

*Michigan Department
of Community Health*



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

**2005/2006 ANNUAL REPORT
OF THE
BUREAU OF HEALTH PROFESSIONS**

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

Bureau Administration

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Licensing Division

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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
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Michigan Automated Prescription System (MAPS)	(517) 373-1737

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

Bureau of Health Professions

Fiscal Year 2005/2006 Budget

Appropriated F.T.E.s	124
Legislative Appropriation	\$15,586,900
FINANCIAL PLAN:	
Salary and Wages	\$5,818,000
Longevity and Insurance	\$1,142,600
Retirement & FICA	\$1,786,000
CSS&M	\$3,155,000
Travel	\$196,700
Contracts	\$3,415,200
TOTAL	\$15,513,500

2005/2006 Promulgated Rules

Audiology

R 338.1

Provides definitions for “board,” “code,” “department” and “endorsement.”

R 338.2

Establishes requirements for licensure as an audiologist.

R 338.3

Establishes requirements for audiologist licensure by endorsement and specifies that audiologists who are licensed or registered to practice in Canada are presumed to meet the Code’s requirements for licensure by endorsement.

R 338.4

Requires an applicant for an audiologist license to apply for a limited license in order to complete the required supervised clinical experience and establishes requirements to obtain a limited license.

R 338.5

Specifies the clinical experience required for licensure, including that it occur under the supervision of a licensed or certified audiologist.

R 338.6

Establishes licensure requirements for an applicant who graduated from a post-secondary institution that is located outside of the United States.

R 338.7

Provides for the adoption by reference of the national licensing examinations and specifies passing scores for these examinations.

R 338.8

Provides for the adoption by reference the standards for the accreditation of audiology educational programs and the standards of various national and regional postsecondary accrediting organizations.

R 338.9

Establishes requirements for the relicensure of individuals whose audiologist licenses have lapsed.

R 338.10

Requires an applicant for license renewal or relicensure to accumulate at least 20 clock hours of continuing education prior to applying for renewal or relicensure. Requires an applicant to retain documentation of compliance with this rule for three years from the date of applying for license renewal or relicensure.

R 338.11

Specifies the types of programs, courses and activities that are considered acceptable continuing education. Establishes limits on the amount of continuing education clock hours that may be earned for certain programs, courses and activities, and defines the term “instruction”.

R 338.12

Provides for the adoption by reference of standards and criteria for approving continuing education programs and providers. Permits the Board, or any organization authorized by the Board, to review and approve continuing education courses or programs.

Board of Chiropractic

R 338.12001

Makes a technical change to the definition of "code".

R 338.12003

Requires that on or after January 1, 2007, an applicant for licensure must have passed all four parts of the National Board Examination in Chiropractic. Deletes a provision that permits an applicant who failed to achieve a passing score on Part III of the National Board Examination to petition the Board of Chiropractic for licensure.

R 338.12005

Specifies the passing score for Part IV of the National Board Examination and deletes an outdated provision on the Board of Chiropractic adopting a state examination.

R 338.12006

Updates language pertaining to the adoption by reference of educational standards of the Council on Chiropractic Education, Commission on Accreditation.

R 338.12008

Increases the number of continuing education hours required for license renewal and relicensure. Requires an applicant for license renewal or relicensure to complete one continuing education hour in each of the following subjects: sexual boundaries, ethics, and pain and symptom management.

R 338.12008a

Requires a chiropractic school, which is approved by the Board of Chiropractic, to provide annually to the Department of Community Health information about its continuing education programs, as specified in the rule. Permits continuing education credit to be

granted for attending a continuing education program approved by another state board of chiropractic.

R 338.12015

Requires a licensee who is practicing in the state to maintain a patient record for each patient that accurately reflects the licensee's evaluation and treatment of the patient. Specifies the number of years that a record must be retained for patients, including patients who are minors.

Board of Dentistry

R 338.11101

Provides definitions for "approved course", "conscious sedation", combination inhalation-enteral conscious sedation", "dental school", "enteral", "parenteral", and "titration".

R 338.11201

Revises testing requirements for dentistry licensure to require an applicant to pass a dental simulated clinical examination, as specified in the rule.

R 338.11202

Revises current dentistry licensure requirements for individuals who graduated from a dentistry school that does not comply with the accreditation standards in rules. Permits applicants for licensure to apply if they graduated from a two-year program in dentistry that leads to a doctor of dental surgery or doctor of dental medicine degree, or if they successfully completed a master's degree or certificate program in a dental school that leads to the awarding of a degree or certificate from a dental specialty program that complies with the accreditation standards in the rules. Requires passage of the dental simulated clinical written examination and a clinical examination.

R 338.11203

Provides for the adoption of clinical examinations developed by NERB and the clinical examinations of other regional testing agencies or state boards, if these examinations are substantially equivalent to the NERB examination. Establishes passing scores for these examinations. Specifies factors for determining substantial equivalency. Provides clarification of language on examinations currently in the rule.

R 338.11221

Revises requirements for dental hygienist licensure to specify that an applicant must pass a NERB dental hygiene simulated clinical written examination and either of the following: a clinical examination conducted by NERB or a regional testing agency, or a clinical examination developed by a state or other entity that is substantially equivalent to the NERB clinical examination.

R 338.11222

Revises current dental hygiene licensure requirements for individuals who graduated from a dental hygiene school that does not comply with the accreditation standards in rules. Require passage of the NERB dental hygiene simulated clinical examination and passage of either one of the following: the NERB clinical examination or a clinical examination conducted by a regional testing agency, or a clinical examination developed by a state or other entity that is substantially equivalent to the NERB examination.

R 338.11223

Provides for the adoption of the NERB dental hygiene clinical examination and the clinical examinations of other regional testing agencies or state boards, if these examinations are substantially equivalent to the NERB examination. Establishes passing scores for these examinations. Specifies factors for determining substantial equivalency.

Provides clarification of language on examinations currently in the rule.

R 338.11247

Revises provisions on dentistry limited licenses to clarify that a limited licensed dentist may perform dental procedures on patients while employed as a faculty member by the dental or dental auxiliary program. Clarifies that a limited licensed dental hygienist or limited licensed dental assistant may perform dental procedures on patients while employed as faculty member of a dental or dental auxiliary program, if the procedures are performed under the supervision of a licensed dentist who is a faculty member. In addition to the current limited license requirements, requires submission of proof of appointment to a faculty position.

R 338.11255

Revises current provisions on dental licensure by endorsement to require an applicant to show proof of successful completion of one of the regional examinations described in the rules. Provides a waiver of this requirement for individuals who were licensed initially in another state or U.S. territory before 2002 and who were not required to complete any regional examination as part of the initial licensing process. Revises current requirements on dental licensure by endorsement to clarify that the rule applies to a dentist who was licensed in a territory of the United States as well as another state.

R 338.11259

Revises current provisions on dental hygienist licensure by endorsement to require an applicant to show proof of successful completion of a substantially equivalent written and clinical examination, as specified in the rules. Provides a waiver for individuals who were licensed initially in another state or U.S. territory before 2002

and who were not required to complete any regional examination as part of the initial licensing process. Revises current requirements on dental hygienist licensure by endorsement to clarify that the rule would apply to a hygienist who was licensed in a territory of the United States as well as another state.

R 338.11261

Revises current requirements for individuals applying for licensure by endorsement. Clarifies that the rule would apply to a registered dental assistant who was licensed or registered in a territory of the United States or another state.

R 338.11301

Updates language on the adoption by reference of the standards of the Commission on Dental Accreditation of the American Dental Association for the Board's approval of dental schools.

R 338.11303

Updates language on the adoption by reference of accreditation standards of the American Dental Association for board approval of dental hygiene schools.

R 338.11307

Updates language on the adoption by reference of the standards of the Commission on Dental Accreditation of the American Dental Association for the Board's approval of dental assisting schools.

R 338.11403

Deletes and relocates to R 338.11404 the prohibition on a dentist delegating intra-oral procedures to a dental assistant unless the procedures are performed under direct supervision.

R 338.11404

Creates a new rule incorporating language deleted from R 338.11403 that specifies intra-oral procedures that may be delegated to a dental assistant under direct supervision.

R 338.11405

Prohibits a dentist from assigning additional intra-oral procedures to a registered dental assistant unless the assistant has completed a course on intra-oral procedures, as specified in the Public Health Code, and the procedures are performed under the general supervision of a dentist. Deletes and relocates to R 338.11405a the prohibition on a dentist assigning additional intra-oral procedures to a registered dental assistant unless they are performed under the direct supervision of a dentist.

R 338.11405a

Creates a new rule incorporating language deleted from R 338.11405 that prohibits a dentist from assigning to a registered dental assistant certain intra-oral procedures unless they are performed under the direct supervision of a dentist.

R 338.11406

Makes technical changes to the rule.

R 338.11408

Adds procedures to the list of intra-oral dental procedures that a registered dental hygienist cannot perform unless they are done under the assignment of a dentist. Makes technical changes to the current rule language.

R 338.11409

Creates a new rule that specifies the intra-oral procedures that a registered dental hygienist cannot perform unless they are done under the assignment of a dentist.

R 338.11603

Updates current language on the adoption by reference of the standards for advanced training in anesthesia and pain control established by the Commission on Dental Education of the American Dental Association.

R 338.11605

Requires a course in enteral sedation to be approved by the Board of Dentistry and to be consistent with the enteral sedation course as outlined by educational guidelines of the American Dental Association. Requires an instructor of this course to be Board-approved and meet specific experience and competency requirements.

R 338.11704a

Makes technical changes to the rule's language.

R 338.11705

Specifies that the American Heart Association's standards in basic and advanced cardiac life support that the Board adopts by reference are the standards established for professional providers.

Board of Respiratory Care

R 338.2201

Provides definitions for "board", "code", "department" and "endorsement".

R 338.2202

Establishes requirements for licensure as a respiratory therapist.

R 338.2203

Establishes requirements for obtaining a temporary respiratory therapist license.

R 338.2204

Establishes licensure requirements for credentialed respiratory therapists.

R 338.2205

Establishes requirements for respiratory therapist licensure by endorsement.

R 338.2206

Provides for the adoption by reference the standards for accrediting respiratory therapist educational programs as well as the standards of various national and regional postsecondary accrediting organizations.

R 338.2207

Establishes requirements for the relicensure of individuals whose respiratory therapist licenses have lapsed.

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 24,404 applications received during this fiscal year were reviewed along with supporting documentation to determine an applicant's eligibility for examination and/or licensure.

The Application Support Unit fills requests for applications and copies of laws and rules. This unit sent out 15,823 applications during this fiscal year. With the availability of applications on-line, our requests have significantly declined.

Board Support Section

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

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

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

Education, Testing & Credentials Section

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

- Review and approval of educational or training programs for the Board of Nursing program.
- Development and administration of examinations used in the licensure/registration process either by ETC or through contractual arrangements with national testing agencies.
- Preparation of written license verifications.
- Administration of the federally mandated Nurse Aide registration program including training trainers of nurse aides, training program review and approval, review of individual requests for exemption from training requirements, and contractual administration of the testing program and registry database for approximately 133,739 nurse aides with 43,505 active certificate holders.
- Review and approval of continuing education programs for the Boards of Chiropractic, Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine and Surgery, Pharmacy, Podiatric Medicine and Surgery and Nursing Home Administrators.
- Processing of random audits of licensees for compliance with continuing education requirements.
- Microfilm all licensure/registration file updates.

Continuing Education Audits:

Chiropractic	64 Audited 57 Complied
Dentistry	
Dentists	65 Audited 58 Complied
Dental Hygienists	91 Audited 71 Complied
Dental Assistants	12 Audited 6 Complied
Nursing Home Administrators	71 Audited 50 Complied
Optometry	53 Audited 51 Complied
Osteopathic Medicine & Surgery	91 Audited 78 Complied
Pharmacy	176 Audited 157 Complied

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

Medicine
Nursing
Podiatry

Program Operations Section

The Program Operations Section is responsible for the following functions:

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

Licensing Statistics

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants Processed</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Audiology Audiologist	258			0	219
Chiropractic Chiropractors	200		157	1,209	2,921
Ed. Ltd. Chiropractor	15			0	9
Counseling Counselors	215		56	2,219	5,301
Ed. Ltd. Counselors	454			1,629	1,914
Dentistry Dentists	255		344	2,500	7,793
Ed. Ltd. Dentists	14			16	36
Clinical Academic Dentists	13			44	65
Dental Specialists	35	20 (95% Passed)	0	373	1,112
Dental Hygienists	395		206	3,194	9,762
Clinical Academic Hygienists	2			0	1
Nitrous Oxide Certification	191				1,039
Local Anesthesia Certification	1				1,030
Dental Assistants	152	108 (98% Passed)	3	407	1,258
Marriage and Family Therapy Marriage & Family Therapists	32	4 (57% Passed)	10	400	848
Ed. Ltd. MFT	17			44	63
Medicine Medical Doctors	1,813	591(88% Passed)	3,994	9,660	30,687
Clinical Academic MD	70			63	125
Ed. Ltd. MD	1,187			2,291	3,473
Nurse Aides		8,850		19,040	43,505
Nursing Registered Nurses	5,948	3,732 (85% Passed)	4,341	57,786	120,969
Nurse Specialists	355			2,585	5,610
Practical Nurses	1,936	1,251 (89% Passed)	448	12,389	26,817
Trained Attendants				0	1
Nursing Home Administrators	151	149 (67% Passed)	41	634	1,184

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

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<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>
Occupational Therapy					
Occupational Therapists	194		139	2,188	4,270
Occupational Therapy Assts.	94		32	525	1,075
Optometry					
Optometrists	77		46	756	1,585
DPA Specialty Certification				0	1,481
TPA Specialty Certification				0	1,428
Osteopathic Medicine & Surgery					
Osteopathic Doctors	317		687	1,972	6,409
Clinical Academic DO	1			0	2
Ed. Ltd. DO	349			444	794
Pharmacy					
Pharmacists	678	398 (74% Passed)	182	5,951	12,190
Jurisprudence		502 (75% Passed)			
Ed. Ltd. Pharmacists	814			1,088	1,586
Pharmacies	254		75	1,415	2,870
Manufacturer/Wholesaler	159		95	366	873
Physical Therapy					
Physical Therapists	766	395 (56% Passed)	617	3,694	7,616
Physician's Assistant					
Physician Assistants	249		132	1,346	2,840
Podiatric Medicine and Surgery					
Podiatrists	32	15 (100% Passed)	38	233	766
Ed. Ltd. Podiatrists	22			21	39
Psychology					
Psychologists	84	72 (86% Passed)	117	1,276	2,655
Doctoral Limited	99			246	396
Masters Limited	200			1,702	3,710
Temporary Limited	135				421
Respiratory Care					
Respiratory Therapists	2,707		18	0	2,175
Sanitarian					
Sanitarians	17	0	1	253	569
Social Work					
Social Services Technician	326		251	798	1,890
Social Services Ltd. Tech.	10			0	9

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

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<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>
Bachelors Social Worker	104	176 (80% Passed)		3,287	7,404
Bachelors Ltd. S.W.	313			115	360
Masters Social Worker	1,049	355 (57% Passed)		6,551	14,426
Masters Ltd. S.W.	1,882			1,252	2,313
MSW Macro Specialty	4			0	14,251
MSW Clinical Specialty	19			0	14,118
Veterinary Medicine					
Veterinarians	135	NAVLE - 25 (56% Passed)	180	1,616	3,620
Clinical Academic Vet.	18			49	72
Ed. Ltd. Vet.	2			0	1
Veterinary Technicians	185	171 (88 % Passed)	23	985	1,811
TOTAL	24,404		12,233	134,072	305,015
					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	4	1	1	0	4	1	11
Counseling	0	0	0	1	0	3	0	4
Dentistry	1	13	5	1	2	8	1	31
Marriage & Family Therapy	0	0	0	1	0	0	0	1
Medicine	2	15	20	7	4	11	4	63
Nursing	10	139	12	5	9	129	6	310
Nursing Home Administrators	0	0	0	0	0	0	1	1
Occupational Therapy	1	0	0	0	0	1	0	2
Optometry	0	2	0	1	0	1	0	4
Osteopathic Med & Surgery	0	5	5	2	1	3	4	20
Pharmacy	7	41	6	2	7	28	0	91
Physical Therapy	0	2	0	0	1	1	0	4
Physician's Assts.	0	1	0	0	0	2	0	3
Podiatric Med & Surgery	0	2	0	0	0	1	0	3
Psychology	0	3	1	3	0	2	2	11
Respiratory Care	0	0	0	0	0	0	0	0
Sanitarians	0	0	0	0	0	0	0	0
Social Work	0	4	0	1	2	2	1	10

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Veterinary Medicine	1	7	2	1	0	5	0	16
BUREAU TOTALS	22	238	52	26	26	201	20	585

**Controlled Substances
Advisory Commission**

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

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 2005/2006**

February 7, 2006
May 2, 2006

MICHIGAN AUTOMATED PRESCRIPTION SYSTEM

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

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

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

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

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

**Health Professional
Recovery Committee**

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

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

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

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

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

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

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

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

**Schedule of Committee Meetings
Fiscal Year 2005/2006**

December 12, 2005

March 20, 2006

July 17, 2006

September 18, 2006

Member Appointed By	Term Expires
Kane, Thomas, D.O., Chair Board of Osteopathic Medicine & Surgery	12/31/06
Grand, Joel, D.D.S. – Vice Chair Board of Dentistry	12/31/07
Barna, Mary E., D.P.M. Board of Podiatric Medicine & Surgery	12/31/07
Bender, Dean A., M.A., D.C. Board of Chiropractic	12/31/07
Black, R. Elizabeth, P.T., M.S. Board of Physical Therapy	12/31/07
Brim, Melanie B., Ex-Officio Bureau of Health Professions Representing Department Director	
Brogan, Shirley, L.P.C. Board of Counseling	12/31/06
Bushong, Susan M., LBSW, ACC Outreach Coordinator Bureau of Health Professions	
Crain, Jo Anne, Ph.D., O.T.R. Board of Occupational Therapists	12/31/07
Dria, Jason T., AuD, CCC-A, FAAA Board of Audiology (resigned 09/06)	12/31/07
Garza, Ray R. Contract Administrator Bureau of Health Professions	
Gordon, Thomas J., Ph.D. Board of Psychology	12/31/07
Hall, Steven C., R.S. Represents Sanitarians	12/31/07
McQuiddy, Merry Public Member	12/31/07
Newman, Charles H., R.Ph. Board of Pharmacy	12/31/07
Niven, Robert G., M.D. Board of Medicine	12/31/07

O'Connor, Mary, MA, MSW, LMSW 12/31/07
Board of Social Work
Perkowski, Katherine J., DVM 12/31/07
Board of Veterinary Medicine
Price, Jerome A., MA, LMFT, LMSW 12/31/07
Board of Marriage & Family Therapy
Rolston, Steve, NHA 12/31/07
Board of Nursing Home Administrators
Rosen, Seymour R., BS, OD 12/31/07
Board of Optometry
Socie, Barbara, R.N., B.S.N. 12/31/06
Board of Nursing
Vivian, Lynda Z.B., MSW, MS-PA-C 12/13/07
Task Force on Physician's Assistants
Vacant
Public Member
Vacant
Board of Respiratory Care

Accomplishments

- A new contractor for the program was selected through competitive bid. Although they officially took over complete operation of the program in August 2006, transition activities began in July 2006, to ensure a smooth transition.
- Continued review of HPRP policies and procedures to reflect changes in the field of addiction medicine.
- An HPRP Outreach Worker was hired with the responsibility of providing educational and outreach efforts for the program. This function was previously required of the contractor but an internal decision was made to create this state employee position so that the contractor could focus on providing program participants with the level of care they need and should receive.
- The HPRP website, www.hprp.org, was 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 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

The following appointments were made on 08/15/06:

Lincoln, Deborah E., R.N., M.S.N.	06/30/10
Chair, East Lansing	
Pettet, Jason T., Vice Chair	06/30/07
South Haven	
Abel-Horowitz, Howard, M.D.	06/30/09
Franklin	
Kaminsky, Arthur L.	06/30/07
Marquette	
Pappas, John L., M.D.	06/30/10
Bloomfield Hills	
Vary, Virginia C., M.S.W.	06/30/08
Grand Rapids	

Wright, Leonard D., M.D. 06/30/09
 Muskegon
 Vacant, Public Member
 Vacant, Public Member

**Schedule of Board Meetings
Fiscal Year 2005/2006**

None scheduled

Michigan Board of Audiology

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

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

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

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

Board Members	Term Expires
Kasewurm, Gyl A., Chair St. Joseph	6/30/07
Burrows, Dennis L., Vice Chair Kalamazoo	6/30/06
Barrett, Yvette M., Public Member Detroit	6/30/08
Bizon, John G., M.D. Battle Creek (resigned 8/21/06)	6/30/06
Jacobs, Karen A. Rockford	6/30/07
Korpela, Lari P. Livonia	6/30/05
Seestedt-Stanford, Linda I. Mt. Pleasant	6/30/08

Seidman, Michael D., M.D. 6/30/08
West Bloomfield
Vacant, Public Member

**Schedule of Board Meetings
Fiscal Year 2005/2006**

November 18, 2005
February 28, 2006
May 12, 2006
August 25, 2006

Licensing Activity

Applications Received	258
Number of Licensees	219

Regulatory Activity

Allegations Received	0
Administrative Investigations	0
Field Investigations Authorized	0
Field Investigations Completed	0
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	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
Spencer, Timothy J., D.C., Chair Dexter	12/31/06
Pettet, Jack, Public Member Vice Chair, South Haven	12/31/05
Chelenyak, Patricia L., D.C. Northville	12/31/07
Cogan, Solomon, D.C. West Bloomfield	12/31/08
Flood, Clifford, Public Member Lansing	12/31/05
Handler, Mark, Public Member Midland	12/31/05

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

**Schedule of Board Meetings
Fiscal Year 2005/2006**

November 15, 2005
January 10, 2006
March 14, 2006
May 9, 2006
July 11, 2006
September 12, 2006

Licensing Activity

Applications Received	215
Number of Licensees	2,930

Regulatory Activity

Allegations Received	43
Administrative Investigations	63
Field Investigations Authorized	7
Field Investigations Completed	11
Administrative Complaints Filed	9
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	4
Fine	1
Voluntary Surrender	1
Limited License	0
Suspension	4
Revocation	1
Total Disciplinary Actions	11

Michigan Board of Counseling

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

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

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

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

Board Members	Term Expires
Cloud, Jack, L.P.C. Chair Bloomfield Hills	6/30/09
Hobson, Suzanne M., L.P.C. Vice Chair, Ypsilanti	6/30/08
Effendi, Abdul R., Public Member Troy	6/30/06
Hampton, Steven D., Public Member Alto	6/30/06

Itzkowitz, Stuart G., L.P.C. Grosse Pointe Park	6/30/07
Nicholson, Joanne, L.M.S.W. Wayne	6/30/06
Owens, Delila L., L.P.C. Royal Oak	6/30/07
Rouleau-Gerber, Gloria, Public Member East Tawas (resigned 6/19/06)	6/30/06
Singleton, Harriet A., L.P.C. Kentwood	6/30/08
Steward, Robbie J., L.P.C. Okemos	6/30/05
Wood, Michael, Public Member Ada	6/30/05

The following appointments were made on 8/15/06:

Hampton, Steven D., L.M.S.W. Traverse City (replaced Nicholson)	6/30/10
Pate, Julian E., III Farmington Hills (replaced Wood)	6/30/09
Wuori, Thomas J., Public Member Kalamazoo (replaced Hampton)	6/30/10

**Schedule of Board Meetings
Fiscal Year 2005/2006**

December 9, 2005
March 10, 2006
July 7, 2006
September 8, 2006

Licensing Activity

Applications Received	669
Number of Licensees	7,215

Regulatory Activity

Allegations Received	23
Administrative Investigations	33
Field Investigations Authorized	14
Field Investigations Completed	16
Administrative Complaints Filed	4
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Dentistry

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

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

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

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

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

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

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

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

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

Board Members	Term Expires
Marinelli, Charles, D.D.S., Chair Bloomfield Hills	6/30/09
Maher, Ashraf, D.D.S., Vice Chair Kalamazoo	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
Haber, Lawrence M., D.D.S. Commerce Township	6/30/09
Halaris, Jane F., R.D.H. Macomb	6/30/07
Hennessy, Rhonda, D.D.S. Northville	6/30/08
Hodder, Joanne A., R.D.H. Grand Rapids	6/30/09
Jeffers, Gary, D.D.S. Northville	6/30/10
Maturo, Raymond, D.D.S. Ann Arbor	6/30/08
McCloyey, Colleen, Public Member Livonia	6/30/04
McNamara, Evalyn L., Public Member St. Johns	6/30/05
Parker, Amy C., D.D.S., M.S. Beverly Hills	6/30/07
Pesis, Solomon K., D.D.S. Milford	6/30/07

Primack, Verne M., D.D.S. (Retired) 6/30/07
Public Member, Saginaw
(resigned 3/13/06)
Purifoy-Seldon, Barbara, R.D.H. 6/30/08
Southfield
Swiger, Martha, R.D.H. 6/30/08
Petoskey
Tuck, Martin J., D.D.S. 6/30/07
East Lansing
Vanderveen, Michael H., D.D.S. 6/30/06
Grand Rapids

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

Freij, Randy M., D.D.S. 6/30/10
Northville (replaced VanderVeen)

The following appointment was made on
10/18/05:

Sanders, Rosetta, Public Member 6/30/08
Battle Creek (replaced McClorey)

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 20, 2005
December 8, 2005
February 9, 2006
April 13, 2006
June 22, 2006
August 10, 2006

Licensing Activity

Dentists

Applications Received 255
Number of Licensees 7,793

Educational Limited Dentists

Applications Received 14
Number of Licensees 36

Clinical Academic Dentists

Applications Received 13
Number of Licensees 65

Dental Specialty Certifications

Applications Received 35
Examinations Administered 20
Number of Certified Specialists 1,112

Registered Dental Hygienists

Applications Received 395
Number of Licensees 9,762

Clinical Academic Hygienists

Applications Received 2
Number of Licensees 1

Specialty Certifications

Applications Received 192
Number of Certifications 2,069

Registered Dental Assistants

Applications Received 152
Examinations Administered 108
Number of Licensees 1,258

Regulatory Activity

Allegations Received 254
Administrative Investigations 297
Field Investigations Authorized 73
Field Investigations Completed 76
Administrative Complaints Filed 38
Summary Suspensions Filed 6
Cease and Desist Orders Issued 2

Board Disciplinary Actions

Reprimand 1
Probation 13
Fine 5
Voluntary Surrender 1
Limited License 2
Suspension 8
Revocation 1
Total Disciplinary Actions 31

**Michigan Board of
Marriage and Family Therapy**

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

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

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

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

Board Members	Term Expires
Horak, Joseph, Ph.D. Chair, East Grand Rapids	6/30/06
Stulberg, Tracey, Ph.D. Vice Chair, Birmingham	6/30/05
Edelson, Lori K., M.S.W., L.M.F.T. West Bloomfield	6/30/07

Glatfelter, Margaret, Public Member West Bloomfield	6/30/05
Harper-Jones, Dorothy, Ph.D. East Lansing	6/30/03
Hickman, Scott, Public Member Petoskey	6/30/04
Lazar, Lisa, Public Member Traverse City	6/30/03
Moriarty, James J., Ph.D. Bloomfield Hills	6/30/08
Taylor, Anita, M.A., L.L.P. Bloomfield Hills	6/30/05

The following appointments were made on 10/14/05:

Jordan, Diane M., L.M.F.T. Wyoming (replaced Harper-Jones)	6/30/07
Warsh, Deborah Urbach, L.M.F.T. Bloomfield Hills (replaced Stulberg)	6/30/07

The following appointment was made on 01/06/06:

Lambert, Joette M., Public Member Pleasant Ridge (replaced Lazar)	6/30/07
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**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 21, 2005
January 13, 2006
March 17, 2006
July 14, 2006

Licensing Activity

Applications Received	49
Examinations Authorized	4
Number of Licensees	911

Regulatory Activity

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

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

Michigan Board of Medicine

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

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

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

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

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

Goldberg, Scot F., M.D., Vice Chair Bloomfield Hills	12/31/09
Alghanem, Abd A., M.D., Flint	12/31/07
Brinkman, Helen V., Public Member Rockford	12/31/05
Edwards, Kenneth J., M.D. St. Joseph	12/31/05
Fenn, William, P.A. Kalamazoo	12/31/06
Helmer, Michael K., Public Member Bloomfield Hills	12/31/05
Jones, Jeffrey M., M.D. Battle Creek	12/31/05
Laing, Timothy J., M.D. Ann Arbor	12/31/05
Larson, Lynn M., Public Member Traverse City	12/31/07
Vacant, Public Member (Lindsay resigned 7/29/05)	12/31/05
Moiin, Ali, M.D. Grosse Pointe Park	12/31/05
Vacant, Public Member (Novak resigned 09/15/03)	12/31/05
Pretty, Gretchen, Public Member Bloomfield Hills	12/13/06
Raines, III, Frank, Public Member Farmington Hills	12/31/07
San Diego, Leticia J., Ph.D. Public Member, Clinton Township	12/31/09
Shade, George H., M.D. Farmington Hills	12/31/07
Sorini, Ernest J., M.D. Ann Arbor	12/31/07
Street, Marcy L., M.D. Okemos	12/31/07

The following appointments were made on 01/12/06:

Cameron, Oliver G., M.D., Ph.D. Ann Arbor (replaced Moiin)	12/31/09
Dull, David L., M.D. Ada (replaced Laing)	12/31/09
Weingarden, David S., M.D. Clinton Township (replaced Edwards)	12/31/09

The following appointments were made on 02/02/06:

Fraleigh, Theresa L., Public Member Huntington Woods (replaced Lindsay)	12/31/09
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Graham-Solomon, Cheryl 12/31/09
Public Member
Detroit (replaced Brinkman)

The following appointment was made on
07/20/06:
Leung, Vivian W., Public Member 12/31/09
Okemos (replaced Novak)

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 19, 2005 (DSC only)
November 16, 2005
December 21, 2005 (DSC only)
January 18, 2006
March 15, 2006
May 17, 2006
July 19, 2006
September 13, 2006

Licensing Activity

Medical Doctors

Applications Received	1,813
Examinations Authorized	591
Number of Licensees	30,687

Clinical Academic Doctors

Applications Received	70
Number of Licensees	125

Educational Limited Doctors

Applications Received	1,187
Number of Licensees	3,473

Regulatory Activity

Allegations Received	833
Administrative Investigations	840
Field Investigations Authorized	183
Field Investigations Completed	174
Administrative Complaints Filed	66
Summary Suspensions Filed	14
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	2
Probation	15
Fine	20
Voluntary Surrender	7
Limited License	4
Suspension	11
Revocation	4
Total Disciplinary Actions	63

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.	6/30/07
Clark, Margherita, R.N., M.S.N. St. Johns, Vice Chair	6/30/07
Andersen, Bruce H., Sr. Public Member, Beulah	6/30/06
Auty, Earl, R.N., C.R.N.A. Grosse Pointe Park	6/30/09
Bray, Laurice, L.P.N. Livonia (resigned 02/20/06)	6/30/08
Bugbee, Nina A., R.N. Flushing	6/30/09
Doyle, Lori, Public Member Okemos (resigned 11/17/05)	6/30/06
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	6/30/07
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	6/30/07
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	6/30/06
Vacant, Public Member (Andaya resigned 09/19/03)	6/30/06

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 5, 2005 (DSC only)
November 2, 2005 (DSC only)
November 3, 2005
December 7, 2005 (DSC only)
January 11, 2006 (DSC only)
January 12, 2006
February 16, 2006 (DSC only)
March 8, 2006 (DSC only)
March 9, 2006
April 5, 2006 (DSC only)
May 3, 2006 (DSC only)
May 4, 2006
June 7, 2006 (DSC only)
June 8, 2006
July 13, 2006 (DSC only)
August 17, 2006 (DSC only)
September 6, 2006 (DSC only)
September 7, 2006

Licensing Activity

Registered Nurses

Applications Received	5,948
Examinations Authorized	3,732
Number of Licensees	120,969

R.N. Specialty Certifications

Applications Received	355
Number of Certifications	5,610

Practical Nurses

Applications Received	1,936
Examinations Authorized	1,251
Number of Licensees	26,817

Trained Attendants

Number of Licensees	1
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Regulatory Activity

Allegations Received	1,001
Administrative Investigations	1,556
Field Investigations Authorized	251
Field Investigations Completed	250
Administrative Complaints Filed	295
Summary Suspensions Filed	88
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	10
Probation	139
Fine	12
Voluntary Surrender	5
Limited License	9
Suspension	129
Revocation	6
Total Disciplinary Actions	310

**Michigan Board of
Nursing Home Administrators**

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

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

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

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

Board Members	Term Expires
Schaden, Sara J., N.H.A. Chair Ann Arbor	12/31/05
Corteville, David L., Public Member Vice Chair, Lowell	12/31/04
Carlson, Betty M., N.H.A. Fenton	12/31/04
Vacant, Professional Member (Denman resigned 7/25/05)	12/31/06

Vacant, Professional Member (Goldsmith resigned 02/20/02)	12/31/04
Husk, Kathleen, Public Member Redford	12/31/06
Knopp, Keri, N.H.A. Gaylord	12/31/07
Meyer, Thomas D., N.H.A. East Tawas	12/31/09
Pleasant, Geraldine, Public Member Grand Blanc	12/31/06

The following appointments were made on 12/06/05:

Clarkson, Gail, N.H.A. Bloomfield Hills (replaced Carlson)	12/31/08
Pettis, Susan E., N.H.A. Ann Arbor (replaced Goldsmith)	12/31/08

The following appointments were made on 01/03/06:

Moon, Valaria Connerly, Public Member Flint (replaced Corteville)	12/31/08
Shaheen, Samuel H., D.O. Saginaw (replaced Schaden)	12/31/09

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

Messick, Karen, J., N.H.A. Comstock Park (replaced Denman)	12/31/06
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**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 13, 2005
January 5, 2006
April 20, 2006
July 27, 2006

Licensing Activity

Applications Received	151
Examinations Authorized	149
Number of Licensees	1,184

Regulatory Activity

Allegations Received	19
Administrative Investigations	8
Field Investigations Authorized	6
Field Investigations Completed	1
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	1
Total Disciplinary Actions	1

**Michigan Board of
Occupational Therapists**

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

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

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

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

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

Vacant, Public Member (Kucway resigned 12/02/02)	12/31/06
Vacant, Public Member (Lori resigned 01/28/00)	12/31/03
Washington, Mintie C., O.T.R. Detroit	12/31/05

The following appointments were made on 11/01/05:

Conti, Gerry E., M.S., O.T.R. Ypsilanti (replaced Washington)	12/31/09
Sisco, William M., M.A., M.S., O.T.R. Battle Creek (replaced Clayton)	12/31/08

The following appointment was made on 05/12/06:

Andert, Diane K., O.T.R. Battle Creek (replaced Thom)	12/31/09
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The following appointment was made on 07/07/06:

Miller, John D., Public Member Lansing (replaced Lori)	12/31/07
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**Schedule of Board Meetings
Fiscal Year 2005/2006**

November 1, 2005
February 14, 2006
May 2, 2006
August 8, 2006

Registration Activity

Occupational Therapists

Applications Received	194
Number of Registrants	4,270

Occupational Therapy Assistants

Applications Received	94
Number of Registrants	1,075

Regulatory Activity

Allegations Received	5
Administrative Investigations	10
Field Investigations Authorized	2
Field Investigations Completed	1
Administrative Complaints Filed	1
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Optometry

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

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

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

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

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

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

Lakin, Donald W., O.D., Vice Chair Clinton Township	6/30/08
Vacant, Public Member (Folino resigned 6/23/04)	6/30/06
Haba, Danna D., O.D. Shelby Township	6/30/08
Nametz, John M., O.D. Spring Lake	6/30/06
Vacant, Public Member (Nelson resigned 3/23/05)	6/30/03
McClintic, David C., O.D. Portage	6/30/08
Vacant, Public Member (Pearce resigned 11/29/04)	6/30/06
Vacant, Public Member (Stecker resigned 7/15/04)	6/30/03

The following appointments were made on 11/1/05:

Motherwell, Winifred W., Public Member Haslett (replaced Nelson)	6/30/07
Curley, Harvey M., Public Member Eastpointe (replaced Stecker)	6/30/07
Zair, Kays T., Public Member West Bloomfield (replaced Pearce)	6/30/10

The following appointment was made on 1/20/06:

Thompson, Stephen P., O.D. East Lansing (replaced Nametz commencing 7/1/06)	6/30/10
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**Schedule of Board Meetings
Fiscal Year 2005/2006**

November 9, 2005
February 1, 2006
February 22, 2006
March 29, 2006
May 10, 2006
August 2, 2006

Licensing Activity

Applications Received	77
Number of Licensees	1,585

Specialty Certifications

Number of Certifications	2,909
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Regulatory Activity

Allegations Received	15
Administrative Investigations	11
Field Investigations Authorized	1
Field Investigations Completed	1
Administrative Complaints Filed	3
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

**Michigan Board of Osteopathic
Medicine and Surgery**

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

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

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

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

Board Members Term Expires

Winters, Frank D., D.O., Chair Bloomfield Hills	12/31/05
Keys, Michele, D.O., Vice Chair Warren	12/31/04
Auburn, Ann Marie, D.O. Grand Rapids	12/31/06
Benson, Edward, Public Member Lansing	12/31/05
Easton, Gale E., P.A.-C Jackson	12/31/07
Kuenker, Ann K., D.O. Elk Rapids	12/31/06
Vacant, Public Member (LaBelle resigned 1/31/05)	12/31/04
Lindberg, Paulette J. Public Member, Marquette	12/31/07
Plomaritis, Steven, D.O. Warren	12/31/06

The following appointment was made on 10/14/05:

Vanator, Douglas P., D.O. Olivet (replaced Keys)	12/31/08
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The following appointments were made on 1/26/06:

Acker, Steven A., D.O. Ann Arbor (replaced Winters)	12/31/09
Carney, Kathleen M., Public Member Brighton (replaced LaBelle)	12/31/08

**Schedule of Board Meetings
Fiscal Year 2005/2006**

- October 6, 2005
- December 1, 2005
- February 2, 2006
- April 6, 2006
- June 15, 2006
- August 3, 2006

Licensing Activity

Doctors of Osteopathic Medicine

Applications Received	317
Number of Licensees	6,409

Clinical Academic DOs

Applications Received	1
Number of Licensees	2

Educational Limited DOs

Applications Received	349
Number of Licensees	794

Regulatory Activity

Allegations Received	239
Administrative Investigations	248
Field Investigations Authorized	62
Field Investigations Completed	73
Administrative Complaints Filed	33
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	5
Fine	5
Voluntary Surrender	2
Limited License	1
Suspension	3
Revocation	4
Total Disciplinary Actions	20

Michigan Board of Pharmacy

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

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

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

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

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

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

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

The following appointments were made on 12/20/05:

Cole, Dale, Public Member	6/30/07
Ann Arbor (replaced Byrnes)	
Kegerreis, Leigh, Public Member	6/30/09
Monroe (replaced Wolfe)	

The following appointment was made on 7/7/06:

Schmidt, Harvey E., R.Ph.	6/30/10
Tecumseh (replaced Armstrong)	

The following appointment was made on 8/15/06:

Senneker, Devin R., Public Member	6/30/10
Comstock Park (replaced Buck)	

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 12, 2005
December 14, 2005
February 8, 2006
April 12, 2006
June 14, 2006
August 9, 2006

Licensing Activity

Pharmacists

Applications Received	678
Examinations Authorized	
NAPLEX	398
MPJE	502
Number of Licensees	12,180

Educational Limited Pharmacists

Applications Received	814
Number of Licensees	1,586

Other Licenses

Applications Received	
New Pharmacies	254
Manufacturer/Wholesaler	159

Number of Licensees

Pharmacy	2,870
Manufacturer/Wholesaler	873

Regulatory Activity

Allegations Received	190
Administrative Investigations	320
Field Investigations Authorized	84
Field Investigations Completed	90
Administrative Complaints Filed	83
Summary Suspensions Filed	9
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	7
Probation	41
Fine	6
Voluntary Surrender	2
Limited License	7
Suspension	28
Revocation	0
Total Disciplinary Actions	91

Michigan Board of Physical Therapy

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

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

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

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

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

Maes, Sandra, Public Member Algonac	12/31/05
Mandley, Steven D., P.T. Owosso	12/31/05
Mostrom, Elizabeth, P.T. Grand Rapids	12/31/07
Rosen, Helene, L.P.T. Farmington Hills	12/31/04
Salter, Michael S., Public Member Farmington Hills	12/31/05

The following appointments were made on 9/22/06:

Kumar, Vijay, Public Member West Branch (replaced Rosen)	12/31/08
Marlan, Jill A., P.T. Mason (replaced Sunder)	12/31/09
May, Andrew G., P.T. Lansing (replaced Mandley)	12/31/09

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 10, 2005
January 17, 2006
April 18, 2006
July 18, 2006

Licensing Activity

Applications Received	766
Examinations Authorized	395
Number of Licensees	7,616

Regulatory Activity

Allegations Received	12
Administrative Investigations	18
Field Investigations Authorized	6
Field Investigations Completed	5
Administrative Complaints Filed	1
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

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

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

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

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

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

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

Task Force Members	Term Expires
Oswald, Lorie, P.A., Chair Midland	12/31/07

Fenn, William H., P.A., Vice Chair	12/31/09
Kalamazoo	
Davis, Michael A., P.A.	12/31/07
Harbor Beach	
Frank, Mary, Public Member	12/31/03
Lansing	
Levy, James W., P.A.	12/31/07
Northport	
Nyhan, Sallie A., Public Member	12/31/03
Grosse Pointe Farms	
O'Brien, Bernard J., P.A.	12/31/07
Alpena	
Street, Marcy L., M.D.	12/31/07
Okemos	
Winters, Frank D., D.O.	12/31/05
Bloomfield Hills	

The following appointments were made on 7/07/06:

Acker, Steven A., D.O.	12/31/09
Ann Arbor (replaced Winters)	
Awad, Mahmoud M., Public Member	12/31/07
Riverview (replaced Frank)	

**Schedule of Task Force Meetings
Fiscal Year 2005/2006**

December 6, 2005
January 31, 2006
April 11, 2006
May 16, 2006 (DSC only)
June 13, 2006

Licensing Activity

Applications Received	249
Number of Licensees	2,840

Regulatory Activity

Allegations Received	28
Administrative Investigations	22
Field Investigations Authorized	7
Field Investigations Completed	5
Administrative Complaints Filed	1
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Task Force Disciplinary Actions	
Reprimand	0
Probation	1
Fine	0
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
Abraham, Thomas L., D.P.M., Chair Grand Blanc	6/30/05
Kissel, Charles G., D.P.M., Vice Chair Grosse Pointe	6/30/06

Benenati, Anthony, D.P.M. Warren	6/30/05
Brozek, Nancy, Public Member Muskegon	6/30/03
Vacant, Public Member (Herschfus deceased 11/26/03)	6/30/05
Mills, Raymond, Public Member Bellaire	6/30/06
Vacant, Public Member (Pater resigned 1/23/04)	6/30/06
Schey, Michael, D.P.M. West Bloomfield	6/30/06
Scott, Tara L., D.P.M. Southfield	6/30/07

The following appointments were made on 10/24/05:

Kezelian, Harry A., D.P.M. Bloomfield Hills (replaced Abraham)	6/30/09
Seiler, Richard M., D.P.M. Holland (replaced Benenati)	6/30/09

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 26, 2005
January 25, 2006
March 22, 2006
July 12, 2006

Licensing Activity

Podiatrists

Applications Received	32
Examinations Authorized	15
Number of Licensees	766

Educational Limited Podiatrists

Applications Received	22
Number of Licensees	39

Regulatory Activity

Allegations Received	20
Administrative Investigations	33
Field Investigations Authorized	2
Field Investigations Completed	1
Administrative Complaints Filed	6
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

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

Michigan Board of Psychology

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

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

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

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

Board Members	Term Expires
Watson, Patricia, Ph.D., Chair Northville	12/31/07

Weiner, Karen, Ph.D., Vice Chair	12/31/06
Southfield	
Aronoff, Lynn E., Public Member	12/31/06
Royal Oak	
Cowie, Julie, Public Member	12/31/07
South Haven	
Hack, Robert, M.A., L.L.P.	12/31/08
West Bloomfield	
Klobucher, Edward G., M.A., L.L.P.	12/31/06
Hazel Park	
Lubavs, Aija, L.L.P.	12/31/04
Kalamazoo	
Pascoe, James D., Public Member	12/31/05
Bellaire	
Ver Merris, Dane, Ph.D., Ed.D.	12/31/08
Grand Rapids	
Wall, Mary Jo, Public Member	12/31/05
Bloomfield Hills (resigned 5/10/06)	

The following appointment was made on 2/24/06:

Navarro, Monica P.	12/31/09
Lake Orion (replaced Pascoe)	

**Schedule of Board Meetings
Fiscal Year 2005/2006**

November 17, 2005
January 19, 2006
March 16, 2006
May 11, 2006
July 20, 2006
September 21, 2006

Licensing Activity

Applications Received	518
Examinations Authorized	72
Number of Licensees	
Psychologists	2,655
Doctoral Limited	396
Masters Limited	3,710
Temporary Limited	421

Regulatory Activity

Allegations Received	118
Administrative Investigations	119
Field Investigations Authorized	37
Field Investigations Completed	30
Administrative Complaints Filed	13
Summary Suspensions Filed	3
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	0
Probation	3
Fine	1
Voluntary Surrender	3
Limited License	0
Suspension	2
Revocation	2
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 ascertaining minimal entry-level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety and welfare.

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

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

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

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 28, 2005
February 17, 2006
May 19, 2006
August 11, 2006

Licensing Activity

Applications Received	2,707
Number of Licensees	2,175

Regulatory Activity

Allegations Received	9
Administrative Investigations	7
Field Investigations Authorized	0
Field Investigations Completed	0
Administrative Complaints Filed	1
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

Sanitarian Registration

The Michigan Board of Sanitarians was originally formed with the enactment of Public Act 174 of 1963. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended. Executive Order No. 1996-2, effective May 15, 1996, transferred all statutory authority, powers, duties, functions and responsibilities of the Board of Sanitarians under Part 184 of the Public Health Code, being Sections 333.18401 *et seq.* of the Michigan Compiled Laws, from the Department of Commerce to the Director of the Department of Consumer & Industry Services by a Type III transfer as defined by Section 3 of Act No. 380 of the Public Acts of 1965, as amended, being Section 16.103 of the Michigan Compiled Laws. Effective January 1, 2004, Executive Order No. 2003-18 transferred, by a Type II transfer, any authority, powers, duties, functions and responsibilities for programs or functions within the Department of Consumer & Industry Services within the Bureau of Health Services to the Director of the Department of Community Health.

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

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

Members **Term Expires**

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 2005/2006**

October 14, 2005
March 31, 2006
July 21, 2006
September 22, 2006

Registration Activity

Applications Received	17
Examinations Given	0
Number of Registered Sanitarians	569

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

Neal, David L., L.M.S.W., Chair Ann Arbor	12/31/05
Blum, Eleanor G., Public Member Vice Chair, Farmington Hills	12/31/05
Hauser-Hurley, Gail M., L.B.S.W. Temperance	12/31/07
McFadden, Emily Jean, L.M.S.W. Holland	12/31/06
Najor-Durack, Anwar, L.M.S.W. West Bloomfield	12/31/07
O'Connor, Mary, L.M.S.W. Traverse City	12/31/05
Smith, Mark, Public Member Grand Ledge	12/31/08
Stanislaw, David, L.M.S.W. Birmingham	12/31/08
Takalo, Doreen, Public Member Skandia	12/31/06

The following appointments were made on 2/07/06:

Cushingberry, Allen L., Psy.D. Detroit (replaced O'Connor)	12/31/09
Semonian, Alan T., Public Member Southfield (replaced Blum)	12/31/09

Schedule of Board Meetings Fiscal Year 2005/2006

November 22, 2005
January 24, 2006
March 21, 2006
May 23, 2006
July 25, 2006
September 19, 2006

Licensing Activity	Board Disciplinary Actions	
Master's Social Workers		
Applications Received	1,049	
Examinations Authorized	355	
Number of Licensees	14,426	
Limited Master's Social Workers		
Applications Received	1,882	
Number of Licensees	2,313	
MSW Specialty Certifications		
Applications Received	23	
Number of Certifications	28,369	
Bachelor's Social Workers		
Applications Received	104	
Examinations Authorized	176	
Number of Licensees	7,404	
Bachelor's Limited Social Workers		
Applications Received	313	
Number of Licensees	360	
Social Service Technicians		
Applications Received	326	
Number of Registrants	1,890	
Social Services Limited Technician		
Applications Received	10	
Number of Registrants	9	
Regulatory Activity		
Allegations Received	123	
Administrative Investigations	149	
Field Investigations Authorized	50	
Field Investigations Completed	45	
Administrative Complaints Filed	17	
Summary Suspensions Filed	8	
Cease and Desist Orders Issued	1	
	Reprimand	0
	Probation	4
	Fine	0
	Voluntary Surrender	1
	Limited License	2
	Suspension	2
	Revocation	1
	Total Disciplinary Actions	10

**Michigan Board of
Veterinary Medicine**

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

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

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

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

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

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

**Schedule of Board Meetings
Fiscal Year 2005/2006**

October 27, 2005
December 15, 2005
January 26, 2006
March 30, 2006
May 25, 2006
August 24, 2006

Licensing Activity

Veterinarians

Applications Received	135
Examinations Authorized	25
Number of Licensees	3,620

Clinical Academic Veterinarians

Applications Received	18
Number of Licensees	72

Educational Limited Veterinarians

Applications Received	2
Number of Licensees	1

Veterinary Technicians

Applications Received	185
Examinations Administered	171
Number of Licensees	1,911

Regulatory Activity

Allegations Received	83
Administrative Investigations	125
Field Investigations Authorized	34
Field Investigations Completed	37
Administrative Complaints Filed	20
Summary Suspensions Filed	3
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	7
Fine	2
Voluntary Surrender	1
Limited License	0
Suspension	5
Revocation	0
Total Disciplinary Actions	16