counseling principles, methods, or procedures for the purpose of achieving social, personal, career, and emotional development and with the goal of promoting and enhancing healthy, self actualizing and satisfying lifestyles whether the services are rendered in an educational, business, health, private practice, or human services setting.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by ascertaining minimal entry level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety and welfare.

The Michigan Board of Counseling consists of 11 voting members: 6 counselors, 1 mental health professional and 4 public members.

Board Member	Term Expires
Cloud, Jack L., L.P.C., Chair Bloomfield Hills	6/30/04
Pfaff, Lawrence, Ed.D., L.P.C. Vice Chair, Portage	6/30/05
Geisler, John, L.P.C. Kalamazoo	6/30/04
Effendi, Abdul R., Public Member Troy	6/30/06
Hampton, Steven D., Public Member Alto	6/30/06

Michaels, Linda, L.P.C. Southgate	6/30/03
Nicholson, Joanne, C.S.W. Wayne	6/30/06
Rinke, John, Ed.D., L.P.C. Fenton	6/30/03
Rouleau-Gerber, Gloria, Public Member East Tawas	6/30/06
Vacant (Sinicola, Richard, LPC, resigned 10/01/02)	6/30/05
Wood, Michael, Public Member Ada	6/30/05

The following appointments were made on 6/24/04:

Hobson, Suzanne M., L.P.C. Ypsilanti (replaced Geisler) (to be effective 7/1/04)	6/30/08
Itzkowitz, Stuart G., L.P.C. Grosse Pointe Park (replaced Rinke)	6/30/07
Owens, Delila, Ph.D., L.P.C. Lansing (replaced Michaels)	6/30/07
Singleton, Harriet A., L.P.C. Kentwood (replaced Cloud) (to be effective 7/1/04)	6/30/08
Steward, Robbie J., L.P.C. Okemos (replaced Sinicola)	6/30/05

**Schedule of Board Meetings
Fiscal Year 2003/2004**

December 12, 2003
March 12, 2004
July 9, 2004
September 10, 2004

Licensing Activity

Applications Received	669
Number of Licensees	6,711

Regulatory Activity

Allegations Received	10
Administrative Investigations	18
Field Investigations Authorized	8
Field Investigations Completed	6
Administrative Complaints Filed	4
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions	
Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	1
Limited License	0
Suspension	0
Revocation	2
Total Disciplinary Actions	4

Michigan Board of Dentistry

The Michigan Board of Dentistry was originally formed with the enactment of Public Act 122 of 1919. This Act regulated the practice of dentistry and dental hygiene in the State of Michigan, including providing for examination, licensing and regulation of persons practicing dentistry and dental hygiene; authorizing dental assistants; and providing for the discipline of offenders against the Act.

On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended, and included certification of specialists in the fields of orthodontics, endodontics, prosthodontics, pediatric dentistry, periodontics, oral and maxillofacial surgery, and oral pathology.

The practice of dentistry, as defined by the Public Health Code, means the diagnosis, treatment, prescription, or operation for a disease, pain, deformity, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaws, or their dependent tissues, or an offer, undertaking, attempt to do, or holding oneself out as able to do any of these acts.

The practice of dental hygiene, as defined by the Public Health Code, means practice at the assignment of a dentist in that specific area of dentistry based on specialized knowledge, formal education, and skill with particular emphasis on preventive services and oral health education.

Practice as a dental assistant, as defined by the Public Health Code, means assistance in the clinical practice of dentistry based on formal education, specialized knowledge, and skill at the assignment and under the supervision of a dentist.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties, is the responsibility of the Board to promote

and protect the public's health, safety, and welfare.

This responsibility is implemented by the Board of Dentistry by ascertaining minimal entry level competency of health practitioners.

The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Dentistry consists of 19 voting members: 8 dentists, 2 dentists who have been issued a health profession specialty certification, 4 dental hygienists, 2 registered dental assistants, and 3 public members.

Board Members	Term Expires
Schmidt, Jeffrey, D.D.S., Chair St. Joseph	6/30/04
Maher, Ashraf, D.D.S., Vice Chair Kalamazoo	6/30/04
Bloom, William, D.D.S. Warren	6/30/03
Borowski, Linda, R.D.H. Troy	6/30/04
Dumas, Julie K., R.D.A. Portland	6/30/06
Finkbeiner, Betty, R.D.A. Ann Arbor	6/30/03
Fuhs, Jr., Henry, Public Member Grand Rapids	6/30/03
Granger, Ginger, R.D.H. Almont	6/30/03
Jeffers, Gary, D.D.S. Northville	6/30/06
Johnston, Mary, R.D.H. Lansing	6/30/05
Lazarchuk, Irene, D.D.S. Warren	6/30/05
Marinelli, Charles, D.D.S. Warren	6/30/05
McCloy, Colleen, Public Member Livonia	6/30/04
McNamara, Evalyn L., Public Member St. Johns	6/30/05
Purifoy-Seldon, Barbara, R.D.H. Southfield	6/30/04

Smydo-Grover, Jane, D.D.S. Jackson	6/30/04
Thomas, Gayle, D.D.S. Dearborn	6/30/03
Tuck, Martin, D.D.S. Lansing	6/30/07
Vanderveen, Michael H., D.D.S. Grand Rapids	6/30/06

The following appointments were made on 11/20/03:

Buchheister, Jo Ann, R.D.A. Troy (replaced Finkbeiner)	6/30/07
Halaris, Jane F., R.D.H. Macomb (replaced Granger)	6/30/07
Parker, Amy C., D.D.S., M.S. Beverly Hills (replaced Bloom)	6/30/07
Pesis, Solomon K., D.D.S. Milford (replaced Thomas)	6/30/07
Primack, Verne M., Public Member Saginaw (replaced Fuhs)	6/30/07

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 16, 2003
December 4, 2003
February 12, 2004
March 25, 2004
June 17, 2004
August 12, 2004

Licensing Activity

Dentists

Applications Received	260
Number of Licensees	7,745

Dental Specialty Certifications

Applications Received	43
Examinations Given (Clinical)	29
Number of Certified Specialists	1,102

Registered Dental Hygienists

Applications Received	381
Number of Licensees	9,403

Registered Dental Assistants

Applications Received	148
Examinations Given	85
Number of Licensees	1,108

Regulatory Activity

Allegations Received	220
Administrative Investigations	230
Field Investigations Authorized	79
Field Investigations Completed	54
Administrative Complaints Filed	57
Summary Suspensions Filed	6
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	22
Fine	4
Voluntary Surrender	0
Limited License	1
Suspension	15
Revocation	0
Total Disciplinary Actions	43

**Emergency Medical Services
Coordination Committee**

The licensing of emergency medical services (EMS) personnel was transferred to the Bureau of Health Services in February 2000. Public Act 368 of 1978, as amended, the Public Health Code, Article 17, Part 209, provides the authority for licensing Medical First Responders, Emergency Medical Technicians, Paramedics, and Instructor/Coordinators. The licensing was transferred to the EMS and Trauma Services Section, effective June 1, 2004.

Emergency medical services, as defined in the Public Health Code, means the emergency medical services personnel, ambulances, nontransport prehospital life support vehicles, aircraft transport vehicles, medical first response vehicles, and equipment required for transport or treatment of an individual requiring medical first response life support, basic life support, limited advance life support, or advanced life support.

The Emergency Medical Services Coordination Committee serves as the advisory body to the Department for the purpose of reviewing protocols submitted to the Department for approval and consists of 25 members.

Committee Member	Term Expires
Kelly, Gary, Chair Detroit	1/1/05
Lutz, Gerald, Vice Chair Ann Arbor	1/1/05
Barnum, Evelyn Lake Odessa	1/1/07
Blum, Dale C. Suttons Bay	1/1/07
Bryers, Venetia Escanaba	1/1/05
Bullen, John Ann Arbor	1/1/05
Chartier, Leo Bloomfield Hills	1/1/07
Davanzo, John C. Waterford	1/1/05

Dunne, Robert, M.D. Northville	1/1/07
Durst, Susan M., R.N. Mt. Clemens	1/1/06
Edwards, Donald, D.O. Owosso	1/1/05
Gilbert, II, Sen. Judson Lansing	1/1/06
Grutza, Joseph A. Trenton	1/1/05
Hockman, Johnathan R. Livonia	1/1/07
Hufnagel, Paul Lansing	1/1/05
Keeton, Jeffrey Detroit	1/1/05
Lamont, John Harbor Springs	1/1/06
Meijer, Mark D. Grand Rapids	1/1/05
Rivera, Edgardo, M.D. Saginaw	1/1/05
Scafidi, Glen A. Newport	1/1/04
Schmidt, Sr., Kimberly Eastport	1/1/07
Smith, Dena Lee Traverse City	1/1/05
Wakeman, Daniel Sault Ste. Marie	1/1/05
Walker, Gregory L., M.D. Mason	1/1/06
Wescott, Menden Lewiston	1/1/06

Licensing Activity

Medical First Responders

Applications Received	632
Number of Licensees	10,099

EMT – Basic

Applications Received	1,445
Number of Licensees	11,026

EMT – Specialist

Applications Received	82
Number of Licensees	1,308

Paramedics

Applications Received	403
Number of Licensees	6,882

Instructors/Coordinators

Applications Received	61
Number of Licensees	925

Regulatory Activity

Allegations Received	66
Administrative Investigations	139
Field Investigations Authorized	4
Field Investigations Completed	4
Administrative Complaints Filed	68
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Disciplinary Actions

Reprimand	0
Probation	0
Fine	0
Voluntary Surrender	2
Limited License	0
Suspension	19
Revocation	2
Total Disciplinary Actions	23

**Michigan Board of
Marriage and Family Therapy**

The Michigan Board of Marriage Counselors was originally formed with the enactment of Public Act 292 of 1966. On October 21, 1980, the authority of the Board was transferred to Article 15 of Public Act 299 of 1980. Public Act 126 of 1995 transferred the authority of the Board of Marriage and Family Therapy to the Public Health Code, Public Act 368 of 1978, as amended.

Part 169 defines the practice of marriage and family therapy as the providing of guidance, testing, discussions, therapy, instruction, or advice that is intended to avoid, eliminate, relieve, manage or resolve marital or family conflict or discord, to create, improve, or restore marital or family harmony, or to prepare couples for marriage.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by ascertaining minimal entry level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety and welfare.

The Michigan Board of Marriage and Family Therapy consists of 9 voting members: 6 marriage and family therapists and 3 public members.

Board Members	Term Expires
Horak, Joseph, M.T.S., M.S.W., A.C.S.W. Chair, East Grand Rapids	6/30/06
Stulberg, Tracey, Ph.D. Vice Chair, Birmingham	6/30/05
Bristor, Martha W., Ph.D. East Lansing	6/30/00
Glatfelter, Margaret, Public Member West Bloomfield	6/30/05

Hickman, Scott, Public Member Petoskey	6/30/04
Hovestadt, Alan J., Ed.D. Portage	6/30/03
Jones, Dorothy Harper, Ph.D. East Lansing	6/30/03
Lazar, Lisa, Public Member Traverse City	6/30/03
Taylor, Anita, M.A., L.L.P. Bloomfield Hills	6/30/05

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 24, 2003
January 16, 2004
March 19, 2004
July 16, 2004

Licensing Activity

Applications Received	21
Examinations Authorized	10
Number of Licensees	878

Regulatory Activity

Allegations Received	5
Administrative Investigations	6
Field Investigations Authorized	3
Field Investigations Completed	2
Administrative Complaints Filed	2
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	2
Fine	0
Voluntary Surrender	1
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	3

Michigan Board of Medicine

The Michigan Board of Medicine was originally formed with the enactment of Public Act 237 of 1899. This act provided for the examination, regulation, licensing and registration of physicians and surgeons in the State of Michigan, and for the discipline of offenders against the Act. On January 8, 1974, a new Medical Practice Act, Public Act 185 of 1973, became effective. This Act continued in effect until September 30, 1978, when the Board's authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of medicine, as defined in the Public Health Code, means the diagnosis, treatment, prevention, cure or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of medical doctors, and requiring continuing medical education during licensure. The Board also has the obligation to take disciplinary action against licensees who have violated the Michigan Public Health Code.

The Michigan Board of Medicine consists of 19 voting members: 10 medical doctors, 1 physician's assistant, and 8 public members.

Board Members	Term Expires
Hotchkiss, Linda S., M.D., Chair Grosse Pointe Park	12/31/03
Grant, James D., M.D., Vice Chair Bloomfield Hills	12/31/07

Brinkman, Helen V., Public Member Rockford	12/31/05
Edwards, Kenneth J., M.D. St. Joseph	12/31/05
Fenn, William, P.A. Kalamazoo	12/31/06
Goldberg, Scot F., M.D. Bloomfield Hills	12/31/05
Helmer, Michael K., Public Member Bloomfield Hills	12/31/05
Labeau, Russell F., M.D. Petoskey	12/31/05
Laing, Timothy J., M.D. Ann Arbor	12/31/05
Lindsay II, Thomas, Public Member Dewitt	12/31/05
McNamara, Paul, Public Member St. Johns	12/31/03
Moiin, Ali, M.D. Grosse Pointe Park	12/31/05
Neldberg, Robert, Public Member Marquette	12/31/03
Vacant, Public Member (Novak, MaryBeth, resigned 09/15/03)	12/31/05
Pretty, Gretchen, Public Member Bloomfield Hills	12/13/06
Sanislow, Charles A., M.D. Midland	12/31/03
Sauer, Harold, M.D. Okemos	12/31/03
Schuitmaker, Tonya, Public Member Paw Paw	12/31/05
Yaish, Hassan, M.D. Bloomfield Hills	12/31/03

The following appointments were made 3/18/04:

Alghanem, Abd A., M.D. Flint (replaced Hotchkiss)	12/31/07
Larson, Lynn M., Public Member Traverse City (replaced McNamara)	12/31/07
Raines, III, Frank, Public Member Farmington Hills (replaced Nelberg)	12/31/07
Shade, George H., M.D. Farmington Hills (replaced Sanislow)	12/31/07
Street, Marcy L., M.D. Okemos (replaced Yaish)	12/31/07

The following appointment was made 5/27/04:
Sorini, Ernest J., M.D. 12/31/07
Ann Arbor (replaced Sauer)

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 15, 2003 (DSC Only)
November 19, 2003
December 10, 2003 (DSC Only)
January 21, 2004
February 18, 2004 (DSC Only)
March 17, 2004
April 21, 2004 (DSC Only)
May 19, 2004
June 16, 2004 (DSC Only)
July 21, 2004
September 15, 2004 (DSC Only)

Licensing Activity

Applications Received	1,708
Examinations Authorized	714
Number of Licensees	29,784

Regulatory Activity

Allegations Received	433
Administrative Investigations	420
Field Investigations Authorized	213
Field Investigations Completed	156
Administrative Complaints Filed	84
Summary Suspensions Filed	15
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	2
Probation	19
Fine	18
Voluntary Surrender	4
Limited License	10
Suspension	18
Revocation	0
Total Disciplinary Actions	71

Michigan Board of Nursing

The Michigan Board of Nursing was originally created with the enactment of the Nurse Practice Act, Public Act 319 of 1909; authority was transferred to the Nursing Practice Act of 1967 by Public Act 149 of 1967. On September 30, 1978, authority was again transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The Michigan Public Health Code defines the practice of nursing in Michigan and empowers the Board to establish qualifications for nurse licensure; to establish standards for education and approve nurse education programs; develop and implement criteria for assurance of continued competency; and take disciplinary action against licensees when the health, safety, and welfare of the public has been adversely affected.

The Public Health Code establishes the Board of Nursing to consist of 23 members: 9 registered nurses (RNs), 1 nurse midwife, 1 nurse anesthetist, 1 nurse practitioner, 3 licensed practical nurses (LPNs), and 8 public members. Of the 9 registered nurses: 3 must have a master's degree with a major in nursing and be engaged in nursing education, 1 in less than a baccalaureate program; 1 in a baccalaureate or higher program and 1 in a licensed practical nurse program; 3 must have a baccalaureate degree in nursing and be engaged in nursing practice or nursing administration; and 3 must be non-baccalaureate registered nurses engaged in nursing practice or nursing administration. The 3 licensed practical nurses must have graduated from a state-approved program of practical nurse education.

The enactment of the Public Health Code permitted LPN board members to act upon all matters except those that relate to standards for the education and training of RNs. Decisions on such matters are concurred in solely by a majority of the RN and public board members.

During this fiscal year, the Board met to grant licenses, mete out disciplinary sanctions, review and approve nurse education programs, and to carry out all other mandates of the Code relating to the licensing and regulating of RNs and LPNs.

Board Member	Term Expires
Hamilton, Jonnie M., R.N., N.P., Chair Detroit	6/30/05
Wambach, Susan, R.N., Vice Chair Sidney	6/30/04
Adams, Nancy, L.P.N. West Bloomfield	6/30/05
Vacant, Public Member (Andaya, Lourdes, resigned 09/19/03)	6/30/06
Andersen, Bruce H., Sr. Public Member, Beulah	06/30/06
Baldwin, Ethel R., R.N., M.P.A..C.N.A.A. Dewitt (resigned 5/13/04)	6/30/05
Cain, Karol A., L.P.N. Alpena	6/30/04
DeLoof, Rosemarie A., L.P.N. Lansing (resigned 7/15/04)	6/30/03
Doyle, Lori, Public Member Okemos	6/30/06
Johnson, Susan, Public Member Ann Arbor (resigned 8/18/04)	6/30/03
Kirkwood, Myrah L., Public Member Oxford	6/30/06
Lawter, Kathryn E., Public Member Columbiaville	6/30/06
Meeker, Susan J., R.N. Port Huron	6/30/03
Miller, Edith, R.N. Grand Rapids	6/30/04
Vacant, Professional Member (Niemi, Theresa, resigned 01/09/03)	6/30/05
Phillips, Cynthia, R.N. Spring Arbor	6/30/03
Place, Sandy, R.N. Morenci	6/30/03
Powe-Watts, Constance, R.N. Williamston	6/30/05
Underwood, Patricia W., R.N. Portage	6/30/03
Urness, Gail E., R.N. West Bloomfield	6/30/03

White, Dee M., Public Member 6/30/03
Williamsburg
Woods, Michelle, Public Member 6/30/06
Jackson
Yablonky, Mary Jean, R.N., C.R.N.A. 6/30/05
Dearborn

The following appointments were made on
11/7/03:

Bugbee, Nina A., R.N. 6/30/05
Flushing (replaced Niemi)
Clark, Margherita P., R.N., M.S.N. 6/30/07
St. Johns (replaced Meeker)
Gamel-Marrell, Liza M., R.N. 6/30/07
Lansing (replaced Place)
Heath, Deborah L., R.N. 6/30/07
Adrian (replaced Urness)
Perry, Amy M., R.N., M.S.N. 6/30/07
Ann Arbor (replaced Underwood)
(then resigned 7/14/04)
Taft, Linda S., R.N. 6/30/07
Clinton Township (replaced Phillips)
Wyatt, Esther Lee, Public Member 6/30/07
Detroit (replaced White)

The following appointments were made on
9/14/04:

Banks, Raquel L., R.N., B.S.N. 6/30/08
Westland (replaced Wambach)
Johnson, Michelle M., R.N., M.S.N. 6/30/08
Marquette (replaced Miller)
Perry, Amy M., R.N., M.S.N. 6/30/05
Ann Arbor (replaced Baldwin)

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 9, 2003 (DSC only)
November 12, 2003 (DSC only)
November 13, 2003
December 11, 2003 (DSC only)
January 14, 2004 (DSC only)
January 15, 2004
February 19, 2004 (DSC only)
March 10, 2004 (DSC only)
March 11, 2004
April 8, 2004 (DSC only)
May 5, 2004 (DSC only)
May 6, 2004

June 2, 2004 (DSC only)
June 3, 2004
July 15, 2004 (DSC only)
August 19, 2004 (DSC only)
September 8, 2004 (DSC only)
September 9, 2004

Licensing Activity

Registered Nurses

Applications Received	4,789
Examinations Authorized	3,931
Number of Licensees	117,492

R.N. Specialty Certifications

Applications Received	391
Number of Certifications	5,172

Practical Nurses

Applications Received	1,464
Examinations Authorized	1,177
Number of Licensees	27,008

Trained Attendants

Number of Licensees	1
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Regulatory Activity

Allegations Received	476
Administrative Investigations	972
Field Investigations Authorized	291
Field Investigations Completed	217
Administrative Complaints Filed	153
Summary Suspensions Filed	84
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	6
Probation	110
Fine	10
Voluntary Surrender	2
Limited License	14
Suspension	115
Revocation	2
Total Disciplinary Actions	259

**Michigan Board of
Nursing Home Administrators**

The Michigan Board of Nursing Home Administrators was created by Public Act 166 of 1969. On October 21, 1980, the authority of the Board was transferred to Article 19 of Public Act 299 of 1980. Public Act 139 of 2001 transferred the authority of the Board of Nursing Home Administrators to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of a nursing home administrator, as defined in the Public Health Code, means planning, organizing, directing, and controlling the total operation of the nursing home on behalf of the governing board or owner of a nursing home.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. The Board implements this responsibility by ascertaining minimal entry-level competency of nursing home administrators. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety and welfare.

The Michigan Board of Nursing Home Administrators consists of 9 voting members: 6 nursing home administrators and 3 public members.

Board Members	Term Expires
Carlson, Betty M., Chair Fenton	12/31/04
Corteville, David L., Public Member Vice Chair, Lowell	12/31/04
Denman, Delora K. Saranac	12/31/06
Vacant, Professional Member (Goldsmith, Robert W, resigned 02-20-02)	12/31/04

Husk, Kathleen, Public Member Redford	12/31/06
Meyer, Thomas D. East Tawas	12/31/05
Pleasant, Geraldine, Public Member Grand Blanc	12/31/06
Schaden, Sara J. Ann Arbor	12/31/05
Tiffany, Maila V. Marquette	12/31/03

The following appointment was made on 3/18/04:

Knopp, Keri A. Gaylord (replaced Tiffany)	12/31/07
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**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 2, 2003
January 8, 2004
April 22, 2004
July 29, 2004

Licensing Activity

Applications Received	112
Number of Licensees	1,175

Regulatory Activity

Allegations Received	30
Administrative Investigations	19
Field Investigations Authorized	17
Field Investigations Completed	17
Administrative Complaints Filed	5
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	1
Fine	1
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	1
Total Disciplinary Actions	4

**Michigan Board of
Occupational Therapists**

Public Act 473 of 1988 amended the Public Health Code, Public Act 368 of 1978, creating the Michigan Board of Occupational Therapists.

The Public Health Code mandates certain responsibilities and duties for a health professional registration board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by ascertaining minimal entry level competency of occupational therapists and occupational therapy assistants. The Board also has the obligation to take disciplinary action against registrants who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Occupational Therapists consists of 9 voting members: 5 occupational therapists and 4 public members.

Board Members	Term Expires
Edwards, Catherine Heck, O.T.R. Chair, Howell	12/31/05
Clayton, Christine, O.T.R. Vice Chair, Bay City	12/31/04
Berger, Anita, Public Member Dearborn	12/31/05
Ferguson, Robert C. Ann Arbor	12/31/06
Gavan, Joseph P., Public Member Belmont	12/31/05
Vacant, Public Member (Kucway, Judith, resigned 12/02/02)	12/31/05
Vacant, Public Member (Lori, Nancy, resigned 01/28/00)	12/31/03
Thom, Sandra J., O.T.R. Brighton	12/31/05
Washington, Mintie C., O.T.R. Detroit	12/31/05

**Schedule of Board Meetings
Fiscal Year 2003/2004**

November 4, 2003
February 3, 2004
May 4, 2004
August 10, 2004

Registration Activity

Occupational Therapists

Applications Received	218
Number of Registrants	4,160

Occupational Therapy Assistants

Applications Received	55
Number of Registrants	973

Regulatory Activity

Allegations Received	8
Administrative Investigations	4
Field Investigations Authorized	6
Field Investigations Completed	2
Administrative Complaints Filed	0
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	1

Michigan Board of Optometry

The Michigan Board of Optometry was originally formed with the enactment of Public Act 71 of 1909. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

On March 26, 1984, the Governor signed Public Act 42, which allowed optometrists to be certified to administer topical ocular diagnostic pharmaceutical agents to the anterior segment of the human eye. Rules allowing the board to certify optometrists as diagnostic agents were promulgated on July 13, 1985.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners and verifying continuing education during licensure. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Board of Optometry consists of 9 voting members: 5 optometrists and 4 public members.

Board Member	Term Expires
Habermehl, Bradley, O.D. Chair, Flint	6/30/04
Stecker, Nancy P., Public Member Vice Chair, Gaylord (resigned 7/15/04)	6/30/03
Darin, Frederick P., O.D. Charlotte	6/30/06
Folino, Teresa A., Public Member Northville (resigned 6/23/04)	6/30/06
Nametz, John M., O.D. Spring Lake	6/30/06
Nelson, Jr., Albert, Public Member Troy	6/30/03

Pearce, David M., Public Member	06/30/06
Cadillac	
Seelye, Roger R., O.D.	6/30/04
Owosso	
Walton, Theodore B., O.D.	6/30/04
Oxford	

**Schedule of Board Meetings
Fiscal Year 2003/2004**

November 3, 2003
February 4, 2004
May 12, 2004
August 25, 2004

Licensing Activity

Applications Received	64
Number of Licensees	1,565

Regulatory Activity

Allegations Received	4
Administrative Investigations	9
Field Investigations Authorized	3
Field Investigations Completed	3
Administrative Complaints Filed	3
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	1

**Michigan Board of Osteopathic
Medicine and Surgery**

The Michigan Board of Osteopathic Medicine and Surgery was originally formed with the enactment of Public Act 162 of 1903. This Act regulated the practice of osteopathic medicine and surgery in the State of Michigan; provided for the examination, licensing and registration of osteopathic physicians and surgeons; and provided for the discipline of offenders against the Act. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of osteopathic medicine and surgery, as defined in the Public Health Code, means a separate, complete, and independent school of medicine and surgery, utilizing full methods of diagnosis and treatment in physical and mental health and disease, including the presentation and administration of drugs and biologicals, operative surgery, obstetrics, radiological and other electromagnetic emissions, and placing special emphasis on the interrelationship of the musculoskeletal system to other body systems.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners and verifying continuing medical education during licensure. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Osteopathic Medicine and Surgery consists of 9 voting members: 5 osteopathic physicians, 1 physician's assistant, and 3 public members.

Board Members Term Expires

Winters, Frank D., D.O., Chair Bloomfield Hills	12/31/05
Keys, Michele, D.O., Vice Chair Warren	12/31/04
Auburn, Ann Marie, D.O. Grand Rapids	12/31/06
Begick, Vaughn J., P.A. Saginaw	12/31/03
Benson, Edward, Public Member Lansing	12/31/05
Kuenker, Ann K., D.O. Elk Rapids	12/31/06
LaBelle, Patricia A., Public Member Traverse City	12/31/04
Plomaritis, Steven, D.O. Warren	12/31/06
Thrall, Kathleen A., Public Member Watersmeet	12/31/03

**Schedule of Board Meetings
Fiscal Year 2003/2004**

- October 23, 2003
- December 18, 2003
- February 5, 2004
- April 1, 2004
- June 10, 2004
- August 5, 2004

Licensing Activity

Applications Received	291
Number of Licensees	6,260

Regulatory Activity

Allegations Received	133
Administrative Investigations	143
Field Investigations Authorized	60
Field Investigations Completed	60
Administrative Complaints Filed	29
Summary Suspensions Filed	9
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	6
Fine	9
Voluntary Surrender	0
Limited License	0
Suspension	6
Revocation	2
Total Disciplinary Actions	23

Michigan Board of Pharmacy

The Michigan Board of Pharmacy was originally formed with the enactment of Public Act 134 of 1885. On March 28, 1963, the authority of the Board to regulate the practice of pharmacy and to prescribe its powers and duties; and to prescribe penalties for violations of the act, was transferred to Public Act 151 of 1962. On September 30, 1978, authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code, Public Act 368 of 1978, as amended, defines the practice of pharmacy as a health service, the clinical application of which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering and use of drugs and related articles for the prevention of illness and the maintenance and management of health.

Professional functions associated with the practice of pharmacy include the interpretation and evaluation of prescriptions; drug product selection; compounding, dispensing, safe storage, and distribution of drugs and devices; maintenance of legally required records; advising the prescriber and the patient as required regarding contents, therapeutic action, utilization, and possible adverse reactions and interactions of drugs.

The Public Health Code, by section 17722, grants authority to the Board of Pharmacy to regulate, control, and inspect the character and standards of pharmacy practice and of drugs manufactured, distributed, prescribed, dispensed, and administered or issued in this State and procure samples, and limit or prevent the sale of drugs that do not comply with this section's provisions; prescribe minimum criteria for the use of professional and technical equipment in reference to the compounding and dispensing of drugs; grant pharmacy licenses for each separate place of practice of a dispensing prescriber who

meets requirements for drug control licensing; and granting licenses to manufacturer/wholesaler distributors of prescription drugs. The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners and verifying continuing education during licensure. The Board also has the obligation to discipline licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Pharmacy consists of 11 voting members: 6 pharmacists and 5 public members.

Board Members	Term Expires
Armstrong, Roberta, R.Ph. Chair, Albion	6/30/06
Miller, Douglas A., R.Ph. Vice Chair, Detroit	6/30/04
Bosscher, James D., Public Member McBain (resigned 12/11/03)	6/30/06
Buck, James, Public Member Grandville	6/30/06
Chomiuk, Ronald, R.Ph. Novi (resigned 10/29/03)	6/30/03
Durst, Stephen W., R.Ph. Portage	6/30/03
Gibson, Bonita, Public Member Newberry	6/30/03
Gnodtke, Pamela, Public Member Charlevoix	6/30/06
McCarthy, William I., R.Ph. Mt. Pleasant	6/30/03
Shaw, Laura, R.Ph. Waterford	6/30/05
Wolfe, Maria Q., Public Member Lansing	6/30/05

The following appointments were made on 11/25/03:

Bach, David S., R.Ph.	6/30/07
West Bloomfield (replaced Durst)	
Byrnes Brown, Pamela G.	6/30/07
Chelsea (replaced Gibson)	
Farida, Suhair, R.Ph.	6/30/07
West Bloomfield (replaced McCarthy)	
Hennessey, Collin K., R.Ph.	6/30/07
Lansing (replaced Chomiuk)	

The following appointment was made on 1/15/04:

Washington, Jerome J.,	6/30/06
Detroit (replaced Bosscher)	

The following appointment was made on 6/22/04 to be effective 6/30/04:

Fakhoury, Sara A., R.Ph.	6/30/08
Troy (replaced Miller)	

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 22, 2003
December 17, 2003
February 11, 2004
April 14, 2004
June 9, 2004
August 11, 2004

Licensing Activity

Pharmacists

Applications Received	672
Examinations Given	
Jurisprudence	688
Number of Licensees	11,720

Other Licenses

Applications Received	
New Pharmacies	235
Manufacturer/Wholesaler	147
Number of Licensees	
Pharmacy	2,656
Manufacturer/Wholesaler	731

Regulatory Activity

Allegations Received	131
Administrative Investigations	297
Field Investigations Authorized	99
Field Investigations Completed	94
Administrative Complaints Filed	82
Summary Suspensions Filed	14
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	28
Probation	25
Fine	5
Voluntary Surrender	1
Limited License	2
Suspension	11
Revocation	0
Total Disciplinary Actions	72

Michigan Board of Physical Therapy

The Michigan Board of Physical Therapy was originally formed with the enactment of Public Act 164 of 1965. On September 30, 1978, authority was transferred to the Public Health Code by Public Act 368 of 1978, as amended.

The practice of physical therapy, as defined in the Public Health Code, means: "the evaluation of treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative physical or mental disability. It includes treatment planning, performance of tests and measurements, interpretation of referrals, instruction, consultative services, and supervision of personnel. Physical measures include massage, mobilization, heat, cold, air, light, water, electricity, and sound."

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Physical Therapy consists of 9 voting members: 5 physical therapists and 4 public members.

Board Members	Term Expires
Perry, David W., L.P.T., Chair Grosse Pointe Woods	12/31/03
Sunder, Namrata, P.T., Vice Chair West Bloomfield	12/31/05
Bennett, Terry G., Public Member Canton	12/31/03
Carr, Robert L., Public Member Ann Arbor	12/31/05
Maes, Sandra, Public Member Algonac	12/31/05

Mandley, Steven D., P.T. Owosso	12/31/05
Riel, Linda Sue, L.P.T. Lansing	12/31/03
Rosen, Helene, L.P.T. Farmington Hills	12/31/04
Salter, Michael S., Public Member Farmington Hills	12/31/05

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 7, 2003
January 13, 2004
April 20, 2004
July 6, 2004

Licensing Activity

Applications Received	609
Examinations Authorized	611
Number of Licensees	7,011

Regulatory Activity

Allegations Received	9
Administrative Investigations	15
Field Investigations Authorized	9
Field Investigations Completed	12
Administrative Complaints Filed	3
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	2
Fine	1
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	3

**Michigan Task Force on
Physician's Assistants**

The Committee on Physician's Assistants was formed with the enactment of Public Act 420 of 1976, signed by the Governor on January 9, 1977. The Act regulated the practice of physician's assistants in the State of Michigan, providing a system to determine and approve the qualifications of physician's assistants, creating a committee on physician's assistants, prescribing its powers and duties, and prescribing penalties. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended and became the Task Force on Physician's Assistants.

The practice as a physician's assistant, as defined in the Public Health Code, means the practice of allopathic or osteopathic medicine under the supervision of an allopathic or osteopathic physician.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the obligation of the Board or Task Force to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Task Force by ascertaining minimal entry level competency of health practitioners. The Task Force also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Task Force on Physician's Assistants consists of 9 voting members: 5 physician's assistants, 1 physician member from each of the Boards of Medicine and Osteopathic Medicine and Surgery, and 2 public members.

Task Force Members	Term Expires
Oswald, Lorie, P.A., Chair Midland	12/31/05
Fenn, William H., P.A., Vice Chair Kalamazoo	12/31/05

Begick, Vaughn J., P.A. Saginaw	12/31/03
Frank, Mary, Public Member Lansing	12/31/03
Goldberg, Scot F., M.D. Bloomfield Hills	12/31/03
Gualdoni, Steven M., P.A. Marquette	12/31/03
Haskell, Gregg L., P.A. Houghton Lake	12/31/03
Nyhan, Sallie A., Public Member Grosse Pointe Farms	12/31/03
Winters, Frank D., D.O. Bloomfield Hills	12/31/05

**Schedule of Task Force Meetings
Fiscal Year 2003/2004**

December 9, 2003
March 19, 2004
June 8, 2004
September 7, 2004

Licensing Activity

Applications Received	222
Number of Licensees	2,469

Regulatory Activity

Allegations Received	22
Administrative Investigations	24
Field Investigations Authorized	17
Field Investigations Completed	12
Administrative Complaints Filed	2
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Task Force Disciplinary Actions

Reprimand	0
Probation	1
Fine	1
Voluntary Surrender	0
Limited License	0
Suspension	2
Revocation	0
Total Disciplinary Actions	4

**Michigan Board of Podiatric
Medicine and Surgery**

The Michigan Board of Podiatric Medicine and Surgery was originally formed with the enactment of Public Act 115 of 1915. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of podiatric medicine and surgery, as defined in the Public Health Code, means the examination, diagnosis, and treatment of abnormal nails, superficial excrescences occurring on the human hands and feet, including corns, warts, callosities, and bunions, and arch troubles or the treatment medically, surgically, mechanically, or by physiotherapy of ailments of human feet or ankles as they affect the condition of the feet.

It does not include amputation of human feet, or the use or administration of anesthetics other than local.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners and verifying continuing education during licensure. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Podiatric Medicine and Surgery consists of 9 voting members: 5 podiatrists and 4 public members.

Board Members	Term Expires
Abraham, Thomas L., D.P.M., Chair Grand Blanc	6/30/05
Kissel, Charles G., D.P.M. Grosse Pointe	6/30/06
Benenati, Anthony, D.P.M. Warren	6/30/05

Brozek, Nancy, Public Member Muskegon	6/30/03
Herschfus, Leon, Public Member Southfield	6/30/05
Mills, Raymond, Public Member Bellaire	6/30/06
Pater, Mary, Public Member St. Joseph	6/30/06
Potchynck-Lund, Karen, D.P.M. Shelby Twp.	6/30/03
Schey, Michael, D.P.M. West Bloomfield	6/30/06

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 8, 2003
January 22, 2004
March 24, 2004
July 14, 2004

Licensing Activity

Applications Received	28
Examinations Authorized	26
Number of Licensees	778

Regulatory Activity

Allegations Received	8
Administrative Investigations	7
Field Investigations Authorized	4
Field Investigations Completed	4
Administrative Complaints Filed	1
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	1
Revocation	1
Total Disciplinary Actions	3

Michigan Board of Psychology

The Michigan Board of Psychology was originally formed with the enactment of Public Act 257 of 1959. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code defines the practice of psychology as the rendering to individuals, groups, organizations, or the public of services involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior for the purposes of the diagnosis, assessment related to diagnosis, prevention, amelioration, or treatment of mental or emotional disorders, disabilities or behavioral adjustment problems by means of psychotherapy, counseling, behavior modification, hypnosis, biofeedback techniques, psychological tests, or other verbal or behavioral means. The practice of psychology does not include the practice of medicine such as prescribing drugs, performing surgery, or administering electroconvulsive therapy.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. The Board implements this responsibility by ascertaining minimal entry level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Psychology consists of 9 voting members: 5 psychologists and 4 public members.

Board Members	Term Expires
Watson, Patricia, Ph.D., Chair Northville	12/31/07
Haynes, Jack, Ph.D., Vice Chair Bloomfield Hills	12/31/04

Aronoff, Lynn E., Public Member Royal Oak	12/31/06
Johnson, Linda, Public Member Grand Rapids	12/31/03
Klobucher, Edward G., M.A. Hazel Park	12/31/06
Lubavs, Aija, L.L.P. Kalamazoo	12/31/04
Pascoe, James D., Public Member Bellaire	12/31/05
Wall, Mary Jo, Public Member Bloomfield Hills	12/31/05
Weiner, Karen, Ph.D. Southfield	12/31/06

The following appointment was made on 4/22/04:

Cowie, Julie M., Public Member South Haven (replaced Johnson)	12/31/07
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**Schedule of Board Meetings
Fiscal Year 2003/2004**

November 20, 2003
January 22, 2004
March 18, 2004
May 13, 2004
July 22, 2004
September 23, 2004

Licensing Activity

Applications Received	514
Examinations Authorized	78
Number of Licensees	
Psychologists	2,586
Doctoral Limited	398
Masters Limited	3,620
Temporary Limited	416

Regulatory Activity

Allegations Received	48
Administrative Investigations	58
Field Investigations Authorized	26
Field Investigations Completed	23
Administrative Complaints Filed	11
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	4
Fine	0
Voluntary Surrender	2
Limited License	1
Suspension	2
Revocation	0
Total Disciplinary Actions	9

Michigan Board of Respiratory Care

The Michigan Board of Respiratory Care was created with the enactment of Public Act 3 of 2004, which amended the Public Health Code, Public Act 368 of 1978.

The practice of respiratory care, as defined in the Public Health Code, means the provision of respiratory care services which may be provided by an inpatient or outpatient service or department within a health facility, by a home care agency or durable medical equipment company, or by an educational program.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by ascertaining minimal entry-level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety and welfare.

The Michigan Board of Respiratory Care consists of 7 voting members: 4 individuals who meet the requirements of section 16135(2) of the Public Health Code, 1 medical director and 2 public members.

Board Members

Board members were not appointed in fiscal year 2003/2004.

Sanitarian Registration

The Michigan Board of Sanitarians was originally formed with the enactment of Public Act 174 of 1963. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended. Executive Order No. 1996-2, effective May 15, 1996, transferred all the statutory authority, powers, duties, functions and responsibilities of the Board of Sanitarians under Part 184 of the Public Health Code, being Sections 333.18401 et seq. of the Michigan Compiled Laws, from the Department of Commerce to the Director of the Department of Consumer & Industry Services by a Type III transfer as defined by Section 3 of Act No. 380 of the Public Acts of 1965, as amended, being Section 16.103 of the Michigan Compiled Laws. Underlying all duties is the responsibility of the Department to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Department by ascertaining minimal entry level competency of registered sanitarians. The Department also has the obligation to take disciplinary action against registrants who have adversely affected the public's health, safety, and welfare.

Sanitarian means an individual who has specialized education and experience in the physical, biological and sanitary sciences as applied to the educational, investigational and technical duties in the field of environmental health.

Registration Activity

Applications Received	10
Examinations Given	9
Number of Registered Sanitarians	572

Regulatory Activity

Allegations Received	0
Administrative Investigations	0
Field Investigations Authorized	0
Field Investigations Completed	0
Administrative Complaints Filed	0
Summary Suspensions Filed	0

Disciplinary Actions

Reprimand	0
Probation	0
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	0

Michigan Board of Social Work

The Michigan Board of Examiners of Social Workers was originally formed with Public Act 352 of 1972. On October 21, 1980, the authority of the Board was transferred to Article 16 of Public Act 299 of 1980. Public Act 11 of 2000 transferred the authority of the Board of Examiners of Social Workers to the Public Health Code, Public Act 368 of 1978, as amended. Public Act 61 of 2004 amended Public Act 368 of 1978 to provide for licensure of bachelor's and master's level social workers and for the registration of social service technicians.

The practice of social work at the bachelor's level, as applied within the scope of social work values, ethics, principles and skills, means the following: the application of social work theory, knowledge, methods and ethics; social work case management and casework; helping communities, organizations, individuals, or groups improve their social or health services by utilizing social work practice skills; and the administration of assessment checklists that do not require special training and that do not require interpretation.

The practice of social work at the master's level, as applied within the scope of social work values, ethics, principles and skills, means the following: advanced application of macro social work processes and systems; the advanced application of specialized clinical knowledge; and advanced clinical skills and the advanced application of the knowledge of human development and behavior and social, economic and cultural institutions.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. The Board implements this responsibility by ascertaining minimal entry level competency of health practitioners. The

Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Social Work consists of 9 voting members: 4 certified social workers, 2 social workers and 3 public members.

Board Members	Term Expires
Reimel, Beth, C.S.W. Chair, Grand Rapids	12/31/03
Blum, Eleanor G., Public Member Vice Chair, Farmington Hills	12/31/05
Lang, Jr., Paul, Ph.D. Public Member, Marquette	12/31/03
Longo, Cathy, Public Member Madison Heights	12/31/04
Lyberg Sr., Matthew, C.S.W. Traverse City	12/31/04
McFadden, Emily Jean, C.S.W. Holland	12/31/06
Neal, David L., C.S.W. Ann Arbor	12/31/05
O'Connor, Mary, M.S.W., C.S.W. Traverse City	12/31/05
Takalo, Doreen, Public Member Skandia	12/31/06

The following appointments were made on 12/19/03 to be effective 12/31/03:

Hauser-Hurley, Gail M., S.W. Temperance (replaced Lang)	12/31/06
Kort, Joseph H., M.S.W. Grosse Pointe Woods (replaced Reimel)	12/31/07

Schedule of Board Meetings Fiscal Year 2003/2004

November 25, 2003
January 20, 2004
March 23, 2004
May 25, 2004
July 20, 2004
September 21, 2004

Registration Activity

Certified Social Workers

Applications Received	881
Examinations Authorized	61
Number of Registrants	13,715

Social Workers

Applications Received	1,503
Examinations Authorized	61
Number of Registrants	11,060

Social Work Technicians

Applications Received	315
Number of Registrants	1,940

Regulatory Activity

Allegations Received	42
Administrative Investigations	83
Field Investigations Authorized	23
Field Investigations Completed	18
Administrative Complaints Filed	12
Summary Suspensions Filed	4
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	4
Fine	0
Voluntary Surrender	1
Limited License	3
Suspension	10
Revocation	4
Total Disciplinary Actions	23

**Michigan Board of
Veterinary Medicine**

The Michigan Board of Veterinary Medicine was originally formed with the enactment of Public Act 156 of 1956. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of veterinary medicine, as defined in the Public Health Code, means prescribing or administering a drug, medicine, treatment or method of procedure; performing an operation or manipulation; applying an apparatus or appliance; or giving an instruction or demonstration designed to alter an animal from its normal condition; curing, ameliorating, correcting, reducing, or modifying a disease, deformity, defect, wound, or injury in or to an animal; diagnosing or prognosing, or both, a disease, deformity or defect in an animal by a test, procedure, manipulation, technique, autopsy, biopsy, or other examination.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Michigan Board of Veterinary Medicine consists of 9 voting members: 5 veterinarians, 1 veterinarian technician, and 3 public members.

Board Members	Term Expires
O'Handley, Patricia, D.V.M., Chair East Lansing	12/31/06
Reed, Willie, D.V.M., Vice Chair Okemos	12/31/06

Aja, Daniel, D.V.M. Cedar	12/31/04
Allmendinger, Lisa, Public Member Chelsea (resigned 10/22/03)	12/31/03
Lawter, Ann E., Public Member Rochester Hills	12/31/05
Moll, Constance, D.V.M. Midland	12/31/05
Pridgeon, Michael, Public Member Montgomery	12/31/05
Stevens, Carol, L.V.T. East Lansing	12/31/04
Vaupel, Henry, D.V.M. Fowlerville	12/31/06

The following appointment was made on 12/4/03:

Chodak, Murray, Public Member 12/31/07
Bloomfield Hills (replaced Allmendinger)
(then resigned 9/20/04)

**Schedule of Board Meetings
Fiscal Year 2003/2004**

October 30, 2003
December 18, 2003
January 29, 2004
March 25, 2004

Licensing Activity

Veterinarians

Applications Received	204
Examinations Authorized	122
Number of Licensees	3,584

Veterinary Technicians

Applications Received	198
Examinations Given	197
Numbers of Licensees	1,651

Regulatory Activity

Allegations Received	68
Administrative Investigations	85
Field Investigations Authorized	47
Field Investigations Completed	49
Administrative Complaints Filed	16
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	11
Fine	5
Voluntary Surrender	0
Limited License	1
Suspension	5
Revocation	0
Total Disciplinary Actions	23