

*Michigan Department
of Community Health*



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

**2006/2007 ANNUAL REPORT
OF THE
BUREAU OF HEALTH PROFESSIONS**

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, Michigan 48909-8170
www.michigan.gov/healthlicense
(517) 335-0918

Authority: Act 368 of 1978, as amended
Total Copies: 350; Total Cost: \$ 1,380.78; Unit Cost: \$ 3.95

TABLE OF CONTENTS

Bureau Information	3
Fiscal Year 2006/2007 Budget	4
2006/2007 Promulgated Rules	5
Licensing Program.....	10
Licensing Statistics	12
Disciplinary Actions	15
Controlled Substances Advisory Commission.....	17
Michigan Automated Prescription System.....	18
Health Professional Recovery Committee.....	19
Board of Acupuncture.....	21
Board of Athletic Trainers	22
Board of Audiology	23
Board of Chiropractic.....	24
Board of Counseling.....	26
Board of Dentistry.....	28
Board of Dietetics and Nutrition.....	31
Board of Marriage and Family Therapy	32
Board of Medicine.....	34
Board of Nursing.....	36
Board of Nursing Home Administrators	38
Board of Occupational Therapists	39
Board of Optometry	40
Board of Osteopathic Medicine and Surgery	42
Board of Pharmacy.....	44
Board of Physical Therapy	46
Joint Task Force on Physician's Assistants.....	48
Board of Podiatric Medicine and Surgery	50
Board of Psychology.....	51
Board of Respiratory Care.....	53
Sanitarian Registration	54
Board of Social Work.....	55
Board of Veterinary Medicine	57

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political belief. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Bureau of Health Professions

Bureau Administration

Melanie Brim, Director	(517) 373-8068
Health Professional Recovery Program	(800) 453-3784
Web Site Address	www.michigan.gov/healthlicense

Licensing Division

Rae Ramsdell, Director	(517) 373-6873
Application Section	(517) 335-0918
Board Support Section	(517) 335-0918
Customer Service Section	(517) 335-0918
Education, Testing and Credentials Section	(517) 335-0918
Program Operations Section	(517) 335-0918

Investigation Division

Robert Ulieru, Director	(517) 373-1737
Investigation Section (Lansing)	(517) 373-1737
Investigation Section (Detroit)	(313) 256-2840
Pharmacy Programs (Lansing)	(517) 373-1737
Michigan Automated Prescription System (MAPS)	(517) 373-1737

Regulatory Division

Ray Garza, Director	(517) 335-7212
Allegation Section	(517) 373-9196
Enforcement Section	(517) 373-4972
Compliance Section	(517) 335-3114

Bureau of Health Professions

Fiscal Year 2006/2007 Budget

Appropriated F.T.E.s	134
Legislative Appropriation	\$19,653,900
FINANCIAL PLAN:	
Salary and Wages	\$6,174,000
Longevity and Insurance	\$1,275,900
Retirement & FICA	\$1,631,700
CSS&M	\$1,575,200
Travel	\$161,000
Contracts	\$5,601,900
TOTAL	\$16,419,700

2006/2007 Promulgated Rules

Pharmacy

R 338.471a

Provides definitions for “accredited college or school of pharmacy” and “electronic signature.” Makes editorial changes to the definitions of “code” and “department.”

R 338.472

Exempts from the prohibition of returning or reselling prescription drugs that have been dispensed and left the control of a pharmacist those pharmacies that are operated by or under contract with the Department of Corrections or a county jail, as provided in Section 17766d of the Public Health Code.

R 338.473

Requires an applicant for a pharmacy intern license to be “actively” enrolled in a professional program of study, which must be within an “accredited” college or school of pharmacy.

R 338.473a

Clarifies when an individual is eligible to apply for an intern licensure. Requires an intern working in Michigan to hold an intern license in order to earn the required hours of internship experience. Deletes the requirement that interns notify the Board of Pharmacy within 30 days of accepting a position of practice, changing or leaving the practice, or changing a home address. Requires, instead, that an intern notify the Board within 30 days of not being actively enrolled in a pharmacy degree program at an accredited college or school of pharmacy.

R 338.473d

Revises current requirements for individuals who graduated from a foreign pharmacy school by specifying that the rule applies to

graduates of non-accredited colleges or schools of pharmacy. Deletes current educational verification and examination requirements and requires, instead, that applicants provide evidence of successful completion of the Foreign Pharmacy Graduate Examination Committee certification program.

R 338.474

Revises requirements for pharmacist licensure to specify that an applicant must have completed requirements for a degree in pharmacy from a board-approved, accredited college or school of pharmacy education or successfully completed the Foreign Pharmacy Graduate Examination Committee certification program. Updates language on the adoption by reference of standards and guidelines for the accreditation of professional degree programs in pharmacy. Revises the requirement of passing the Board of Pharmacy jurisprudence examination to specify that the examination must be approved by the Board and measure an applicant’s knowledge of the rules and regulations governing the practice of pharmacy. Clarify that an applicant must pass the examinations specified in the rule by a scaled score of not less than 75.

R 338.474a

Makes editorial changes to the rule.

R 338.475

Revises the requirement that an applicant for licensure by endorsement pass a Michigan jurisprudence examination to specify that an applicant pass, with a scaled score of at least 75, a Board-approved examination that measures an applicant’s knowledge of the rules and regulations governing pharmacy practice.

R 338.479b

Revises the rule on prescriptions to provide for the electronic transmission of a prescription for a noncontrolled substance from a prescriber to a pharmacy of a patient's choice by use of a system that meets requirements established in the rule. Establishes requirements for preserving electronic prescriptions by a licensed pharmacist or dispensing prescriber. Specifies that an electronic signature has the full force and effect of a handwritten signature on a paper-based written prescription.

R 338.489

Revises and updates the rule on mechanical devices to refer to automated devices instead, and defines automated device. Specifies requirements, including establishing policies and procedures for system operation, when an automated dispensing device is used in a prescriber's office and when it is used to furnish medications to patients in a hospital, county medical care facility, nursing home, hospice or any other skilled nursing facility. Requires records to be maintained for five years and specifies information that must be included in the records. Requires a copy of policies and procedures on the use of an automated device to be maintained at the pharmacy responsible for a device's specific location or at the dispensing prescriber's office.

R 338.3041

Revises the provisions on completing continuing education for the renewal of a license to require, as of July 1, 2007, an applicant to obtain at least 10 hours of continuing education by attending live courses or programs, complete in each renewal period at least one continuing education hour in pain and symptom management, and prohibit an applicant from earning more than 12 hours of continuing education in one day. Requires an applicant to possess certificates that confirm the awarding of continuing education credits to be dated

no later than the date he or she submits a license renewal application.

R 338.3043

Makes editorial changes to the rule and updates a reference to the entity that may certify a continuing education provider.

R 338.3044

Revises the rule to specify that in the computation of continuing education hours certain breaks are excluded from being considered as continuing education time. Clarifies the provision on earning credit for self instruction to specify that a maximum of 20 continuing education hours may be earned in each renewal period for home study programs that comply with the rule's requirements.

R 338.3102

Revises the definitions of "national drug code number (ndc)" and "patient identifier." Adds a definition for "positive identification" and deletes the definition for "prescriber or practitioner."

R 338.3120

Specifies that Buprenorphine is included in the list of Schedule 3 controlled substances.

R 338.3123

Adds Eszopiclone to the list of Schedule 4 controlled substances and makes editorial changes to the rule.

R 338.3125

Deletes the drug Buprenorphine from Schedule 5 controlled substances and refers, instead, to Pregabalin as being a Schedule 5 drug.

R 338.3132

Specifies that a controlled substances license is required when controlled substances are stored in an automated device and that device is not located at the same address as the pharmacy responsible for the device. Refers to a prescriber or practitioner, instead of a licensed physician, in provisions that exempt these individuals from obtaining separate controlled substances licenses for each location of the principal place of business or professional practice if the licensee only prescribes at the location. Revises the definition of a principal place of business or a professional practice.

R 338.3154

Exempts automated dispensing devices from requirements in the rule that a medical institution must follow if a controlled substance is not dispensed to an individual patient. Deletes the requirement that the use of mechanical devices in medical institutions is contingent upon any approval which may be required by rule. Establishes a new requirement that when patient medication is stocked in an automated device, the pharmacy responsible for the device must obtain an additional controlled substance license for each hospital, county medical care facility, nursing home, hospice, or other skilled nursing facility when the pharmacy is not located at the same address as the facility and controlled substances are dispensed from the automated device. Revises a current requirement to clarify that medication records must be maintained by the pharmacy responsible for the automated device. Specifies that a copy of pharmacy policies and procedures related to the use of an automated device must be available for review by an agent of the Board of Pharmacy, instead of the Board as had been specified. Revises the provision that records and documents required under the rule to be maintained or controlled by the pharmacy responsible for the device, instead of the pharmacist in charge. Makes editorial changes to the rule.

R 338.3161

Revises the title of the rule to specify that it applies to controlled substance prescriptions. Adds to the requirements specified in the bill for written prescriptions for controlled substances that the prescriptions be written legibly. Prohibits a prescriber from prescribing a controlled and noncontrolled substance on the same prescription form.

R 338.3162

Revises current identification provisions to require, instead of permit, a pharmacist to obtain positive identification of individuals to whom controlled substances are dispensed or delivered when the individual is not known to the pharmacist or pharmacy employees. Provides for a waiver of this requirement.

R 338.3162b

Revises the requirements for reporting a patient identifier to the Department of Community Health or its contractor by means of an electronic data transmittal process to monitor the dispensing of a Schedule 2 to 5 controlled substance to specify the information that must be reported when a patient is under the age of 16 or when the patient is an animal.

R 338.3162c

Deletes specific methods of transmitting data to the Department or its contractor by means of an electronic data transmittal process to monitor the dispensing of Schedule 2 to 5 controlled substances and specifies, instead, that the data must be transmitted by "electronic media or other means."

R 338.3162d

Revises provisions on the reporting of prescription data to require pharmacies to

report all Schedule 2 to 5 controlled substances that have been dispensed and requires pharmacies to comply with the rule's reporting provisions. Revises the timeline for reporting data to the Department or its contractor.

Board of Psychology

R 338.2503

Rescinded.

R 338.2505

Deletes the requirement that an applicant for psychologist licensure take a written examination that is administered by the Department. Instead, provides for the Board of Psychology to approve and require the examination for professional practice in psychology of the Association of State and Provincial Psychology Boards (ASPPB). Requires an applicant for licensure as a psychologist to achieve a passing score of 500 on the test. Permits an applicant who is a limited licensed psychologist who took the exam and passed it with a score at or above the score required for licensure as a psychologist to use that score to fill the rule's passing score requirement. Also requires applicants to meet the education and training requirements in the rules.

R 338.2505a

Establishes a new rule to require an applicant for a psychologist limited license to meet the education and training requirements in the rules. Provides for the Board to approve the examination for professional practice in psychology of the ASPPB. Requires an applicant for licensure as a limited licensed psychologist to achieve a passing score of 450, as of June 30, 2010. Exempts from the examination requirement individuals who were limited licensed psychologists as of June 30, 2010.

R 338.2506

Revises the doctoral degree requirements for applicants for psychologist licensure to require, as of June 30, 2009, that the degree include at least one graduate course in the study of scientific and professional ethics. Exempts from this requirement individuals who graduated prior to that date and obtained a doctoral degree that included at least one credit hour in scientific and professional ethics. Revises licensure requirements to reduce the number of clock hours of experience, specify that the experience must be completed in two consecutive years, clarify the amount of experience that may be earned in a week, and permit the Board to consider a request for an extension of the two-year time period in cases of hardship. Also makes editorial changes to the rule.

R 338.2507

Revises the master's degree requirements for applicants for a limited psychologist license to require, as of June 30, 2009, that the degree include at least one graduate course in the study of scientific and professional ethics. Exempts from this requirement individuals who graduated prior to that date and obtained a master's degree that included a one-credit-hour graduate degree in scientific and professional ethics. Also makes editorial changes to the rule.

R 338.2510a

Permits a limited licensed psychologist who seeks a variance from the supervision requirement in the rule and the Public Health Code to submit to the Board of Psychology a request for a variance. Specifies reasons for a possible variance. Prohibits a variance from being implemented without written permission of the Board.

R 338.2511

Provides for the Board to adopt by reference certain designation criteria and accreditation standards and guidelines for psychology doctoral programs, as specified in the rules. Specifies that completion of a doctoral program in psychology that has obtained either the specified designation or accreditation is considered evidence of completion of a program acceptable to the Department and approved by the Board, as of June 30, 2009.

R 338.2514

Deletes provisions on advertising and replaces them with a new definition of "advertising." Permits a licensed psychologist to advertise unless it is false and misleading, as defined in the rule. Permits a licensed psychologist who employs a limited licensed psychologist (LLP) or a temporary limited licensed psychologist (TLLP) to advertise that individual's identity and qualifications, as specified in the rule. Prohibits an LLP and TLLP from advertising or making a representation that leads the public to believe he or she is practicing psychology independently. Permits an LLP and TLLP to buy, print, and use business cards or letterhead for identification purposes. States that licensed psychologists must ensure their advertisements do not conflict with the rule, and they have the affirmative duty to review the final version of all paid advertisements before release to the public.

R 338.2515

Establishes a new rule on prohibited conduct by specifying certain acts or omissions when committed by a licensed individual covered by the rules are considered to be prohibited conduct.

R 338.2516

Establishes a new rule to require patient records to be preserved for seven years.

Establishes requirements for the retention, disposition, and confidentiality of these records.

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 23,724 applications received during this fiscal year were reviewed along with supporting documentation to determine an applicant's eligibility for examination and/or licensure.

Board Support Section

The Board Support Section is responsible for providing administrative support to the 23 active health professional boards, committees and/or 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
- Conduct 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.
- Develop and administer examinations used in the licensure/registration process either by ETC or through contractual arrangements with national testing agencies.
- Prepare written license verifications for submission to other state licensing boards.
- Oversee 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 45,562 active certificate holders.
- Review and approve 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.
- Conduct random audits of licensees for compliance with continuing education requirements.
- Microfilm all new licensure/registration records and file updates.

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>
Audiology					
Audiologist	230			181	474
Audiologist Limited	1			0	1
Chiropractic					
Chiropractors	171		134	1,498	2,926
Ed. Ltd. Chiropractor	12			0	10
Counseling					
Counselors	294		76	1,638	5,424
Ed. Ltd. Counselors	447			1,709	2,018
Dentistry					
Dentists	203		308	2,350	7,801
Dentist Limited	0			2	2
Dentist – Nonclinical Ltd.	0			1	1
Ed. Ltd. Dentists	23			17	47
Clinical Academic Dentists	24			51	68
Dental Specialists		21 (100% Passed)	0		
Prosthodontist	2			15	58
Endodontist	5			49	170
Oral Surgeon	5			72	242
Orthodontist	8			105	376
Pediatric Dentist	6			30	117
Periodontist	4			49	152
Oral Pathologist	1			2	6
Dental Hygienists	352		241	3,113	9,927
Clinical Academic Hygienists	1			1	1
Nitrous Oxide Certification	159				1,239
Local Anesthesia Certification	158				1,446
Dental Assistants	153	181 (73% Passed)	4	402	1,340
Dental Asst – Nonclinical Ltd.	0			1	1
Marriage and Family Therapy					
Marriage & Family Therapists	22	11 (45% Passed)	17	391	814
Ed. Ltd. MFT	24			55	75
Medicine					
Medical Doctors	1,836	569 (91% Passed)	4,160	9,780	31,277
Medical Doctor – Limited	1			0	2
MD – Special Volunteer	5			0	5
Clinical Academic MD	51			87	147
Ed. Ltd. MD	1,219			2,290	3,503

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

2006/2007 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>
Nurse Aides		9,200		17,072	45,562
Nursing					
Registered Nurses	7,138	5,190 (83% Passed)	4,542	60,208	124,375
Nurse Specialists					
Anesthetists	145			1,057	2,228
Midwives	18			153	301
Practitioners	229			1,583	3,342
Practical Nurses	2,177	1,883 (86% Passed)	444	13,001	27,109
Trained Attendants				0	0
Nursing Home Administrators	118	174 (70% Passed)	23	431	1,235
Occupational Therapy					
Occupational Therapists	182		153	2,001	4,372
Occupational Therapy Assts.	84		47	532	1,122
Optometry					
Optometrists	52		58	776	1,591
DPA Specialty Certification				0	1,492
TPA Specialty Certification				0	1,446
Osteopathic Medicine & Surgery					
Osteopathic Doctors	334		613	2,054	6,501
Clinical Academic DO	0			1	1
Ed. Ltd. DO	378			477	853
Pharmacy					
Pharmacists	672	489 (78% Passed)	237	6,155	12,842
Jurisprudence		670 (84% Passed)			
Ed. Ltd. Pharmacists	737			1,119	1,595
Pharmacies	235		74	1,442	2,920
Manufacturer/Wholesaler	132		105	487	909
Physical Therapy					
Physical Therapists	910	937 (39% Passed)	531	3,963	7,888
Physician's Assistant					
Physician Assistants	244		125	1,404	3,044
Podiatric Medicine and Surgery					
Podiatrists	27	7 (100% Passed)	36	248	761
Ed. Ltd. Podiatrists	24			20	42

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

2006/2007 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>
Psychology					
Psychologists	120	109 (72% Passed)	93	1,283	2,669
Doctoral Limited	81			218	330
Masters Limited	203			1,645	3,713
Temporary Limited	151				413
Respiratory Care					
Respiratory Therapists	1,712		92	1,993	4,291
Sanitarian					
Sanitarians	11	0	0	281	565
Social Work			213		
Social Services Technician	296			835	1,826
Social Services Ltd. Tech.	7			7	12
Bachelors Social Worker	103	122 (74% Passed)		3,229	6,514
Bachelors Ltd. S.W.	287			321	551
Masters Social Worker	461	607 (63% Passed)		7,406	14,435
Masters Ltd. S.W.	915			1,983	2,815
MSW Macro Specialty	4			0	14,178
MSW Clinical Specialty	17			0	13,764
Veterinary Medicine					
Veterinarians	170	NAVLE - 157 (48% Passed)	205	1,821	3,672
Clinical Academic Vet.	26			51	81
Ed. Ltd. Vet.	0			0	1
Veterinary Technicians	205	210 (82 % Passed)	20	799	2,062
TOTAL	23,724		12,551	142,873	313,966
					Not including Nurse Aides Or Specialty Certifications

Disciplinary Actions

Profession	Reprimand	Probation	Fine	Voluntary Surrender	Limited License	Suspension	Revocation	TOTAL
Audiology	0	0	0	0	0	0	0	0
Chiropractic	0	6	0	2	0	1	0	9
Counseling	0	0	1	0	1	1	0	3
Dentistry	0	31	10	6	2	7	2	58
Marriage & Family Therapy	0	0	0	0	0	0	0	0
Medicine	0	18	21	5	9	17	0	70
Nursing	1	128	5	3	7	111	2	257
Nursing Home Administrators	0	9	0	0	0	2	1	12
Occupational Therapy	0	0	0	0	0	1	0	1
Optometry	0	2	0	0	0	0	0	2
Osteopathic Med & Surgery	1	8	7	1	4	3	1	25
Pharmacy	8	43	17	1	4	7	0	80
Physical Therapy	0	1	0	0	0	1	0	2
Physician's Assts.	0	0	1	0	0	2	0	3
Podiatric Med & Surgery	0	1	1	0	1	2	1	6
Psychology	0	3	1	2	1	3	1	11
Respiratory Care	0	1	0	0	0	0	0	1
Sanitarians	0	0	0	0	0	0	0	0
Social Work	1	3	1	2	3	5	5	20

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

2006/2007 Annual Report

Veterinary Medicine	1	15	1	0	1	3	0	21
BUREAU TOTALS	12	269	66	22	33	166	13	581

**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.

Member Representing	Term Expires
Wolpin, Howard, Chairperson Public Member, Franklin	8/30/07
Blanchard, Charles Pharmaceutical Manufacturers, Haslett	8/30/07
Clark, Margherita, R.N. Board of Nursing, St. Johns	8/30/07
Farida, Suhair, R.Ph. Board of Pharmacy, West Bloomfield	8/30/07
Grant, James, M.D. Board of Medicine, Bloomfield Hills	8/30/07
Hennessy, Rhonda, D.D.S. Board of Dentistry, Northville	8/30/07
Letsche, Lawrence, D.V.M. Board of Veterinary Medicine, Olivet	8/30/07
Meisling, Bradley Public Member, Kalamazoo	8/30/07
Monteith, Scott, M.D. Psychiatry Profession, Traverse City	8/30/07
Saadeh, Claire, R.Ph. Pharmacology Profession, Dewitt	8/30/07
Scott, Tara Long, D.P.M. Board of Podiatric Medicine and Surgery Southfield	8/30/07
Vanator, Douglas, D.O. Board of Osteopathic Medicine and Surgery Olivet	8/30/07
Vacant Public Member	

Ex-Officio Members

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
MDCH – Social Services
Wissel, Michael, R.Ph.
Drug Control Administrator
Department of Community Health
Vacant
Director of Public Health
Vacant
Department of Education

**Schedule of Commission Meetings
Fiscal Year 2006/2007**

October 31, 2006
January 31, 2007

As a result of meetings held in October and January, the CSAC has three recommendations:

1. A credentialing process needs to be established for pharmacy technicians, pharmacies would be required to utilize credentialed technicians. When a technician is involved in controlled substance thefts, loss of their credentials will prevent them from repeating the behavior at another pharmacy.
2. Legislation should be enacted to address doctor shoppers, either with criminal charges, or by being required to appear before a drug court based on the extent of their doctor shopping activities.
3. The Department will promote educational programs for health practitioners dealing with the treatment of pain, including the use of the Michigan Automated Prescription System.

Michigan Automated Prescription System

The Michigan Automated Prescription System (MAPS) became operational on January 1, 2003. It is a state mandated database of all controlled substance prescriptions dispensed in or sent to Michigan in Schedules 2 through 5.

In April 2007, MAPS became available “on line 24/7” for practitioners and pharmacists to request patient-specific reports. The completed reports cover the previous fifteen months, and are available within minutes for the requestor to download and print. 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.

Doctor shoppers are individuals who seek treatment from multiple physicians with the ultimate goal of obtaining a specific controlled substance from each practitioner. MAPS reports are a valuable tool for practitioners to determine if a patient is “doctor shopping.” The number of requests for patient reports from practitioners and pharmacists is now averaging over 400 daily.

MAPS reports also identify patients who do not “doctor shop” and will encourage the practitioner to treat the patient adequately for conditions such as chronic and end of life pain.

Several other changes occurred in the MAPS program in 2007. Those include twice monthly reporting by pharmacies, which will decrease the data lag from when prescriptions are dispensed to when they are reported from six weeks down to two weeks or less.

Social Security numbers were eliminated as a required patient identifier. They were replaced with the Michigan Driver’s License Number. Positive identification is now

required when a controlled substance is dispensed and pharmacy employees do not know the patient or their agent. No identification number is required for patients under sixteen years of age. This report and recommendations satisfy the requirements of MCL 333.7113(2).

**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 2006/2007**

December 17, 2006

March 20, 2007

June 19, 2007

September 18, 2007

Member Appointed By	Term Expires
Niven, Robert G., M.D., Chair Board of Medicine	12/31/09
Newman, Charles H., R.Ph. Vice Chair, Board of Pharmacy	12/31/09
Barna, Mary E., D.P.M. Board of Podiatric Medicine & Surgery	12/31/09
Bender, Dean A., M.A., D.C. Board of Chiropractic	12/31/09
Black, R. Elizabeth, P.T., M.S. Board of Physical Therapy	12/31/09
Crain, Jo Anne, Ph.D., O.T.R. Board of Occupational Therapists	12/31/09
Foley, Mary K., R.N. Board of Nursing	12/31/08
Gordon, Thomas J., Ph.D. Board of Psychology	12/31/09
Grand, Joel, D.D.S. Board of Dentistry	12/31/09
Hall, Steven C., R.S. Represents Sanitarians	12/31/09
Kelley, Bobbi, D.O. Board of Osteopathic Medicine & Surgery	12/31/08
Kronquist, Mary P., M.M. Public Member	12/31/08
McQuiddy, Merry Public Member	12/31/09
O'Connor, Mary, MA, MSW, LMSW Board of Social Work	12/31/09
Perkowski, Katherine J., D.V.M. Board of Veterinary Medicine	12/31/09
Price, Jerome A, MA, LMFT, LMSW Board of Marriage & Family Therapy	12/31/09
Rolston, Steve, NHA Board of Nursing Home Administrators	12/31/09
Rosen, Seymour R., BS, O.D. Board of Optometry	12/31/09
Vivian, Lynda Z.B., MSW, MS-PA-C Task Force on Physician's Assistants	12/13/09

Vacant

Public Member

Vacant

Board of Acupuncture

Vacant

Board of Athletic Trainers

Vacant

Board of Audiology

Vacant

Board of Counseling

Vacant

Board of Dietetics & Nutrition

Vacant

Board of Respiratory Care

Ex-Officio Members

Brim, Melanie B., Ex-Officio

Bureau of Health Professions

Representing Department Director

Bushong, Susan M., LBSW, ACC

Outreach Coordinator

Bureau of Health Professions

Garza, Ray R.

Contract Administrator

Bureau of Health Professions

Accomplishments

- The Committee completed a review of HPRP policies and procedures to reflect changes in the field of addiction medicine and to ensure a more accurate reflection of the intent of monitoring.
- The HPRP Outreach Worker continues to provide educational and outreach efforts for the program, statewide, to hospitals and other treatment facilities as well as educational facilities for persons seeking licensure.
- A survey was developed and sent to 153 HPRP approved treatment providers to evaluate 15 areas of current contractor performance. Sixty surveys were returned. The results indicate that most treatment providers are satisfied with the performance of the current contractor.

- A database has been completed, for use by the contractor, to assist with monitoring program participants. The program includes a “tickler” system to more quickly identify any issue of non-compliance.
- The HPRP website, www.hprp.org, continues to be updated to include more relevant information for anyone requesting information on the program.

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 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 Acupuncture consists of 9 voting members: 4 acupuncturists, 3 physicians who are licensed to practice medicine or osteopathic medicine and surgery, and 2 public members.

Board Members	Term Expires
Lincoln, Deborah E., R.N., M.S.N. Chair, East Lansing	06/30/10
Pettet, Jason T. Vice Chair, South Haven	06/30/11
Abel-Horowitz, Howard, M.D. Franklin	06/30/09
Kaminsky, Arthur L. Marquette	06/30/11
Pappas, John L., M.D. Bloomfield Hills	06/30/10
Vary, Virginia C., M.S.W. Grand Rapids	06/30/08
Wright, Leonard D., M.D. Muskegon	06/30/09

Vacant, Public Member
Vacant, Public Member

**Schedule of Board Meetings
Fiscal Year 2006/2007**

November 17, 2006
February 2, 2007
April 13, 2007
June 15, 2007
August 3, 2007

Michigan Board of Athletic Trainers

The Michigan Athletic Trainer Board was created with the enactment of Public Act 54 of 2006, which amended the Public Health Code, Public Act 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, as long as those activities are within the rules promulgated for this profession and performed under the direction and supervision of an individual licensed as 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 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 Athletic Trainer Board consists of 7 voting members: 4 athletic trainers, 2 licensed physicians (allopathic or osteopathic) and 1 public member.

The following appointments were made on April 5, 2007:

Board Members	Term Expires
Berry, Ann L., Chair Canton	12/31/09
Corbin, Dennis R., Vice Chair Kalamazoo	12/31/09

Baker, Robert J., M.D. Kalamazoo	12/31/08
Bupp, William F., Public Member DeWitt	12/31/10
Nassar, Lawrence G., D.O. Holt	12/31/09
Ryan, Laurie L. Ada	12/31/07
Sorge, Rodney A. Ann Arbor	12/31/08

**Schedule of Board Meetings
Fiscal Year 2006/2007**

July 20, 2007
September 21, 2007

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 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 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
Kasewurm, Gyl A., Chair St. Joseph	6/30/11
Barrett, Yvette M., Public Member Detroit	6/30/08
Jacobs, Karen A. Rockford	6/30/11
Korpela, Lari P. Livonia	6/30/09
Seestedt-Stanford, Linda I. Mt. Pleasant (resigned 6/1/07)	6/30/08
Seidman, Michael D., M.D. West Bloomfield	6/30/08
Vacant, Physician	
Vacant, Professional Member	

Vacant, Public Member

The following appointment was made on 10/02/06:

Zuckschwerdt, Diane C. 6/30/09
Corunna (replaced Burrows)

**Schedule of Board Meetings
Fiscal Year 2006/2007**

November 17, 2006
February 23, 2007
May 11, 2007
August 24, 2007

Licensing Activity

Audiologists

Applications Received	230
Number of Licensees	474

Audiologists – Limited

Applications Received	1
Number of Licensees	1

Regulatory Activity

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

Board 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 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
Cogan, Solomon, D.C., Chair West Bloomfield	12/31/08
McLeod, Gary, D.C., Vice Chair Three Rivers	12/31/07
Chelenyak, Patricia L., D.C. Northville	12/31/07
Flood, Clifford, Public Member Lansing	12/31/05
Handler, Mark, Public Member Midland	12/31/05
Knight, Philip, D.C. Marshall	12/31/06

Knox, Edward, Public Member Southfield	12/31/07
Pettet, Jack, Public Member South Haven	12/31/05
Spencer, Timothy J., D.C. Dexter	12/31/06

The following appointments were made on 4/12/07:

Eisman, Jeffrey West Bloomfield (replaced Spencer)	12/31/10
Frenette, Gwendolyn, Public Member Ionia (replaced Handler)	12/31/09
Morse, Michael, Public Member Three Rivers (replaced Pettet)	12/31/09
Odette, Patricia, D.C. Woodhaven (replaced Knight)	12/31/10

**Schedule of Board Meetings
Fiscal Year 2006/2007**

November 14, 2006
January 9, 2007
March 13, 2007
May 8, 2007
July 10, 2007
September 11, 2007

Licensing Activity

Chiropractors

Applications Received	171
Number of Licensees	2,926

Educational Limited Chiropractors

Applications Received	12
Number of Licensees	10

Regulatory Activity

Allegations Received	65
Administrative Investigations	68
Field Investigations Authorized	18
Field Investigations Completed	14
Administrative Complaints Filed	14
Summary Suspensions Filed	3
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	6
Fine	0
Voluntary Surrender	2
Limited License	0
Suspension	1
Revocation	0
Total Disciplinary Actions	9

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

Board Members	Term Expires
Dugger, Suzanne M., L.P.C., Chair Ypsilanti	6/30/08
Itzkowitz, Stuart G., L.P.C. Vice Chair, St. Clair Shores	6/30/11
Cloud, Jack, L.P.C., Chair Bloomfield Hills (until March, 2007)	6/30/09
Effendi, Abdul R., Public Member Troy (resigned 8/24/07)	6/30/06

Hampton, Steven D., Public Member Traverse City	6/30/10
Owens, Delila L., L.P.C. Royal Oak	6/30/11
Pate, Julian E, III, Public Member Farmington Hills	6/30/09
Singleton, Harriet A., L.P.C. Kentwood	6/30/08
Steward, Robbie J., L.P.C. Okemos	6/30/09
Wuori, Thomas J., Public Member Kalamazoo	6/30/10
Vacant, Professional Member	

The following appointment was made on 06/04/07:

Turowski, Marion, L.P.C. Troy (replaced Cloud)	6/30/09
---	---------

**Schedule of Board Meetings
Fiscal Year 2006/2007**

December 8, 2006
March 9, 2007
June 8, 2007
September 7, 2007

Licensing Activity

Counselors

Applications Received	294
Number of Licensees	5,424

Educational Limited Counselors

Applications Received	447
Number of Licensees	2,018

Regulatory Activity

Allegations Received	34
Administrative Investigations	45
Field Investigations Authorized	13
Field Investigations Completed	13
Administrative Complaints Filed	9
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

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 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
Hennessy, Rhonda, D.D.S., Chair Northville	6/30/08
Purifoy-Seldon, Barbara, R.D.H. Vice Chair, Southfield	6/30/08
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
Freij, Randy M., D.D.S. Livonia	6/30/10
Haber, Lawrence M., D.D.S. Commerce Township	6/30/09
Halaris, Jane F., R.D.H. Macomb	6/30/07
Hodder, Joanne A., R.D.H. Grand Rapids	6/30/09
Jeffers, Gary, D.D.S. Northville	6/30/10
Maher, Ashraf, D.D.S. Kalamazoo	6/30/08
Marinelli, Charles, D.D.S. Bloomfield Hills	6/30/09
Maturo, Raymond, D.D.S. Ann Arbor	6/30/08
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

Sanders, Rosetta, Public Member	6/30/08
Battle Creek	
Swiger, Martha, R.D.H.	6/30/08
Petoskey	
Tuck, Martin J., D.D.S.	6/30/07
East Lansing	
Vacant, Public Member	

The following appointment was made on 01/31/07:

Khan, Faiz, Public Member	6/30/09
Sterling Heights (replaced McNamara)	

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 19, 2006
December 7, 2006
February 8, 2007
April 12, 2007
June 28, 2007
August 9, 2007

Licensing Activity

Dentists

Applications Received	203
Number of Licensees	7,801

Dentist – Limited

Applications Received	0
Number of Licensees	2

Dentist – Nonclinical Limited

Applications Received	0
Number of Licensees	1

Dental Specialty Licenses

Prosthodontists

Applications Received	2
Examinations Administered	0
Number of Specialty Licensees	58

Endodontists

Applications Received	5
Examination Administered	4
Number of Specialty Licensees	170

Oral Surgeons

Applications Received	5
Examinations Administered	3
Number of Specialty Licensees	242

Orthodontists

Applications Received	8
Examinations Administered	7
Number of Specialty Licensees	376

Pediatric Dentists

Applications Received	6
Examinations Administered	4
Number of Specialty Licensees	117

Periodontists

Applications Received	4
Examinations Administered	3
Number of Specialty Licensees	152

Oral Pathologists

Applications Received	1
Number of Specialty Licensees	6

Educational Limited Dentists

Applications Received	23
Number of Licensees	47

Clinical Academic Dentists

Applications Received	24
Number of Licensees	68

Registered Dental Hygienists

Applications Received	352
Number of Licensees	9,927

Clinical Academic Hygienists

Applications Received	1
Number of Licensees	1

**Specialty Certifications for
Dental Hygienists**

Nitrous Oxide

Applications Received	159
Number of Certifications	1,239

Local Anesthesia

Applications Received	158
Number of Certifications	1,446

Registered Dental Assistants

Applications Received	153
Examinations Administered	181
Number of Licensees	1,340

Dental Assistant – Nonclinical Ltd.

Applications Received	0
Number of Licensees	1

Regulatory Activity

Allegations Received	294
Administrative Investigations	523
Field Investigations Authorized	106
Field Investigations Completed	80
Administrative Complaints Filed	62
Summary Suspensions Filed	7
Cease and Desist Orders Issued	4

Board Disciplinary Actions

Reprimand	0
Probation	31
Fine	10
Voluntary Surrender	6
Limited License	2
Suspension	7
Revocation	2
Total Disciplinary Actions	58

**Michigan Board of
Dietetics and Nutrition**

The Michigan Board of Dietetics and Nutrition was created with the passage of Public Act 333 of 2006 with an effective date of July 1, 2007 which amended the Public Health Code, Public Act 368 of 1978, as amended.

The practice of dietetics and nutrition means the provision of dietetics and nutrition care service including assessing the nutrition needs, establishing priorities, goals and objectives to meet the nutrition needs of an individual or group of individuals, providing nutrition counseling, developing, implementing and managing a nutrition care system, evaluation and maintaining a standard of quality in dietetics and nutrition care services, and providing medical nutrition 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. 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 Dietetics and Nutrition consists of 7 voting members: 5 licensed dietitians or nutritionists and 2 public members.

The following appointments were made on 8/31/07:

Board Members	Term Expires
Mikus, Eileen, Chair Pellston	6/30/11
Newton, Coco, Vice Chair Ann Arbor	6/30/11

Christoph, Carl Farmington Hills	6/30/11
Magnuson, Eugene, Public Member Muskegon	6/30/11
Mowafy, Mohey Marquette	6/30/11
Prout, William, Public Member Ludington	6/30/11
Weatherspoon, Lorraine Haslett	6/30/11

**Schedule of Board Meetings
Fiscal Year 2006/2007**

None held this fiscal year

Licensing Activity

No licensing activity yet

**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.

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

Board Members	Term Expires
Edelson, Lori K., M.S.W., L.M.F.T. Chair, West Bloomfield	6/30/11
Glatfelter, Margaret, Public Member West Bloomfield	6/30/05
Hickman, Scott, Public Member Petoskey	6/30/04

Horak, Joseph, Ph.D. East Grand Rapids	6/30/06
Jordan, Diane M., L.M.F.T. Wyoming	6/30/07
Lambert, Joette M., Public Member Pleasant Ridge	6/30/07
Moriarty, James J., Ph.D. Bloomfield Hills	6/30/08
Taylor, Anita, M.A., L.L.P. Bloomfield Hills	6/30/09
Warsh, Deborah U., M.S.W. Bloomfield Hills	6/30/11

The following appointment was made on 10/09/06:

Angera, Jeffrey J., L.M.F.T. Mt. Pleasant (replaced Horak)	6/30/10
---	---------

The following appointment was made on 08/28/07:

Varnum, Gregory B., Public Member Westland (replaced Hickman)	6/30/08
--	---------

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 20, 2006
January 12, 2007
March 16, 2007
July 13, 2007

Licensing Activity

Marriage and Family Therapists

Applications Received	22
Examinations Authorized	11
Number of Licensees	814

Educational Limited MFTs

Applications Received	24
Number of Licensees	75

Regulatory Activity

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

Board 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 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

Goldberg, Scot F., M.D., Chair 12/31/09
Bloomfield Hills

Shade, George H., M.D., Vice Chair 12/31/07
Farmington Hills

Alghanem, Abd A., M.D., 12/31/07
Flint

Cameron, Oliver G., M.D., Ph.D. 12/31/09
Ann Arbor

Dull, David L., M.D. 12/31/09
Ada

Fenn, William, P.A-C, Ph.D. 12/31/10
Kalamazoo

Frale, Theresa L., Public Member 12/31/09
Huntington Woods

Graham-Solomon, Cheryl 12/31/09
Public Member, Detroit

Grant, James D., M.D. 12/31/07
Bloomfield Hills

Helmer, Michael K., Public Member 12/31/09
Bloomfield Hills

Jones, Jeffrey M., M.D. 12/31/09
Battle Creek

Larson, Lynn M., Public Member 12/31/07
Traverse City

Leung, Vivian W., Public Member 12/31/09
Okemos

Pretty, Gretchen, Public Member 12/13/06
Bloomfield Hills

Raines, III, Frank, Public Member 12/31/07
Farmington Hills

San Diego, Leticia J., Ph.D. 12/31/09
Public Member, Clinton Township

Sorini, Ernest J., M.D. 12/31/07
Ann Arbor

Street, Marcy L., M.D. 12/31/07
Okemos (resigned 7/18/07)

Weingarden, David S., M.D. 12/31/09
Clinton Township

The following appointment was made on 09/21/07:

Smith-Tyge, Nathaniel 12/31/10
Allen Park, Public Member
(replaced Pretty)

**Schedule of Board Meetings
Fiscal Year 2006/2007**

November 15, 2006
January 17, 2007
March 21, 2007
May 16, 2007
July 18, 2007
September 12, 2007

Licensing Activity

Medical Doctors

Applications Received	1,836
Examinations Authorized	569
Number of Licensees	31,277

Medical Doctor – Limited

Applications Received	1
Number of Licensees	2

MD – Special Volunteers

Applications Received	5
Number of Licensees	5

Clinical Academic Doctors

Applications Received	51
Number of Licensees	147

Educational Limited Doctors

Applications Received	1,219
Number of Licensees	3,503

Regulatory Activity

Allegations Received	636
Administrative Investigations	944
Field Investigations Authorized	242
Field Investigations Completed	189
Administrative Complaints Filed	87
Summary Suspensions Filed	10
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	18
Fine	21
Voluntary Surrender	5
Limited License	9
Suspension	17
Revocation	0
Total Disciplinary Actions	70

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
Taft, Linda S., R.N., Chair Clinton Twp.	6/30/11
Clark, Margherita, R.N., M.S.N. St. Johns, Vice Chair	6/30/11
Andersen, Bruce H., Sr. Public Member, Interlochen	6/30/10
Auty, Earl, R.N., C.R.N.A. Grosse Pointe Park	6/30/09
Bugbee, Nina A., R.N. Flushing	6/30/09
Gamel, Liza, R.N. Lansing	6/30/07
Hale, John, III, Public Member Franklin	6/30/07
Heath, Deborah L., R.N. Adrian	6/30/07
Hermann, Christopher, R.N., N.P.C. Dearborn Heights	6/30/09
Johnson, Michelle M., R.N., M.S.N. Marquette	6/30/08
Kirkwood, Myrah L., Public Member Oxford	6/30/06
Kulwicki, Anahid, R.N., M.S.N., Ph.D. Troy	6/30/11
Larson, Sandra, Public Member Northville	6/30/07
Lavery, Kathleen, R.N., C.N.M. Jackson	6/30/09
Lawter, Kathryn E., Public Member Columbiaville	6/30/06
Lewis, Brenda, L.P.N. Muskegon	6/30/11
MacEachern, Mary, L.P.N. Cadillac	6/30/09
Perry, Amy M., R.N., M.S.N. Ann Arbor	6/30/09
Stubbs, Donica, R.N., B.S.N. Inkster	6/30/08
Woods, Michelle, Public Member Jackson	6/30/10

Vacant, L.P.N.

Vacant, Public Member

Vacant, Public Member

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 4, 2006 (DSC only)
November 1, 2006 (DSC only)
November 2, 2006
December 6, 2006 (DSC only)
January 10, 2007 (DSC only)
January 11, 2007
February 15, 2007 (DSC only)
March 7, 2007 (DSC only)
March 8, 2007
April 4, 2007 (DSC only)
May 2, 2007 (DSC only)
May 3, 2007
June 6, 2007 (DSC only)
June 7, 2007
July 12, 2007 (DSC only)
August 16, 2007 (DSC only)
September 5, 2007 (DSC only)
September 6, 2007

Licensing Activity

Registered Nurses

Applications Received	6,938
Examinations Authorized	5,190
Number of Licensees	124,375

R.N. Specialty Certifications

Anesthetists

Applications Received	145
Number of Certifications	2,228

Midwives

Applications Received	18
Number of Licensees	301

Practitioners

Applications Received	229
Number of Licensees	3,342

Practical Nurses

Applications Received	2,177
Examinations Authorized	1,883
Number of Licensees	27,109

Trained Attendants

Number of Licensees	0
---------------------	---

Regulatory Activity

Allegations Received	1,020
Administrative Investigations	1,181
Field Investigations Authorized	263
Field Investigations Completed	232
Administrative Complaints Filed	199
Summary Suspensions Filed	74
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	128
Fine	5
Voluntary Surrender	3
Limited License	7
Suspension	111
Revocation	2
Total Disciplinary Actions	257

**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
Clarkson, Gail J., N.H.A., Chair Bloomfield Hills	12/31/08
Pleasant, Geraldine, Vice Chair Public Member, Flint	12/31/06
Husk, Kathleen, Public Member Redford	12/31/06
Knopp, Keri, N.H.A. Gaylord	12/31/07

Messick, Karen J., N.H.A. Comstock Park	12/31/10
Meyer, Thomas D., N.H.A. East Tawas	12/31/09
Moon, Valaria Conerly Public Member, Flint	12/31/08
Pettis, Susan E., N.H.A. Ann Arbor	12/31/08
Shaheen, Samuel, D.O. Saginaw	12/31/09

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 12, 2006
January 4, 2007
April 26, 2007
July 26, 2007

Licensing Activity

Applications Received	118
Examinations Authorized	174
Number of Licensees	1,235

Regulatory Activity

Allegations Received	61
Administrative Investigations	68
Field Investigations Authorized	7
Field Investigations Completed	3
Administrative Complaints Filed	22
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	9
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	2
Revocation	1
Total Disciplinary Actions	12

**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 the Board 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
Conti, Gerry E., M.S. O.T.R., Chair Ypsilanti	12/31/09
Andert, Diane K., O.T.R., Vice Chair Battle Creek	12/31/09
Ferguson, Robert C., O.T.R. Ann Arbor	12/31/06
Miller, John D., Public Member Lansing	12/31/07
Nezwek, Catherine Edwards, O.T.R. Chair, Rockford	12/31/05
Sisco, William M., M.A., M.S., O.T.R. Holt	12/31/08

Vacant, Public Member
Vacant, Public Member
Anita Berger (resigned 3/23/07)
Vacant, Public Member

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 31, 2006
February 6, 2007
June 5, 2007
August 7, 2007

Registration Activity

Occupational Therapists

Applications Received	182
Number of Registrants	4,372

Occupational Therapy Assistants

Applications Received	84
Number of Registrants	1,122

Regulatory Activity

Allegations Received	7
Administrative Investigations	6
Field Investigations Authorized	4
Field Investigations Completed	1
Administrative Complaints Filed	0
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Optometry

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

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	Term Expires
Darin, Frederick P., O.D., Chair Charlotte	6/30/10

Lakin, Donald W., O.D., Vice Chair Clinton Township	6/30/08
Curley, Harvey M., Public Member Eastpointe	6/30/11
Haba, Danna D., O.D. Shelby Township	6/30/08
McClintic, David C., O.D. Portage	6/30/08
Motherwell, Winifred Public Member, Haslett	6/30/11
Thompson, Stephen P., O.D. East Lansing	6/30/10
Zair, Kays T., Public Member West Bloomfield	6/30/10
Vacant, Public Member	

**Schedule of Board Meetings
Fiscal Year 2006/2007**

November 8, 2006
February 14, 2007
April 18, 2007
August 1, 2007

Licensing Activity

Applications Received	52
Number of Licensees	1,591

Specialty Certifications

DPA Certification

Number of Certifications	1,492
--------------------------	-------

TPA Certification

Number of Certifications	1,446
--------------------------	-------

Regulatory Activity

Allegations Received	13
Administrative Investigations	17
Field Investigations Authorized	2
Field Investigations Completed	1
Administrative Complaints Filed	4
Summary Suspensions Filed	0
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 11 voting members: 7 osteopathic physicians, 1 physician's assistant, and 3 public members.

Board Members

Term Expires

Vanator, Douglas P., D.O., Chair Olivet	12/31/08
Acker, Steven A., D.O., Vice Chair Ann Arbor	12/31/09
Auburn, Ann Marie, D.O. Grand Rapids	12/31/06
Benson, Edward, Public Member Lansing	12/31/05
Carney, Kathleen M. Public Member, Brighton	12/31/09
Easton, Gale E., P.A.-C Jackson	12/31/07
Kuenker, Ann K., D.O. Elk Rapids	12/31/06
Lindberg, Paulette J. Public Member, Marquette	12/31/07
Plomaritis, Steven, D.O. Warren	12/31/06

The following appointments were made on 3/28/07:

Cunningham, William C., D.O. Grand Rapids	12/31/10
Dobritt, Dennis W., D.O. Bloomfield Hills (replaced Kuenker)	12/31/10
Granowicz, Vincent J., D.O. Waterford (replaced Auburn)	12/31/10
Kelly, Charles E., D.O. Ortonville	12/31/10
Mustonen, Sylvia G., D.O. Okemos (replaced Plomaritis)	12/31/10

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 5, 2006
November 30, 2006
February 1, 2007
April 5, 2007
June 14, 2007
August 2, 2007

Licensing Activity

Doctors of Osteopathic Medicine

Applications Received	334
Number of Licensees	6,501

Clinical Academic DOs

Applications Received	0
Number of Licensees	1

Educational Limited DOs

Applications Received	378
Number of Licensees	853

Regulatory Activity

Allegations Received	199
Administrative Investigations	241
Field Investigations Authorized	73
Field Investigations Completed	44
Administrative Complaints Filed	29
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	8
Fine	7
Voluntary Surrender	1
Limited License	4
Suspension	3
Revocation	1
Total Disciplinary Actions	25

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
Farida, Suhair, R.Ph., Chair West Bloomfield	6/30/11
Bach, David, R.Ph., Vice Chair West Bloomfield	6/30/11
Cole, Dale, Public Member Ann Arbor	6/30/07
Fakhoury, Sara A., R.Ph. Troy	6/30/08
Gnodtke, Pamela, Public Member Charlevoix	6/30/10
Hennessey, Collin, R.Ph. Lansing (resigned 6/18/07)	6/30/07
Kegerreis, Leigh, Public Member Monroe	6/30/09
Schmidt, Harvey E., R.Ph. Tecumseh	6/30/10
Senneker, Devin R. Public Member, Comstock Park	6/30/10
Shaw, Laura, R.Ph. Waterford	6/30/09
Vacant, Public Member	6/30/06

The following appointment was made on 8/31/07:

Collins, Gwenesia S., R.Ph. 6/30/11
Sterling Heights (replaced Hennessey)

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 11, 2006
December 13, 2006
February 7, 2007
April 25, 2007
June 13, 2007
August 8, 2007

Licensing Activity

Pharmacists

Applications Received	672
Examinations Authorized	
NAPLEX	489
MPJE	670
Number of Licensees	12,842

Educational Limited Pharmacists

Applications Received	737
Number of Licensees	1,595

Other Licenses

Applications Received	
New Pharmacies	235
Manufacturer/Wholesaler	132
Number of Licensees	
Pharmacy	2,920
Manufacturer/Wholesaler	909

Regulatory Activity

Allegations Received	188
Administrative Investigations	306
Field Investigations Authorized	103
Field Investigations Completed	92
Administrative Complaints Filed	76
Summary Suspensions Filed	10
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	8
Probation	43
Fine	17
Voluntary Surrender	1
Limited License	4
Suspension	7
Revocation	0
Total Disciplinary Actions	80

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. It 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."

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., P.T., Chair Grosse Pointe Woods	12/31/07
Mostrom, Elizabeth, P.T., Vice Chair Grand Rapids	12/31/07

Kumar, Vijay, P.T. West Branch	12/31/08
Maes, Sandra, Public Member Harrison Township	12/31/09
Marlan, Jill A., P.T. Mason	12/31/09
May, Andrew G., P.T. Lansing	12/31/09
Vacant, Public Member	
Vacant, Public Member	

The following appointment was made on 8/30/07:

Thomas-Pilarczyk, Linda M. Public Member, Parma (replaced Bennett)	12/31/09
--	----------

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 10, 2006
January 16, 2007
April 17, 2007
July 17, 2007

Licensing Activity

Applications Received	910
Examinations Authorized	937
Number of Licensees	7,888

Regulatory Activity

Allegations Received	22
Administrative Investigations	22
Field Investigations Authorized	9
Field Investigations Completed	6
Administrative Complaints Filed	1
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

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

The Joint Task Force on Physician's Assistants consists of 11 voting members: 5 physician's assistants, 1 physician member from each of the Boards of Medicine, Osteopathic Medicine and Surgery and Podiatric Medicine and Surgery, and 3 public members.

Task Force Members	Term Expires
Oswald, Lorie, P.A.-C, Chair Midland	12/31/07
Fenn, William H., P.A.-C Vice Chair, Kalamazoo	12/31/09
Acker, Steven A., D.O. Ann Arbor	12/31/09
Awad, Mahmoud M., Public Member Riverview	12/31/07
Davis, Michael A., P.A.-C Harbor Beach	12/31/07
Levy, James W., P.A.-C Northport	12/31/07
Nyhan, Sallie A., Public Member Grosse Pointe Farms	12/31/03
O'Brien, Bernard J., P.A.-C Alpena	12/31/07
Weingarden, David S., M.D. Southfield	12/31/07
Vacant, Public Member	
Vacant, Professional Member	

**Schedule of Joint Task Force Meetings
Fiscal Year 2006/2007**

October 24, 2006
January 30, 2007
April 24, 2007
June 19, 2007

Licensing Activity

Applications Received	244
Number of Licensees	3,044

Regulatory Activity

Allegations Received	32
Administrative Investigations	49
Field Investigations Authorized	10
Field Investigations Completed	12
Administrative Complaints Filed	4
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Joint Task Force Disciplinary Actions

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

**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
Schey, Michael, D.P.M., Chair West Bloomfield	6/30/06
Mills, Raymond, Vice Chair Public Member, Bellaire	6/30/06

Kezelian, Harry A., D.P.M. Bloomfield Hills	6/30/09
Kissel, Charles G., D.P.M. Grosse Pointe	6/30/06
Scott, Tara L., D.P.M. Southfield	6/30/07
Seiler, Richard M., D.P.M. Holland	6/30/09
Vacant, Public Member	
Vacant, Public Member	
Vacant, Public Member	

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 25, 2006
January 24, 2007
March 28, 2007
July 11, 2007

Licensing Activity

Podiatrists

Applications Received	27
Examinations Authorized	7
Number of Licensees	761

Educational Limited Podiatrists

Applications Received	24
Number of Licensees	42

Regulatory Activity

Allegations Received	19
Administrative Investigations	23
Field Investigations Authorized	4
Field Investigations Completed	2
Administrative Complaints Filed	3
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

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 does not include the practice of medicine such as prescribing drugs, performing surgery, or administering electroconvulsive therapy.

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

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

Board Members **Term Expires**

Watson, Patricia, Ph.D., Chair Northville	12/31/07
Ver Merris, Dane, Ph.D., Ed.D. Vice Chair, Grand Rapids	12/31/08
Aronoff, Lynn E., Public Member Royal Oak	12/31/06
Cowie, Julie, Public Member South Haven	12/31/07
Hack, Robert, M.A., L.L.P. West Bloomfield	12/31/08
Klobucher, Edward G., M.A., L.L.P. Hazel Park	12/31/06
Navarro, Monica P. Public Member, Lake Orion	12/31/09
Weiner, Karen, Ph.D. Southfield	12/31/06
Vacant, Public Member	

The following appointments were made on 2/28/07:

Toll, Roberta, Ph.D. Bloomfield Hills (replaced Weiner)	12/31/11
Warbelow, Alan O., L.L.P. Plymouth (replaced Klobucher)	12/31/11

**Schedule of Board Meetings
Fiscal Year 2006/2007**

- November 16, 2006
- January 18, 2007
- March 15, 2007
- May 17, 2007
- July 19, 2007
- September 20, 2007

Licensing Activity

Applications Received	555
Examinations Authorized	109
Number of Licensees	
Psychologists	2,669
Doctoral Limited	330
Masters Limited	3,713
Temporary Limited	413

Regulatory Activity

Allegations Received	147
Administrative Investigations	108
Field Investigations Authorized	53
Field Investigations Completed	47
Administrative Complaints Filed	13
Summary Suspensions Filed	1
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	0
Probation	3
Fine	1
Voluntary Surrender	2
Limited License	1
Suspension	3
Revocation	1
Total Disciplinary Actions	11

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 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 Respiratory Care consists of 7 voting members: 4 respiratory therapists, 1 medical director and 2 public members.

Board Members	Term Expires
Kehr, Randall M., R.T., Chair Grandville	12/31/08
Berry, Jr., James R., R.T. Vice Chair, Detroit	12/31/09
Baker, Mary Ellen, R.T. Rochester Hills	12/31/09
Barrett, Malita L., Public Member Detroit	12/31/08
Couckuyt, Frank J., Public Member Shelby Township	12/31/06
Sprague, Frank R., M.D. Muskegon	12/31/07
Zobeck, David L., R.T. Big Rapids	12/31/07

**Schedule of Board Meetings
Fiscal Year 2006/2007**

November 3, 2006
February 16, 2007
May 18, 2007
August 10, 2007

Licensing Activity

Applications Received	1,712
Number of Licensees	4,291

Regulatory Activity

Allegations Received	24
Administrative Investigations	28
Field Investigations Authorized	4
Field Investigations Completed	2
Administrative Complaints Filed	2
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Disciplinary Actions

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

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 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

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	3/30/09
Vacant Position	

**Schedule of Committee Meetings
Fiscal Year 2006/2007**

January 19, 2007

Registration Activity

Applications Received	11
Number of Registered Sanitarians	565

Regulatory Activity

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

Disciplinary Actions

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

Michigan Board of Social Work

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

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

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

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

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

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

Board Members Term Expires

Stanislaw, David, L.M.S.W., Chair	12/31/08
Birmingham	
Najor-Durack, Anwar, L.M.S.W.	12/31/07
Vice Chair, West Bloomfield	
Cushingberry, Allen L., L.M.S.W.	12/31/09
Detroit	
Hauser-Hurley, Gail M., L.M.S.W.	12/31/07
Temperance	
McFadden, Emily Jean, L.M.S.W.	12/31/10
Holland	
Neal, David L., L.M.S.W.	12/31/05
Ann Arbor	
Semonian, Alan T., Public Member	12/31/09
Southfield	
Smith, Mark, Public Member	12/31/08
Grand Ledge	
Takalo, Doreen, Public Member	12/31/06
Skandia	

The following appointments were made on 2/08/07:

Munson, Dara T., Public Member	12/31/10
Southfield (replaced Takalo)	
Wojack, Matthew P., L.M.S.W.	12/31/09
Lansing (replaced Neal)	

Schedule of Board Meetings Fiscal Year 2006/2007

- November 21, 2006
- January 23, 2007
- March 20, 2007
- May 22, 2007
- July 24, 2007
- September 18, 2007

Licensing Activity	Board Disciplinary Actions
Master's Social Workers	
Applications Received	461
Examinations Authorized	607
Number of Licensees	14,435
Limited Master's Social Workers	
Applications Received	915
Number of Licensees	2,815
MSW Specialty Certifications	
Macro Specialty	
Applications Received	4
Number of Certifications	14,178
Clinical Specialty	
Applications Received	17
Number of Certifications	13,764
Bachelor's Social Workers	
Applications Received	103
Examinations Authorized	122
Number of Licensees	6,514
Bachelor's Limited Social Workers	
Applications Received	287
Number of Licensees	551
Social Service Technicians	
Applications Received	296
Number of Registrants	1,826
Social Services Limited Technician	
Applications Received	7
Number of Registrants	12
Regulatory Activity	
Allegations Received	117
Administrative Investigations	139
Field Investigations Authorized	58
Field Investigations Completed	34
Administrative Complaints Filed	19
Summary Suspensions Filed	10
Cease and Desist Orders Issued	1
	Reprimand 1
	Probation 3
	Fine 1
	Voluntary Surrender 2
	Limited License 3
	Suspension 5
	Revocation 5
	Total Disciplinary Actions 20

**Michigan Board of
Veterinary Medicine**

The Michigan Board of Veterinary medicine was originally formed with the enactment of Public Act 152 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

Vaupel, Henry, D.V.M., Vice Chair Fowlerville	12/31/10
Halstead, Steven, D.V.M. Dept of Agriculture	Ex Officio
Lawter, Ann E., Public Member Rochester Hills	12/31/05
Letsche, Lawrence A., D.V.M. Plymouth	12/31/09
McMahon-Pelton, Sandra, L.V.T. Westland	12/31/08
Postorino-Reeves, Nancy, D.V.M. East Lansing	12/31/08
Reed, Willie, D.V.M. Okemos (resigned 12/28/06)	12/31/06
Schlesinger, Martha J. Public Member, Pleasant Ridge	12/31/09
Vacant, Public Member	

**Schedule of Board Meetings
Fiscal Year 2006/2007**

October 26, 2006
December 14, 2006
January 25, 2007
March 29, 2007
May 31, 2007
August 23, 2007

Licensing Activity

Veterinarians

Applications Received	170
Examinations Authorized	157
Number of Licensees	3,672

Clinical Academic Veterinarians

Applications Received	26
Number of Licensees	81

Educational Limited Veterinarians

Applications Received	0
Number of Licensees	1

Veterinary Technicians

Applications Received	205
Examinations Administered	210
Number of Licensees	2,062

Regulatory Activity

Allegations Received	83
Administrative Investigations	146
Field Investigations Authorized	33
Field Investigations Completed	29
Administrative Complaints Filed	10
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	15
Fine	1
Voluntary Surrender	0
Limited License	1
Suspension	3
Revocation	0
Total Disciplinary Actions	21