

FY 2019 Annual Report Board Activities

(Pursuant to PA 368 of 1978 as amended and PA 299 of 1980 as amended)

July 1, 2021

Debra Gagliardi, Director

Bureau of Professional Licensing



**GRETCHEN WHITMER
GOVERNOR**



**ORLENE HAWKS
DIRECTOR**

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Executive Summary

This annual report covers Fiscal Year 2019 from October 1, 2018 to September 30, 2019. Information about the programs within the Bureau of Professional Licensing (Bureau) can be found in this report. In addition, this report is available at the following locations:

- The Bureau of Professional Licensing website at: www.michigan.gov/bpl.
- The All About LARA section – Legislative Reports of the Department of Licensing and Regulatory Affairs website at: www.michigan.gov/lara.

The Bureau is located within the Department of Licensing and Regulatory Affairs (LARA) and oversees the licensing, investigations, and enforcement responsibilities of individuals licensed under the Occupational Code and the Public Health Code.

The mission of the Bureau is to protect, preserve and improve the health, safety, and welfare of Michigan's citizens through the licensing and regulation of occupational and health professionals. The Bureau is designed to make the regulatory system simple, fair, and efficient.

Each of the designated professions is authorized through legislative action. Most of the professions have a board consisting of licensed occupational or health professionals and public members who establish the educational, examination and general practice requirements. These requirements are established either in the legislation that authorizes the regulation of the profession or in the administrative rules for that board. Additionally, the boards are responsible for disciplining licensed/registered individuals who violate the provisions of the Public Health Code, PA 368 of 1978, as amended or the Occupational Code, PA 299 of 1980, as amended. The board members are appointed by the Governor and typically serve for two terms of four years each.

Boards elect a chair and a vice-chair each year. These individuals can be either licensed professionals or public members. For health professional boards, the board chair must appoint a disciplinary subcommittee which consists of two public members and three professional members. The disciplinary subcommittee must be chaired by a public member. This committee reviews most of the disciplinary cases and determines the sanction that needs to be imposed on the regulated individual. For other occupational boards, disciplinary actions are handled by the entire board.

Regulation of the occupational and health professionals come in three different levels of authorized practice:

- License – where only professionals that hold the credential can practice in Michigan.
- Registration – where only professionals who hold the credential can call themselves by that name, but other qualified individuals can practice that profession as long as they do not use the protected title.
- Certification – where a registry is created that indicates individuals who have met a specified level of educational training and experience and completed an examination, if appropriate. Neither the title nor the practice is limited to those who hold the credential but all of those who hold the credential have met pre-established criteria.

Michigan Board of Accountancy

The Michigan Board of Accountancy was originally formed with the enactment of Public Act 130 of 1976. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

The practice of accountancy as defined in Article 7 of the Occupational Code means rendering or offering to render an opinion on or attesting to or offering to attest to the reliability of a representation or estimate, including, but not limited to, the giving of an opinion in substance that 1 or more of the following types of information concerning the entity that is the subject of the opinion present fairly the condition of the entity:

- i. Financial or other information about which the opinion is given.
- ii. Facts respecting the entity's compliance with conditions established by law or contract, including, but not limited to, a statute, ordinance, regulation, grant, loan, or appropriation.
- iii. The scope of the accounting procedures rendered in connection with the presentation of the entity's financial statement.

The Michigan Board of Accountancy consists of 9 voting members: 6 certified public accountants and 3 public members, including 1 attorney licensed in Michigan. One of the 9 must be an instructor of accounting.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Bayson, James, CPA, Chairperson	6/30/2020
Smith, Ola, PhD, CPA, Vice Chairperson (instructor)	6/30/2021
Balas, Paul, CPA	6/30/2022
Barrons, David, CPA	6/30/2021
Gower, Shelly, CPA	6/30/2022
Homier, Barbara, Public Member (attorney)	6/30/2020
Keena, Teressa, CPA	6/30/2023
Kluge, Jennifer, Public Member	6/30/2021
Roling, Matthew, Public Member	6/30/2023

Schedule of Board Meetings

Fiscal Year 2019

October 26, 2018
January 25, 2019
May 24, 2019
July 26, 2019

Michigan Board of Acupuncture

The Michigan Board of Acupuncture was created with the enactment of Public Act 30 of 2006, which amended the Public Health Code, Public Act 368 of 1978.

The practice of acupuncture, as defined in the Public Health Code, means the insertion and manipulation of needles through the surface of the human body at specific locations on the human body for the prevention or correction of disease, injury, pain, or other condition.

The Board of Acupuncture consists of 13 voting members: 7 acupuncturists, 3 physicians (one of which must have completed at least 300 hours of systematic acupuncture education that includes not less than 100 hours of live lectures, demonstrations, and supervised clinical training specific to acupuncture) and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Zaidan, Jonathan, MD, Chairperson	6/30/2022
Converse, Beth, RAc, Vice-Chairperson	6/30/2022
Biris, Anne, RAc	6/30/2020
Bonk, Caitlin, OMD	6/30/2023
Hall, Kristen, Public Member	6/30/2023
Hubbs, Renee, RAc	6/30/2022
Lukasik, Liz, Public Member	6/30/2022
Rogers, Jeffrey, OMD	6/30/2022
Silver, Julie, MSW, Dipl.AC	6/30/2022
Sealey, John, MD	6/30/2021
Stewart, Elizabeth, RAc	6/30/2023
Trowbridge, Zhiling, Professional	6/30/2021
Underwood, Jonell, Public Member	6/30/2022

Schedule of Board Meetings

Fiscal Year 2019

- October 19, 2018 (Full Board and Disciplinary Subcommittee Cancelled)
- January 18, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)
- April 19, 2019 (Disciplinary Subcommittee Cancelled)
- July 19, 2019 (Disciplinary Subcommittee Meetings Cancelled)

Michigan Board of Architects

The Michigan Board of Architects was originally formed with the enactment of Public Act 240 of 1937. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

The practice of architecture as defined in Article 9 of the Occupational Code means professional services, such as consultation, investigation, evaluation, planning, design, or review of material and completed phases of work in construction, alteration, or repair in connection with a public or private structure, building, equipment, works, or project if the professional service requires the application of a principle of architecture or architectural design.

The Michigan Board of Architects consists of 9 voting members: 5 architects, 1 professional engineer who is a member of the Board of Professional Engineers, 1 professional surveyor who is a member of the Board of Professional Surveyors and 2 public members.

Board Members as of 9/30/2019

Barry, Patrick, Architect, Chairperson
Gustafson, Scott, Architect, Vice Chairperson
Barish, Gilbert, PS
Lamble, Dan, Architect
Larson, Jay, Public Member
Myers, Jennifer, Architect
Sanders, Deveron, PE
Slagle, Matthew, Architect
Welmers, Joseph, Public Member

Term Expires

3/31/2021
3/31/2021
3/31/2021
3/31/2020
3/31/2021
3/31/2023
3/31/2023
3/31/2022
3/31/2022

Board Meetings

Fiscal Year 2019

January 9, 2019
May 8, 2019 (Full Board and Joint Design Meeting)
September 11, 2019

Michigan Athletic Trainer Board

The Michigan Athletic Trainer Board was created with the enactment of Public Act 54 of 2006, which amended the Public Health Code, Public Act 368 of 1978.

The practice of athletic training, as defined in the Public Health Code, means the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury or illness, or both, the immediate care and treatment of an individual for an injury or illness, or both, and the rehabilitation and reconditioning of an individual's injury or illness, or both, if those activities are within the rules promulgated for this profession and performed under the direction of, on the prescription of, or in collaboration with an individual as an allopathic or osteopathic physician.

The Athletic Trainer Board consists of 11 voting members: 6 athletic trainers, 2 licensed physicians and 3 public members.

Board Members as of 9/30/2019

Eyers, Christina, EdD, AT, ATC, Chairperson
Braid, Michael, MEd. AT. ATC
Kolinski, Michael, DO
Kravitz, Lisa, Public Member
Marra, Jeremy, ATC
McCaul, Morgan, Public Member
Snow, Megan, MA, AT, ATC
Tinkey, Daniel, AT, ATC
Valbuena, Felix, Jr. MD
Winkler, Jr., James K., AT, ATC
Vacancy – Public Member

Term Expires

6/30/2020
6/30/2023
6/30/2020
6/30/2022
6/30/2022
6/30/2022
6/30/2023
6/30/2021
6/30/2021
6/30/2021
6/30/2022

Schedule of Board Meetings

Fiscal Year 2019

December 14, 2018 (Full Board and Disciplinary Subcommittee Meetings Cancelled).

February 21, 2019 (Full Board Meeting Cancelled)

May 16, 2019 (Disciplinary Subcommittee Meeting Cancelled)

August 15, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

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 non-surgical application of principles, methods, and procedures related to disorders of hearing, including all the following:

- i. Facilitating the conservation of auditory system function.
- ii. Developing and implementing hearing conservation programs.
- iii. Preventing, identifying, and assessing hearing disorders of the peripheral and central auditory system.
- iv. Selecting, fitting, and dispensing of amplification systems, including hearing aids and related devices, and providing training for their use.
- v. Providing auditory training, consulting, education, and speech reading to individuals with hearing disorders.
- vi. Administering and interpreting tests of vestibular function and tinnitus in compliance with section 16809 and in adherence to the mandate of subsection (2).
- vii. Routine cerumen removal from the cartilaginous portion of the external ear in otherwise healthy ears except that if the audiologist, while engaged in routine cerumen removal, discovers any trauma, including, but not limited to, continuous uncontrolled bleeding, lacerations, or other traumatic injuries, he or she shall, as soon as practically possible, refer the patient to a person licensed in the practice of medicine or osteopathic medicine and surgery.
- viii. Speech and language screening limited to a pass-fail determination for the purpose of identification of individuals with disorders of communication.

The Michigan Board of Audiology consists of 9 voting members: 5 audiologists, 2 physicians (one of which has a certificate of qualification from the American Board of Otolaryngology), and 2 public members.

Board Members as of 9/30/2019

Zwolan, Teresa AuD, Acting Chairperson
Baldwin, Richard, Public Member
Blackburn, Sharon, AuD
Borenitsch, Robert, DO
Brennan, Lisa, Public Member
Dadisho, Lauren, AuD
Dokianakis, Stelios, AuD
Ferguson, Nicole, AuD
Somers, Melissa, MD (otolaryngologist)

Term Expires

6/30/2022
6/30/2020
6/30/2020
6/30/2020
6/30/2020
6/30/2023
6/30/2023
6/30/2021
6/30/2022

Schedule of Board Meetings

Fiscal Year 2019

December 7, 2018 (Disciplinary Subcommittee Meeting Cancelled)
February 13, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)
March 15, 2019 (Disciplinary Subcommittee Meeting Cancelled)
June 7, 2019 (Full Board Meeting Cancelled)
September 20, 2019 (Disciplinary Subcommittee Meeting Cancelled)

Michigan Board of Barber Examiners

The authority for the Michigan Board of Barber Examiners was transferred to the Occupational Code, Public Act 299 of 1980, as amended on October 21, 1980.

Barber is defined in Article 11 of the Occupational Code as a person who shaves or trims the beard of a person; cuts, trims, shampoos, relaxes, curls, permanently waves, dresses, tints, bleaches, colors, arranges, or styles the hair of a person; massages the face and head of a person; or renders personal services of a similar nature customarily done by a barber.

The Michigan Board of Barber Examiners consists of 9 voting members: 6 licensed barbers that have practiced as a barber for 3 years before the appointment (1 of the 6 licensed barbers shall be a journeyman barber) and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Smith, Philip, III, Professional Member, Chairperson	9/30/2021
Dimoff, Eric, Public Member, Vice-Chairperson	9/30/2020
Bigelow, Michael, Professional Member	9/30/2019
Delisse, Peter, Professional Member	9/30/2022
Jenson, Jeffrey, Professional Member	9/30/2022
Mitchell, Kelly, Public Member	9/30/2019
Reardon, Micaela, Public Member	9/30/2021
Vitto, Perry, Professional Member	9/30/2020
Vacancy, Professional Member	9/30/2022

Schedule of Board Meetings

Fiscal Year 2019

January 28, 2019 (Full Board Meeting Cancelled)

May 20, 2019

September 30, 2019 Full Board Meeting Cancelled)

November 4, 2019

Michigan Board of Behavior Analysts

The Michigan Board of Behavior Analysts was created with the enactment of Public Act 404 of 2016, which amended the Public Health Code, Public Act 368 of 1978.

The practice of applied behavior analysis, as defined in the Public Health Code, means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior.

Practice of applied behavior analysis includes all the following:

- (A) The empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis.
- (B) Applied behavior analysis interventions that are based on scientific research and the direct observation and measurement of behavior and the environment.
- (C) The utilization of contextual factors, motivating operations, antecedent stimuli, or positive reinforcement.
- (D) The utilization of other consequences to help individuals develop new behaviors, increase, or decrease existing behaviors, and emit behaviors under specific environmental conditions.

The Michigan Board of Behavior Analysts consists of 9 members: 4 licensed behavior analysts (3 of which are engaged in providing clinical services and 1 is engaged in providing applied behavior analysis services to the Medicaid population in addition to providing clinical services); 1 individual who is affiliated with a university in this state and provides instruction or conducts research in applied behavior analysis; 1 assistant behavior analyst; 1 physician who is licensed under part 170 or 175 and works with patients with autism spectrum disorders or brain injuries; and 2 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Peterson, Stephanie, BCBA, Chairperson	12/31/2021
Raaymakers, Conny, BCBA, Vice Chairperson	12/31/2020
Beers, Deborah BCaBA	12/31/2020
Blankenship, Kelly, CBA	12/31/2021
Love, Jessa, BCBA	12/31/2019
Nutkins, Christy, BCBA	12/31/2019
Plavnick, Josh, BCBA	12/31/2020
Shroll, Shana, Public Member	12/31/2021
Wallace, Luchara, Public Member	12/31/2019

Schedule of Board Meetings

Fiscal Year 2019

December 19, 2018 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

January 17, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

April 18, 2019

July 18, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

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 healing arts that deals with the human nervous system and the musculoskeletal system and their interrelationship with other body systems. Practice of chiropractic includes the following:

- (i) The diagnosis of human conditions and disorders of the human musculoskeletal and nervous systems as they relate to subluxations, misalignments, and joint dysfunctions. These diagnoses shall be for the purpose of detecting and correcting those conditions and disorders or offering advice to seek treatment from other health professionals to restore and maintain health.
- (ii) The evaluation of conditions or symptoms related to subluxations, misalignments, and joint dysfunction through any of the following:
 - (A) Physical examination.
 - (B) The taking and reviewing of patient health information.
 - (C) The performance, ordering, or use of tests. The performance, ordering, or use of tests in the practice of chiropractic is regulated by rules promulgated under section 16423.
 - (D) The performance, ordering, or use of x-ray.
 - (E) The performance, ordering, or use of tests that were allowed under section 16423 as of December 1, 2009.
- (iii) The chiropractic adjustment of subluxations, misalignments, and joint dysfunction and the treatment of related bones and tissues for the establishment of neural integrity and structural stability.
- (iv) The use of physical measures, analytical instruments, nutritional advice, rehabilitative exercise, and adjustment apparatus regulated by rules promulgated under section 16423.

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

Board Members as of 9/30/2019

<u>Board Members as of 9/30/2019</u>	<u>Term Expires</u>
Wilcox Jr, Ronald, DC, Chairperson	12/31/2019
Squires, Lewis, DC, Vice-Chairperson	12/31/2020
Elceser, Leigh, DC	12/31/2022
Huta, Robert, Public Member	12/31/2019
Maciolek, Robert, Public Member	12/31/2021
Peake, Robyn, Public Member	12/31/2021
Reno, Donald, DC	12/31/2019
Taylor, Beau, Public Member	12/31/2021
Thornton, Ryan, DC	12/31/2022

Schedule of Board Meetings

Fiscal Year 2019

November 29, 2018 (Disciplinary Subcommittee Meeting Cancelled)

February 28, 2019

May 23, 2019 (Disciplinary Subcommittee Meeting Cancelled)

August 22, 2019

Michigan Board of Collection Practices

The Michigan Board of Collection Practices was originally formed with the enactment of Public Act 361 of 1974. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended to license and regulate collection agencies operating in Michigan.

Collection agency is defined in Article 9 of the Occupational Code as a person directly or indirectly engaged in soliciting a claim for collection or collecting or attempting to collect a claim owed or due, or asserted to be owed or due another, or repossessing or attempting to repossess a thing of value owed or due or asserted to be owed or due another arising out of an expressed or implied agreement. Collection Agency includes an individual representing him or herself as a collection or repossession agency, or a person performing the activities of a collection agency, on behalf of another. Collection Agency also includes a person that furnishes or attempts to furnish a form or written demand service, represented to be a collection or repossession technique, device, or system to be used to collect or repossess claims, if the form contains the name of a person other than the creditor that indicates that a request or demand for payment is being made by someone other than the creditor. Collection Agency also includes a person that uses a fictitious name or the name of another in the collection or repossession of a claim.

The Michigan Collection Practices Board consists of 9 voting members: 6 collection agency licensees and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Thomas, Oldani, Professional Member, Chairperson	6/30/2021
Roberts, Rebecca, Professional Member, Vice-Chairperson	6/30/2020
Angelo, John "Garrett", Professional Member	6/30/2022
Demaio, Kirstin, Professional Member	6/30/2022
Dondzila, Nicholas, Public Member	6/30/2020
Hiller, Michael, Professional Member	6/30/2023
Lutz, Terry, Public Member	6/30/2021
Matonican, Thomas, Professional Member	6/30/2021
Vacancy – Public Member	6/30/2021

Schedule of Board Meetings

Fiscal Year 2019

February 6, 2019

August 7, 2019

Michigan Board of Cosmetology

The authority for the Michigan Board of Cosmetology was transferred to the Occupational Code, Public Act 299 of 1980, as amended, on October 21, 1980.

Cosmetology is defined in Article 12 of the Occupational Code as one of the following services or a combination of the following services: Hair care services (arranging, cutting, dressing, curling, waving, cleansing, singeing, bleaching, coloring, tinting, trimming, styling, relaxing, perming, straightening, or similar work upon the hair of the head); Manicuring services (cleansing, filing, shaping, buffing, polishing, or beautifying of the nails of the hands or feet, and the cleansing, massaging, stimulating, exercising, or beautifying of the skin of the hands, arms, and feet, manually or with the use of tools, appliances, or cosmetic preparations, including the repair of nails, or the creation or decoration of artificial nails); Electrology (permanent removal of hair from the body by the use of electricity); and Skin care services (beautifying the skin of the body by the use of cosmetic preparations, antiseptics, tonics, lotions, or creams, including body wrapping; cleansing or stimulating the skin of the body by the use of the hands, devices, apparatus, or appliances, with or without the use of cosmetic preparations, antiseptics, tonics, lotions or creams; temporary removal of hair from the body by the use of depilatories, waxes, razors, scissors, clippers, or tweezers; giving facials, applying removable makeup, applying eyelashes, or any other application of a preparation or beauty enhancement to the body).

The Michigan Board of Cosmetology consists of 9 voting members: 5 licensed cosmetologists who have been actively engaged in the practice of cosmetology for at least 3 years immediately preceding their appointment, 1 member who has been actively engaged in teaching cosmetology in this state for not less than 3 years immediately before appointment and who owns an interest in a school of cosmetology, and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Ward, Linda, Professional Member, Chairperson	12/31/2021
Pittsenbarger, Sally, Professional Member, Vice-Chairperson	12/31/2019
Abel, Gabriella, Public Member	12/31/2020
Coffee-Tavi, Kelly, Public Member	12/31/2022
Kruithoff, Danielle, Professional Member	12/31/2021
Skipper-Strong, Kathleen, Public Member	12/31/2019
Straley, Cindy, Professional Member	12/31/2022
Weaver, Scott, Professional Member	12/31/2021
Wilkinson, Kathryn, Professional Member	12/30/2020

Schedule of Board Meetings

Fiscal Year 2019

November 5, 2018
February 4, 2019
May 6, 2019
August 5, 2019

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 in accordance with accepted and established ethics a service involving 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 Michigan Board of Counseling consists of 11 voting members: 6 professional members (3 of which engage primarily in providing counseling techniques, behavior modification techniques, or preventative techniques to clients, 2 members who are engaged primarily in teaching, training, or research in counseling, and 1 member who is engaged primarily in the administration of counseling services), 4 members of the general public, and 1 member who is a statutorily regulated mental health professional.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Emde, Robyn, LPC, Chairperson	6/30/2020
Love, Harold LPC, Vice-Chairperson	6/30/2021
Billman, Mary, Public Member	6/30/2022
Bozek, Katie, LMFT, PhD	6/30/2022
Craig, Stephen	6/30/2021
Glaes, Janet, LPC	6/30/2023
Harper, Walter, Mary, Public Member	6/30/2022
Hughes, Charles, LPC, PhD	6/30/2023
Koviak, Harold, Public Member	6/30/2021
Papazian, Gerald, LPC	6/30/2020
Simmons, Jana, Public Member	6/30/2021

Schedule of Board Meetings

Fiscal Year 2019

November 9, 2018

December 7, 2018 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

December 14, 2018

February 8, 2019

March 12, 2018 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

April 12, 2019

June 21, 2019

September 6, 2019

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 and authorized dental assistants.

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.

Public Act 463 of 2018, effective March 27, 2019, added the regulation of dental therapists to the Public Health Code.

Dentist, as defined by the Public Health Code, means an individual who is licensed under this Article 15 to engage in the practice dentistry.

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 as a dental therapist means providing any of the care and services, and performing any of the duties, described in section 16656 of the Public Health Code.

The practice as a dental hygienist, 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.

The 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 Michigan Board of Dentistry consists of 20 voting members: 9 dentists, 2 dentists who have been issued a health profession specialty certification issued under MCL 333.16608, 4 dental hygienists, 2 dental assistants, and 3 public members.

Beginning five years after the effective date of Public Act 463 of 2018, March 27, 2019, 1 dental therapist must be added to the Board, which will increase the total membership of the Board of Dentistry to 21 members.

Board Members as of 9/30/2019

Roels, Patricia, DDS, Chairperson
Chiaravalli, Peter, DDS, Vice Chairperson
Barnhart, Lori, RDA
Bentley, Cheryl, RDH
Brewer, Fonda, Public Member
Brown, Deborah, DMD
Curcuru, Grace, DDS (faculty)
Goodrich, Joshua, Public Member
Hale, Rita, Public Member

Term Expires

6/30/2021
6/30/2020
6/30/2022
6/30/2020
6/30/2023
6/30/2023
6/30/2022
6/30/2021
6/30/2020

Inman, Kathleen, RDH	6/30/2021
Johnston, Mark DDS	6/30/2021
Morgan, Martha, RDH	6/30/2023
Oza, Vaijanthi, DDS	6/30/2020
Schmakel, Timothy, MD, DDS (specialist)	6/30/2020
Thomas, Kristi, DDS	6/30/2023
Tseng, Irene DDS	6/30/2022
Weber, Kathleen, RDA	6/30/2023
Weidig, Paula, RDH	6/30/2020
Yehia, Hassan, DDS (specialist)	6/30/2023
Vacancy - Dentist	6/30/2023

Schedule of Board Meetings

Fiscal Year 2019

- October 18, 2018
- December 13, 2018
- February 14, 2019
- April 11, 2019
- June 13, 2019
- August 8, 2019

Hearing Aid Dealer Registration

The Michigan Board of Hearing Aid Dealers was originally formed with the enactment of Public Act 265 of 1966. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended. By executive Order No. 1996-2, the Board of Hearing Aid Dealers was abolished effective May 15, 1996. The registration of individuals continues unimpeded.

Article 13 defines the practice of selling or fitting a hearing aid as the selection, adaptation, and sale of a hearing aid and includes the testing of hearing by means of an audiometer and other means for the sale of a hearing aid. The practice also includes the making of an impression for an ear mold.

Michigan Board of Interpreters for the Deaf, DeafBlind and Hard of Hearing

The Michigan Board of Interpreters for the Deaf, DeafBlind and Hard of Hearing was formed pursuant to Executive Order, No. 2017-8, effective December 24, 2017, which transferred all authority, powers, duties, functions, and responsibilities of the Division on Deaf, DeafBlind and Hard of Hearing, within the Department of Civil Rights, under the Deaf Persons' Interpreters Act, Public Act 204 of 1982, to the Department of Licensing and Regulatory Affairs.

The Board of Interpreters for the Deaf, DeafBlind and Hard of Hearing was created to help streamline the sign language interpreter certification process and may advise the Department of Licensing and Regulatory Affairs on all matters related to the certification of interpreters and the administration of the Deaf Persons' Interpreters Act.

A qualified interpreter, as defined by the Deaf persons' Interpreters Act, means a person who is certified through the National Registry of Interpreters for the Deaf or is certified through the state.

The Michigan Board of Interpreters for the Deaf, DeafBlind and Hard of Hearing consists of 9 voting members: 2 members who are deaf, deafblind, or hard of hearing persons; 4 members who are certified deaf persons' interpreters under Michigan law with 1 or more who may be an interpreter and owner of or work for an interpreter referral agency; 1 member who represents an institution or other organization responsible for education of interpreters or interpreter standards; 1 member who represents an educational institution or other organization that serves the deaf, deafblind, or hard of hearing community; and 1 member who represents the public and is not a certified deaf persons' interpreter under Michigan law.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Johnson, Carmen, Professional Member, Chairperson	12/31/2019
Bailey, Karen, Professional Member, Vice-Chairperson	12/31/2020
Depcik, Michael, Public Member	12/31/2022
Farzam-Behboodi, Jahan, Public Member	12/31/2022
Hentschel, Andrea, Public Member	12/31/2019
Hinson, Barbara, Professional Member	12/31/2022
Holaly, Mitch, Professional Member	12/31/2020
Horwitz, Miriam, Professional Member	12/31/2020
Houston, Sarah, Professional Member	12/31/2019

Schedule of Board Meetings

Fiscal Year 2019

October 31, 2018

January 4, 2019 (Full Board Meeting Cancelled)

July 22, 2019 (Full Board Meeting Cancelled)

Landscape Architect Licensure

The Michigan Board of Landscape Architects was originally formed with the enactment of Public Act 126 of 1963. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended. By executive Order No. 2007-23, the Board of Landscape Architects was abolished effective July 15, 2007. The licensure of individuals continues unimpeded.

Article 22 defines a landscape architect as a person qualified to engage in the practice of landscape architecture as provided in this article. The practice of landscape architecture is defined as the performance of professional services such as consultation, investigation, research, planning, design, or responsible field observation in connection with the development of land areas where, and to the extent that the dominant purpose of the services is the preservation, enhancement, or determination of proper land uses, natural land resources, ground cover and planting, naturalistic and aesthetic values, the settings and approaches to structures or other improvements, natural drainage, and the consideration and determination of inherent problems of the land relating to erosion, use and stress, blight, or other hazards; and, the location and arrangement of tangible objects and features incidental and necessary to the purposes outlined in Article 22.

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 to the Public Health Code, Public Act 368 of 1978, as amended, and the name was changed to the Board of Marriage and Family Therapy.

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. Practice of marriage and family therapy does not include the administration and interpretation of psychological tests except for those tests that are consistent with the individual's education and training and with the code of ethics for licensed marriage and family therapists.

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

Board Members as of 9/30/2019

Mammen, Laura, LMFT, LPC, Chairperson
Campbell, Amy, LMFT, Vice- Chairperson
Dupuis, Sara, PhD, LMFT
Leija, Silvia, LMFT
Ross, Karol, Public Member
Short, Emily, LMFT
Timmer, Madeline, Public Member
West, Samantha, Public Member
Wittenborn, Andrea, Professional Member

Term Expires

6/30/2021
6/30/2023
6/30/2022
6/30/2023
6/30/2023
6/30/2023
6/30/2022
6/30/2021
6/30/2020

Schedule of Board Meetings

Fiscal Year 2019

December 21, 2018 (Disciplinary Subcommittee Meetings Cancelled)
March 8, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)
June 14, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)
September 13, 2019 (Disciplinary Subcommittee Meeting Cancelled)

Michigan Board of Massage Therapy

The Michigan Board of Massage Therapy was created with the enactment of Public Act 471 of 2008, which amended the Public Health Code, Public Act 368 of 1978.

The practice of massage therapy, as defined in the Public Health Code, means the application of a system of structured touch, pressure, movement, and holding to the soft tissue of the human body in which the primary intent is to enhance or restore the health and well-being of the client. Practice of massage therapy includes complementary methods, including the external application of water, heat, cold, lubrication, salt scrubs, body wraps, or other topical preparations; and electromechanical devices that mimic or enhance the actions possible by the hands.

The Michigan Board of Massage Therapy consists of 11 voting members: 7 individuals who meet the requirements of MCL 333.16135(2) and 4 public members.

Board Members as of 9/30/2019

Hunter, Terese, Public Member, Chairperson
Gennety, Tiffany, LMT, Vice Chairperson
Franklin, Charlie, LMT
Harden, Carolyn, Public Member
Kiter, Katie, Public Member
Latham-Enix, Tina, LMT
Miazga, Beth, LMT (resigned 9/9/2020)
Murray, Stacey, Public Member
Stout, John T. (J.T.), MT
Wiley, Jodi, LMT
Wolf, Lynn, LMT

Term Expires

12/31/2020
12/31/2020
12/31/2021
12/31/2019
12/31/2021
12/31/2019
12/31/2021
12/31/2020
12/31/2020
12/31/2021
12/31/2019

Schedule of Board Meetings

Fiscal Year 2019

October 8, 2018
January 7, 2019
April 1, 2019
July 8, 2019 (Full Board Meeting Cancelled)

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 and licensing 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 practice of genetic counseling, as defined in the Public Health Code, means provision of any of the following services:

- i. (i) Obtaining and evaluating individual, family, and medical histories to determine the genetic risk for genetic or medical conditions or diseases in a client, the client's descendants, or other family members of the client.
- ii. Discussing with a client the features, natural history, means of diagnosis, genetic and environmental factors, and management of the genetic risks of genetic or medical conditions or diseases.
- iii. Identifying and coordinating appropriate genetic laboratory tests and other diagnostic studies for genetic assessment of a client.
- iv. Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate a client's risk factors for genetic or medical conditions or diseases.
- v. Explaining to a client the clinical implications of genetic laboratory tests and other diagnostic studies and their results.
- vi. Evaluating the responses of a client and the client's family to a genetic or medical condition or disease or to the risk of recurrence of that condition or disease and providing client-centered counseling and anticipatory guidance.
- vii. Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy to a client.
- viii. Providing written documentation of medical, genetic, and counseling information for families of and health care professionals of a client.

The Michigan Board of Medicine consists of 19 voting members: 10 physicians, 1 physician's assistant, 1 genetic counselor, and 7 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Arsiwala, Mohammed A., MD, Chairperson	12/31/2019
Prues, Louis, Public Member, Vice Chairperson	12/31/2019
Bates, Richard, MD	12/31/2021
Chafty, Michael, MD	12/31/2021
Chrissos, Michael, MD	12/31/2019
Frankovich, Stacey, Public Member	12/31/2022
Johnston, Renee, Public Member	12/31/2021
McGinnity, MS, PA-C	12/30/2022
Poland, Cara, MD	12/31/2021
Rao, Venkat, MD	12/31/2021
Rogers, James, MD	12/31/2019

Ruiz, Traci, Public Member	12/31/2021
Sophiea, Paul, Public Member	12/31/2021
Sondheimer, James, MD	12/31/2021
Stocker, Eric, Public Member	12/31/2019
Szymanski, Dennis C., MD	12/31/2019
Tabrizi, Shareen, Public Member	12/31/2021
Tahnoose, Terri, Public Member	12/31/2021
Tocco-Bradley, Rosalie, MD	12/31/2019

Schedule of Board Meetings

Fiscal Year 2019

- November 14, 2018
- January 16, 2019
- March 20, 2019
- May 15, 2019
- July 17, 2019
- September 18, 2019

Michigan Board of Licensed Midwifery

The Michigan Board of Licensed Midwifery was formed with the enactment of Public Act 417 of 2016, effective April 4, 2017, to work in conjunction with the Department of Licensing and Regulatory Affairs to establish and implement the licensure program for the practice of midwifery in Michigan.

Midwife, as defined by the Public Health Code, means an individual who is licensed under Part 171 of Article 15 to engage in the practice of midwifery.

The practice of midwifery, as defined by the Public Health Code, means providing maternity care that is consistent with a midwife's training, education, and experience, to women and neonates during the antepartum, intrapartum, and postpartum periods. The practice of midwifery does not include the practice of medicine or osteopathic medicine or surgery, and the practice of nursing, including the practice of nursing with a specialty certification in nurse midwifery.

The Michigan Board of Licensed Midwifery consists of 12 voting members: 7 midwives, 1 certified nurse midwife, 1 physician who is a board-certified obstetrician-gynecologist, 1 physician who is a board-certified pediatrician, 2 members of the general public (1 of which is a consumer of midwifery care).

Board Members as of 9/30/2019

	<u>Term Expires</u>
Mazzara, Katheryn, Professional Member, Chairperson	12/30/2020
Robinson, Heather, Professional Member, Vice-Chairperson	12/31/2020
Bobier, Patrice, Professional Member	12/31/2021
Duckett-Freeman, Claretta, Public Member	12/31/2021
Fisch, Deborah, Public Member	12/31/2019
Howell, Amanda, Professional Member	12/31/2019
Greydanus, Donald, MD (OB-GYN)	12/31/2021
Michele, Tami, DO (pediatrician)	12/31/2019
Simkins, Geradine, Professional Member	12/31/2019
Perkins, Connie, Professional Member	12/31/2020
Proefrock, Stacia, Professional Member	12/31/2020
White, Nicole, Professional Member	12/31/2019

Schedule of Board Meetings

Fiscal Year 2019

October 16, 2018

January 15, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

January 18, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

March 7, 2019

April 23, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

July 23, 2019

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. On April 9, 2017, the Public Health Code was amended by Public Act 499 of 2017, to add a clinical nurse specialist to the Board.

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 practice of nursing, as defined in the Public Health Code, means the systematic application of substantial specialized knowledge and skill, derived from the biological, physical, and behavioral sciences to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

The practice of nursing as a licensed practice nurse or LPN means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician, or dentist. The licensed practical nurse is a health profession subfield of the practice of nursing.

Registered professional nurse or RN means an individual licensed under Part 172 or Article 15 to engage in the practice of nursing which scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

Advanced practice registered nurse, or APRN means a registered professional nurse who has been granted a specialty certification under Part 172 of Article 15 the health specialty field of nurse midwifery, nurse practitioner, or clinical nurse specialist.

The Board may grant a specialty certification to a registered professional nurse with advanced training, who demonstrates competency through examination or other evaluative process, in the health profession specialty fields of nurse midwifery, nurse anesthetist, nurse practitioner, and clinical nurse specialist.

The Michigan Board of Nursing consists of 23 members: 9 registered professional nurses, 1 nurse midwife, 1 nurse anesthetist, 1 nurse practitioner, 1 clinical nurse specialist, 3 licensed practical nurses, and 7 public members.

- Three of the registered professional nurses shall be engaged in nursing education, 1 of whom shall be in less than a baccalaureate program, 1 in a baccalaureate or higher program, and 1 in a licensed practical nurse program and each of whom shall have a master's degree from an accredited college with a major in nursing.
- Three of the registered professional nurse members shall be engaged in nursing practice or nursing administration, each of whom shall have a baccalaureate degree in nursing from an accredited college.

- Three of the registered professional nurse members shall be engaged in nursing practice or nursing administration, each of whom shall be a non-baccalaureate registered nurse.
- Three of the licensed practical nurse members shall have graduated from a state approved program for the preparation of individuals to practice as a licensed practical nurse.
- The nurse midwife, the nurse anesthetist, the nurse practitioner, and the clinical nurse specialist shall each have a specialty certification granted by the Michigan Board of Nursing in his or her respective specialty field.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Meringa, Joshua, RN, Chairperson	6/30/2020
Vendittelli, Deborah, MSN, RN, ANP-BC, Vice Chairperson	6/30/2023
Ahrens, Kristin, DNP, RN, CPNP	6/30/2021
Carnahan, Donna, CRNA, DNAP, MS	6/30/2023
Chatman, Tatyana, LPN	6/30/2021
Coker, Sarah, MSN, RN, NE-BC	6/30/2021
DeDecker-Vander Kolk, Mary, RN	6/30/2020
DeVries, Jill, LPN	6/30/2020
Edokopolo, Debbie, Public Member	6/30/2023
Garcia, Baldomero “Bo”, Public Member	6/30/2022
Glenn, Lori, DNP, CNM, RN	6/30/2021
Horton, Elizabeth, RN, MBA	6/30/2020
Iseler, Jackeline, DNP, RN, ACNS-BC	6/30/2022
Lannon, Jessica, BA, RN, C-EFM	6/30/2023
Maloy, Nora, Public Member	6/30/2023
McDonald, Tiffany, RN	6/30/2021
O’Connor, Glenn, RN, CRNA	6/30/2021
Puscas, Jason, Public Member	6/30/2022
Sachs, Victoria, Public Member	6/30/2022
Saleh, Omar, ADM Non-Bacc	6/30/2023
Saxton, Maureen, Public Member	6/30/2022
Tounsel, Cerise, Public Member	6/30/2022
Vacancy - LPN	6/30/2023

Schedule of Board Meetings

Fiscal Year 2019

- October 4, 2018 (Disciplinary Subcommittee Meeting Only)
- November 1, 2018
- December 6, 2018 (Disciplinary Subcommittee Meeting Only)
- January 3, 2019
- February 7, 2019 (Disciplinary Subcommittee Meeting Only)
- March 7, 2019
- April 4, 2019 (Disciplinary Subcommittee Meeting Only)
- May 2, 2019
- June 6, 2019
- July 11, 2019 (Disciplinary Subcommittee Meeting Only)
- August 1, 2019 (Disciplinary Subcommittee Meeting Only)
- September 5, 2019

Michigan Board of Nursing Home Administrators

The authority for the Michigan Board of Nursing Home Administrators was transferred to the Public Health Code, Public Act 368 of 1978, as amended by Public Act 139 of 2001.

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

Board Members as of 9/30/2019

	<u>Term Expires</u>
Kimbrough-Wozniak, Kimberly, NHA, Chairperson	6/30/2020
Ackerman, Ricky, NHA, Vice-Chairperson	6/30/2021
Barber, Paul, NHA	6/30/2021
Bray, Cheryl, NHA	6/30/2021
Chatti, Margaret, BSN, NHA	6/30/2020
Dozeman, Kristine, Public Member	6/30/2020
Hartwell, Helen, Public Member	6/30/2022
Koffler, Ian, Public Member	6/30/2021
Patrick, Marie, NHA	6/30/2023

Schedule of Board Meetings

Fiscal Year 2019

December 4, 2018

March 5, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

June 4, 2019

September 3, 2019

Michigan Board of Occupational Therapists

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 and the registration program for Occupational Therapists in Michigan. Public Act 523 of 2008 which was effective on January 13, 2009, changed the regulation of occupational therapists from registration to licensure.

The practice of Occupational Therapy, as defined in the Public Health Code, means the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span.

The Michigan Board of Occupational Therapists consists of 9 voting members: 5 licensed occupational therapists and 4 public members, 1 of whom shall be a physician licensed under Part 170 or 175 of Article 15.

Board Members as of 9/30/2019

	<u>Term Expires</u>
King, Kelli, OTR, Chairperson	12/31/2020
Santos, Janet, OTR, Vice Chairperson	12/31/2021
Bryce, Richard, DO, Public Member	12/31/2019
Kaiser, Lynn, OTR	12/31/2021
Oh, David, Public Member	12/31/2021
Palmer, Valerie, Public Member	12/31/2021
Swan, Matthew, OTR	12/31/2021
Vaughn, Mary Jo	12/31/2022
Zimmerman, Gregory, PhD	12/31/2021

Schedule of Board Meetings

Fiscal Year 2019

November 13, 2018 (Disciplinary Subcommittee Meeting Cancelled)

February 12, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

May 13, 2019

August 13, 2019 (Disciplinary Subcommittee Meeting Cancelled)

Michigan Board of Optometry

The authority for the Michigan Board of Optometry was transferred to the Public Health Code, Public Act 368 of 1978, as amended, on September 30, 1978.

The practice of Optometry includes the employment of objective or subjective means, including diagnostic pharmaceutical agents for the examination of the human eye for the purpose of ascertaining a departure from the normal, measuring of powers of vision, and adapting lenses for the aid of those powers.

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

Board Members as of 9/30/2019

	<u>Term Expires</u>
Powers, Carl, OD, Chairperson	6/30/2020
Doud, Sandra, OD, Vice-Chairperson	6/30/2022
Kaminski, John, OD	6/30/2022
Manolakoudis, Virginia, Public Member	6/30/2022
Peterson-Klein, Nancy, OD	6/30/2020
Seim, Teresa, OD	6/30/2022
Sharpe, Lisa, Public Member	6/30/2023
Skorna, Hrisais (Kris), Public member	6/30/2023
Vacancy, Public Member	6/30/2022

Schedule of Board Meetings

Fiscal Year 2019

November 28, 2018 (Disciplinary Subcommittee Meeting Cancelled)

February 20, 2019 (Disciplinary Subcommittee Meeting Cancelled)

May 22, 2019

August 21, 2019 (Disciplinary Subcommittee Meeting Cancelled)

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 and licensing 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 prescription 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 Michigan Board of Osteopathic Medicine and Surgery consists of 11 voting members: 7 osteopathic physicians, 1 physician's assistant, and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Kudray, Kathleen, DO, Chairperson	12/31/2022
Parrett, Diane, DO, Vice-Chairperson	12/31/2021
Bell, Stephen, DO	12/31/2022
Beltz, Stacey, Jennifer, DO	12/31/2022
Foland, Walker, DO	12/31/2022
Glines, Craig, DO, MSBA,	12/31/2022
Guasco Jesse, DO	12/31/2020
Hauser, Matthew, Public Member	12/31/2021
Kilmark, James, PA-C	12/31/2019
McLogan, Molly, Public Member	12/31/2019
Thompson, Sheryl, Public Member	12/31/2020

Schedule of Board Meetings

Fiscal Year 2019

October 4, 2018 (Full Board Meeting Cancelled)

December 6, 2018

February 7, 2019

April 4, 2019 (Full Board Meeting Cancelled)

June 6, 2019 (Full Board Meeting Cancelled)

August 1, 2019

Personnel Agency Licensure

The Michigan Board of Personnel Agencies was originally formed with the enactment of Public Act 301 of 1974. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended. By executive Order No. 2007-22, the Board of Personnel Agencies was abolished effective July 15, 2007. The licensure of individuals continues unimpeded.

Article 10 defines personnel agency as a type A personnel agency or a type B personnel agency, or both. Type A personnel agency is defined as a person who is engaged in the business or profession of serving, assisting, or in any way aiding a client seeking employment or making basic career decisions, who puts a client in direct contact with employers, and who receives a fee from the client for the services rendered or offered to be rendered. Type B personnel agency is defined as a person who is engaged in the business or profession of serving, assisting, or in any way aiding or consulting with a client to make basic career decisions and who receives a fee from the client for the services rendered or offered to be rendered.

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 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 by Public Act 368 of 1978, as amended.

The Public Health Code 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. The practice of pharmacy includes the direct or indirect provision of professional functions and services associated with the practice of pharmacy.

The 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 and devices manufactured, distributed, prescribed, dispensed, administered, or issued in this state and procure samples, and limit or prevent the sale of drugs and devices that do not comply with Part 177; prescribe minimum criteria for the use of professional and technical equipment in reference to the compounding and dispensing of drugs and devices; grant a pharmacy license for each separate place of practice of compounding or dispensing of prescription drugs and devices; grant a drug control license for the place of practice for a dispensing prescriber who meets the requirements for a drug control license; and grant licenses to a manufacturer and wholesale distributor. The Board also has the obligation to discipline licensees who have adversely affected the public's health, safety, and welfare, schedule substances, and review pilot projects.

On September 24, 2014, Public Act 285 of 2014, amended the Public Health Code to provide for the licensure of pharmacy technicians. The Public Health Code defines a pharmacy technician as an individual who is required to hold a health profession subfield license under Part 177 to serve as a pharmacy technician. The practice as a pharmacy technician includes: assisting in the dispensing process; handling the transfer of prescriptions that are not controlled substances; compounding drugs; preparing or mixing intravenous drugs for injection into human patients; contacting prescribers concerning prescription drug order clarification; receiving verbal orders for prescription drugs that are not controlled substances; and performing other functions authorized under rules promulgated by the department in consultation with the board.

The Michigan Board of Pharmacy consists of 11 voting members: 6 pharmacists, 1 pharmacy technician, and 4 public members.

Board Members as of 9/30/2019

Mollien, Charles, PharmD, JD, Vice Chairperson
Boston, Cynthia, BHS, R.PhT.
Burgess, Kathleen, Public Member
Hills, David, Public Member
Oldham, Kelli, Public Member

Term Expires

6/30/2022
6/30/2022
6/30/2022
6/30/2023
6/30/2022

Pawlicki, Kathleen, MS, FASHP	6/30/2021
Sesi, Grace, PharmD	6/30/2023
Stevenson, James, RPh, PharmD	6/30/2020
Taylor, Sandra, R.Ph.	6/30/2023
Young, Maria, R.Ph.	6/30/2023
Vacancy - Public Member	6/30/2021

Schedule of Board Meetings

Fiscal Year 2019

October 10, 2018

December 12, 2018

February 13, 2019 (Full Board Cancelled)

April 10, 2019 (Full Board Cancelled)

June 12, 2019

August 14, 2019

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, education of, consultation with, or treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes treatment planning, performance of tests and measurements, interpretation of referrals, initiation of referrals, instruction, consultative services, and supervision of personnel. Physical measures include massage, mobilization, heat, cold, air, light, water, electricity, and sound. Practice of physical therapy does not include the identification of underlying medical problems or etiologies, establishment of medical diagnoses, or the prescribing of treatment.

Public Act 55 of 2009 amended the Public Health Code to include the licensing of the physical therapist assistant. The physical therapist assistant is an individual with a health profession sub-field license under this part who assists a physical therapist in physical therapy intervention.

The practice of the physical therapist assistant is defined as the practice of physical therapy performed under the supervision of a physical therapist licensed under this part.

Additionally, it modified the composition of the board to 11 voting members: 6 physical therapists, 1 physical therapist assistant, and 4 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Gilbert, Brian, PT, MSPT, OCS, Chairperson	12/31/2019
McAllister, Sarah, PT, CSCS, Vice Chairperson	12/31/2021
Ives, Allison, Public Member	12/31/2021
Kennedy, Morgan, PTA	12/31/2022
McFadden, PT, MSPT, OMPT	12/31/2020
Middha, Ajay, PT, DPT	12/31/2019
Miller, Craig, PT	12/31/2021
Rob, Syed, Public Member	12/31/2021
Schafer, Whitney, Public Member	12/31/2019
Swain, Adam, PT	12/31/2021
Winkler, Michael, Public Member	12/31/2021

Schedule of Board Meetings

Fiscal Year 2019

October 9, 2018

January 8, 2019

April 9, 2019

July 9, 2019

Michigan Joint 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 Joint Task Force on Physician's Assistants.

The practice of a physician's assistant, as defined in the Public Health Code, means the practice of medicine, osteopathic medicine and surgery, or podiatric medicine and surgery with a participating physician under a practice agreement.

The Joint Task Force on Physician's Assistants of 2009 consisted of 11 voting members: 5 physician's assistants, a physician representative of the Boards of Medicine, Osteopathic Medicine and Surgery and Podiatric Medicine and Surgery and 3 public members. In May 2010, Public Act 79 passed which increased the board composition to 13 members: 7 physician's assistants, 1 member each from the Board of Medicine, Board of Osteopathic Medicine and Surgery, and the Board of Podiatric Medicine and Surgery who hold a license other than a health profession sub-field license, and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Davis, Lara, PA-C, Chairperson	12/31/2019
Range, CaShawnda, PA-C, Vice-Chairperson	12/31/2022
Basso, Sara, JD, Public Member	12/31/2019
Carlson, Adam, Public Member	12/31/2021
Dietrich, Megan, PA-C	12/31/2019
Hopps, Christina, PA-C	12/31/2022
Klopp, Heather, PA-C	12/31/2019
Komejan, Maryam, Public Member	12/31/2019
Laham, Susan, PA-C	12/31/2021
Palazzolo, William, PA-C	12/31/2019
Rogers, James D., MD (Medicine)	12/31/2019
Safiedine, Ali, DPM (Podiatry)	12/31/2021
Vacancy – Osteopathic Medicine	12/31/2021

Schedule of Joint Task Force Meetings

Fiscal Year 2019

October 23, 2018

January 22, 2019 (Full Board Meeting Cancelled)

April 16, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

July 16, 2019 (Full Board Meeting Cancelled)

Michigan Board of Podiatric Medicine and Surgery

The authority for the Michigan Board of Podiatric Medicine and Surgery was transferred to the Public Health Code, Public Act 368 of 1978, as amended, on September 30, 1978.

The practice of podiatric medicine and surgery, as defined in the Public Health Code, means the evaluation, diagnosis, management, and prevention of conditions of the lower extremities, including local manifestations of systemic disease in the human foot and ankle, by attending to and advising patients and through the use of devices, diagnostic tests, drugs and biologicals, surgical procedures, or other means; the evaluation, diagnosis, management, and prevention of conditions of the lower extremities may include osseous and soft tissue procedures that address the pathology of the foot, ankle, and the contiguous attachments below the tibial tuberosity; and the treatment of ulcerations below the tibial tuberosity and of human nail diseases, callosities, and verruca.

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

Board Members as of 9/30/2019

	<u>Term Expires</u>
Meyer, Jay, DPM, Chairperson	6/30/2022
Anton-Athens, Vicki, DPM, Vice-Chairperson	6/30/2021
Kissel, Erik, DPM	6/30/2023
Lefkowitz, Harvey, DPM	6/30/2022
Lilly, Satina, Public Member	6/30/2023
Martin, Joseph, Public Member	6/30/2021
Maciolek, Deborah, Public Member	6/30/2021
Safiedine, Ali, DPM	6/30/2021
Weber, Brandon, PA	6/30/2023

Schedule of Board Meetings

Fiscal Year 2019

October 24, 2018 (Disciplinary Subcommittee Meeting Cancelled)

November 20, 2018 (Full Board Cancelled)

January 23, 2019

April 24, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

May 15, 2019 (Full Board Meeting Cancelled)

July 24, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

Michigan Board of Professional Engineers

The Michigan Board of Professional Engineers was originally formed with the enactment of Public Act 240 of 1937. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 20 defines professional engineering as professional services, such as consultation, investigation, evaluation, planning, design, or review of material and completed phases of work in construction, alteration, or repair in connection with a public or private utility, structure, building, machine, equipment, process, work, or project, if the professional service requires the application of engineering principles or data.

The Michigan Board of Professional Engineers consists of 9 voting members: 5 professional engineers (professional members), 1 architect who is a member of the Board of Architects, 1 professional surveyor who is a member of the Board of Professional Surveyors, and 2 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Fedele, Kelly, PE, PS, Professional Member, Chairperson (Engineer)	3/31/2021
Drewyor, Michael, PE, PS, Professional Member (Surveyor), Vice Chair	3/31/2020
Acciavatti, Daniel, Public Member	3/31/2021
Barry, Patrick, Architect	3/31/2021
Fobes, Lori, PE, Professional Member	3/31/2021
Hookham, Charles, PE, Professional Member	3/31/2022
Karl, Brett, Public Member	3/31/2022
Sanders, Deveron, PE	3/31/2023
Stevens, James, PE, Professional Member	3/31/2020

Schedule of Board Meetings

Fiscal Year 2019

January 9, 2019

May 8, 2019 (Full Board Meeting and Joint Design Board Meeting)

September 1, 2019

Michigan Board of Professional Surveyors

The Michigan Board of Professional Surveyors was originally formed with the enactment of Public Act 240 of 1937. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 20 defines practice of professional surveying as providing professional services such as consultation, investigation, testimony, evaluation, planning, mapping, assembling, and interpreting reliable scientific measurements and information relative to the location, size, shape, or physical features of the earth, improvements on the earth, the space above the earth, or any part of the earth, and the utilization and development of these facts and interpretations into an orderly survey map, plan, report, description, or project. The practice of professional surveying includes all of the following:

- i. Land surveying that is the surveying of an area for its correct determination or description for its conveyance, or for the establishment or reestablishment of a land boundary and the designing or design coordination of the plotting of land and the subdivision of land.
- ii. Geodetic surveying that includes surveying for determination of the size and shape of the earth both horizontally and vertically and the precise positioning of points on the earth utilizing angular and linear measurements through spatially oriented spherical geometry.
- iii. Utilizing and managing land information systems through establishment of datums and local coordinate systems and points of reference.
- iv. Engineering and architectural surveying for design and construction layout of infrastructure.
- v. Cartographic surveying for making maps, including topographic and hydrographic mapping.

The Michigan Board of Professional Surveyors consists of 9 voting members: 5 professional surveyors, 1 professional engineer who is a member of the Board of Professional Engineers, 1 architect who is a member of the Board of Architects, and 2 public members.

Board Members as of 9/30/2019

Term Expires

Drewyor, Michael, PE, PS, Professional Member, Chairperson (Engineer)	3/31/2020
Michalski-Wallace, PS, Ginger, Professional Member, Vice-Chairperson	3/31/2020
Barish, Gilbert, PS, Professional Member	3/31/2021
Bartlett, Jeff, PS, Professional Member	3/31/2021
Darin, Nickolas, Public Member	3/31/2021
Hollandsworth, James, PS, PE, Professional Member (Surveyor)	3/31/2023
Kurncz, Andrew, Public Member	3/31/2022
Myers, Jennifer, Architect	3/31/2023
Platz, Timothy, PS	3/31/2022

Schedule of Board Meetings

Fiscal Year 2018

January 9, 2019

May 8, 2019 (Full Board Meeting and Joint Design Board Meeting)

September 1, 2019

Michigan Board of Psychology

The regulation of psychologists was initially started as a certification by the superintendent of public instruction under the provisions of Public Act 257 of 1959. On September 30, 1978, the certification process was transferred to the Public Health Code, Public Act 368 of 1978, as amended and the Board of Psychology was created.

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 shall not include the practice of medicine such as prescribing drugs, performing surgery, or administering electro-convulsive therapy.

Michigan Board of Psychology consists of 9 voting members: 5 psychologists (including at least 1 nondoctoral psychologist), and 4 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Ozkan, Eric, PhD, Chairperson	12/31/2019
Shebroe, Valerie, Vice-Chairperson	12/31/2019
Bradish-Orta, Mindy, Public	12/31/2022
Agnew, Valencia, PhD, LLP	12/31/2019
Connelly, Michael, Public Member	12/31/2019
Fernandes, Mindy, Public Member	12/31/2022
Vacant, Public Member	12/31/2021
Majcher, Gale, PhD	12/31/2020
Van Wormer, Sara, MA, LLP	12/31/2020

Schedule of Board Meetings

Fiscal Year 2019

December 20, 2018
March 28, 2019
June 27, 2019
September 26, 2019

Michigan Board of Real Estate Appraisers

The Michigan Board of Real Estate Appraisers was formed in Article 26 of the Occupational Code, PA 299 of 1980, with the enactment of Public Act 269 of 1990.

Article 26 defines a real estate appraiser as an individual engaged in or offering to engage in the development and communication of appraisals or real property. An appraisal is defined as an opinion, conclusion, or analysis relating to the value of real property. Appraisal Management Company licensure was formed with the enactment of Public Act 505 of 2012, effective April 1, 2014, under article 26A of the Occupational Code, Public Act 299 of 1980, as amended.

Article 26A defines appraisal management company as a person that provides appraisal management services. Appraisal management services is defined as performing any of the following functions for a client or clients: a) Administering a network of independent contract appraisers to perform real estate appraisal services; b) Receiving requests for real estate appraisal services and, for a fee paid by the client, entering into agreements with 1 or more independent appraisers to perform the real estate appraisal services described in the request; c) Acting as a third-party broker or intermediary between persons requesting real estate appraisal services and independent appraisers who agree to provide those services.

The Michigan Board of Real Estate Appraisers consists of 9 voting members: 6 professional members and 3 public members. Of those board members who are appraisers, 3 shall be certified general real estate appraisers, 1 shall be a certified residential real estate appraiser, and 2 shall be either state licensed real estate appraisers or additional certified residential real estate appraisers. At least 2 of those appraisers may be employed by a state or nationally chartered bank, a state or federally chartered savings and loan or savings bank, a state or federally chartered credit union, an entity of the federally chartered farm credit system or an entity regulated under the Mortgage Brokers, Lenders, and Servicers Licensing Act, 1987 PA 173, MCL 445.1651 to 445.1684

Board Members as of 9/30/2019

	<u>Term Expires</u>
Worthams, David, Public Member, Chairperson	6/30/2021
Hartman, James T, Professional Member, Vice-Chairperson	6/30/2022
Denkins, Delbert, Professional Member	6/30/2020
Howard, Phyllis, Public Member	6/30/2022
Jenkins, Mark, Professional Member	6/30/2021
Rodriguez, Christian, Public Member	6/30/2020
Wagar, Martin, Professional Member	6/30/2020
Watson, Thomas, Professional Member	6/30/2022
Wheeler, Ronald, Professional Member	6/30/2021

Schedule of Board Meetings

Fiscal Year 2019

November 7, 2018 (Full Board Meeting Cancelled)

March 19, 2019

June 18, 2019

September 17, 2019

Michigan Board of Real Estate Brokers and Salespersons

The authority for the Michigan Board of Real Estate Brokers and Salespersons was transferred to the Occupational Code, Public Act 299 of 1980, as amended, on October 21, 1980.

Article 25 defines real estate broker as an individual, sole proprietorship, partnership, association, corporation, common law trust, or a combination of those entities who with intent to collect or receive a fee, compensation, or valuable consideration, sells or offers for sale, buys or offers to buy, provides or offers to provide market analyses, lists or offers or attempts to list, or negotiates the purchase or sale or exchange or mortgage of real estate, or negotiates for the construction of a building on real estate; who leases or offers or rents or offers for rent real estate or the improvements on the real estate for others, as a whole or partial vocation; who engages in property management as a whole or partial vocation; who sells or offers for sale, buys or offers to buy, leases or offers to lease, or negotiates the purchase or sale or exchange of a business, business opportunity, or the goodwill of an existing business for others; or who, as owner or otherwise, engages in the sale of real estate as a principal vocation.

Real estate salesperson is defined in Article 25 as a person who, for compensation or valuable consideration, is employed either directly or indirectly by a licensed real estate broker to sell or offer to sell, to buy or offer to buy, to provide or offer to provide market analyses, to list or offer or attempt to list, or to negotiate the purchase or sale or exchange or mortgage of real estate, or to negotiate for the construction of a building on real estate, or to lease or offer to lease, rent or offer for rent real estate, who is employed by a real estate broker to engage in property management, or who sells or offers for sale, buys or offers to buy, leases or offers to lease, or negotiates the purchase or sale or exchange of a business, business opportunity, or the goodwill of an existing business for others, as a whole or partial vocation.

The Michigan Board of Real Estate Brokers and Salespersons consists of 9 voting members: 6 real estate licensees and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Greenwood, Karen, Professional Member, Chairperson	6/30/2022
Craig, Robert, Public Member, Vice Chairperson	6/30/2020
Ahmad, Hassan, Professional Member	6/30/2022
Cantrell, Chase, Public Member	6/30/2023
Dean, Patrick, Public Member	6/30/2021
Rowe, Natalie, Professional Member	6/30/2020
Smith, Benjamin III, Professional Member	6/30/2023
Storch-Lipnitz, Professional Member	6/30/2021
Zupko, Ronald, Professional Member	6/30/2021

Schedule of Board Meetings

Fiscal Year 2019

November 19, 2018
February 11, 2019
April 24, 2019
June 10, 2019
August 12, 2019 (Full Board Meeting Cancelled)
September 27, 2019

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. Respiratory care services, as defined in the Public Health Code, means preventative services, diagnostic services, therapeutic services, and rehabilitative services under the written, verbal, or telecommunicated order of a physician to an individual with a disorder, disease, or abnormality of the cardiopulmonary system as diagnosed by a physician. Respiratory care services involve, but are not limited to, observing, assessing, and monitoring signs and symptoms, reactions, general behavior, and general physical response of individuals to respiratory care services, including determination of whether those signs, symptoms, reactions, behaviors, or general physical response exhibit abnormal characteristics; the administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care services; the collection of blood specimens and other bodily fluids and tissues for, and the performance of, cardiopulmonary diagnostic testing procedures including, but not limited to, blood gas analysis; development, implementation, and modification of respiratory care treatment plans based on assessed abnormalities of the cardiopulmonary system, respiratory care protocols, clinical pathways, referrals, and written, verbal, or telecommunicated orders of a physician; application, operation, and management of mechanical ventilatory support and other means of life support; and the initiation of emergency procedures under the rules promulgated by the board.

The Michigan Board of Respiratory Care in 2009 consisted of 4 respiratory therapists, 1 medical director and 2 public members. In May 2010, Public Act 79 passed which increased the board composition to 11 members: 7 respiratory therapists, 1 medical director, and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Weirauch, Andrew, BSRT, RRT-ACCS, Chairperson	12/31/2022
Heydenburg, Shari, LRT, RRT, Vice-Chairperson	12/31/2022
Anderson, Matthew, Public Member	12/31/2020
Bainbridge, Jeremy, LRT, RRT	12/31/2020
Byrd, John, Public Member	12/31/2022
Dunn, Michael, Medical Director	12/31/2023
Erinjeri, Veena, MBA, LRT, RRT, CPFT	12/31/2022
Glasser, Elizabeth, MSHS, RRT	12/31/2019
Niemer, Laurie LRT, RRT,	12/31/2021
Vono, Jonathan RRT	12/31/2021
Weir, Elizabeth, Public Member	12/31/2022

Schedule of Board Meetings

Fiscal Year 2019

- November 2, 2018 (Full Board Meeting Cancelled)
- February 1, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)
- May 3, 2019 (Full Board Meeting Cancelled)
- August 2, 2019 (Disciplinary Subcommittee Meeting Cancelled)

Michigan Sanitarian Registration

The Michigan Board of Sanitarians was originally formed with the enactment of Public Act 147 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 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. Effective January 1, 2004, Executive Order No. 2003-18 transferred, by a Type II transfer, any authority, powers, duties, functions and responsibilities for programs or functions within the Department of Consumer & Industry Services, within the former Bureau of Health Professions, to the Director of the Department of Community Health.

Public Act 308 of 2004, effective January 1, 2004, created a seven-member advisory committee whose purpose is to make recommendations to the Department relative to qualifications for registration, establishment of education and training standards and actions regarding disciplinary proceedings. Underlying all duties is the responsibility of the Department to promote and protect 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.

By Executive Order 2009-12, the Sanitarian Advisory Committee was abolished effective May 17, 2009. The registration of individuals continues unimpeded.

Michigan Board of Social Work

The authority for the Michigan Board of Examiners of Social Work was originally formed on October 21, 1980, the authority of the Board was transferred to the Public Health Code, Public Act 368 of 1978, as amended, by Public Act 11 of 2000.

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 Michigan Board of Social Work consists of 9 voting members: 6 individuals engaged primarily in the practice of social work and 3 public members.

Board Members as of 9/30/2019

	<u>Term Expires</u>
Philson, Brian, LMSW, Chairperson	12/31/2020
Fiorillo, Michael, MSW, Vice-Chairperson	12/31/2021
Diaz, Julian, LMSW	12/31/2022
Herren, Lawrence, LMSW	12/31/2021
Milburn, Marc, Public Member	12/31/2020
Nelson, Christine, Public Member	12/31/2021
Ovink, Shelley, LMSW	12/31/2019
Risk, Brittany, LMSW	12/31/2019
Squires, Constance, Public Member	12/31/2022

Schedule of Board Meetings

Fiscal Year 2019

November 27, 2018

January 29, 2019 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

February 26, 2019

March 26, 2019

May 28, 2019

July 30, 2019

September 24, 2019

Michigan Board of Speech-Language Pathology

The Michigan Board of Speech-Language Pathology was created with the enactment of Public Act 524 of 2008, which amended the Public Health Code, Public Act 368 of 1978.

The practice of speech-language pathology, as defined in the Public Health Code, means the application of principles, methods, and procedures related to the development of disorders of human communication including the following:

- i. Identifying by history or nonmedical physical examination, assessing, treating with therapy, rehabilitating, and preventing disorders of speech, voice, and language.
- ii. Identifying by history or nonmedical physical examination, assessing, treating with therapy, rehabilitating, and preventing disorders of oral-pharyngeal function and disorders related to swallowing dysfunction.
- iii. Identifying by history or nonmedical physical examination, assessing, treating with therapy, rehabilitating, and preventing cognitive-communicative disorders.
- iv. Assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use.
- v. Providing speech-language treatment or therapy and related counseling services to deaf, deafblind, and hard of hearing persons and their families.
- vi. Enhancing speech-language proficiency and communication effectiveness.
- vii. Screening of hearing for the purpose of speech-language assessment provided that judgments and descriptive statements about results of that screening are limited to pass-fail determinations.

The Michigan Board of Speech-Language Pathology consists of 11 voting members: 6 speech-language pathologists (at least 1 of whom represents each professional area described in MCL 333.17609), 3 public members, and 2 physicians (1 of whom is a board-certified otolaryngologist).

Board Members as of 9/30/2019

	<u>Term Expires</u>
Swartz, Bradford, PhD, CCC-SLP, Chairperson	12/31/2019
Burklow, Ryan, Public Member Wells	12/31/2021
Carlson, Nicholas, - Public Member Edmunds	12/31/2021
Cohen-Waldman, Jodi, CCC-SLP	12/31/2018
Jandron, Lorri, Public Member	12/31/2019
Denise Ludwig – Professional Member, SLP	12/31/2021
Mervenne, Patrisha, MS, CCC-SLP	12/31/2020
Prokop, Lawrence – Professional, Otolaryngologist	12/31/2020
Shuptar, Ericka, CCC-SLP	12/31/2022
Weingarten, Jeffrey, MD	12/31/2021
Katie Wright – Professional Member, SLP	12/31/2019

Schedule of Board Meetings

Fiscal Year 2019

October 2, 2018 (Disciplinary Subcommittee Meeting Cancelled)

February 5, 2019 (Full Board Meeting and Disciplinary Subcommittee Meetings Cancelled)

May 7, 2019 (Full Board Meeting Cancelled)

August 6, 2019

Michigan Board of Veterinary Medicine

The authority for the Michigan Board of Veterinary Medicine was transferred to the Public Health Code, Public Act 368 of 1978, as amended, on September 30, 1978.

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, Public Act 368 of 1978, defines the practice of a veterinary technician as being a health profession subfield of the practice of veterinary medicine that includes the practice of veterinary medicine based on a less comprehensive knowledge and skill than that required of a veterinarian and performed under supervision of a veterinarian.

The Michigan Board of Veterinary Medicine consists of 9 voting members: 5 veterinarians, 1 veterinary technician, and 3 public members. (The Chief of the Animal Health Division of the Department of Agriculture is an *ex officio* member without a vote).

Board Members as of 9/30/2019

McNally, Dwight, DVM, Vice-Chairperson
Hicswa, Amy, DVM – Vice Chairperson
Frank, Nancy, DVM
Hudson, Jean, DVM
Kennedy, Jordan, Public Member
Levine, Peter, Public Member
Nyberg, Tracy, DVM
Tear, Marianne, MS, LVT
Werth, Renee, Public Member
Wineland, Nora DVM (Ex-Officio Member)

Term Expires

12/31/2021
12/31/2022
12/31/2022
12/22/2022
12/31/2021
12/31/2021
12/31/2020
12/31/2020
12/31/2019
No Specific Term

Schedule of Board Meetings

Fiscal Year 2019

December 18, 2018
March 21, 2019 (Full Board Meeting Cancelled)
June 20, 2019 (Full Board Meeting Cancelled)
September 19, 2019

Michigan 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 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.

In accordance with Section 333.16165 of the Public Health Code, the health profession boards appoint members in consultation with appropriate professional associations. The Director shall appoint the public members.

<u>Member Appointed By:</u>		<u>Term Expires</u>
Board of Acupuncture	Lincoln, Deborah, RN	12/31/2019
Board of Athletic Trainers	Schmidt, Paul	12/31/2019
Board of Audiology	Leyzac, Kara, Aud	12/31/2020
Board of Behavior Analysts	Vacancy	12/31/2021
Board of Chiropractic	Vacancy	12/31/2020
Board of Counseling	Lee-Parker, Tiffany, LPC	12/31/2020
Board of Dentistry	Jacobs, David, DDS	12/31/2019
Board of Licensed Midwifery	Vacancy	12/31/2021
Board of Marriage & Family Therapy	Macomber, Catherine, LMSW	12/31/2020
Board of Massage Therapy	Lumumba, Hakeem, PhD	12/31/2020
Board of Medicine	McCabe, Vita, MD, Chair	12/31/2019
Board of Nursing	Votruba, Lisbeth, MSN	12/31/2020
Board of Nursing Home Administrators	Meerschaert, Stephen, LPC	12/31/2020
Board of Occupational Therapy	Bayci, Angeline, OT	12/31/2020
Board of Optometry	Jouney, Edward, DO	12/31/2020
Board of Osteopathic Medicine & Surgery	Vacancy	12/31/2019
Board of Pharmacy	Gray, Sandra	12/31/2019
Board of Physical Therapy	Zipple, J. Tim, PT	12/31/2020
Board of Podiatric Medicine & Surgery	Hughes, Scott, DPM	12/31/2020
Board of Psychology	Dohrenwend, Anne, PhD	12/31/2019
Board of Respiratory Care	Haas, Carl, RRT	12/31/2020

Board of Social Work	Harrison, Jennifer, LMSW	12/31/2020
Board of Speech-Language Pathology	Laurie Bahlke, SLP	12/31/2020
Board of Veterinary Medicine	Donahue, Katherine, D.V.M.	12/31/2019
Task Force on Physician's Assistants	Stavale, Ronald, PA-C	12/31/2019
Public Member	Vacancy	12/31/2019
Public Member	Vacancy	12/31/2018
Ex-Officio Members	Orlene Hawks, Director	LARA

Schedule of Committee
Meetings Fiscal Year 2019

December 17, 2018
March 18, 2019
June 17, 2019
September 16, 2019

Michigan Board of Examiners in Mortuary Science

The Michigan Board of Examiners in Mortuary Science was originally formed with the enactment of Public Act 268 of 1949. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 18 defines the practice of mortuary science as the practice of embalming or the practice of funeral directing, or both. A funeral establishment is defined as a place of business used in the care and preparation for burial or transportation of a dead human body or a place where a person represents that the person is engaged in the profession of undertaking or the practice of mortuary science.

The Michigan Board of Examiners in Mortuary Science consists of 9 voting members: 6 licensees and 3 public members.

<u>Board Members as of 9/30/2019</u>	<u>Term Expires</u>
India Ramsey, Professional Member	06/30/2023
Mark Ransford, Professional Member	06/30/2020
Mark Canale, Professional Member	06/30/2021
Mary Ochalek, Professional Member	06/30/2022
Kathleen Barone, Professional Member	06/30/2021
Ronald Karelse, Professional Member	06/30/2022
Thomas Chrzanowski, Public Member	06/30/2021
Priscilla Mitchell, Public Member	06/30/2023
Patrick Miller, Public Member	06/30/2020

Schedule of Board Meetings – Fiscal Year 2019

- October 2, 2019
- April 1, 2020

*Mortuary Science is housed within the Corporations, Securities, and Commercial Licensing Bureau (CSCL), directed by Linda Clegg.

Licensing Statistics – Fiscal Year 2019

	APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/O ACTION	# OF ENFORCEMENT ACTIONS
<u>PUBLIC HEALTH CODE PROFESSIONS</u>								
Acupuncture	32	95	212	*	5	0	0	0
Athletic Trainer	183	345	1,671	*	5	2	2	10
Audiology	49	285	667	*	2	1	0	4
Behavioral Analysts**	1,200	0	1,091	*	0	0	0	0
Chiropractor	188	1,412	2,959	*	68	31	28	53
Counseling	1,285	4,965	10,805	*	110	57	54	68
Dentistry**		6,800		*	289	138	128	143
Dentist	464		7,747					
Dental assistant	148		1,830					
Dental hygienist	409		10,375					
Specialty field	167		164					
Marriage and Family Therapy	99	314	774	*	5	2	1	1
Massage Therapy	817	2,913	9,084	*	57	32	32	42

		APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/O ACTION	# OF ENFORCEMENT ACTIONS
Medicine**		3,932	14,000	39,930	*	1,332	468	401	458
Midwifery**		101	0	63	*	0	0	0	0
Nursing**		6,766	85,700	18,259	*	775	275	324	654
	Licensed Practical Nurse, Registered Nurse								
	Nurse Specialty								
Nursing Home Administrator		149	524	1,182	*	68	93	98	43
Occupational Therapy		561	3,932	8,393	515	10	5	5	3
Optometry**					95	18	5	4	14
	Optometrist	44	877	1,824					
	DPA/TPA certification	46		3					
Osteopathic Medicine and Surgery*****		1,240	3,700	10,279	*	315	142	118	162
Pharmacy**									
	Controlled Substance, Drug Tx Provider	12,920	47,900	78,614	*	554	246	173	334
	Pharmacist	1,664		18,306					
	Pharmacy	260		3,452					
	Drug Control	324		3,442					
	Manufacturer or Wholesaler	315		2,195					
	Pharmacy Technician	5,184		16,861					

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Physical Therapy		877	6,064	15,347	908	38	10	7	15
Physician's Assistant**		574	2,559	6,116	*	85	24	19	32
Podiatric Medicine and Surgery**		78	307	890	29	30	11	7	12
Psychology					*	127	71	71	55
	Full doctoral	199	1,569	3,165					
	Limited doctoral	104	108	207					
	Masters limited	262	1,486	3,681					
	Temporary limited	103	110	162					
Respiratory Care		309	2,555	5,474	*	21	10	8	12
Sanitarian		10	124	294	*	0	0	0	0
Social Work		3,719	13,636	28,768	*	254	145	138	384
Speech-Language Pathology		638	1,636	5,539	*	11	3	4	5
Veterinary Medicine**			3,586		*	79	51	43	38
	Veterinarian	297		4,508					
	Veterinary technician	242		3,564					

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<u>OCCUPATIONAL CODE PROFESSIONS</u>									
Accountancy									
					*	373	336	572	198
	License, Firm	220	1,056	15,845					
	Registration	1,467	15,219	5,847					
Architects									
		448	2,561	5,560	*	8	5	12	103
Barbers**									
			2,500		390	86	41	51	24
	Student, Barber, Student Barber, Barber Instructor	671		4,154					
	Barbershop	159		1,332					
	Barber College	1		7					
Collection Practices									
					163	79	63	74	25
	Agency Owner Manager, Agency Non-Owner Manager	116	571	634					
	Non-Owner Manager	129	516	595					
Cosmetology**									
			51,000		6,978	722	481	574	307
	Cosmelogist, Manicurist, Natural Hair Culturist, Esthetician, Electrologist, Instructor	7,297		92,263					
	Cosmetology Establishment	1,654		8,656					
	Cosmetology School	17		102					

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Hearing Aid Dealer					73	5	4	6	0
	Dealer	21	101	278					
	Salesperson	26	50	140					
	Trainee	81	26	101					
Landscape Architects		58	3	641	*	4	1	1	0
Personnel Agencies					12	0	0	0	0
	Personnel agency	5	2	20					
	Agent	8	3	37					
Professional Engineers		1,423	9,683	19,954	*	41	9	38	206
Professional Surveyors		27	381	804	28	13	9	4	10
Real Estate Appraisal					116	101	84	126	33
	Certified, licensed	193	1,254	2,751					
	Limited	93	135	354					
	Temporary permit	129		129					
	Appraisal Management Company	8	9	8					
Real Estate Brokers & Salespersons					10,901	1,166	786	869	186
	Broker (ind/co), Associate Broker	1,463	10,667	20,843					
	Salesperson	6,721	23,706	38,464					
	Branch office	89	185	843					
*National exam data not available.									
**Data is unavailable as the Bureau of Professional Licensing transitions to a new licensing database. As a result, numbers provided for MiPLUS professions in this report are based upon an average of the prior two fiscal years' totals.									

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Mortuary Science					307	307	193	102
Courtesy License	3	5	15					
Establishment	31	457	658					
Licensee	50	1273	1982	91				
Resident Trainee	39	58	101					

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