

*Michigan Department
of Community Health*



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

**2004/2005 ANNUAL REPORT
OF THE
BUREAU OF HEALTH PROFESSIONS**

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

Bureau Administration

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Education, Testing and Credentials Section	(517) 335-0918
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Investigation Division

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Complaint and Allegation Division

Robert Echols, Director	(517) 335-7212
Allegation Section	(517) 373-9196
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Bureau of Health Professions

Fiscal Year 2004/2005 Budget

Appropriated F.T.E.s	121
Legislative Appropriation	\$14,692,000
FINANCIAL PLAN:	
Salary and Wages	\$5,937,900
Longevity and Insurance	\$1,003,600
Retirement & FICA	\$1,421,700
CSS&M	\$873,400
Travel	\$122,500
Contracts	\$3,851,500
TOTAL	\$13,210,600

2004/2005 Promulgated Rules

Medicine

R 338.2303

Permits a physician to prescribe amphetamine and its salts for adult forms of Attention Deficit/Hyperactivity Disorder (ADHD) without requiring a physician to apply for a waiver before prescribing the drug. Requires a physician before writing a prescription for amphetamine and its salts to take a complete history and physical examination, with appropriate studies of the patient, which establish that the patient suffers from adult forms of ADHD. Deleted references to "dextroamphetamine" and replaced them with the term "amphetamine and its salts".

Optometry

R 338.256

Establishes continuing education requirements for individuals who hold certification to administer topical ocular diagnostic pharmaceutical agents or certification to administer and prescribe therapeutic pharmaceutical agents or both. Establishes the requirement that optometrists must complete in each renewal period at least one continuing education hour in pain and symptom management.

R 338.256a

Permits continuing education contact hours to be granted for attendance at a continuing education program that has been approved by another state board of optometry. Establishes a maximum number of credit hours that may be earned for programs related to optometric topics approved by the Michigan Boards of Medicine or Osteopathic Medicine and Surgery and for programs related to optometric pharmacological topics approved by the Board of Pharmacy. Increases the maximum number of continuing education

hours that may be granted in Board-approved programs relating to practice management and self-evaluation journal tests and multimedia education, including online continuing education.

R 338.256b

Updates language in the rule pertaining to the Board of Optometry's adoption by reference of standards and criteria of the Council on Optometric Practitioner Education.

R 338.257

Increased to 40 the number of continuing education hours that must be earned for relicensure. Requires an individual seeking relicensure who is certified to administer therapeutic pharmaceutical agents to earn 20 continuing education hours in the pharmacological management of ocular conditions.

R 338.275

Updates language in the rule pertaining to the Board of Optometry's adoption by reference for credentialing in basic and advanced life support set forth by the American Heart Association.

Osteopathic Medicine

R 338.108

Permits an osteopathic physician and surgeon to prescribe amphetamine and its salts for adult forms of Attention Deficit/Hyperactivity Disorder (ADHD) without requiring a physician to apply for a waiver before prescribing the drug. Requires an osteopathic physician and surgeon before writing a prescription for amphetamine and its salts to take a complete history and physical examination, with appropriate studies of the patient,

which establish that the patient suffers from adult forms of ADHD. Deleted references to “dextroamphetamine” and replaced them with the term “amphetamine and its salts”.

Pharmacy

R 338.3101

Updates the definition of “Department” and makes a technical change to the definition of “electronic signature”.

R 338.3102

Adds an optometrist to the licensees included in the definition of “prescriber” or “practitioner”. Makes technical changes to the language in the rule that defines “Michigan automated prescription system (MAPS) claim form” and “patient identifier”.

R 338.3132

Requires a principal place of business or professional practice that consists of multiple locations to obtain a separate controlled substance license for each location if controlled substances are received, stored, administered, or dispensed at that location. Specifies that a licensed physician who holds a controlled substance license to prescribe, administer, or dispense controlled substances at a principal place of business or professional practice consisting of multiple locations is not required to obtain a separate controlled substance license for each physical location of the principal place of business or professional practice if the physician only prescribes at the location. Permits a pharmacist who holds a controlled substance license to dispense from any licensed pharmacy. Makes a technical change to the language of the rule.

Psychology

R 338.2501

Makes a technical change to the language of the rule.

R 338.2506

Requires an applicant for licensure as a licensed psychologist to meet individually and in person with his or her supervisor for a minimum of eight hours a month during the internship program. Specifies that the hours of required experience must be “clock” hours. Makes technical changes to the language of the rule.

R 338.2507

Requires an applicant for licensure as a limited licensed psychologist to meet in person with his or her supervisor for a minimum of eight hours a month during the practicum. Requires an applicant to meet individually and in person with his or her supervisor for a minimum of four hours a month during 2,000 clock hours of post-master’s degree experience. Specifies that the hours of required experience must be “clock” hours.

R 338.2507a

Requires that supervision arrangements for a temporary limited licensed psychologist provide for individual, in person meetings between the applicant and his or her supervisor for at least four hours a month during the 2,000 clock hours of post-master’s degree experience.

R 338.2510

Requires an individual who holds a limited license for postdoctoral training to meet individually and in person with his or her supervisor weekly for at least four hours a

month. Makes technical changes to the language of the rule.

R 338.2510a

Specifies supervision requirements for limited licensed psychologists with the number of hours per month varying with the number of years of experience as limited

licensed psychologist. Requires the reporting of the name of the supervisor and other information on supervision for the renewal of a license.

Social Work

R 338.2901

Provides definitions for “approved supervisor”, “approved provider of continuing education”, “bachelor’s degree”, “case management”, “client”, “clinical social work practice”, “consultation”, “continuing education”, “continuing education contact hour”, “macro social work”, “master’s degree”, “private practice”, “psychosocial assessment”, “psychotherapy”, and “under the supervision of a licensed bachelor’s or a licensed master’s social worker”. Revised definition of “an associate degree in social work at a college approved by the board that includes supervised instructional field experience” to specify that the experience be supervised by a licensed bachelor’s or licensed master’s social worker. Revise the definition of “2 years of college” to specify successful completion of 2 years of college and to require a cumulative grade point average of at least 2.0 be maintained.

R 338.2906

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

R 338.2906a

Rescinded.

R 338.2907a

Establishes requirements for registration as limited social service technician.

R 338.2907b

Establishes requirements for registration as a social service technician.

R 338.2908

Rescinded.

R 338.2908a

Rescinded.

R 338.2908b

Rescinded.

R 338.2908c

Rescinded.

R 338.2908d

Rescinded.

R 338.2908e

Establishes license requirements for a limited bachelor’s social work license.

R 338.2908f

Establishes license by examination requirements for a bachelor’s social work license and a limited bachelor’s social work license. Specifies that license applicants must be graduates of schools that comply with standards adopted by the Board of Social Work.

R 338.2908g

Establishes license requirements for a limited master’s social work license.

R 338.2908h

Establishes license by examination requirements for a master's social work license and a limited master's social work license. Specifies that license applicants must be graduates of schools that comply with standards adopted by the Board of Social Work.

R 338.2908i

Provides for the adoption by the Board of certain examinations and specifies passing scores.

R 338.2908j

Establishes requirements for registration or licensure by endorsement.

R 338.2908k

Establishes requirements for the re-registration of a social service technician.

R 338.2908l

Establishes requirements for relicensure of a bachelor's or master's social worker.

R 338.2908m

Specifies continuing education requirements for license renewal and relicensure.

R 338.2908n

Specifies what constitutes acceptable continuing education.

R 338.2908o

Provides for the approval and adoption by reference by the Board of standards for approved continuing education providers and specifies methods for approval of continuing education courses or programs.

R 338.2909

Makes a technical change to the language of the rule.

R 338.2910

Updates language in the rule on advertising.

Licensing Program

Application Section

The Application Section of the Licensing Division has two units. The Application Processing Unit receives and reviews applications for licensure and/or registration of health professionals. The 16,646 applications received during this fiscal year were reviewed along with supporting documentation to determine an applicant's eligibility for examination and/or licensure.

The Application Support Unit fills requests for applications and copies of laws and rules. This unit sent out 12,668 applications during this fiscal year. With the availability of applications on-line, our requests have significantly declined.

Board Support Section

The Board Support Section is responsible for providing administrative support to the 20 health professional boards/committees/task forces within the Bureau of Health Professions. Some of the duties include scheduling meeting dates and locations, preparing and mailing agenda materials to the board members prior to each meeting, and taking and transcribing minutes for each meeting.

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

- Rules promulgation process.
- Conducting public hearings.
- Update administrative rule books as required.
- Process travel vouchers for board members.
- Conduct training sessions for new board members and new board chairpersons.

Education, Testing & Credentials Section

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

- Review and approval of educational or training programs for the Board of Nursing program.
- Development and administration of examinations used in the licensure/registration process either by ETC or through contractual arrangements with national testing agencies.
- Preparation of written license verifications.
- Administration of the federally mandated Nurse Aide registration program including training trainers of nurse aides, training program review and approval, review of individual requests for exemption from training requirements, and contractual administration of the testing program and registry database for approximately 127,132 nurse aides with 42,224 active certificate holders.
- Review and approval of continuing education programs for the Boards of Chiropractic, Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine and Surgery, Pharmacy, Podiatric Medicine and Surgery and Nursing Home Administrators.
- Processing of random audits of licensees for compliance with continuing education requirements.
- Microfilm all licensure/registration file updates.

Continuing Education Audits:

Chiropractic	89 Audited 78 Complied
Dentistry	
Dentists	84 Audited 69 Complied
Dental Hygienists	119 Audited 102 Complied
Dental Assistants	12 Audited 11 Complied
Medicine	137 Audited 116 Complied
Nursing	
Practical Nurses	64 Audited 40 Complied
Registered Nurses	289 Audited 244 Complied
Nurse Anesthetists	89 Audited 78 Complied
Nurse Midwives	8 Audited 8 Complied
Nurse Practitioners	71 Audited 69 Complied
Optometry	43 Audited 42 Complied
Osteopathic Medicine & Surgery	91 Audited 40 Complied
Pharmacy	173 Audited 154 Complied
Podiatric Medicine & Surgery	21 Audited 18 Complied

Program Operations Section

The Program Operations Section is responsible for the following functions:

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

Licensing Statistics

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants Processed</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Chiropractic Chiropractors	178		131	1,404	2,875
Counseling Counselors Limited	266 511		60	1,342 1,335	5,399 1,762
Dentistry Dentists	250		325	2,498	7,807
Dental Specialists	35	23 (83% Passed)	0	346	1,114
Dental Hygienists	353		152	3,110	9,613
Dental Assistants	169	171(79% Passed)	0	413	1,195
Marriage and Family Therapy Marriage & Family Therapists	20	17 (76.5% Passed)	10	422	875
Medicine Medical Doctors	1,712	740 (86.6% Passed)	4,129	9,835	30,342
Nurse Aides		8,913		15,613	42,224
Nursing Registered Nurses	5,056	4,176 (78.8% Passed)	3,932	58,041	119,122
Nurse Specialists	380			2,565	5,417
Practical Nurses	1,621	1,292 (92.3% Passed)	418	13,026	26,844
Trained Attendants				1	1
Nursing Home Administrators	127	186 (74.7% Passed)	24	465	1,239
Occupational Therapy Occupational Therapists	232		115	1,928	4,266
Occupational Therapy Assts.	86		25	458	1,017
Optometry Optometrists	62		27	761	1,583
Osteopathic Medicine & Surgery Osteopathic Doctors	298		700	2,084	6,334

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

2004/2005 Annual Report

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Pharmacy					
Pharmacists	598	488 (80.9% Passed)	432	5,858	11,921
Jurisprudence		575 (79% Passed)			
Pharmacies	235		60	1,348	2,777
Manufacturer/Wholesaler	128		134	422	827
Physical Therapy					
Physical Therapists	660	721 (40.1% Passed)	504	3,632	7,308
Physician's Assistant					
Physician Assistants	261		116	1,243	2,643
Podiatric Medicine and Surgery					
Podiatrists	28	15 (100% Passed)	22	255	776
Psychology					
Psychologists	85	101 (68% Passed)	106	1,274	2,629
Doctoral Limited	99			304	402
Masters Limited	206			1,754	3,670
Temporary Limited	155				420
Sanitarian					
Sanitarians	12	3 (67% Passed)	1	276	564
Social Work			197		
10/1/04-6/30/05					
Social Work Technician	209	313 (91.1% Passed)		870	
Social Worker	634			4,928	
Certified Social Worker	647	319 (61.8% Passed)		6,868	
7/1/05-9/30/05 Licensing Program Implementation					
Social Service Technician	93			0	1,991
Bachelors Social Worker	243	87 (74.7% Passed)		0	10,653
Masters Social Worker	701	112 (58% Passed)		0	14,280
Veterinary Medicine					
Veterinarians	86	NAVLE - 131 (75.6% Passed)	163	1,821	3,635
Veterinary Technicians	200	209 (80.4% Passed)	6	736	1,806
TOTAL	16,646		11,789	132,623	293,106
	Not including				Nurse Aides

Disciplinary Actions

Profession	Reprimand	Probation	Fine	Voluntary Surrender	Limited License	Suspension	Revocation	TOTAL
Chiropractic	1	7	0	0	1	2	0	11
Counseling	0	2	0	1	0	0	1	4
Dentistry	3	33	4	2	0	4	0	46
Marriage & Family Therapy	0	1	0	0	0	0	0	1
Medicine	1	16	22	6	7	20	4	76
Nursing	7	125	9	12	12	92	4	261
Nursing Home Administrators	0	1	0	1	0	3	0	5
Occupational Therapy	0	0	0	0	1	0	1	2
Optometry	0	2	0	0	0	0	0	2
Osteopathic Med & Surgery	0	8	11	2	1	9	1	32
Pharmacy	20	43	3	3	4	13	3	89
Physical Therapy	0	2	1	0	0	3	0	6
Physician's Assts.	0	1	1	0	0	0	0	2
Podiatric Med & Surgery	0	1	0	0	0	1	0	2
Psychology	1	7	0	0	0	6	1	15
Sanitarians	0	0	0	0	0	0	0	0
Social Work	1	4	0	1	3	5	6	20
Veterinary Medicine	0	5	2	0	0	4	0	11
BUREAU TOTALS	34	258	53	28	29	162	21	585

**Controlled Substances
Advisory Commission**

The Controlled Substances Advisory Commission was established by Public Act 60 of 1988, to monitor indicators of controlled substance abuse and diversion, to recommend actions to address diversion and identified problems of abuse and diversion. The Commission consists of 11 voting members and 7 ex-officio members.

Rogg, Jeffrey T., Chairperson
Public Member
Alpena

Blanchard, Charles
Pharmaceutical Manufacturers
Haslett

Clark, Margherita, R.N.
Board of Nursing
St. Johns

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

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

Farida, Suhair, R.Ph.
Board of Pharmacy
West Bloomfield

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

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

Hennessy, Rhonda, D.D.S.
Board of Dentistry
Northville

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

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

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

Renfrew, William F., Rev.
Public Member
Lansing

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

Bush, Charles, Captain
Special Investigation Division
Michigan State Police

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

Perri, Giovannino, M.D.
Bureau of Medicaid Program
Department of Community Health

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

Vacant
Department of Human Services

Vacant
Department of Education

**Schedule of Commission Meetings
Fiscal Year 2004/2005**

None were held

MICHIGAN AUTOMATED PRESCRIPTION SYSTEM

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

In late April 2005, MAPS became available "on line" for practitioners and pharmacists to request patient-specific reports. The completed reports are available within 48 business hours for the requestor to download and print (generally much sooner). All data is received and transmitted behind the State of Michigan firewall, which will allow practitioners to comply with HIPAA security requirements effective April 2005.

The number of inquiries the program is responding to from practitioners and pharmacists requesting patient reports is now averaging over 340 daily. Currently, the MAPS program is identifying patients who appear to "doctor shop." Doctor shoppers are individuals who seek treatment from multiple physicians with the ultimate goal of obtaining a specific controlled substance. Doctor shoppers were able to conceal this activity, prior to the MAPS program, by seeking to obtain hydrocodone prescriptions, which are Schedule 3 controlled substances. Schedule 3-5 drugs were not reported to the OPP. The MAPS program is identifying "doctor shoppers" and advising the treating physicians of this activity.

Several other changes will occur in the MAPS program by 2006. Those include twice monthly reporting which will cut the data lag from when prescriptions are dispensed to when they are reported from as many as six weeks, down to two weeks or less. Social Security Numbers will be eliminated as a

patient identifier. They will be replaced with the Michigan Drivers License Number, and positive identification will be required when a controlled substance is dispensed and pharmacy employees do not know the patient or their agent. No identification number will be required for patients under sixteen years of age.

Health Professional Recovery Committee

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

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

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

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

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

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

(e) Annually report to each board and the physician's assistants task force created under this article on the status of the health professional recovery program. The committee shall include in the report, at a minimum, statistical information on the level of participation in the program of each health profession. The committee

may include in the report recommendations for changes in the health professional recovery program and for participation by the boards and the physician's assistants task force, professional associations, substance abuse treatment and prevention programs, and other appropriate agencies.

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

**Schedule of Committee Meetings
Fiscal Year 2004/2005**

December 6, 2004
March 21, 2005
June 20, 2005
September 19, 2005

**Member Term Expires
Appointed By**

Kane, Thomas, D.O., Chair	12/31/05
Board of Osteopathic Medicine & Surgery	
Grand, Joel, D.D.S. – Vice Chair	12/31/05
Board of Dentistry	
Barna, Mary E., D.P.M.	12/31/05
Board of Podiatric Medicine & Surgery	
Black, R. Elizabeth, P.T., M.S.	12/31/05
Board of Physical Therapy	
Bosley, Cindy, N.H.A.	12/31/05
Board of Nursing Home Administrators (resigned 09/05)	
Brim, Melanie B., Ex-Officio	
Bureau of Health Professions Representing Department Director	
Brogan, Shirley, L.P.C.	12/31/05
Board of Counseling	
Crain, Jo Anne, Ph.D., O.T.R.	12/31/05
Board of Occupational Therapists	
Garza, Ray R.	
Contract Administrator Bureau of Health Professions	
Gordon, Thomas J., Ph.D.	12/31/05
Board of Psychology	
Hall, Lori, C.S.W., M.F.T.	12/31/05
Board of Marriage and Family Therapy (resigned 07/05)	
Hall, Steven C., R.S.	12/31/05
Represents Sanitarians	
Kuhlman, Roger L., O.D.	12/31/05
Board of Optometry	
McGinnity, John G., M.S., P.A.-C	12/31/05
Task Force on Physician's Assistants	
McQuiddy, Merry	12/31/07
Public Member	
Newman, Charles H., R.Ph.	12/31/05
Board of Pharmacy	

Niven, Robert G., M.D.	12/31/07
Board of Medicine	
Paxton, William S., MSW, ACSW	12/31/05
Board of Social Work	
Rode, Paula C., D.V.M.	12/31/05
Board of Veterinary Medicine	
Socie, Barbara, R.N., B.S.N.	12/31/05
Board of Nursing	
Vacant	12/31/05
Public Member	
Vacant	12/31/06
Board of Chiropractic	

Accomplishments

- Completion of the bid process for a long-term contractor for the program. As of the date of this report, a decision had been made as to the chosen contractor but final approval is pending before the State Administrative Board, as required by state law.
- Continued review of HPRP policies and procedures to reflect changes in the field of addiction medicine.
- Improved relations between the contractor and program participants due to a change in the program directorship by someone with more knowledge and experience working with impaired health professionals.
- Approval by the Department of Civil Service and the Office of State Employer for an HPRP Outreach worker position who will be responsible for all education and outreach efforts involving the program.
- Modifications and enhancements to the HPRP database that will ensure the reporting of accurate information needed to review contractor compliance and for the annual legislative report.

Michigan Board of Audiology

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

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

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

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

Board Members Term Expires

The following appointments were made on 10/25/04:

Kasewurm, Gyl A., Chair St. Joseph	06/30/07
Barrows, Dennis L., Vice Chair Kalamazoo	06/30/06
Barrett, Yvette M., Public Member Detroit	06/30/08
Bizon, John G., M.D. Battle Creek	06/30/06
Jacobs, Karen A. Rockford	06/30/07
Korpela, Lari P. Livonia	06/30/05
Seestedt-Stanford, Linda I. Mt. Pleasant	06/30/08

Seidman, Michael D., M.D. 06/30/08
West Bloomfield
Vacant, Public Member

**Schedule of Board Meetings
Fiscal Year 2004/2005**

February 25, 2005
May 13, 2005
August 26, 2005

**No Licensing or Regulatory Activity in
2004/2005**

Michigan Board of Chiropractic

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

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

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

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

Board Members	Term Expires
Spencer, Timothy J., D.C., Chair Dexter	12/31/06
Pettet, Jack, Public Member Vice Chair, South Haven	12/31/05
Chelenyak, Patricia L., D.C. Northville	12/31/07
Craft, Donna, D.C. Brooklyn	12/31/04
Flood, Clifford, Public Member Lansing	12/31/05
Handler, Mark, Public Member Midland	12/31/05

Knight, Philip, D.C. Marshall	12/31/06
Knox, Edward, Public Member Southfield	12/31/07
McLeod, Gary, D.C. Three Rivers	12/31/07

The following appointment was made on 02/03/05:

Cogan, Solomon L., D.C. Bloomfield Hills (replaced Craft)	12/31/08
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**Schedule of Board Meetings
Fiscal Year 2004/2005**

November 16, 2004
January 4, 2005
March 15, 2005
May 10, 2005
July 19, 2005
September 13, 2005

Licensing Activity

Applications Received	178
Number of Licensees	2,875

Regulatory Activity

Allegations Received	47
Administrative Investigations	48
Field Investigations Authorized	10
Field Investigations Completed	12
Administrative Complaints Filed	13
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	7
Fine	0
Voluntary Surrender	0
Limited License	1
Suspension	2
Revocation	0
Total Disciplinary Actions	11

Michigan Board of Counseling

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

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

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

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

Board Members	Term Expires
Pfaff, Lawrence, Ed.D., L.P.C., Chair Portage	6/30/05
Steward, Robbie J., L.P.C. Vice Chair, Okemos	6/30/05
Effendi, Abdul R., Public Member Troy	6/30/06
Hampton, Steven D., Public Member Alto	6/30/06

Hobson, Suzanne M., L.P.C. Ypsilanti	6/30/08
Itzkowitz, Stuart G., L.P.C. Grosse Pointe Park	6/30/07
Nicholson, Joanne, C.S.W. Wayne	6/30/06
Owens, Delila L., L.P.C. Royal Oak	6/30/07
Rouleau-Gerber, Gloria, Public Member 6/30/06 East Tawas	
Singleton, Harriet A., L.P.C. Kentwood	6/30/08
Wood, Michael, Public Member Ada	6/30/05

The following appointment was made on 9/29/05:

Cloud, Jack, L.P.C. Bloomfield Hills (replaced Pfaff)	6/30/09
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**Schedule of Board Meetings
Fiscal Year 2004/2005**

December 10, 2004
March 11, 2005
July 8, 2005
September 9, 2005

Licensing Activity

Applications Received	777
Number of Licensees	7,161

Regulatory Activity

Allegations Received	26
Administrative Investigations	23
Field Investigations Authorized	9
Field Investigations Completed	6
Administrative Complaints Filed	5
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Dentistry

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

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

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

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

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

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all

duties, is the responsibility of the Board to promote and protect the public's health, safety, and welfare.

This responsibility is implemented by the Board of Dentistry by ascertaining minimal entry level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

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

Board Members	Term Expires
Marinelli, Charles, D.D.S., Chair Warren	6/30/09
Maher, Ashraf, D.D.S., Vice Chair Kalamazoo	6/30/08
Borowski, Linda, R.D.H. Troy	6/30/04
Buchheister, Jo Ann, C.D.A, R.D.A, B.S. Troy	6/30/07
Dumas, Julie K., R.D.A. Portland	6/30/06
Halaris, Jane F., R.D.H. Macomb	6/30/07
Jeffers, Gary, D.D.S. Northville	6/30/06
Johnston, Mary, R.D.H. Lansing	6/30/05
Lazarchuk, Irene, D.D.S. Warren	6/30/05
McCloyey, Colleen, Public Member Livonia	6/30/04
McNamara, Evalyn L., Public Member St. Johns	6/30/05
Parker, Amy C., D.D.S., M.S. Beverly Hills	6/30/07
Pesis, Solomon K., D.D.S. Milford	6/30/07
Primack, Verne M., D.D.S. (Retired) Public Member, Saginaw	6/30/07

Purifoy-Seldon, Barbara, R.D.H. Southfield	6/30/08
Schmidt, Jeffrey, D.D.S. St. Joseph	6/30/04
Smydo-Grover, Jane, D.D.S. Jackson	6/30/04
Tuck, Martin J., D.D.S. East Lansing	6/30/07
Vanderveen, Michael H., D.D.S. Grand Rapids	6/30/06

The following appointments were made on 10/7/04:

Hennessy, Rhonda, D.D.S. Northville (replaced Smydo-Grover)	6/30/08
Maturo, Raymond, D.D.S. Ann Arbor (replaced Schmidt)	6/30/08
Swiger, Martha, R.D.H. Petoskey (replaced Borowski)	6/30/08

The following appointments were made on 8/2/05:

Haber, Lawrence M., D.D.S. Commerce Township (replaced Lazarchuk)	6/30/09
Hodder, Joanne A., R.D.H. Grand Rapids (replaced Johnston)	6/30/09

**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 21, 2004
December 9, 2004
February 10, 2005
April 14, 2005
June 16, 2005
August 11, 2005

Licensing Activity

Dentists

Applications Received	250
Number of Licensees	7,807

Dental Specialty Certifications

Applications Received	35
Examinations Administered	23
Number of Certified Specialists	1,114

Registered Dental Hygienists

Applications Received	353
Number of Licensees	9,613

Registered Dental Assistants

Applications Received	169
Examinations Administered	171
Number of Licensees	1,195

Regulatory Activity

Allegations Received	238
Administrative Investigations	227
Field Investigations Authorized	94
Field Investigations Completed	107
Administrative Complaints Filed	55
Summary Suspensions Filed	9
Cease and Desist Orders Issued	7

Board Disciplinary Actions

Reprimand	3
Probation	33
Fine	4
Voluntary Surrender	2
Limited License	0
Suspension	4
Revocation	0
Total Disciplinary Actions	46

**Michigan Board of
Marriage and Family Therapy**

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

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

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

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

Board Members	Term Expires
Horak, Joseph, Ph.D. Chair, East Grand Rapids	6/30/06
Stulberg, Tracey, Ph.D. Vice Chair, Birmingham	6/30/05
Bristor, Martha W., Ph.D. East Lansing	6/30/00

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

The following appointments were made on 3/17/05:

Edelson, Lori K., L.M.F.T. West Bloomfield (replaced Hovestadt)	6/30/07
Moriarty, James J. Bloomfield Hills (replaced Bristor)	6/30/08

**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 22, 2004
January 14, 2005
March 18, 2005
July 15, 2005

Licensing Activity

Applications Received	20
Examinations Authorized	17
Number of Licensees	875

Regulatory Activity

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

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

Michigan Board of Medicine

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

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

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

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

Board Members	Term Expires
Grant, James D., M.D., Chair Bloomfield Hills	12/31/07

Goldberg, Scot F., M.D., Vice Chair Bloomfield Hills	12/31/05
Alghanem, Abd A., M.D., Flint	12/31/07
Brinkman, Helen V., Public Member Rockford	12/31/05
Edwards, Kenneth J., M.D. St. Joseph	12/31/05
Fenn, William, P.A. Kalamazoo	12/31/06
Helmer, Michael K., Public Member Bloomfield Hills	12/31/05
Labeau, Russell F., M.D. Petoskey (resigned 10/04/04)	12/31/05
Laing, Timothy J., M.D. Ann Arbor	12/31/05
Larson, Lynn M., Public Member Traverse City	12/31/07
Lindsay II, Thomas, Public Member Dewitt (resigned 7/29/05)	12/31/05
Moiin, Ali, M.D. Grosse Pointe Park	12/31/05
Vacant, Public Member (Novak resigned 09/15/03)	12/31/05
Pretty, Gretchen, Public Member Bloomfield Hills	12/13/06
Raines, III, Frank, Public Member Farmington Hills	12/31/07
Schuitmaker, Tonya, Public Member Paw Paw (resigned 11/17/04)	12/31/05
Shade, George H., M.D. Farmington Hills	12/31/07
Sorini, Ernest J., M.D. Ann Arbor	12/31/07
Street, Marcy L., M.D. Okemos	12/31/07
The following appointments were made on 3/11/05:	
Jones, Jeffrey M., M.D. Battle Creek (replaced LaBeau)	12/31/05
San Diego, Leticia J., Ph.D. Public Member Clinton Township (replaced Schuitmaker)	12/31/07

**Schedule of Board Meetings
Fiscal Year 2004/2005**

November 17, 2004
January 19, 2005
March 16, 2005
May 18, 2005
July 20, 2005
September 21, 2005

Licensing Activity

Applications Received	1,712
Examinations Authorized	740
Number of Licensees	30,342

Regulatory Activity

Allegations Received	572
Administrative Investigations	472
Field Investigations Authorized	179
Field Investigations Completed	206
Administrative Complaints Filed	89
Summary Suspensions Filed	20
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	1
Probation	16
Fine	22
Voluntary Surrender	6
Limited License	7
Suspension	20
Revocation	4
Total Disciplinary Actions	76

Michigan Board of Nursing

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

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

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

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

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

Board Member	Term Expires
Hamilton, Jonnie M., R.N., N.P. Detroit, Chair	6/30/05
Clark, Margherita, R.N., M.S.N. St. Johns, Vice Chair	6/30/07
Adams, Nancy, L.P.N. West Bloomfield	6/30/05
Vacant, Public Member (Andaya resigned 09/19/03)	6/30/06
Andersen, Bruce H., Sr. Public Member, Beulah	06/30/06
Banks, Raquel L., R.N., B.S.N. Westland (resigned 7/16/05)	6/30/08
Bugbee, Nina A., R.N. Flushing	6/30/05
Cain, Karol A., L.P.N. Alpena (resigned 1/19/05)	6/30/04
Vacant, Professional Member (DeLoof resigned 7/15/04)	6/30/03
Doyle, Lori, Public Member Okemos	6/30/06
Gamel, Liza, R.N. Lansing	6/30/07
Heath, Deborah L., R.N. Adrian	6/30/07
Johnson, Michelle M., R.N., M.S.N. Marquette	6/30/08
Vacant, Public Member (Johnson resigned 8/18/04)	6/30/03
Kirkwood, Myrah L., Public Member Oxford	6/30/06
Kulwicki, Anahid, R.N., M.S.N., Ph.D. Troy	6/30/07
Lawter, Kathryn E., Public Member Columbiaville	6/30/06
Perry, Amy M., R.N., M.S.N. Ann Arbor (resigned 7/14/05)	6/30/07
Powe-Watts, Constance, R.N. Williamston	6/30/05
Taft, Linda S., R.N. Clinton Township	6/30/07

Woods, Michelle, Public Member 6/30/06
Jackson
Wyatt, Esther Lee, Public Member 6/30/07
Detroit (resigned 3/2/05)
Yablonky, Mary Jean, R.N., C.R.N.A. 6/30/05
Dearborn (resigned 6/30/05)

The following appointment was made on
11/8/04:

Kulwicki, Anahid, R.N., M.S.N., Ph.D. 6/30/07
Troy (replaced Perry)

The following appointments were made on
7/15/05:

Bugbee, Nina A., R.N. 6/30/07
Flushing
Hale, III, John H. 6/30/07
Detroit (replaced Wyatt)
Larson, Sandra M. 6/30/07
Northville (replaced Johnson)
Lewis, Brenda J., L.P.N. 6/30/07
Muskegon (replaced DeLoof)
Perry, Amy M., R.N., M.S.N. 6/30/09
Ann Arbor (reappointed to a different
position)

The following appointments were made on
8/19/05:

Auty, Earl, R.N., C.R.N.A., M.S.N. 6/30/09
Grosse Pointe Park (replaced Yablonky)
Bray, Laurice, L.P.N. 6/30/08
Livonia (replaced Cain)
Hermann, Christopher, 6/30/09
RN, MSN, BC, NP-C,
Dearborn Heights (replaced Hamilton)
Lavery, Kathleen, RN, MSN, CNM 6/30/09
Jackson (replaced Powe-Watts)
MacEachern, Mary, L.P.N. 6/30/09
Cadillac (replaced Adams)
Stubbs, Donica, R.N., B.S.N. 6/30/08
Inkster (replaced Banks)

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

October 6, 2004 (DSC only)
November 3, 2004 (DSC only)
November 4, 2004
December 1, 2004 (DSC only)
January 12, 2005 (DSC only)
January 13, 2005
February 17, 2005 (DSC only)
March 9, 2005 (DSC only)
March 10, 2005
April 6, 2005 (DSC only)
May 4, 2005 (DSC only)
May 5, 2005
June 1, 2005 (DSC only)
June 2, 2005
July 14, 2005 (DSC only)
August 18, 2005 (DSC only)
September 7, 2005 (DSC only)
September 8, 2005

Licensing Activity

Registered Nurses

Applications Received	5,056
Examinations Authorized	4,176
Number of Licensees	119,122

R.N. Specialty Certifications

Applications Received	390
Number of Certifications	5,417

Practical Nurses

Applications Received	1,621
Examinations Authorized	1,292
Number of Licensees	26,844

Trained Attendants

Number of Licensees	1
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Regulatory Activity

Allegations Received	732
Administrative Investigations	969
Field Investigations Authorized	254
Field Investigations Completed	277
Administrative Complaints Filed	241
Summary Suspensions Filed	68
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	7
Probation	125
Fine	9
Voluntary Surrender	12
Limited License	12
Suspension	92
Revocation	4
Total Disciplinary Actions	261

**Michigan Board of
Nursing Home Administrators**

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

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

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

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

Board Members	Term Expires
Schaden, Sara J., Chair Ann Arbor	12/31/05
Corteville, David L., Public Member Vice Chair, Lowell	12/31/04
Carlson, Betty M. Fenton	12/31/04
Denman, Delora K. Saranac	12/31/06

Vacant, Professional Member (Goldsmith resigned 02/20/02)	12/31/04
Husk, Kathleen, Public Member Redford	12/31/06
Knopp, Keri Gaylord	12/31/07
Meyer, Thomas D. East Tawas	12/31/05
Pleasant, Geraldine, Public Member Grand Blanc	12/31/06

**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 7, 2004
January 6, 2005
April 21, 2005
July 28, 2005

Licensing Activity

Applications Received	127
Examinations Authorized	186
Number of Licensees	1,239

Regulatory Activity

Allegations Received	30
Administrative Investigations	7
Field Investigations Authorized	8
Field Investigations Completed	11
Administrative Complaints Filed	7
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	1
Limited License	0
Suspension	3
Revocation	0
Total Disciplinary Actions	5

**Michigan Board of
Occupational Therapists**

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

The practice of Occupational Therapy, as defined in the Public Health Code, means the diminishing or correction of pathology in order to promote and maintain health through the application of direct purposeful activity designed to restore, reinforce and enhance the performance of individuals.

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

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

Board Members	Term Expires
Edwards, Catherine Heck, O.T.R. Chair, Howell	12/31/05
Thom, Sandra J., O.T.R. Vice Chair, Brighton	12/31/05
Berger, Anita, Public Member Allen Park	12/31/05
Clayton, Christine, O.T.R. Bay City	12/31/04
Ferguson, Robert C. Ann Arbor	12/31/06
Gavan, Joseph P., Public Member Belmont	12/31/05

Vacant, Public Member (Kucway resigned 12/02/02)	12/31/05
Vacant, Public Member (Lori resigned 01/28/00)	12/31/03
Washington, Mintie C., O.T.R. Detroit	12/31/05

**Schedule of Board Meetings
Fiscal Year 2004/2005**

November 2, 2004
February 1, 2005
May 3, 2005
August 9, 2005

Registration Activity

Occupational Therapists

Applications Received	232
Number of Registrants	4,266

Occupational Therapy Assistants

Applications Received	86
Number of Registrants	1,017

Regulatory Activity

Allegations Received	2
Administrative Investigations	8
Field Investigations Authorized	1
Field Investigations Completed	5
Administrative Complaints Filed	3
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Optometry

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

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.

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

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

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

Board Member Expires	Term
Habermehl, Bradley, O.D., Chair Flint	6/30/04

Seelye, Roger R., O.D., Vice Chair Owosso	6/30/04
Darin, Frederick P., O.D. Charlotte	6/30/06
Folino, Teresa A., Public Member Northville (resigned 6/23/04)	6/30/06
Netetz, John M., O.D. Spring Lake	6/30/06
Nelson, Jr., Albert, Public Member Troy (resigned 3/23/05)	6/30/03
Pearce, David M., Public Member Cadillac (resigned 11/29/04)	06/30/06
Walton, Theodore B., O.D. Oxford	6/30/04
Vacant, Public Member (Stecker resigned 7/15/04)	6/30/03

The following appointments were made on 1/12/05:

Haba, Danna D., O.D. Shelby Twp (replaced Seelye)	6/30/08
Lakin, Donald W., O.D. Clinton Twp (replaced Walton)	6/30/08
McClinti, David C., O.D. Portage (replaced Habermehl)	6/30/08

**Schedule of Board Meetings
Fiscal Year 2004/2005**

November 10, 2004
March 30, 2005
May 11, 2005
August 3, 2005

Licensing Activity

Applications Received	62
Number of Licensees	1,583

Regulatory Activity

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

Board Disciplinary Actions

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

**Michigan Board of Osteopathic
Medicine and Surgery**

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

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

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

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

Board Members Term Expires

Winters, Frank D., D.O., Chair Bloomfield Hills	12/31/05
Keys, Michele, D.O., Vice Chair Warren	12/31/04
Auburn, Ann Marie, D.O. Grand Rapids	12/31/06
Begick, Vaughn J., P.A. Saginaw	12/31/03
Benson, Edward, Public Member Lansing	12/31/05
Kuenker, Ann K., D.O. Elk Rapids	12/31/06
LaBelle, Patricia A., Public Member Traverse City (resigned 1/31/05)	12/31/04
Plomaritis, Steven, D.O. Warren	12/31/06
Thrall, Kathleen A., Public Member Watersmeet	12/31/03

The following appointments were made on 11/10/04:

Easton, Gale E., P.A.-C Jackson (replaced Begick)	12/31/07
Lindberg, Paulette J., Public Member Marquette (replaced Thrall)	12/31/07

**Schedule of Board Meetings
Fiscal Year 2004/2005**

- October 14, 2004
- December 2, 2004
- February 3, 2005
- April 7, 2005
- June 9, 2005
- August 4, 2005

Licensing Activity

Applications Received	298
Number of Licensees	6,334

Regulatory Activity

Allegations Received	182
Administrative Investigations	121
Field Investigations Authorized	59
Field Investigations Completed	54
Administrative Complaints Filed	25
Summary Suspensions Filed	8
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	8
Fine	11
Voluntary Surrender	2
Limited License	1
Suspension	9
Revocation	1
Total Disciplinary Actions	32

Michigan Board of Pharmacy

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

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

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

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

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

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

Board Members	Term Expires
Armstrong, Roberta, R.Ph. Chair, Albion	6/30/06
Farida, Suhair, R.Ph. Vice Chair, West Bloomfield	6/30/07
Bach, David, R.Ph. West Bloomfield	6/30/07
Buck, James, Public Member Grandville	6/30/06
Byrnes, Pamela, Public Member Chelsea (resigned 12/19/04)	6/30/07
Fakhoury, Sara A., R.Ph. Troy	6/30/07
Gnodtke, Pamela, Public Member Charlevoix	6/30/06
Hennessey, Collin, R.Ph. Lansing	6/30/07
Shaw, Laura, R.Ph. Waterford	6/30/09
Washington, Jerome, Ph.D. Detroit, Public Member	6/30/06
Wolfe, Maria Q., Public Member Lansing	6/30/05

**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 13, 2004
December 8, 2004
February 9, 2005
April 13, 2005
June 8, 2005
August 10, 2005

Licensing Activity

Pharmacists

Applications Received	598
Examinations Authorized	
NAPLEX	488
MPJE	575
Number of Licensees	11,921

Other Licenses

Applications Received	
New Pharmacies	235
Manufacturer/Wholesaler	128
Number of Licensees	
Pharmacy	2,777
Manufacturer/Wholesaler	827

Regulatory Activity

Allegations Received	163
Administrative Investigations	258
Field Investigations Authorized	98
Field Investigations Completed	93
Administrative Complaints Filed	77
Summary Suspensions Filed	20
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	20
Probation	43
Fine	3
Voluntary Surrender	3
Limited License	4
Suspension	13
Revocation	3
Total Disciplinary Actions	89

Michigan Board of Physical Therapy

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

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

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

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

Board Members	Term Expires
Perry, David W., L.P.T., Chair Grosse Pointe Woods	12/31/07
Sunder, Namrata, P.T., Vice Chair West Bloomfield	12/31/05
Bennett, Terry G., Public Member Canton	12/31/03
Carr, Robert L., Public Member Ann Arbor	12/31/05

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

The following appointment was made on 3/18/05:

Mostrom, Elizabeth, PT Grand Rapids (replaced Riel)	12/31/07
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**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 5, 2004
January 11, 2005
February 1, 2005
April 19, 2005
July 12, 2005

Licensing Activity

Applications Received	660
Examinations Authorized	721
Number of Licensees	7,308

Regulatory Activity

Allegations Received	20
Administrative Investigations	24
Field Investigations Authorized	5
Field Investigations Completed	4
Administrative Complaints Filed	3
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	2
Fine	1
Voluntary Surrender	0
Limited License	0
Suspension	3
Revocation	0
Total Disciplinary Actions	6

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

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

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

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

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

Task Force Members Term Expires

Oswald, Lorie, P.A., Chair 12/31/05
Midland

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

The following appointments were made on 4/7/05:

Levy, James W., P.A.-C 12/31/07
Northport (replaced Haskell)
Davis, Michael A., P.A.-C 12/31/07
Harbor Beach (replaced Gualdoni)
O'Brien, Bernard J., P.A.-C 12/31/07
Alpena (replaced Begick)
Street, Marcy L., M.D. 12/31/07
Okemos (replaced Goldberg)

**Schedule of Task Force Meetings
Fiscal Year 2004/2005**

December 7, 2004
January 25, 2005
March 8, 2005
June 7, 2005
September 6, 2005

Licensing Activity

Applications Received 261
Number of Licensees 2,643

Regulatory Activity

Allegations Received	18
Administrative Investigations	12
Field Investigations Authorized	8
Field Investigations Completed	12
Administrative Complaints Filed	3
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Task Force Disciplinary Actions

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

**Michigan Board of Podiatric
Medicine and Surgery**

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

The practice of podiatric medicine and surgery, as defined in the Public Health Code, means the examination, diagnosis, and treatment of abnormal nails, superficial excrescences occurring on the human hands and feet, including corns, warts, callosities, and bunions, and arch troubles or the treatment medically, surgically, mechanically, or by physiotherapy of ailments of human feet or ankles as they affect the condition of the feet. It does not include amputation of human feet, or the use or administration of anesthetics other than local.

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

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

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

Benenati, Anthony, D.P.M. Warren	6/30/05
Brozek, Nancy, Public Member Muskegon	6/30/03
Vacant, Public Member (Herschfus deceased 11/26/03)	6/30/05
Mills, Raymond, Public Member Bellaire	6/30/06
Vacant, Public Member (Pater resigned 1/23/04)	6/30/06
Potchynok-Lund, Karen, D.P.M. Shelby Twp.	6/30/03
Schey, Michael, D.P.M. West Bloomfield	6/30/06

The following appointment was made on 3/18/05:

Scott, Tara L., D.P.M. Southfield (replaced Potchynok-Lund)	6/30/07
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**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 27, 2004
January 26, 2005
March 23, 2005
July 13, 2005

Licensing Activity

Applications Received	28
Examinations Authorized	15
Number of Licensees	776

Regulatory Activity

Allegations Received	14
Administrative Investigations	10
Field Investigations Authorized	2
Field Investigations Completed	3
Administrative Complaints Filed	3
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Psychology

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

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

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

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

Board Members	Term Expires
Haynes, Jack, Ph.D., Chair Bloomfield Hills	12/31/04

Weiner, Karen, Ph.D., Vice Chair Southfield	12/31/06
Aronoff, Lynn E., Public Member Royal Oak	12/31/06
Cowie, Julie, Public Member South Haven	12/31/07
Klobucher, Edward G., M.A. Hazel Park	12/31/06
Lubavs, Aija, L.L.P. Kalamazoo	12/31/04
Pascoe, James D., Public Member Bellaire	12/31/05
Wall, Mary Jo, Public Member Bloomfield Hills	12/31/05
Watson, Patricia, Ph.D. Northville	12/31/07

The following appointments were made on 6/29/05:

Ver Merris, Dane K., Ed.D. Grand Rapids (replaced Haynes)	12/31/08
Hack, Robert M. West Bloomfield (replaced Lubavs)	12/31/08

Schedule of Board Meetings Fiscal Year 2004/2005

November 18, 2004
January 20, 2005
March 17, 2005
May 12, 2005
July 21, 2005
September 22, 2005

Licensing Activity

Applications Received	545
Examinations Authorized	101
Number of Licensees	
Psychologists	2,629
Doctoral Limited	402
Masters Limited	3,670
Temporary Limited	420

Regulatory Activity		
Allegations Received	63	
Administrative Investigations	56	
Field Investigations Authorized	23	
Field Investigations Completed	21	
Administrative Complaints Filed	12	
Summary Suspensions Filed	1	
Cease and Desist Orders Issued		1
Board Disciplinary Actions		
Reprimand	1	
Probation	7	
Fine	0	
Voluntary Surrender	0	
Limited License	0	
Suspension	6	
Revocation	1	
Total Disciplinary Actions	15	

Michigan Board of Respiratory Care

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

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

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

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

Board Members Term Expires

The following appointments were made on 11/1/04:

Zobeck, David L., R.T., Chair Big Rapids	12/31/07
Baker, Mary Ellen, R.T., Vice Chair Rochester Hills	12/31/05
Barrett, Malita L., Public Member Detroit	12/31/08
Berry, Jr., James R., R.T. Detroit	12/31/05
Couckuyt, Frank J., Public Member Shelby Township	12/31/06
Kehr, Randall M., R.T. Grandville	12/31/08

Sprague, Frank R., R.T. 12/31/07
Muskegon

**Schedule of Board Meetings
Fiscal Year 2004/2005**

February 18, 2005
May 20, 2005
August 12, 2005

**No Licensing or Regulatory Activity in
2004/2005**

Sanitarian Registration

The Michigan Board of Sanitarians was originally formed with the enactment of Public Act 174 of 1963. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended. Executive Order No. 1996-2, effective May 15, 1996, transferred all 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 Bureau of Health Services 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.

Members

Term Expires

Advisory Committee members were appointed on 5/27/05:	
Brewer, Bryan D. Muskegon	3/30/08
Duhamel, Bruce A., R.S. Hemlock	3/30/07
Grenawitzke, Harry E., R.S. Monroe	3/30/08
Lewis, Robin D., R.S. Lansing	3/30/08
Loudon, Theodore L. Lansing	3/30/08
Phelps, Janet A., R.S. Grand Blanc	3/30/06

Registration Activity

Applications Received	12
Examinations Given	3
Number of Registered Sanitarians	564

Regulatory Activity

Allegations Received	1
Administrative Investigations	0
Field Investigations Authorized	0
Field Investigations Completed	0
Administrative Complaints Filed	0
Summary Suspensions Filed	0

Disciplinary Actions

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

Michigan Board of Social Work

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

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

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

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

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

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

Board Members Term Expires

Neal, David L., C.S.W. (LMSW) Chair, Ann Arbor	12/31/05
Blum, Eleanor G., Public Member Vice Chair, Farmington Hills	12/31/05
Hauser-Hurley, Gail M., S.W. (LBSW), Temperance	12/31/07
Vacant, C.S.W. (LMSW) (Kort resigned 8/7/04)	12/31/07
Longo, Cathy, Public Member Madison Heights	12/31/04
Lyberg Sr., Matthew, C.S.W. (LMSW), Traverse City	12/31/04
McFadden, Emily Jean, C.S.W. (LMSW) Holland	12/31/06
O'Connor, Mary, M.S.W., C.S.W. (LMSW) Traverse City	12/31/05
Takalo, Doreen, Public Member Skandia	12/31/06

The following appointments were made on 3/21/05:

Najor-Durack, Anwar, M.S.W., A.C.S.W. (LMSW) West Bloomfield (replaced Kort)	12/31/07
Stanislaw, David P., C.S.W. (LMSW) Birmingham (replaced Lyberg)	12/31/08

The following appointment was made on 7/15/05:

Smith, Mark D., Public Member Grand Ledge (replaced Longo)	12/31/08
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**Schedule of Board Meetings
Fiscal Year 2004/2005**

November 23, 2004
January 18, 2005
March 22, 2005
May 24, 2005
July 26, 2005
September 20, 2005

Registration Activity

Certified Social Workers (thru 6/30/05)

Applications Received 647
Examinations Authorized 319

Social Workers (thru 6/30/05)

Applications Received 634
Examinations Authorized 313

Social Work Technicians (thru 6/30/05)

Applications Received 209

Licensing Activity

Master's Social Workers (after 7/1/05)

Applications Received 701
Examinations Authorized 112
Number of Licensees 14,280

Bachelor's Social Workers (after 7/1/05)

Applications Received 243
Examinations Authorized 87
Number of Licensees 10,653

Social Service Technicians (after 7/1/05)

Applications Received 93
Number of Registrants 1,991

Regulatory Activity

Allegations Received 60
Administrative Investigations 67
Field Investigations Authorized 22
Field Investigations Completed 21
Administrative Complaints Filed 23
Summary Suspensions Filed 3
Cease and Desist Orders Issued 0

Board Disciplinary Actions

Reprimand 1
Probation 4
Fine 0
Voluntary Surrender 1
Limited License 3
Suspension 5
Revocation 6
Total Disciplinary Actions 20

**Michigan Board of
Veterinary Medicine**

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

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

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

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

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

Reed, Willie, D.V.M., Vice Chair Okemos	12/31/06
Aja, Daniel, D.V.M. Cedar	12/31/04
Vacant, Public Member (Chodak resigned 9/20/04)	12/31/07
Lawter, Ann E., Public Member Rochester Hills	12/31/05
Moll, Constance, D.V.M. Midland	12/31/05
Pridgeon, Michael, Public Member Montgomery	12/31/05
Stevens, Carol, L.V.T. East Lansing	12/31/04
Vaupel, Henry, D.V.M. Fowlerville	12/31/06

**Schedule of Board Meetings
Fiscal Year 2004/2005**

October 28, 2004
December 28, 2004
January 27, 2005
March 31, 2005
May 26, 2005
August 25, 2005

Licensing Activity

Veterinarians

Applications Received	86
Examinations Authorized	163
Number of Licensees	3,635

Veterinary Technicians

Applications Received	200
Examinations Administered	209
Numbers of Licensees	1,806

Regulatory Activity

Allegations Received	66
Administrative Investigations	66
Field Investigations Authorized	26
Field Investigations Completed	24
Administrative Complaints Filed	18
Summary Suspensions Filed	1
Cease and Desist Orders Issued	1

Board Disciplinary Actions	
Reprimand	0
Probation	5
Fine	2
Voluntary Surrender	0
Limited License	0
Suspension	4
Revocation	0
Total Disciplinary Actions	11