Tennessee Board of Podiatric Medical Examiners

Newsletter

2016 **A regulatory agency of the state of Tennessee** **Fall**

In conjunction with the purpose and goals of the Department of Health the Mission of the Bureau of Health Licensure and Regulation is to: Monitor, access and enforce the health care laws and regulations. Protect, promote and enhance quality health care for all citizens; Continuously strive to meet the needs of our customers in a respectful and caring manner; Provide quality work-life necessary to attract and retain competent, caring employees: Empower out employees to become entrepreneurs in their jobs; Increase awareness and public confidence in our services; and utilize our resources efficiently and cost effectively.

665 Mainstream Drive, Nashville, TN 37243 • http://tn.gov/health (615) 741-5735 or 1-800-778-4123
Office Hours: Monday – Friday 8:00 a.m. to 4:30 p.m. Central Time (except State and Federal holidays) Fax: (615) 532-5369

2017 Board Meeting Dates

February 8, 2017
9:00 a.m., Poplar Room

May 10, 2017
9:00 a.m., Poplar Room

August 9, 2017
9:00 a.m., Iris Room

November 8, 2017
9:00 a.m., Poplar Room

All board meetings will be held at 665 Mainstream Drive, Nashville TN, unless otherwise noted.

Live Streaming Video

If you would like the see your board "in action" but can't attend a meeting in person, you can now watch the board meeting on your computer through live streaming video. The link is: https://web.nowuseeit.tn.gov/Mediasite/Catalog/Full/98fe21d561e9489487745f0c7da678b221. After you access the page, go to the board meeting you wish to view and click on that particular link.

LAWS *you need to* KNOW

2016 Legislative Updates

Public Chapter 1033

This act requires that all pain management clinics in Tennessee be licensed by July 1, 2017. The bill sets forth a licensing framework and gives the Commissioner of Health the ability to designate a facility or office operating like a pain clinic as such for purpose of licensure and fine that entity for operating as a pain clinic without a license. The bill allows for rolling registration of current pain clinics until the licensure process is complete.

Public Chapter 763

Permits licensees whose licenses from a health-related board have expired due to non-payment to obtain reinstatement on the payment of the renewal fee as well as the late payment fee which shall not exceed twice the renewal fee, instead of the current requirement of payment of all past due fees before reinstatement. This act will take effect on July 1, 2016.

Public Chapter 951

PC 951 removes the provision whereby a person who provides prayer in lieu of medical or surgical treatment could not be charged with the crime of child abuse, neglect, or endangerment solely for that reason. This act will take effect on July 1, 2016.

Public Chapter 956

As enacted, this replaces the present law requirement that individual physician's offices and practices register as medical spas, with a requirement that any physician-owned practice that advertises or holds itself out as a medical spa or a physician-owned practice that primarily engages in the performance of elective cosmetic medical services must register as a medical spa. This legislation further changes the deadline for submitting information related to registering as a medical spa from January 1, 2016, to January 1, 2017. This took effect on April 27, 2016.

Public Chapter 959

This bill authorizes the commissioner of health or the commissioner's designee to obtain records maintained by any licensed facility licensed to facilitate investigations and inquiries concerning opioid drug abuse, opioid drug overdoses, and opioid overdose deaths. Such facilities must provide records in the most efficient and expedient means possible. To determine these means, the department must:

- Consult with stakeholders to develop data reporting elements and a short term mechanism for near real-time electronic access to these date elements by July 1, 2016.
- Implement the short-term reporting system by October 1, 2016.
- Consult with stakeholders to develop a long-term electronic real-time data reporting plan utilizing electronic processes for opioid drug abuse, overdoses, and overdose deaths by January 1, 2017.

This legislation took effect on April 27, 2016.

Public Chapter 766

This bill permits charitable clinics to contract with or employ dentists, physicians, psychologists, optometrists, and osteopathic physicians. It requires the contractual relationship between a healthcare provider and a charitable clinic to be in a written contract, job description, or documentation, containing language that does not restrict the healthcare provider from exercising independent professional judgment in diagnosing and treating patients. It does not authorize a charitable clinic to employ an anesthesiologist, an emergency department physician, a pathologist, or a radiologist, or an osteopathic physician who specializes in any such type of medicine. This bill took effect on April 19, 2016.

Public Chapter 805

This act authorizes a health care prescriber to prescribe epinephrine auto-injectors in the name of an authorized entity. It authorizes pharmacists and health care prescribers to dispense epinephrine auto-injectors pursuant to a prescription issued in the name of an authorized entity. This becomes effective on July 1, 2016.

Public Chapter 973

This act establishes requirements for the dispensing of opioids and benzodiazepines by physicians and other healthcare providers. Those requirements are:

- Dispenses opioids and benzodiazepines, as directed by the patient's prescription, in safety-sealed, prepackaged containers stamped with the manufacturer's national drug code (NOC) number.
- Administers and records pill-counts for opioids or benzodiazepines in order to ensure patient compliance with the prescription.
- Dispenses non-controlled substances which amount to at least fifty percent (50%) of the prescriptions filled annually from the practice.
- Submits controlled substance dispensing information to the controlled substances monitoring database under title 53, chapter 10, part 3, according to the requirements of state law.

This act took effect on April 27, 2016.

Public Chapter 990

This legislation requires an insurer to reimburse and provide coverage for telehealth services provided by a practitioner licensed in Tennessee, regardless of the patient's location. This act will take effect on January 1, 2017.

Public Chapter 1002

Public Chapter 1002 enacts the "Tennessee Prescription Safety Act of 2016," which revises regulation of controlled substances primarily by means of procedures involving the controlled substances database. This act was effective upon the Governor's signature on April 27, 2016. The new act has four major highlights.

- Removes the sunset from the Prescription Safety Act of 2012 making the act permanent.
- Creates an operations committee to provide a check and balance the commissioner of health's rulemaking authority.
- Requires that a dispenser shall check the database when dispensing a controlled substance to a new patient or once a year to a known patient on a maintenance medication.
- Creates a professional duty to check the database before prescribing to someone exhibiting drug seeking behavior.

Public Chapter 946

This public chapter authorizes a licensed podiatrist to supervise a physician assistant; requires a supervising podiatrist and physician assistant to comply with certain statutory requirements and administrative rules; prohibits a physician assistant supervised by a podiatrist from providing

certain services; subjects a podiatrist to disciplinary action for failing to supervise properly a physician assistant.

Statistical Information

Profession	Total Number	Last 12 Months
Podiatrist	265	16
Podiatric X-Ray	132	13
Orthotists	152	15
Prosthetists	139	7
Pedorthists	53	0

2016 Year End Review for Tennessee Prescribers

(Meagan Martin, Executive Director,
Board of Medical Examiners)

A summary of important legislative developments affecting the practice of Tennessee prescribers

From Cape Cod to Appalachia; corn fields to concrete city blocks; prescription drug abuse, misuse and diversion is indiscriminately crippling communities across the nation. The Tennessee Department of Health and your licensing board have worked very hard to gain a greater understanding of this complex issue, and in particular, what it is about our citizenry that makes us so vulnerable to abuse. Through partnerships with law enforcement, state and federal agencies, community coalitions, legislators and community leaders, we have developed a multi-year, multi-pronged strategic approach with a focus on educating providers and patients on the risks of opiate use and preventing the recreational use of opioids and other prescription drugs.

Healthcare providers, especially prescribers, have a unique opportunity to combat opioid abuse, misuse and diversion. They may also have a professional obligation to engage in certain activities designed to reduce the supply of opioids available for diversion and increase the information known about at-risk patient populations. Read on to learn more about statutory and policy developments affecting the prescribing practices of Tennessee providers.

Prescription Safety Act of 2016

In April 2016, the Prescription Safety Act (PSA) of 2016 became effective. The PSA was first enacted in 2012 and was scheduled to sunset in 2017. The PSA 2016 eliminated the sunset provision, making the act permanent. While the PSA primarily regulates the prescribing of controlled substances by establishing operational procedures for the controlled substance monitoring database (CSMD), the following revisions to the act may impact providers' prescribing practices directly:

- Dispensers must check the database when dispensing a controlled substance to a new patient.
- Dispensers must check the database at least once a year when an existing patient is on a maintenance medication.
- All prescribers must check the CSMD before prescribing to someone who is exhibiting "drug seeking behavior."
- Prescribers are not required to check the CSMD before writing a prescription for a seven day supply or less.
- Prescribers are not required to check the CSMD before prescribing for administration directly to a patient during the course of inpatient or residential treatment in a licensed hospital or nursing home.

The act authorized many more changes to the operation of the CSMD. You may access the entire act here: http://share.tn.gov/sos/acts/109/pub/pc1002.pdf.

Updates to the Tennessee Chronic Pain Guidelines

The Department is beginning to see ours, and others' policymaking efforts yield some exciting results and possibilities. Since the "Tennessee Chronic Pain Guidelines" were finalized in 2014, we have seen a 12.0% drop in the total number of morphine milligram equivalents prescribed in our state. Unfortunately, these drops have not reduced the number of overdose deaths in our state, which continue to rise year after year. In 2014, at least 1,263 Tennesseans died from prescription drug overdose, making overdose the leading cause of accidental death in our state. Instances of neonatal abstinence syndrome too, continue to rise.

The public chapter that required the creation of the "Chronic Pain Guidelines" also includes the requirement that the Guidelines be reviewed and amended as appropriate every September. The most recent review of the Guidelines included the following revisions:

- Recommends that treatment plans be developed at the onset of treatment and should include treatments or modalities beyond opioids, both non-pharmacological and pharmacological.
- Endorses the 3-item PEG Assessment Scale as an appropriate tool in establishing treatment goals with patients.
- Acknowledges that the risk of overdose for all patient populations increase tenfold at 100 MEDD, but may actually start closer to 81 MEDD.
- States that when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days is sometime appropriate but should be documented in the medical record.

- Suggests that a primary care provider starting opioid therapy should generally prescribe immediate-release opioids instead of extended-release or long acting opioids. Acknowledges that deviations are expected and the reason(s) should be documented.
- Specifies that prescribers must not prescribe buprenorphine in off label use for chronic pain conditions and only certified pain specialists should prescribe on label buprenorphine products for chronic pain.
- Recommends that clinicians should offer or arrange evidence-based treatment for patients with opioid use disorder and referral to an addiction specialist as appropriate.
- Adopts the definition of "pain medicine specialist" set forth in Tenn. Code Ann. § 63-1-301.
- Includes in the appendix, a new section on non-opioid therapy and the "Tennessee Emergency Department Opioid Prescribing Guideline."

This list of revisions provided above is not exhaustive. You are encouraged to access the "Tennessee Chronic Pain Guidelines" from the Department of Health's website at: http://www.tn.gov/assets/entities/health/attachments/ChronicPainGuidelines.pdf.

Controlled Substance Prescribing CME

If you are a prescriber with a DEA registration, you are legally required as a condition of your licensure, to complete a two hour course designed to address controlled substance prescribing and which includes instruction in the "Tennessee Chronic Pain Guidelines." The two hour course must be earned in the two calendar years preceding the year that you renew your license. For example, a physician who is scheduled to renew her license in 2017, should obtain these hours sometime between January 1, 2015 and December 31, 2016.

This requirement was statutorily enacted in 2014 and is codified at TENN. CODE ANN. § 63-1-402. If you are not a prescriber with a DEA, or if you are exempted from the prescribing course under section (c) of the statute, you should look to the continuing medical education rules of your profession to determine the requirement that applies to you.

While we do not endorse any particular course or courses (a course covering the statutorily prescribed content will be accepted), representatives from several prescribing boards have collaborated with medical programs and entities across the state to bring prescriber education to a city near you.

The following courses are scheduled for the remainder of 2016:

October 5	*Memphis*	*Baptist Hospital*
October 6	*Nashville*	*Vanderbilt University*
October 25	*Jackson*	*Jackson Madison County General Hospital*
November 3	*Sullivan County*	*West Park Professional Building*
November 17	*Chattanooga*	

For more information on how to enroll in one of these courses, please contact the sponsoring program or entity.

Legislative Changes Affecting Prescribers

Members of the Tennessee General Assembly have responded to the opioid and prescription drug crisis plaguing our state with new legislation year after year. Some legislation revises and refines existing law, while other legislation is entirely new and seeks to tackle new angles of this deadly epidemic. In addition to the Prescription Safety Act of 2016, the following public chapters may affect your prescribing and practice:

Public Chapter 912:
Creates nonresidential office-based opiate treatment facilities. This legislation requires any facility that meets the definition of a nonresidential office-based opiate treatment facility to attain licensure as such by the Department of Mental Health & Substance Abuse Services. Nonresidential office-based opiate treatment facilities refers to facilities that are prescribing buprenorphine or products containing buprenorphine to 50% or more of its patients and to one hundred fifty patients or more. This legislation requires the TDMH&SAS to promulgate rules in consultation with the Department of Health and will take effect on January 1, 2017.

Public Chapter 1033:
Requires that all pain management clinics in Tennessee be licensed by July 1, 2017. The public chapter sets forth a licensing framework and gives the Commissioner of Health the ability to designate a facility or office operating like a pain clinic as such for purpose of licensure and fine that entity for operating as a pain clinic without a license. The law allows

for rolling registration of current pain clinics until the licensure process is complete but eliminates all pain clinic certificates.

Public Chapter 959:

Authorizes the commissioner of health or the commissioner's designee to obtain records maintained by any licensed facility licensed to facilitate investigations and inquiries concerning opioid drug abuse, opioid drug overdoses, and opioid overdose deaths. Such facilities must provide records in the most efficient and expedient means possible. To determine these means, the department must:

- Consult with stakeholders to develop data reporting elements and a short term mechanism for near real-time electronic access to these date elements by July 1, 2016.
- Implement the short-term reporting system by October 1, 2016.
- Consult with stakeholders to develop a long-term electronic real-time data reporting plan utilizing electronic processes for opioid drug abuse, overdoses, and overdose deaths by January 1, 2017.

Public Chapter 829:

Specifies that, on and after July 1, 2016, a new applicant seeking designation as a pain management specialist through board certification by the American Board of Interventional Pain Physicians (ABIPP), may only qualify by passing parts 1 and 2 of its examination, and holding an unencumbered Tennessee license, and maintaining the minimum number of CME hours in pain management to satisfy retention of ABIPP diplomate status. This took effect on April 21, 2016.

Public Chapter 973:

Establishes requirements for the dispensing of opioids and benzodiazepines by physicians and other healthcare providers. Those requirements are:

- Dispenses opioids and benzodiazepines, as directed by the patient's prescription, in safety-sealed, prepackaged containers stamped with the manufacturer's national drug code (NOC) number.
- Administers and records pill-counts for opioids or benzodiazepines in order to ensure patient compliance with the prescription.
- Dispenses non-controlled substances which amount to at least fifty percent (50%) of the prescriptions filled annually from the practice.
- Submits controlled substance dispensing information to the controlled substances monitoring database under title 53, chapter 10, part 3, according to the requirements of state law.

This act took effect on April 27, 2016.

Building Better Federal Partnerships

The Tennessee Department of Health continues to maintain existing and create new federal partnerships that make our work stronger and our positive outcomes easier to duplicate. In June, the Department through through the boards of medicine, worked to bring the US Surgeon General, Dr. Vivek Murthy, to Tennessee for grand rounds. In Nashville and Knoxville, Dr. Murthy spoke about his campaign to "Turn the Tide" on opioid addiction. In August, the Surgeon General followed up his tour through the US with a letter to all physicians urging them to become educated on how to treat pain safely and effectively; to screen patients for opioid use disorder and/or connect them with evidence-based treatment; and to treat addiction as a chronic illness and "not a moral failing." The Surgeon General's Office is like many other federal agencies that have responded to the issue of opioid abuse and dependence with significant policymaking. Please see below for additional resources from our federal partners:

CDC Guideline for Prescribing Opioids for Chronic Pain

"A Proactive Response to Prescription Opioid Abuse," Robert M. Califf, MD, Janet Woodcock, MD and Stephen Ostroff, MD, N Eng J Med 2016; 374: 1480-1485

US Surgeon General's Call to End the Opioid Crisis: "Turn the TideRX"

NIDAMED: Medical & Health Professionals

HHS: "Opioids: The Prescription Drug & Heroin Overdose Epidemic"

FDA Opioid Action Plan

Professional Privilege Tax

TENN. CODE ANN. §67-4-1701, et seq., requires the payment of an annual professional privilege (occupation) tax. The law requires your licensing board to refuse to allow you to renew your professional license If you fail to pay your professional privilege tax. Upon receipt of certification from the Department of Revenue that a licensee is in arrears more than 90 days, the law requires that your ability to renew your license be held in abeyance until our office receives a written tax clearance from the Department of Revenue. Avoid any interruption in your ability to practice your profession by remitting your tax to the Department of Revenue in a timely fashion.

http://tn.gov/revenue/topic/professional-privilege-tax

If you have moved out-of-state, but maintain a license, you are still responsible for paying the Professional Privilege Tax. If your license is in "active" status as of June 1 of any year, no matter if you live in Tennessee or out-of-state, you are required to pay the yearly professional privilege tax.

Note: The Board of Podiatric Medical Examiners does not assess this tax.

Board of Podiatric Medical Examiners Website

You may download a copy of the rules, applications and forms, board member list, board meeting schedule, policy statements, and other pertinent information at the board's website:

http://tn.gov/health/topic/Podiatric-board

Electronic Notification for Licensed Health Professionals

On January 1, 2013, a new law became effective requiring all Tennessee health professional boards to provide electronic notices to healthcare professionals they license. The law gives healthcare professionals the option of being notified electronically of the following: (1) Renewals of license, certification or registration; (2) Any fee increases; (3) Any changes in state law that impact the license holder; and (4) Any board meeting where changes in rules or fees are on the agenda. If a healthcare professional "opts in", the Department of Health will also be able to alert him or her of critical public health matters impacting Tennessee. Please visit apps.tn.gov/hlrs/begin.jsp and complete the registration process to opt in. Upon receipt of a current email address, those who opt in will begin to receive ALL notices electronically rather than through the United States mail. Please note opting in means license renewal notification will be delivered electronically approximately 45 days in advance of the expiration date. The electronic notice will direct the licensee to the appropriate Web page to renew. For professions that do not permit licensees to renew their licenses online, a paper renewal will continue to be provided. For more information, contact the Health Professional Boards office at 615-741-5735 or toll-free at 1-800-778-4123.

Renew Your License Online

Practitioners may access the online service at https://apps.tn.gov/hlrs/ to renew their licenses up to 70 days prior to the expiration date.

Click the "Licensing Renewal" link where you can renew your license and update your professional license information. *Licensees are responsible for renewing their licenses on time and keeping the Board apprised of current information. It is a violation of the law and of the Board's rules to practice on an expired license.*

-Step 1: **Login -** Select our board and your profession and enter your license number.

-Step 2: **Update your Information -** Change your home and/or office address.

-Step 3: **Enter your renewal information -** Answer all necessary questions, as if you were completing your hard-copy form.

-Step 4: **Payment -** Enter your credit card information through the secure site and choose "submit".

If you have met all of the criteria necessary, your renewal certificate will be mailed to you in approximately one week. Updated license information will be available on the department's web site within two business days.

Retirement of License

If you are not practicing in Tennessee and do not wish to renew your license, it is suggested you retire your license rather than have it fall into failed to renew status. A retirement form may be obtained at our website at:

http://tn.gov/health/article/Podiatric-applications

If you do not have access to the internet, you may request a retirement form be mailed to you. (See Board address on page 5.) **Note: you may not retire an expired license.**

Office of Investigations

The Office of Investigations is responsible for receiving and processing all complaints for the licensure boards. To file a complaint, please contact the Office of Investigations at 1-800-852-2187 or visit our website at http://tn.gov/health/article/filing-complaints-against-health-care-professionals where you may download and print out the complaint form.

Have you moved/changed your name?

Must be reported in writing or by e-mail to the board's office within 30 days! Please include the following:

- your name and license number;
- your profession;
- your old address and phone number;
- your new address and phone number, e-mail address, and/or your fax number;
- your signature!
- If your name has changed due to marriage or divorce, you must send a copy of the document that made the change in status.

Keeping the board's administrative staff up to date on your location facilitates the timely notification to you of important information such as your application for licensure renewal and important statutory and rule changes.

A form for the change of address/name can be found at:

http://tn.gov/health/article/Podiatric-applications

You may fax your change to the board's administrative office at (615) 532-5369 or by mail at: 665 Mainstream Drive, Nashville, TN 37243.

Practitioner Profile

When you notify the board of an address or name change, please remember to update your practitioner profile.

Continuing Education Requirements

The Board's rule regarding continuing education requires all podiatrists to obtain fifteen (15) hours of continuing education each calendar from January 1 – December 31. Twelve (12) of the fifteen (15) clock hour requirement shall be clinical, scientific, or related to patient care. If the licensee is performing ankle surgery pursuant to Tenn. Code Ann. §63-3-101(b)(1), ten (10) of the twelve (12) hours shall pertain to

ankle surgery. Every other year at least one (1) hour of the annual fifteen (15) hour requirement shall be a course designed specifically to address prescribing practices. Ten (10) of the fifteen (15) hour requirements must be completed in the traditional "lecture/classroom" format. Five (5) hours of the fifteen (15) clock hour requirements may be completed in any of the following multi-media formats:

1. The Internet
2. Closed circuit television
3. Satellite broadcasts
4. Correspondence courses
5. Videotapes
6. CD-ROM
7. DVD
8. Teleconferencing
9. Videoconferencing
10. Distance learning

X-ray operators must complete four (4) hours or radiological related continuing education courses biennially in courses provided or sponsored by the APMA, a state or regional affiliate of the APMA, an affiliated specialty group, the United States government, or other courses approved by the Board.

Orthotists, prosthetists and pedorthists must annually complete fifteen (15) hours of continuing education in courses applicable to his/her profession. At least six (6) hours of the annual continuing education requirement must be obtained from providers in the state of Tennessee. No more than five (5) hours of the annual requirement shall be completed by any of the means listed in Rule 1155-02-.12(1)(C). A person licensed in more than one (1) profession under these rules shall annually complete a total of twenty (20) hours of continuing education. Of the twenty (20) hours required by subparagraph (a), six (6) hours shall be subjects pertaining to each profession in which he/she is licensed. For example, a person who is licensed as an orthotist and a prosthetist is required to complete six (6) hours pertaining to Orthotics and six (6) hours pertaining to prosthetics. The remaining eight (8) hours required could pertain to either orthotics or prosthetics.

Non-compliant practitioners are subject to Board discipline which includes a fine of $100 and make up the delinquent hours. The action taken against the practitioner is reportable on the Department of Health web site on the monthly Disciplinary Action Report.

New 2016 - Lapsed License

The Board of Podiatric Medical Examiners recognizes that an individual may inadvertently allow his/her license to expire. However, applicable law prohibits an individual from working as a podiatrist, orthotist, pedorthist, prosthetist or x-ray operator in a podiatry office unless he/she has an active license. While the Board does not condone an individual working on an expired license, the Board recognizes that these inadvertent lapses can occur. As such, the Board has adopted the following procedures for reinstatement of an expired license.

1. Immediately upon recognition that his/her license has expired, the individual must cease practicing and contact the Board's administrative office to request a reinstatement application.

2. Upon receipt of the reinstatement application, the individual is to complete the application in its entirety, providing a detailed work history since the license expiration date. The application is to be signed, notarized, and returned to the Board's administrative office along with any additional information and all fees specified in the instructions.

3. Upon receipt of a completed reinstatement application, supporting documentation (including any required proof of continuing education), and the applicant's payment of all fees, the Board's administrator may reinstate a license which has been in an expired status for less than ninety (90) calendar days immediately upon approval from the Board's consultant. Although the Board and administrative staff recognize the applicant's urgent interest in having his or her license reinstated, preferential treatment will not be given to these applicants. All applications are reviewed in the order in which they are received.

4. If the work history reflects that the individual has practiced in excess of ninety (90) calendar days, but less than six (6) months on an expired license, the Board will present to the licensee, an Agreed Citation which specifies payment of a fine in the amount of $100 per month for every month in which the individual has worked at least one day beyond the ninety (90) calendar days grace period. The individual's license will not be reinstated unless and until the Agreed Citation is executed by the licensee and payment of the fine remitted to the Board's administrative office.

A. The licensee shall be notified that all Agreed Citations prepared in accordance with this policy shall be reportable on the Department of Health's website, its disciplinary action report issued in the month the action is taken and to all appropriate federal databanks including the National Practitioner Data Bank (NPDB).

B. This remedy is only available to those licensees who have practiced on a lapsed license for less than six (6) months from the date the license went into expired status.

5. If the licensee refuses to execute the Agreed Citation and/or remit the civil penalty described therein within sixty (60) days of the date the Agreed Citation is sent to the licensee, or if the licensee practiced on a lapsed license for six (6) months or longer, the licensee shall be referred to the Office of Investigations and Office of General Counsel for formal disciplinary action. Upon a proven violation, the minimum disciplinary action for this violation shall be:

A. A formal and reportable Reprimand on the license;

B. Assessment of civil penalties in an amount to exceed $1000 per month for every month in which the individual has worked at least one day beyond the ninety (90) calendar day grace period;

C. Assessment of costs associated with investigating and prosecuting the matter; and

D. Any and all other remedies the Board deems appropriate.

6. In the event the matter is referred to the Office of Investigations and Office of General Counsel for formal disciplinary action, the Board's administrative office shall be permitted to reinstate those applicants for whom they have received a completed reinstatement application, supporting documentation (including any required proof of continuing education), and the applicant's payment of all fees, subject to further action on the license as described in paragraph five (5) above. Though the Board's administrator may reinstate such a license upon approval from the Board's consultant, preferential treatment will not be given to these applicants. These applications will be reviewed in the order in which they are received. For those applicants who have declined an Agreed Citation, their application will be deemed received sixty (60) days from the date the Agreed Citation was sent.

ADOPTED BY THE BOARD OF PODIATRIC MEDICAL EXAMINERS ON THE 24TH DAY OF FEBRUARY, 2016.

Discipline for lapsed licenses is reportable to the national databanks as well as the Department's Disciplinary Action report and will be noted on the practitioner's licensure profile.

To Contact This Board Call:

(615) 741-5735 local or (800) 778-4123 nationwide or write to:

Tennessee Board of Podiatric Medical Examiners
665 Mainstream Drive
Nashville, TN 37243

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