COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

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| In the Matter of<br>JENNIFER M. STALL, PA-C<br>License No. PA4095<br>(License Expiration Date 3/1/13) | Docket No. PA-2011-014 |

## VOLUNTARY SURRENDER AGREEMENT

The Board of Registration of Physician Assistants ("Board") and Jennifer M. Stall ("Licensee"), a Physician Assistant licensed by the Board, License No. PA4095, do hereby stipulate and agree that the information contained in this Voluntary Surrender Agreement ("Agreement") shall be entered into and become a permanent part of the file of the Licensee that is maintained by the Board. For the purposes of this Agreement, the word "license" shall refer both to the Licensee's current license to practice as a Physician Assistant in Massachusetts and to any right to renew such license.

1. The Licensee acknowledges that the Board issued to her a license to practice as a Physician Assistant ("PA") in Massachusetts, License No. PA4095, on or about November 8, 2010.

2. The Licensee hereby states that she voluntarily enters into this Agreement with the Board to surrender her Massachusetts Physician Assistant license in resolution of a complaint identified as Docket No. PA-2011-014 ("Complaint"). The Complaint alleges that while employed as a Physician Assistant in the Emergency Department at Berkshire Medical Center, 725 North Street, Pittsfield, Massachusetts, 01201, the Licensee failed to comply with 263 Code of Massachusetts Regulations ("CMR") 5.07(1) by failing to prescribe in accordance with all applicable state and federal laws and regulations governing controlled substances. The Licensee further acknowledges that on or about September 7, 2011, Berkshire Medical Center terminated her from employment in connection her alleged conduct. The Licensee's signature to this Agreement does not constitute any admission of the allegations in the Complaint.

3. The Licensee acknowledges that failure to comply with federal and state laws and regulations governing controlled substances, as alleged in the Complaint, warrants disciplinary action by the Board under:

(a) 263 CMR 6.02(b) for violating any provision of the laws of the Commonwealth relating to the authorized practice of Physician Assistants or any rule or regulation adopted thereunder.

(b) 263 CMR 6.02(c) and M.G.L. c. 112, § 61, for engaging in deceit and gross misconduct in the practice of her profession as a Physician Assistant.

(c) 263 CMR 6.02(d) for engaging in practice which is fraudulent or beyond the authorized scope of practice for a Physician Assistant.

(d) 263 CMR 6.06(j) for violating any provision of M.G.L. c. 112, §§ 9C through 9K (to wit, M.G.L. c. 112, § 9H) or any rule or regulation of the Board (to wit, Board regulations cited in Paragraph 3 (a) through (c), above).

4. The Licensee understands that this Agreement shall be incorporated into the records for the Licensee maintained by the Board. The Licensee further understands that this Agreement constitutes a "public record" within the meaning of M.G.L. c. 4, § 7 subject to public disclosure and that the Board may forward a copy of this Voluntary Surrender Agreement to other licensing boards or law enforcement entities, or both, as well as to any other individual or entity as required by law.

5. The Licensee understands that this Voluntary Surrender Agreement constitutes disciplinary action by the Board.

6. The Licensee agrees that she shall return two signed, dated, and witnessed original copies of this Agreement to the Board no later than 1 p.m. on Thursday, January 19, 2012. The Licensee understands that if the Board has not received two signed, dated, and witnessed original copies of this Agreement by said date and time, the Board shall issue an Order of Summary Suspension of License to be effective on January 19, 2012, at 1:00 p.m. The Licensee shall be notified in writing of her rights with regard to any such Order.

7. The Licensee further agrees to return to the Board her current Physician Assistant license at the time she returns the two signed, dated, and witnessed original copies of this Agreement.

8. The Board agrees that in return for the Licensee's execution of this Agreement and its return to the Board with her current Physician Assistant license as provided by this Agreement, the Board shall not prosecute before itself the allegations contained in the Complaint.

9. The Licensee understands and agrees that the conditions for any future reinstatement of her Physician Assistant license by the Board shall include, but not be limited to, the Licensee's evaluation by a licensed, board-certified psychiatrist who is certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction

Psychiatry ("Provider"). Said Provider shall be approved by the Board prior to any such evaluation. A list of Providers is attached hereto as **Attachment A** and incorporated herein by reference. The Licensee agrees that any such evaluation shall comply with the requirements set forth in the Board's *Minimum Requirements for Substance Abuse Evaluations*, attached hereto as **Attachment B** and incorporated herein by reference. The Licensee further understands and agrees that any license reinstatement by the Board in reliance on the Provider's evaluation of the Licensee may be conditioned on the Licensee's entering into a consent agreement for license probation as set forth in Paragraph 11, below.

10. The Licensee understands and agrees that the conditions for any future reinstatement of her Physician Assistant license shall include, but not be limited to, the Licensee's providing documentation satisfactory to the Board that any and all criminal cases brought against her have been closed before the Board will consider any written petition from the Licensee for license reinstatement.

11. The Licensee further understands and agrees that any future license reinstatement by the Board may be conditioned on her entering into a consent agreement with the Board for a period of license probation, the duration and terms of which to be determined by the Board at the time of any license reinstatement.

12. The Licensee understands that she may petition the Board for license reinstatement in accordance with Board Policy No. PA-10-01, *License Reinstatement Following License Surrender, License Suspension, or License Revocation*. A copy of such Policy is attached hereto as **Attachment C** and incorporated herein by reference.

13. The Licensee understands and agrees that she will be required to meet any and all Board requirements for license reinstatement in effect at the time of she submits to the Board a petition for license reinstatement.

14. The Licensee understands and agrees that the surrender of her Physician Assistant license as agreed under the terms of this Voluntary Surrender Agreement is a final act depriving her of all privileges of licensure as a Physician Assistant and is not subject to reconsideration or judicial review.

15. The effective date of this Agreement ("Effective Date") is the date on which the Board receives the Agreement that has been signed by the Licensee.

16. The Licensee understands and agrees that after the Effective Date of this Voluntary Surrender Agreement she will no longer be authorized to practice as a Physician Assistant in Massachusetts. The Licensee further understands that any practice as a Physician Assistant after the Effective Date of this Agreement may be referred to law enforcement for appropriate action, shall constitute additional grounds for complaint

against her Physician Assistant license, and shall be considered by the Board in connection with any future request for license reinstatement by the Licensee.

17. The Licensee states that she has used legal counsel in connection with her decision to enter into this Voluntary Surrender Agreement or, if she did not, that she had an opportunity to do so and that her decision to enter into this Agreement was made of her own free will.

18. The Licensee certifies that she has read this document entitled "Voluntary Surrender Agreement." The Licensee understands that, by executing this Agreement, she is waiving her right to a formal hearing at which she would possess the rights to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to court in the event of an adverse ruling, and all other rights set forth in M.G.L. c. 30A, the Massachusetts Administrative Procedure Act, and 801 CMR 1.01 *et seq.*, the Standard Adjudicatory Rules of Practice and Procedure. The Licensee states that she further understands that in executing this document entitled "Voluntary Surrender Agreement" she is knowingly and voluntarily waiving her right to a formal hearing and to all of the above listed rights.

BY THE LICENSEE:

Jennifer M. Stall

1/19/2012
Date

1-19-12
Witness Signature and Date

Michael Calyer
Witness Print Name

BY THE BOARD:

Sally Graham, Executive Director

1/19/2012
Date (Effective Date)

* * *

FOR BOARD USE:

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An ~~original~~ copy of this Voluntary Surrender Agreement signed by the Board was ~~mailed~~ emailed to the ~~Licensee~~/Licensee's attorney on 1/19/12 by Certified Mail No. N/A by JHS.

**ATTACHMENT A**

BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

The Massachusetts Board of Registration in Medicine (Medicine Board) website indicates that the following Massachusetts licensed physicians are board-certified psychiatrists certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry. The Board of Registration of Physician Assistants (Board) does not endorse or recommend any one psychiatrist whose name appears on the list, but provides this list as a courtesy to its licensees. Licensees are advised to confirm that each physician's certifications are accurate and current. Additional information about the physicians on this list, including contact information, may be obtained through the Medicine Board's website, http://www.massmedboard.org under "Physician Profiles."

Lily A. Awad, M.D.

Suzanne A. Bird, M.D.

Domenic A. Ciraulo, M.D.

Igor Elman, M.D.

Mark D. Green, M.D.

Robert C. Joseph, M.D.

William B. Land, M.D.

Michael McGee, M.D.

Nancy Nitenson, M.D.

Smita K. Patel, M.D.

Joanna Piechniczek-Buczek, M.D.

Martha Praught, M.D.

Barry Roth, M.D.

Alison Mary Sheridan, M.D.

E. Nalan Ward, M.D.

## ATTACHMENT B

**Minimum Requirements for Substance Abuse Evaluations to be Submitted to the Board of Registration of Physician Assistants**

**Substance Abuse (Addiction Psychiatrist ) Evaluation**

The evaluation shall be a comprehensive, clinically based, written evaluation of the Licensee by a licensed, board-certified psychiatrist who is certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Provider). The purpose of the evaluation is to provide the Board of Registration of Physician Assistants with the Provider's formal medical opinion as to whether the Licensee is able to practice as a Physician Assistant in a safe and competent manner. The evaluation shall be completed in accordance with all accepted standards for such an evaluation. The evaluation shall be written on the Provider's letterhead stationary and sent directly to the Board. The evaluation shall state that the Provider has reviewed this document and any Board Consent Agreement, Order, Board complaint investigation file, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall assess the Licensee's use of controlled substances and the provide an opinion as to any substance abuse, dependency, and addiction on the part of the Licensee To be most useful to the Board, the evaluation should include, but not be limited to, the following:

a. Record Review. A review of the Licensee's written or electronic mental health records for at least the two years preceding the evaluation, and medical records from the same time frame;

b. Conversation(s) with Provider(s). Follow-up conversations with any currently or recently treating mental health providers, primary care physicians, advanced practice nurses, or other health care providers as relevant;

c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are, or may be, other prescribers than the evaluating Provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

d. In-Person Interview(s). Mental health history and medical health history of the Licensee obtained by the Provider through in-person interviews with the Licensee, which are as extensive as needed for the Provider to arrive at a clinical judgment;

e. Detailed Statement of History. A detailed statement of the Licensee's mental health and medical health histories including diagnoses, treatments and prognoses;

f. Detailed Summary of History of Substance Abuse and Treatment. A detailed summary of Licensee's history of substance abuse, dependency and addiction problem(s) including all treatment received and a summary of any current recovery program in which the Licensee is a current participant;

g. Prognosis and Ongoing Treatment Plan. The Provider's prognosis and specific treatment recommendations for the Licensee's stable and full, sustained recovery from all substance abuse, dependence and addiction;

h. Evaluating Physician's Opinion as to Safety and Competence. The Provider's opinion as to whether the Licensee is presently able to practice as a Physician Assistant in a safe and competent manner (in light of all of the above); and

i. Physician's C.V. A copy of the Provider's curriculum vitae should be attached.

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

Policy No. PA-10-01

[Adopted May 13, 2010]

# LICENSE REINSTATEMENT FOLLOWING LICENSE SURRENDER, LICENSE SUSPENSION, OR LICENSE REVOCATION

## I. PURPOSE

Policy No. PA-10-01 sets forth the requirements for reinstatement of a Physician Assistant license ("license") issued by the Board of Registration of Physician Assistants ("Board") following license surrender, suspension, or revocation by operation of a consent agreement entered into with the Board or by final decision and order issued by the Board in an adjudicatory proceeding ("loss of license").

## II. PETITION FOR LICENSE REINSTATEMENT

A person who has met all of the conditions for license reinstatement contained in a consent agreement entered into with the Board or in a Board final decision and order may petition the Board in writing for license reinstatement ("reinstatement petition") in accordance with Policy No. PA-10-01. The reinstatement petition shall consist of an original, dated letter addressed to the Board and signed by the reinstatement applicant ("applicant") that incorporates all of the applicant statements and the supporting documentation described below.

Each reinstatement applicant is responsible for submitting his or her reinstatement petition and supporting documentation to the Board in accordance with Policy No. PA-10-01. All documentation submitted in connection with a reinstatement petition shall become part of such petition, which may not be withdrawn once received by the Board. A reinstatement petition shall become a permanent part of the records maintained by the Board.

Each applicant for license reinstatement shall incorporate all of the following applicant statements into his or her reinstatement petition:

1) A statement describing how the applicant has been affected by the loss of license.

2) A statement describing the applicant's activities, professional and personal, from the date of the loss of license to the present.

3) A statement describing any remedial activities the applicant has engaged in since the loss of license that shall include, but not be limited to, the following:
(a) The type of activity the applicant engaged in;

(b) if the activity involved an organization or other entity, the name and address of such organization or entity;
(c) the dates on which the applicant engaged in such activity;
(d) the location at which the applicant engaged in such activity;
(c) the name and title of, and contact information for, a person who can verify the applicant's involvement in the remedial activity; and
(d) why the applicant considers such activity relevant to his or her resuming practice as a Physician Assistant.

4) A statement, signed under the pains and penalties of perjury, as to whether or not the applicant has engaged in any practice as a Physician Assistant in Massachusetts requiring a license or has represented himself or herself as a Physician Assistant in Massachusetts since the date of loss of license to the present.

5) A personal statement explaining why favorable action by the Board on the applicant's reinstatement petition is warranted.

6) A statement describing the applicant's plans with regard to resuming his or her practice as a Physician Assistant and the steps the applicant will take to ensure compliance with all laws and regulations governing such practice.

7) A statement identifying any other state or jurisdiction in which the applicant holds a license to practice as a Physician Assistant and the license number.

8) A statement identifying any other state or jurisdiction in which the applicant holds any *other* occupational or professional license(s) and the license number(s).

9) Above the applicant's signature on the reinstatement petition, the following statement: "I, [applicant's name], do hereby attest, under the pains and penalties of perjury, that the information I have provided in connection with this petition for license reinstatement is accurate and true. I understand that any failure on my part to provide accurate and true information shall constitute grounds for the Board denial of my reinstatement petition."

## III. REQUIRED DOCUMENTATION

Each applicant for license reinstatement is responsible for submitting to the Board the documentation and applicable fees set forth below.

1) Documentation satisfactory to the Board establishing that the applicant has successfully completed any and all conditions for license reinstatement contained in a consent agreement entered into with the Board or in a Board final decision and order.

2) Where the applicant's loss of license was based on discipline of a license by a licensing entity in another state or jurisdiction, documentation sent directly to the Board by such licensing entity establishing that the applicant has completed any and all conditions for license reinstatement in that

state or jurisdiction and that the applicant's license is in good standing or is eligible for renewal without conditions.

3) Written verification of license status from each state or jurisdiction in which the applicant holds, or has held, *any* professional license, sent directly to the Board by the licensing entity in the other state or jurisdiction;

4) A resumé that identifies, at a minimum, the applicant's employment and other activities from the date of loss of license to the present. With respect to employment, the resumé must identify:
(a) All the applicant's employers by name and address;
(b) date(s) of the applicant's employment;
(c) position(s) held by the applicant;
(d) the applicant's immediate supervisors by name and position;
(e) the applicant's employment duties and responsibilities; and
(f) the applicant's reason(s) for leaving each employment.

With respect to other activities, the resumé may identify and describe any professional activities engaged in, educational programs completed, and academic degrees earned. Documentation of any education programs completed or academic degrees earned, or both, must sent directly to the Board by the educational institution with oversight of the program.

5) The license reinstatement fee, by check or money order made payable to the "Commonwealth of Massachusetts".

6) If an applicant's license expired while suspended, surrendered, or revoked:
(a) a fully completed, signed, and dated License Renewal Questionnaire; and
(b) the license renewal fee, by check or money order made payable to the "Commonwealth of Massachusetts".

7) If an applicant's license did *not* expire while suspended, surrendered, or revoked, a fully completed, signed, and dated License Reinstatement Questionnaire.

8) Documentation satisfactory to the Board of any professional continuing education the applicant has completed since the loss of license to the present.

9) Notarized statements sent directly to the Board by at least three people, one of whom must be a licensed Physician Assistant whose license is in good standing and without encumbrance, who:
(a) acknowledge having read the consent agreement or Board final decision and order memorializing the applicant's loss of license;
(b) have known the applicant since the loss of license; and
(c) recommend reinstatement of the applicant's license and state the reasons for such recommendation.

10) An *Attestation as to Criminal Record in Another State or Jurisdiction*, fully completed, signed, and dated by the applicant. Where an applicant identifies the existence of a criminal history in

another state or jurisdiction, the Board may require the applicant to assist the Board in obtaining documentation of, and other information related to, such history.

NOTE: The Board shall *not* accept the following documentation or any other documentation the veracity of which the Board may reasonably question:
1) A copy of any document where the original document is reasonably available, except for a copy of a document that has been certified by the appropriate authority to be a true copy of the original document;
2) any document that is not dated;
3) any document that is not signed where a signature should appear; and
4) any letter or other document in which the salutation is "To Whom It May Concern", "Dear Sir or Madam" or any similar salutation that does not indicate that the letter or other document is addressed to the Board.

## IV. CURRENT EXPERIENCE RELATED TO PHYSICIAN ASSISTANT PRACTICE

Where the Board determines that the documentation submitted by an applicant for license reinstatement does not demonstrate that the applicant has relevant, current experience related to practice as a Physician Assistant, the Board may require as a condition of license reinstatement that the applicant submit documentation satisfactory to the Board of the applicant's:
(a) successful completion of additional continuing education in areas identified by the Board; or
(b) having retaken and passed the National Commission on Certification of Physician Assistants' Physician Assistant National Certifying Examination (PANCE) or Physician Assistant National Recertifying Examination (PANRE); or
(c) both (a) and (b).

## V. PRACTICE SUPERVISION AFTER LICENSE REINSTATEMENT

The Board may require as a condition of license reinstatement that an applicant engage in a period of supervised practice as a Physician Assistant under the terms of a probation agreement between the applicant and the Board, the terms of which shall be determined by the Board at the time of any license reinstatement.

## VI. APPLICANT'S APPEARANCE BEFORE THE BOARD

The Board may require an applicant for license reinstatement to appear before the Board in connection with the applicant's reinstatement petition.

## VII. VALIDITY OF PETITION FOR LICENSE REINSTATEMENT

A fully completed, signed, and dated petition for reinstatement accompanied by all applicable fees shall be valid for 60 days from the date of its receipt by the Board. If all required documentation is not received by the Board within *60 days* of receipt of the reinstatement petition and applicable fees, such petition shall no longer be valid. An applicant whose petition for reinstatement is no longer valid may submit to the Board a new reinstatement petition and all applicable fees.

## VIII. STANDARD FOR LICENSE REINSTATEMENT

The Board may grant an applicant's petition for license reinstatement where the Board determines that such reinstatement would advance the public interest.

## IX. BOARD DECISION ON PETITION FOR LICENSE REINSTATEMENT; NEW PETITION FOLLOWING DENIAL OF REINSTATEMENT PETITION

The Board shall notify an applicant in writing of its approval or denial of the applicant's petition for license reinstatement. In the case of a denial of such petition, the Board shall state the reasons for such denial. An applicant whose reinstatement petition has been denied may submit a new petition to the Board, accompanied by all required documentation and applicable fees, no sooner than one (1) year from the date of initial petition denial, unless the Board directs otherwise.

AUTHORITY: M.G.L. c. 112, §§ 9C - 9K; 263 CMR 2.00; 263 CMR 3.00; 263 CMR 5.00; 263 CMR 6.00.