



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115
Phone: 605-362-2760

CNP/CNM REPORT OF ACTIVITY FOR FY 2015 July 1, 2014 to June 30, 2015

Active Licensess

CNP	686
CNM	31

Financial Report

Revenue	
Renewals	24,010.00
New Licenses	9,100.00
Temporary Permits	375.00
	<hr/>
	33,485.00
Expenses	
Salary Linda Young (0.4 FTE)	33,923.00
Salary Erin Matthies (0.1 FTE)	5,378.90
Postage	1,784.65
Supplies/Printing	600.00
Telephone	200.00
Legal Fees	3,074.50
Licensure Database	6,000.00
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	50,961.05
Expense over Revenue	17,476.05
Board Share of Expense	8,738.03
Total Due SDBON	8,738.03

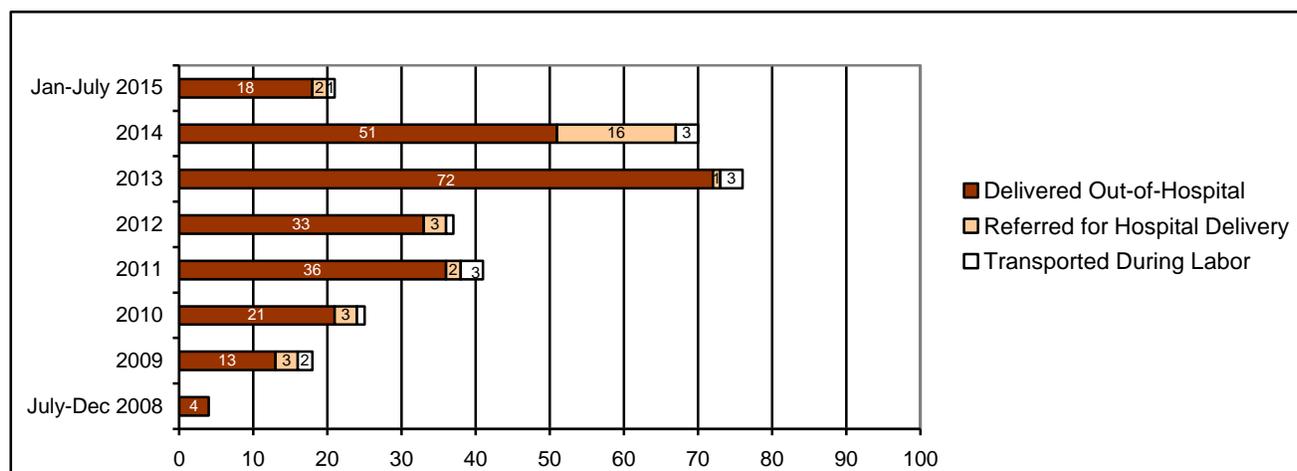


2015

Report on South Dakota's Out-of-Hospital Births by Certified Nurse Midwives (CNM) practicing on an Approved Waiver to a Collaborative Agreement with a Physician

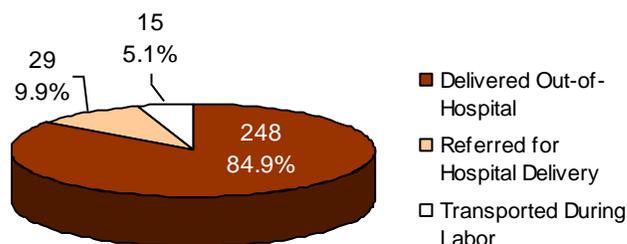
In July 2008 legislative approval was granted to allow Certified Nurse Midwives (CNM) the opportunity to request a waiver of the collaborative agreement requirement to attend out-of-hospital (OOH) births under certain circumstances.

Annual Outcomes for SD Resident Out-of-Hospital Births Attended by CNMs



Total Birth Outcomes 2008–2015

Since 2008 a total of **292** women requested the services of a CNM for an OOH birth. As shown in the pie chart, 248 (84.9%) of those women delivered in an OOH birth setting; 29 (9.9%) were referred to another provider for a hospital birth; and 15 (5.1%) were transported during labor to a hospital.

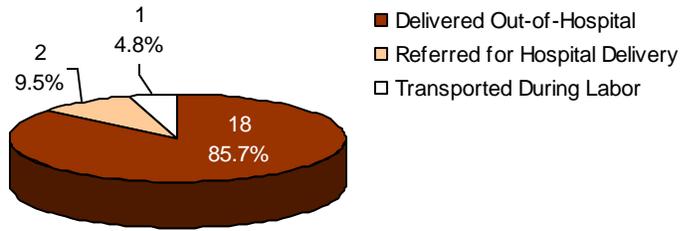


Total South Dakota Resident Live Births in 2013 = 12,243*			2008-2015 Total CNM OOH Births = 263 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	615	5.0%	6	2.3%
Meconium stained fluid	1,020	8.3%	9	3.4%
3 rd /4 th degree perineal laceration	128	1.0%	2	0.8%
Newborn Outcomes				
Apgar score <7 at 5 min.	196	1.6%	3	1.1%
Transferred to hospital/NICU	1,189	9.7%	8	3.0%
Assisted ventilation required immediately after delivery	770	6.3%	1	0.4%
Assisted ventilation required for more than 6 hours	290	2.4%	2	0.8%
Congenital anomalies	98	0.8%	1	0.4%
Significant birth injuries	15	0.1%	0	0
Weight <2500 grams (5lbs 8oz)	770	6.3%	0	0
Weight >4500 grams (9lbs 15oz)	163	1.3%	1	0.4%
Gestation <37 weeks	991	8.1%	0	0
Neonatal Death Rate per 1000 Live Births	48	3.92	1	3.80

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Time Period: January – July 2015

Seven CNMs were granted a waiver to the collaborative agreement to perform OOH births, however only 4 actively performed OOH births. A total of 21 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 18 of those women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 1 was transported during labor to a hospital. Birth outcomes are shown below; 17 of these women gave birth without complication.



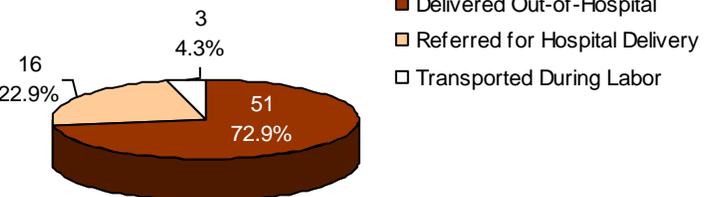
2015 Total South Dakota Resident Live Births = ***			Jan-Dec 2015 Total CNM OOH Births = 19 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	***	***	0	--
Meconium stained fluid	***	***	0	--
3 rd /4 th degree perineal laceration	***	***	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	***	***	0	--
Transferred to hospital/NICU	***	***	1	5.3%
Assisted ventilation required immediately after delivery	***	***	0	--
Assisted ventilation required for more than 6 hours	***	***	0	--
Congenital anomalies	***	***	0	--
Significant birth injuries	***	***	0	--
Weight <2500 grams (5lbs 8oz)	***	***	0	--
Weight >4500 grams (9lbs 15oz)	***	***	0	--
Gestation <37 weeks	***	***	0	--
Neonatal Death Rate per 1000 Live Births	***	***	0	--

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions reported:**
 - a. Woman did not meet OOH birth criteria, referred to physician for hospital birth;
 - b. Woman’s care transferred at 36 weeks gestation for SGA (small for gestational age);
2. **Intrapartum conditions:**
 - a. Woman had stalled labor, face presentation, had good fetal heart tones; transported to hospital, delivered Cesarean, positive outcome;
3. **Neonatal conditions reported:**
 - a. Infant transferred about 40 minutes after delivery due to respiratory grunting and temperature instability; warming applied, blow-by O2 administered; positive outcome.

Time Period: January – December 2014

Seven CNMs were granted a waiver to perform OOH births, only 5 actively performed OOH births. A total of 70 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 51 women delivered in an OOH birth setting; 16 were referred to another provider for a hospital birth; and 3 were transported during labor to a hospital. Birth outcomes are shown below.



2014 Total South Dakota Resident Live Births = ***			2014 Total CNM OOH Births = 54 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	***	***	1	1.4%
Meconium stained fluid	***	***	3	4.3%
3 rd /4 th degree perineal laceration	***	***	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	***	***	0	--
Transferred to hospital/NICU	***	***	3	5.6%
Assisted ventilation required immediately after delivery	***	***	0	--
Assisted ventilation required for more than 6 hours	***	***	0	--
Congenital anomalies	***	***	0	--
Significant birth injuries	***	***	0	--
Weight <2500 grams (5lbs 8oz)	***	***	0	--
Weight >4500 grams (9lbs 15oz)	***	***	0	--
Gestation <37 weeks	***	***	0	--
Neonatal Death Rate per 1000 Live Births	***	***	0	--

Conditions that resulted in transport to a hospital, consultation or referral with a physician:

1. **Pregnancy conditions reported:**
 - a. Woman's care transferred due to gestational diabetes mellitus;
 - b. Woman dilated to 4cm at 32 weeks gestation, care transferred;
 - c. Woman's care transferred due to anemia;
 - d. Woman's care transferred due to high blood pressure;
 - e. Two women transferred due to vaginal birth after cesarean (VBAC);
 - f. Woman's care transferred at 35 weeks: GBS positive; later developed oligohydrodramnios; had emergency cesarean.
2. **Intrapartum conditions:**
 - a. Two women transported to hospital due to prolonged pushing, 3 hours with minimal progress; both positive outcomes;
 - b. Woman transported due to maternal exhaustion; stalled labor;
 - c. Two women transported due to request for pain medications;
 - d. Woman had moderate bleeding in early labor; physician assessed, had negative OB US for placenta previa/abruption; delivered at home, positive outcome.
3. **Postpartum conditions:**
 - a. Woman had vaginal hematoma after birth, transferred to hospital for 24 hour observation;
 - b. Woman had post-partum hemorrhage; admitted to the hospital 7 hours after home delivery. Administered methergin, cytotec, had blood transfusion, received D&C for retained placenta, and Bakri balloon.
 - c. Woman had history of NF1 (neurofibromas), developed IUGR. Referred to maternal-fetal medicine for evaluation. Delivered vaginally at home, developed hypertension/HELLP, transported after delivery by EMS to hospital and admitted for vaginal bleeding and repair of 2nd degree laceration; treated with mag sulfate and blood transfusions.
4. **Neonatal conditions:**
 - a. Infant of woman described in item 3.c. above had meconium present at delivery, infant DeLee suctioned, Apgars 5/8; developed respiratory distress; transported and admitted to NICU.
 - b. Woman had an unattended birth due to poor weather conditions, father delivered infant. EMS notified and arrived shortly after birth; EMS reported infant's head as initially blue, Apgars 9/10. CNM assessed baby as stable but later that day the infant was admitted to NICU for seizures, stroke, blood sugar control.
 - c. Woman had an unattended birth; father delivered infant 6 minutes before CNM arrived. Infant admitted to hospital for observation and suctioning.



2015 Report on South Dakota's Out-of-Hospital Births by Certified Nurse Midwives (CNM) practicing on an Approved Waiver to a Collaborative Agreement with a Physician

Linda Young, RN, MS, FRE,
Nursing Program Specialist
South Dakota Board of Nursing

Overview

In July 2008 legislative approval was granted to allow qualified, licensed, Certified Nurse Midwives (CNM) the opportunity to request a waiver of the collaborative agreement requirement to be able to attend out-of-hospital (OOH) births under certain circumstances; pursuant to SDCL 36-9A-17.3. Following approval of a CNM's request by the Joint Board of Nursing and Medical and Osteopathic Examiners, the CNM may perform OOH birth services in accordance with established guidelines in the waiver. The approval of a waiver remains in effect unless terminated by either the CNM or the Joint Board.

Nurse Midwifery care is the practice of giving care to women during pregnancy, labor, birth and the postpartum period, as well as care to the newborn infant. It also includes the well woman care during all phases of life. Nurse Midwifery care is provided in accordance with standards established by the American College of Nurse Midwives, which promotes safe and competent care.

The goal of selection criteria in an OOH midwifery practice is to identify the client who, by all current medical and midwifery standards and knowledge, has an excellent prognosis for a normal, healthy pregnancy, birth, and postpartum course. Birth site selection is an ongoing process throughout pregnancy, labor, and the postpartum period. Ongoing evaluation of the childbearing woman choosing an OOH birth includes risk screening to assess and identify conditions, identified on page 2, which may indicate a deviation from normalcy which may then require physician involvement and/or alternate birth place selection. In making this assessment, a CNM relies on her training, skill, and clinical judgment. If a referral is needed, the CNM will remain in consultation with the provider until resolution of the concern. To the greatest degree possible it is appropriate for the CNM to maintain care of her client, in accordance with the client's wishes, and remain present through the birth if possible.

To allow for the OOH practice of nurse midwifery in South Dakota, in the absence of a collaborative agreement, the CNM waiver requires:

- Documentation of "Informed Consent" for an OOH birth which is reflective of the midwife's and clients' joint acceptance of a written "Plan of Care". The plan of care is a representative but not an exhaustive list of situations which may assist both the parents and the CNM in decision making. The plan may include information regarding the CNM's responsibilities and parents' rights.
- Review of practice guidelines by each potential client. Upon review, the client will complete an informed consent document that they understand the practice guidelines.
- Written acceptance or refusal of the CNM's recommended care, and information regarding client's conditions/concerns for which a CNM may need to consult with or refer a client to a physician, and/or transfer the client out of CNM's care to a physician's care.
- Documentation of indications for consultation, referral or transfer of care; and a definition of suitable OOH birth clients.
- Appropriate medications and equipment and certifications necessary to assure safety.
- Mechanism for documentation of care, record keeping, continuous quality improvement, and peer review.
- Completion of all required birth registration information with appropriate prenatal data and report any reportable diseases in accordance with South Dakota law for Vital Statistics Reporting to the South Dakota Department of Health.
- Provide documentation to the Joint Board upon request for review, and report within 48 hours any neonatal or maternal mortality in patients for whom she has provided care in the perinatal period.

Conditions on Waiver Requiring Consultation and Possible Alternate Birth Place

Pre-existing:

-
- | | |
|---|---------------------------------------|
| • Asymptomatic cardiac disease; | • Active cancer; |
| • Active tuberculosis; | • Diabetes mellitus; |
| • Asthma, severe or uncontrolled by medication; | • Previous Cesarean section |
| • Renal disease; | • Current alcoholism or abuse; |
| • Hepatic disorders; | • Current drug addiction or abuse; |
| • Endocrine disorders; | • Current severe psychiatric illness; |
| • Significant hematological disorders; | • Isoimmunization; |
| • Significant neurologic disorders; | • Positive for HIV antibody. |
| • Essential hypertension; | |

Pregnancy:

-
- | | |
|--|---|
| • Labor before completion of 36th gestational week; | • Severe anemia, not responsive to treatment; |
| • Lie other than vertex at term; | • Evidence of pre-eclampsia; |
| • Multiple gestations; | • Consistent size/dates discrepancy; |
| • Significant vaginal bleeding; | • Deep vein thrombosis (DVT); |
| • Gestational Diabetes Mellitus, uncontrolled by diet; | |

- Known fetal anomalies or conditions affected by site of birth, with an infant compatible with life;
- Threatened or spontaneous abortion after 12 weeks;
- Abnormal ultrasound findings;
- Isoimmunization;
- Documented placental anomaly or previa;
- Post-term pregnancy;
- Positive HIV antibody test;
- Abnormal fetal surveillance;
- Known hemoglobinopathy or thrombophilia.

Intrapartum:

- Fetal intolerance of labor;
- Abnormal bleeding;
- Thick meconium-stained fluid with birth not imminent;
- Development of pre-eclampsia;
- Maternal fever >100.4 degrees Fahrenheit, unresponsive to treatment;
- Abnormal Presentation;
- Presence of herpes lesions;
- Prolapsed cord;
- Client's desire for pain medication.

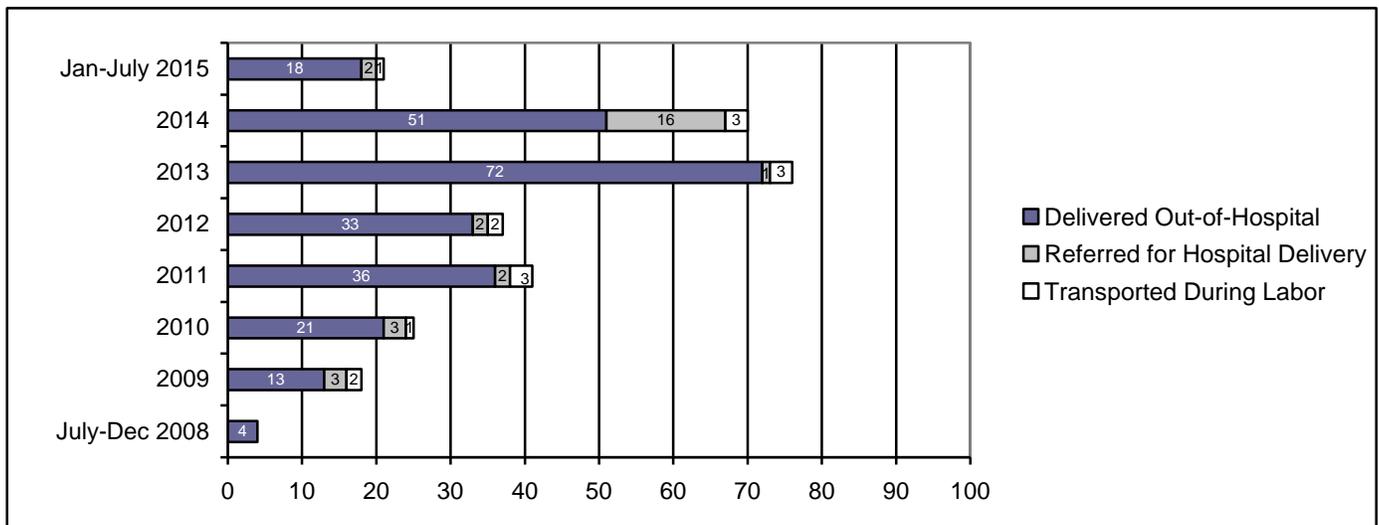
Postpartum:

- Seizure
- Significant hemorrhage, not responsive to treatment;
- Adherent or retained placenta;
- Sustained maternal vital sign instability;
- Uterine prolapse;
- Uterine inversion;
- Repair of lacerations(s)/ beyond CNM's level of expertise;
- Anaphylaxis.

Neonatal:

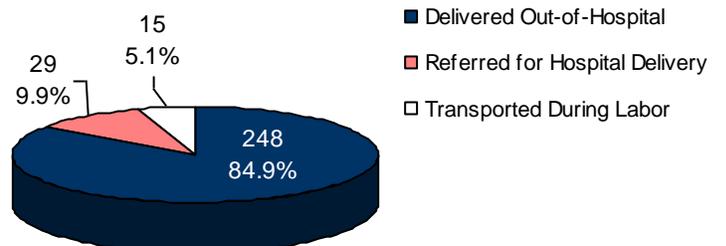
- Apgar score less than 7 at five minutes of age, without significant improvement at 10 minutes;
- Persistent respiratory distress;
- Persistent cardiac irregularities;
- Central cyanosis or pallor;
- Prolonged temperature instability or fever >100.4 degrees Fahrenheit, unresponsive to treatment;
- Significant clinical evidence of glycemic instability;
- Evidence of seizure;
- Birth weight <2300gms;
- Significant clinical evidence of prematurity;
- Significant jaundice or jaundice prior to 24 hours;
- Loss of >10% of birth weight/failure to thrive;
- Major apparent congenital anomalies;
- Significant birth injury.

Annual Outcomes for SD Resident Out-of-Hospital Births Attended by CNMs



Total Birth Outcomes from 2008 – July 2015

Since 2008, a total of 292 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 248 (84.9%) of those women delivered in an OOH birth setting; 29 (9.9%) were referred to another provider for a hospital birth; and 15 (5.1%) were transported during labor to a hospital.

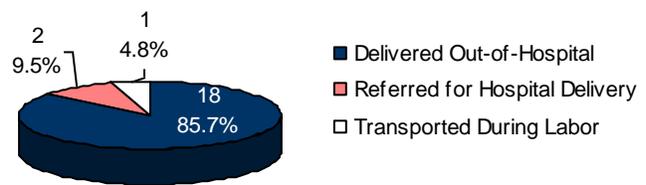


Total South Dakota Resident Live Births in 2013= 12,243*			2008-2015 Total CNM OOH Births = 263 (Not including referred women)	
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	2.3%	1,020	9	3.4%
	3.4%	128	2	0.8%
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Apgar score <7 at 5 min.	196	1.6%	3	1.1%
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Neonatal Death Rate per 1000 Live Births	48	3.92	1	3.80

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Time Period: January – July 2015

Seven CNMs were granted a waiver to the collaborative agreement to perform OOH births, however only 4 actively performed OOH births. A total of 21 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 18 of those women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 1 was transported during labor to a hospital. Birth outcomes are shown below; 17 of these women gave birth without complication.



2015 Total South Dakota Resident Live Births = ***			Jan-Dec 2015 Total CNM OOH Births = 19 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	***	***	0	--
Meconium stained fluid	***	***	0	--
3 rd /4 th degree perineal laceration	***	***	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	***	***	0	--
Transferred to hospital/NICU	***	***	1	5.3%
Assisted ventilation required immediately after delivery	***	***	0	--
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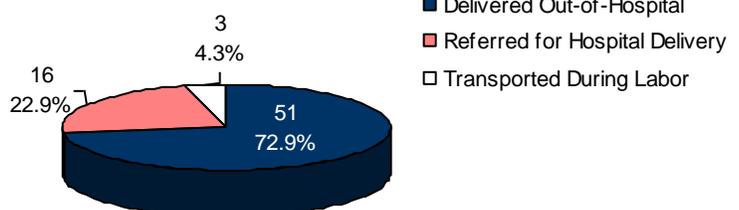
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Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions reported:**
 - a. Woman did not meet OOH birth criteria, referred to physician for hospital birth;
 - b. Woman's care transferred at 36 weeks gestation for SGA (small for gestational age);
2. **Intrapartum conditions:**
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Time Period: January – December 2014

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2014 Total South Dakota Resident Live Births = ***			2014 Total CNM OOH Births = 54 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	***	***	1	1.4%
Meconium stained fluid	***	***	3	4.3%
3 rd /4 th degree perineal laceration	***	***	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	***	***	0	--
Transferred to hospital/NICU	***	***	3	5.6%
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Gestation <37 weeks	***	***	0	--
Neonatal Death Rate per 1000 Live Births	***	***	0	--

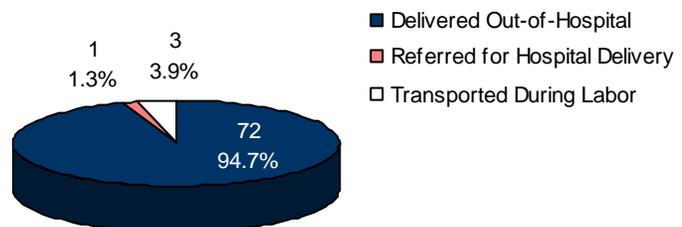
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 - d. Woman's care transferred due to high blood pressure;
 - e. Two women transferred due to vaginal birth after cesarean (VBAC);
 - f. Woman's care transferred at 35 weeks: GBS positive; later developed oligohydroamnios; had emergency cesarean.
2. **Intrapartum conditions:**
 - a. Two women transported to hospital due to prolonged pushing, 3 hours with minimal progress; both positive outcomes;
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 - a. Infant of woman described in item 3.c. above had meconium present at delivery, infant DeLee suctioned, Apgars 5/8; developed respiratory distress; transported and admitted to NICU.
 - b. Woman had an unattended birth due to poor weather conditions, father delivered infant. EMS notified and arrived shortly after birth; EMS reported infant's head as initially blue, Apgars 9/10. CNM assessed baby as stable but later that day the infant was admitted to NICU for seizures, stroke, blood sugar control.
 - c. Woman had an unattended birth; father delivered infant 6 minutes before CNM arrived. Infant admitted to hospital for observation and suctioning.

Time Period: January – December 2013

Six CNMs were granted a waiver to perform OOH births, only 3 actively performed OOH births. A total of 76 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 72 women delivered in an OOH birth setting; 1 was referred to another provider for a hospital birth; and 3 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 77 women had a home birth, less than one percent of resident births in SD (0.6%).



2013 Total South Dakota Resident Live Births = 12,243			2013 Total CNM OOH Births = 75 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	615	5.0%	1	1.3%
Meconium stained fluid	1,020	8.3%	2	2.7%
3 rd /4 th degree perineal laceration	128	1.0%	1	1.3%
Newborn Outcomes				
Apgar score <7 at 5 min.	196	1.6%	1	1.3%
Transferred to hospital/NICU	1,189	9.7%	1	1.3%
Assisted ventilation required immediately after delivery	770	6.3%	0	--
Assisted ventilation required for more than 6 hours	290	2.4%	0	--
Congenital anomalies	98	0.8%	0	--
Significant birth injuries	15	0.1%	0	--
Weight <2500 grams (5lbs 8oz)	770	6.3%	0	--
Weight >4500 grams (9lbs 15oz)	163	1.3%	0	--
Gestation <37 weeks	991	8.1%	0	--
Neonatal Death Rate per 1000 Live Births	48	3.92	0	--

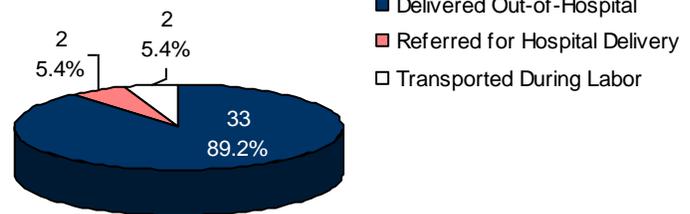
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Intrapartum conditions:**
 - a. Woman transported to hospital for failure to progress, delivered Cesarean, 8/9 Apgar.
 - b. Woman transported to hospital for fetal heart tone decelerations; second episode with slow recovery, oxygen applied, IV therapy initiated; delivered vaginally; 8/9 Apgar.
2. **Neonatal conditions:**
 - a. Infant with nuchal cord x1; infant floppy; Apgar's 4/5/7; DeLee suctioned clear mucous; developed retractions/grunting; oxygen administered, EMS transport to hospital. No assisted ventilation required.

Time Period: January – December 2012

Six CNMs were granted a waiver to perform OOH births, however 4 actively performed OOH births. A total of 37 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 33 women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 2 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 69 women had a home birth in 2012, less than 1% of SD's resident births (0.6%).



2012 Total South Dakota Resident Live Births = 12,092			2012 Total CNM OOH Births = 35 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	775	6.4%	1	2.9%
Meconium stained fluid	937	7.7%	2	5.7%
3 rd /4 th degree perineal laceration	139	1.1%	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	254	2.1%	1	2.9%
Transferred to hospital/NICU	1,130	9.3%	3	8.6%
Assisted ventilation required immediately after delivery	593	4.9%	1	2.9%
Assisted ventilation required for more than 6 hours	238	2.0%	2	5.7%
Congenital anomalies	88	0.7%	1	2.9%
Significant birth injuries	21	0.2%	0	--
Weight <2500 grams (5lbs 8oz)	751	6.2%	0	--
Weight >4500 grams (9lbs 15oz)	154	1.3%	0	--
Gestation <37 weeks	945	7.8%	0	--
Neonatal Death Rate per 1000 Live Births	69	5.71	0	--

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

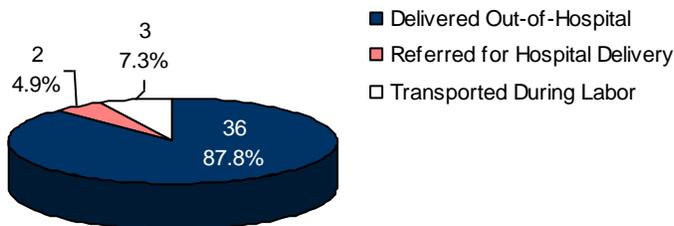
Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions:**
 - a. Woman's care transferred at 38 wks gestation for persistent breech; delivered Cesarean; good outcome.
 - b. Woman's care transferred at 35 wks gestation for positive herpes simplex virus; delivered vaginally, good outcome.
 - c. Maternal fetal medicine physician and CNM followed care of woman with history of infants born with Zellwanger's syndrome. She opted for home birth; infant born with Zellwanger's; infant transported to NICU 2 hours after birth, then discharged home. (Zellwanger's syndrome has no known cure and is incompatible with life.)

2. **Intrapartum conditions:**
 - a. Woman had SROM with light meconium and no active labor for 24 hours. Delivered in hospital; good outcome.
 - b. Woman had SROM at 3:45 AM; CNM called at 4:20 AM. CNM arrived at 5:35 AM, observed woman actively pushing. CNM noted FHT in the 40's with no progress. Oxygen applied, knee-chest position, no cord felt on exam; EMS called at 5:45 AM, the hospital ER notified to prepare for possible C-section. The woman arrived at the hospital at 6:30 AM, the admitting physician noted FHTs in the 130-140s, -4 station, light meconium, delivered vaginally at 7:21 AM. Infant had thick meconium, Apgar 2/4/6, deep suctioned, respiratory support provided. Five hours after birth, infant transferred to NICU, intubated, and discharged 2 weeks later.
3. **Neonatal conditions:**
 - a. Infant delivered vaginally at 39 weeks gestation, Apgar's 9/10; developed respiratory distress; oxygen and antibiotics administered, transported to NICU; good outcome.

Time Period: January – December 2011

Seven CNMs were granted a waiver to perform OOH births, however 3 actively performed OOH births. A total of 41 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 36 women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 3 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 66 women had a home birth in 2011, less than 1% of SD's resident births (0.6%).



2011 Total South Dakota Resident Live Births = 11,834			2011 Total CNM OOH Births = 39 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	777	6.6%	2	5.1%
Meconium stained fluid	856	7.2%	1	2.6%
3 rd /4 th degree perineal laceration	158	1.3%	1	2.6%
ewborn Outcomes				
Apgar score <7 at 5 min.	154	1.3%	0	--
Transferred to hospital/NICU	1,010	8.5%	0	--
Assisted ventilation required immediately after delivery	478	4.0%	0	--
Assisted ventilation required for more than 6 hours	202	1.7%	0	--
Congenital anomalies	91	0.8%	0	--
Significant birth injuries	14	0.1%	0	--
Weight <2500 grams (5lbs 8oz)	746	6.3%	0	--
Weight >4500 grams (9lbs 15oz)	142	1.2%	1	2.6%
Gestation <37 weeks	940	7.9%	0	--
Neonatal Death Rate per 1000 Live Births	46	3.89	0	--

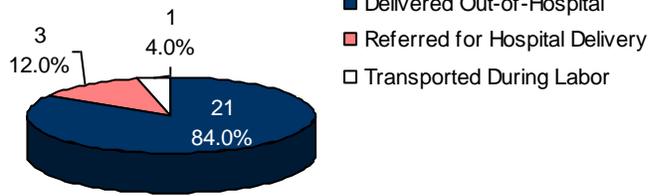
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions:**
 - a. Woman had SROM at 35 weeks; delivered in the hospital;
 - b. Woman had polyhydramnios, unstable lie; induced in hospital after ROM; AFI>20; delivered vaginally; good outcome.
 - c. Woman had early previa, which resolved, delivered in an OOH setting without complication.
 - d. Two women had sonogram evaluations; both women delivered in an OOH birth setting without complication.
2. **Intrapartum conditions:**
 - a. Woman transported to hospital for maternal exhaustion and arrested contractions in 2nd stage labor; received Pitocin, internal monitoring, epidural; delivered vaginally, good outcome.
 - b. Woman transported to hospital for maternal exhaustion and episode of Brady lasting 3 minutes; delivered vaginally with forceps in ED, no complications.
 - c. Woman transported to hospital for FHT deceleration; received O2, IV fluids, amnioinfusion, epidural; delivered vaginally with vacuum assist, good outcome.
3. **Postpartum conditions:**
 - a. Woman transported to hospital after OOH delivery for perineal repair of 4th degree tear; returned home after.
4. **Neonatal conditions:**
 - a. Still born; at 38th week visit woman had no fetal movement for 2 days. US revealed intrauterine fetal demise (IUID). Physician confirmed IUID. Woman requested home birth and delivered a still born with no obvious deformities. Infant had tight nuchal cord x2; autopsy refused.

Time Period: January – December 2010

Four CNMs were granted a waiver to perform OOH births, however one actively performed OOH births. A total of **25** women requested the services of a CNM for an OOH birth. As shown in the pie chart, 21 women delivered in an OOH birth setting; 3 were referred to another provider for a hospital birth; and 1 was transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health’s 2013 Natality Report revealed that 67 women had a home birth in 2010, less than 1% of SD’s resident births (0.6%).



2010 Total South Dakota Resident Live Births = 11,795			2010 Total CNM OOH Births = 22 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	959	8.1%	0	--
Meconium stained fluid	863	7.3%	1	4.5%
3 rd /4 th degree perineal laceration	189	1.6%	0	--
ewborn Outcomes				
Apgar score <7 at 5 min.	165	1.4%	0	--
Transferred to hospital/NICU	1045	8.9%	0	--
Assisted ventilation required immediately after delivery	539	4.6%	0	--
Assisted ventilation required for more than 6 hours	253	2.1%	0	--
Congenital anomalies	91	0.8%	0	--
Significant birth injuries	24	0.2%	0	--
Weight <2500 grams (5lbs 8oz)	811	6.9%	0	--
Weight >4500 grams (9lbs 15oz)	120	1%	0	--
Gestation <37 weeks	1012	8.6%	0	--
Neonatal Death Rate per 1000 Live Births	56	4.75	0	--

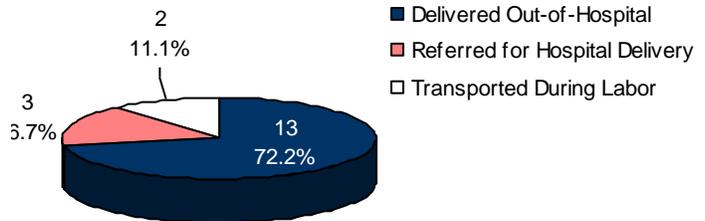
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in transport to a hospital, consultation or referral with a physician:

1. **Pregnancy conditions:**
 - a. Woman’s care transferred due to preterm labor at 36 weeks gestation; good outcome.
 - b. Woman’s care transferred due to hypertension and toxemia; induced at 37 weeks; good outcome.
 - c. Woman’s care transferred due to intrauterine growth retardation at 36 weeks.
2. **Intrapartum conditions:**
 - a. Woman transported in early labor due to heavy meconium; delivered vaginally, good outcome.
3. **Postpartum conditions:**
 - a. Woman referred to physician for hypertension 3 days postpartum.
4. **Neonatal conditions:**
 - a. OB US at 20 weeks revealed possible renal pyelectasis, neonate referred for evaluation of kidney status after delivery.

Time Period: January – December 2009

Three CNMs were granted a waiver to perform OOH births, however one actively performed OOH births. A total of **18** women requested the services of a CNM for an OOH birth. As shown in the pie chart, 13 women delivered in an OOH birth setting; 3 were referred to another provider for a hospital birth; and 2 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health’s 2013 Natality Report revealed that 57 women had a home birth in 2009, less than 1% of SD’s resident births (0.5%).



2009 Total South Dakota Resident Live Births = 11,930			2009 Total CNM OOH Births = 15 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	984	8.4%	1	6.7%
Meconium stained fluid	926	7.9%	0	--
3 rd /4 th degree perineal laceration	214	1.8%	0	--
ewborn Outcomes				
Apgar score <7 at 5 min.	179	1.5%	1	6.7%
Transferred to hospital/NICU	978	8.2%	0	--
Assisted ventilation required immediately after delivery	514	4.3%	0	--
Assisted ventilation required for more than 6 hours	206	1.7%	0	--

Congenital anomalies	97	0.8%	0	--
Significant birth injuries	22	0.2%	0	--
Weight <2500 grams (5lbs 8oz)	700	5.9%	0	--
Weight >4500 grams (9lbs 15oz)	124	1%	0	--
Gestation <37 weeks	488	4%	0	--
Neonatal Death Rate per 1000 Live Births	45	3.77	1	6.7%

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions:**

- Premature ROM, preterm labor at 34 weeks gestation; delivered in the hospital; good outcome;
- Suspected Herpes; had a Cesarean section with a good outcome;
- Polyhydramnios; delivered in a hospital; good outcome.

2. **Intrapartum conditions:**

- Maternal exhaustion, failure to progress, cervical swelling; received epidural, delivered vaginally; good outcome;
- Two episodes of FHT decelerations in 70-80s, oxygen applied. Following second episode, FHT recovery was greater than one minute; EMS called. Admitted to hospital after 20 minutes. CNM provided report to physician. Three hours later, stillborn delivered vaginally; physician documented, "when the mother arrived here, the strip had some variables, but otherwise was non-concerning. ... The strip shows that there were good fetal heart tones, even up to a minute prior to delivery."

Time Period: July – December 2008

One CNM was granted a waiver to perform OOH births. A total of 4 women requested the services of a CNM for an OOH birth; all 4 women delivered in an OOH birth setting. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 50 women had a home birth in 2008, less than 1% of SD's resident births (0.4%).

2008 Total South Dakota Resident Live Births = 12,074			2008 Total CNM OOH Births = 4	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	906	7.5%	0	--
Meconium stained fluid	860	7.1%	0	--
3 rd /4 th degree perineal laceration	186	1.5%	0	--
ewborn Outcomes				
Apgar score <7 at 5 min.	187	1.5%	0	--
Transferred to hospital/NICU	1,064	8.8%	0	--
Assisted ventilation required immediately after delivery	553	4.6%	0	--
Assisted ventilation required for more than 6 hours	334	2.8%	0	--
Congenital anomalies	104	0.9%	0	--
Significant birth injuries	13	0.1%	0	--
Weight <2500 grams (5lbs 8oz)	783	6.5%	0	--
Weight >4500 grams (9lbs 15oz)	163	1.4%	0	--
Gestation <37 weeks	796	6.6%	0	--
Neonatal Death Rate per 1000 Live Births	61	5.03	0	--

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

August 12, 2015

Memo:

To: Members of the Joint Board of Nursing and Medical and Osteopathic Examiners

From: Gloria Damgaard, Executive Director, SD BON and Margaret Hansen, Executive Director, SDBOME

RE: Review of Direct Supervision Definition for Medical Assistants and Review of ARSD 20:62:03:03, 20:62:03:04 and 20:62:03:05 for Nurse Practitioners and Nurse Midwives

Issue: Following the Primary Care Oversight Committee meeting in May 2015, there was an interest in looking at any potential barriers in statute/rule/board interpretation that would prohibit telehealth being used to its fullest potential to help assure accessibility to health care services. The Department of Health has asked that this issue be raised by the Joint Board of Nursing and Board of Medical and Osteopathic Examiners. Specifically, we have been asked to consider updates to the definition of “direct supervision” for medical assistants to allow for supervision by means of telehealth.

Review of Medical Assistants Definition of Direct Supervision. According to SDCL 36-9B, medical assistants practice under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota. The current definition of “direct supervision” was adopted by the Joint Board in 1994 on the recommendation of a joint subcommittee. The definition reads as follows:

“Direct supervision” of a medical assistant means supervision of all activities performed by the medical assistant. Should the physician be unable to provide on-site supervision, supervision by a properly supervised physician’s assistant, nurse practitioner, or nurse midwife shall satisfy the medical assistant act’s direct supervision requirements. (SD Joint Board 06/1994.)

SDCL 36-9B-2 lists the duties that a medical assistant may perform under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota. These duties include:

36-9B-2. Duties. A medical assistant under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota may perform the following duties:

- (1) Performing clinical procedures to include:
 - (a) Performing aseptic procedures;
 - (b) Taking vital signs;
 - (c) Preparing patients for examination;
 - (d) Phlebotomous blood withdrawal and non-intravenous injections; and
 - (e) Observing and reporting patients' signs or symptoms;
- (2) Administering basic first aid;
- (3) Assisting with patient examinations or treatment;
- (4) Operating office medical equipment;
- (5) Collecting routine laboratory specimens;
- (6) Administering medications by unit dosage;
- (7) Performing basic laboratory procedures; and
- (8) Performing office procedures including all general administrative duties.

Draft Revision: *“Direct supervision” of a medical assistant means supervision of all duties performed by the medical assistant in accordance with SDCL 36-9B-2. Direct supervision is provided by a licensed physician, physician assistant, nurse practitioner or nurse midwife who is physically on site or available by telehealth technology.*

The draft definition is consistent with the supervision requirements of an LPN practicing in a stable nursing situation. ARSD 20:48:01 (12). “Minimal supervision,” supervision given by a registered nurse, licensed physician, or dentist who is physically on the premises where the client is being cared for or readily available by telephone.

Action Required: Accept, reject, or modify the draft definition of direct supervision for medical assistants.

1. Review of Nurse Practitioner and Nurse Midwife Rules Related to Collaboration by Direct Personal Contact (ARSD 20:62:03:03, 20:62:03:04, 20:62:03:05).

The BON would also like the Joint Boards to consider similar updates to the definition of direct personal contact for nurse practitioners and nurse midwives. Please review the following rules related to direct personal contact for collaboration. The following changes are provided as a draft revision to allow the collaboration to take place by means of telehealth technology.

20:62:03:03. Collaboration with a licensed physician or physicians. A nurse practitioner or nurse midwife may perform the overlapping scope of advanced practice nursing and medical functions defined in SDCL 36-9A-12 and 36-9A-13, in collaboration with a physician or physicians licensed under SDCL chapter 36-4. Collaboration by direct personal contact with each collaborating physician must occur no less than twice each month. ~~unless it is established in the collaborative agreement that one of the twice monthly meetings may be held by telecommunication.~~ Collaboration with each collaborating physician shall occur at least once per month by direct personal contact.

20:62:03:04. Direct personal contact. For purposes of this chapter, the term, direct personal contact, means that both the collaborating physician and the nurse practitioner or nurse midwife are physically present or available by means of telehealth technology ~~on site and available~~ for the purposes of collaboration. When the collaborating physician is not in direct personal contact with the nurse practitioner or nurse midwife, the physician must be available by telecommunication. If the boards consider additional direct personal contact necessary for a nurse practitioner or nurse midwife, they shall set the terms of that additional collaboration and require inclusion of those terms in that nurse practitioner's or midwife's collaborative agreement as a condition for its approval.

20:62:03:05. Collaboration – Separate practice location. In addition to the required two meetings per month, the collaborating physician must be physically present ~~on site~~ or available by means of telehealth technology every ninety days at each practice location. This requirement does not apply to locations where health care services are not routine to the setting, such as patient homes and school health screening events.

Action Required: Accept reject or modify the draft revisions to the administrative rules.

**South Dakota Board of Nursing and
Board of Medical and Osteopathic Examiners**

JOINT BOARD MEETING

**Thursday, September 10, 2015
9:00 A.M. (CST)
Board Conference Room, Suite 215 on 2nd Floor
101 N. Main Avenue, Sioux Falls, SD**

AGENDA

1. Call to Order & Roll Call
 - Presiding Officer – Brent Lindbloom
 - Secretary – Kristen Possehl
2. Approval of Minutes: September 11, 2014
3. Approval of Agenda
4. Reports
 - a. Financial Report of Activity Fiscal Year 2015
 - b. Report on Out-of-Hospital Births Performed by Certified Nurse Midwives
 - c. Health Professionals Assistance Program (HPAP) Report
5. New Business
 - a. Definition of “Direct Supervision” of Medical Assistants
 - b. Proposed Revisions to ARSD 20:62
 - c. Discipline Cases
 - d. Election of Officers
 - i. Administrative Rule 20:62:01:05. Presiding officer and secretary. At the annual meeting of the boards, the last order of business shall be to elect a presiding officer and a secretary of the boards to serve through the next annual meeting. One officer shall be elected from each of the two separate boards.
 - e. Date of Next Joint Board Meeting: September 8, 2016
 - i. 20:62:01:02. Annual meetings. An annual meeting of the boards shall be held each year in September at a place designated by the presiding officer of the boards.
6. Adjournment



MINUTES
Joint Board Meeting
South Dakota Board of Nursing and
South Dakota Board of Medical and Osteopathic Examiners
September 11, 2014

SD Board of Medical and Osteopathic Examiners Members:

Kevin Bjordahl, MD	Present
Deb Bowman	Present
Walter Carlson, MD	Present
Mary Carpenter, MD	Present
Bernie Christenson	Absent
David Erickson, MD	Present
Laurie Landeen, MD	Present
Brent Lindbloom, DO	Absent, Secretary
Jeffrey Murray, MD	Present

SD Board of Nursing Members:

Darlene Bergeleen, RN	Present
Diana Berkland, RN	Present
Christine Callaghan, LPN	Absent
June Larson, RN	Present, Presiding Officer
Adrian Mohr	Present
Jean Murphy, RN	Present
Nancy Nelson, RN	Present
Sharon Neuharth, LPN	Present
Betty Oldenkamp	Absent
Kristin Possehl, RN	Present
Mary Schmidt, LPN	Present

Staff Present:

Margaret Hansen, PA-C, MPAS	SD BMOE Executive Director
Gloria Damgaard, RN, MS	SD BON Executive Director
Linda Young, RN, MS	SD BON Staff
Jane Phalen	SD BMOE Staff
Erin Matthies	SD BON Staff
Jill Vanderbush	SD BON Staff
William Golden	SD BMOE Attorney
Kristine O'Connell	SD BON Attorney
Roxanne Giedd	SD BMOE Attorney

- 1. Call to Order and Roll Call** Presiding Officer J Larson called the meeting to order at 9:06 a.m. on September 11, 2014.
- 2. Approval of Minutes** The September 11, 2013 minutes were approved as presented in a unanimous voice vote.
- 3. Approval of the Agenda** The agenda was approved as presented in a unanimous voice vote.
- 4. Reports**
 - a. Financial Report of Activity** G Damgaard presented the Joint Board financial report for the 2014 fiscal year and responded to questions. Discussion was held on revenue, expenses, the number of new graduates licensed annually, educational preparation of nurse practitioners (NP), and Mount Marty College's NP program accreditation.



MINUTES
Joint Board Meeting
South Dakota Board of Nursing and
South Dakota Board of Medical and Osteopathic Examiners
September 11, 2014

MOTION

D Erickson moved approval of the financial report. Seconded by J Murray. The financial report was approved as presented in a unanimous voice vote.

- b. Report on Out-of-Hospital Births
Performed by Certified Nurse
Midwives

L Young presented the 2014 report and responded to questions. The number and outcomes of women choosing an out-of-hospital birth attended by a CNM were discussed. M Carpenter requested a subcommittee meet twice a year to discuss birth outcomes. L Young will coordinate meetings in January and July/August with board members, L Landeen, B Lindbloom, D Berkland, K Possehl, and board staff.

MOTION

D Erickson moved to accept the report. Seconded by K Bjordahl. The Report on Out-of-Hospital Births Performed by CNMs was approved as presented in a unanimous voice vote.

5. New Business

- a. Election of Officers

Administration Rule 20:62:01:05. Presiding officer and secretary. At the annual meeting of the boards, the last order of business shall be to elect a presiding officer and a secretary of the boards to serve through the next annual meeting. One officer shall be elected from each of the two separate boards.

MOTION

M Carpenter moved to nominate B Lindbloom for Presiding Officer. Seconded by W Carlson. B Lindbloom was approved as Presiding Officer for the 2015 meeting in a unanimous voice vote.

MOTION

D Berkland moved to nominate K Possehl for Secretary. Seconded by S Neuharth. K Possehl was approved as Secretary for the 2015 meeting in a unanimous voice vote.

- b. Date of Next Joint Board Meeting

Administrative Rule 20:62:01:02. Annual Meetings. An annual meeting of the boards shall be held each year in September at a place designated by the presiding officer of the boards.

The next Joint Board Meeting will be held at 9 a.m., Thursday, September 10, 2015.

6. Adjournment

MOTION

K Possehl moved to adjourn the meeting. Seconded by N Nelson. All members approved by unanimous voice vote.

Meeting adjourned at 9:36 a.m.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Thursday, June 11, 2015
9:00 A.M. (CT)
Public Board Meeting
Board Conference Room
101 N. Main Ave., **Suite 215**
Sioux Falls, SD

Board Members:

Ste.215: Kevin Bjordahl, MD; Walter Carlson, MD; Mary Carpenter, MD; David Erickson, MD;
Laurie Landeen, MD; Jeffrey Murray, MD

Via DDN¹: Ms. Deborah Bowman; Brent Lindbloom, DO; Mr. David Lust

Absent: None

Board Staff:

Ste. 215: Margaret Hansen, PA-C; Mr. Tyler Klatt; Ms. Jane Phalen, Misty Rallis

Counsel:

Ste. 215: Steven Blair, Board counsel
William Golden, Staff counsel

Via DDN: Ellie J. Bailey

1. Dr. Mary Carpenter, President of the Board, called the public meeting to order at 9:00 am. Ms. Bowman, Dr. Lindbloom and Mr. Lust participated by DDN. Roll was called, a quorum was established. A motion to approve the agenda was ratified by voice vote (Murray/unanimous).
2. A motion accept and approve the March 11, 2015 Board meeting minutes as amended was ratified by voice vote (Bjordahl/unanimous).
3. The executive director presented the financial report and executive summary. A motion to approve the financial report was ratified by voice vote (Landeen/unanimous).
4. A motion to approve the new licenses, permits certificates and registrations issued between March 1, 2015, through May 31, 2015 was ratified by voice vote (Erickson/unanimous).
5. Mr. Tyler Klatt presented reports from the meeting of the following Advisory Committees:
 - a. Nutrition and Dietetics continues work with draft continuing education rules to recommend to the Board,
 - b. Genetic Counselor continues work with draft statute clean-up and update due to national certification body name changes and an addition of a new professional degree;
 - c. Occupational Therapy is reviewing existing rules for clean-up and updating purposes;
 - d. Physical Therapy continues work with draft continuing education rules to recommend to the Board.A motion to approve the re-appointment of Cathy Sulentic-Morcom, PT, to the Physical Therapy Advisory Committee was ratified by voice vote (Erickson/unanimous).
6. White Papers Discussions: continuing medical education (CME), board certification, and medical malpractice. The Board discussed the White papers prepared by staff for physician continuing medical education, maintenance of certification and maintenance of licensure. A motion to direct staff to research which American Board of Medical Specialty (ABMS) boards require CME and which do not was ratified by voice vote (Bowman/unanimous). A motion to add a question to the renewal application asking whether a physician has malpractice insurance was ratified by voice vote (Carlson/unanimous).

¹ Dakota Digital Network (DDN)

Discussion was held regarding administrative rules for prescribing opioids for the treatment of pain, and documenting opioid prescribing in the medical record. Dr. Landeen and Mr. Klatt attended a South Dakota Medical Association (SDSMA) meeting regarding prescribing opioids. An SDSMA draft of recommendations providing guidance to prescribers was presented to the Board for information. An SDSMA request for funds for educational purposes was discussed and the Board was advised by counsel that the Board did not have the legal authority to provide the funds. The Board has authority to write rules for physicians for licensure, fees, and inspections but not for education programs. Board members were asked to volunteer to participate in SDSMA opioid issue meetings. Dr. Landeen and Ms. Bowman agreed to volunteer and Dr. Carlson and Dr. Murray agreed to serve as back up volunteers. A motion was made to suspend the Board's hearing on opioid prescribing rules and to have staff explore additional research and outreach (Bjordahl/unanimous).

7. FSMB House of Delegates – adopted model policies were discussed. The staff was directed to conduct a review of the medical practices act in comparison to the FSMB policies, and then report at the September or December Board meeting
8. The executive director report was presented for information. The staff requests that the Board clarify whether the Locum Tenens Certificate can or cannot be renewed. Statute does not provide renewal language. A motion to direct staff to prepare a draft of a proposed administrative rule to clarify that the Locum Tenens Certificate would be renewable one time for up to a second 60 consecutive days only if the physician applicant has submitted an application for the full medical license was ratified by voice vote (Landeen/unanimous).
9. Staff presented a draft annual report.
10. Board member biographies were discussed.

Discussion was held regarding the process for a Board member to recommend a topic for a Board meeting agenda item. Board members may contact the Board president or the executive director to add items to the agenda. The agenda will be finalized three weeks in advance of the Board meeting. Staff was directed to work with the Board of Nursing to obtain more information and raw data so that the assigned Board member could conduct a more meaningful review in cases co-regulated by both boards.

11. Public Hearings: Board members assigned to a case do not deliberate or vote in that case (ARSD 27:78:05:05)
 - a. EMT Student Status applicant Colin J. Boone participated in an administrative hearing on February 6, 2105, and the resulting Findings of Fact, Conclusions of Law and hearing judge's recommendation were scheduled to be presented to the Board for a final decision. Mr. Boone stated he had new evidence in his case. A motion to refer Mr. Boone's case back to the administrative judge was ratified by voice vote (Carlson/unanimous). The assigned Board member, Dr. Landeen, did not participate in the discussion, deliberation or vote.
 - b. A motion to accept and approve Advanced EMT licensee Todd A. Thornton's Stipulation and Agreement was ratified by voice vote (Erickson/unanimous). The assigned Board member, Dr. Bjordahl, did not participate in the discussion, deliberation, or vote.
 - c. A motion to accept and approve EMT Paramedic licensee Brian Gilley's Voluntary Surrender of the Paramedic License was ratified by voice vote (Carlson/unanimous). The assigned Board member, Mr. Lust, did not participate in the discussion, deliberation or vote.

- d. A motion to accept and approve William P. Ford, Respiratory Care Practitioner applicant's Stipulation and Agreement was ratified by voice vote (Bjordahl/unanimous). The assigned Board member, Dr. Erickson, did not participate in the discussion, deliberation or vote.
 - e. Mr. William Griffin requested the withdrawal of his Physical Therapist license application while under investigation. A motion that the application be deemed Withdrawn under Investigation was ratified by the Board (Erickson/unanimous).
12. Confidential Physician Hearings (Closed Session pursuant to SDCL 36-4-31.5 unless privilege is waived by physician): Board members assigned to a case do not deliberate or vote in that case (ARSD 27:78:05:05). The public meeting resumed at 1:17 pm.
- a. A motion to accept and approve applicant Dr. Nielsen H. Burns' Consent Agreement with Reprimand and Conditions was ratified by voice vote (Erickson/unanimous). The assigned Board member, Ms. Bowman, and Dr. Lindbloom did not participate in the deliberation, discussion or vote.
 - b. A motion to approve licensee Dr. Toseef M. Khan's Consent Agreement with Reprimand was ratified by voice vote (Bjordahl/unanimous). The assigned Board member, Dr. Erickson, did not participate in the deliberation, discussion or vote.
13. The South Dakota Health Professionals Assistance Program (HPAP) consultant Midwest Health Management Services, LLC, presented their report to the Board. The Board reviewed the approved budget.
14. The annual election of officers was held after discussion that all members of the Board are eligible to serve as officers. A motion to accept and approve a slate of nominees as follows: President: Dr. Carlson; Vice President: Dr. Bjordahl; Secretary: Dr. Lindbloom. This motion was ratified by voice vote (Erickson/unanimous).
15. A motion to enter executive session at 1:30 pm pursuant to SDCL 1-25-2(3) to consult with legal counsel was ratified by voice vote (Landeem/unanimous). The public meeting resumed at 2:55 pm. A motion that the Board direct Dr. Carlson to contact a private attorney to represent the Board for a hearing was ratified by voice vote (Bowman/unanimous)
16. Future board meetings are as follows:
- a. 2015:
 - i. Thursday, September 10. Regular board meeting will follow the Joint Board Meeting which begins at 9:00 am
 - ii. December 3, 2015
 - b. 2016:
 - i. Wed. March 2 and Thurs. March 3
 - ii. FSMB Annual Meeting: April 28 – 30 – San Diego, CA
 - iii. Thurs. June 2;
 - iv. Thurs. September 8;
 - v. Thurs. December 1

A motion to adjourn the meeting at 3:00 pm was ratified by voice vote (Carlson/unanimous)

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Tuesday, July 21, 2015

12:15 P.M. (CT)

Public Board Meeting

Board Conference Room

101 N. Main Ave., **Suite 215**

Sioux Falls, SD

Special Telephonic Board Meeting

Board Members:

Ste.215: Walter Carlson, MD;

Via phone: Ms. Deborah Bowman; Mary Carpenter, MD; David Erickson, MD; Laurie Landeen, MD; Jeffrey Murray, MD

Mr. David Lust

Absent: Brent Lindbloom, DO; Kevin Bjordahl, MD

Board Staff:

Ste. 215: Margaret Hansen, PA-C; Mr. Tyler Klatt; Ms. Jane Phalen, Misty Rallis

Counsel:

Ste. 215: William Golden, Staff counsel

Via phone: Steven Blair, Board counsel

1. Dr. Carlson, President of the Board, called the meeting to order at 12:15 pm. Roll was called and a quorum was confirmed. A motion to approve the agenda was ratified by voice vote (Erickson/unanimous).
2. A motion to approve Board member Mary Carpenter, MD, and Ms. Margaret Hansen, executive director, as South Dakota's commissioners to the Interstate Medical Licensure Compact Commission, and Board member Ms. Deb Bowman as South Dakota's alternate commissioner, was ratified by voice vote (Murray/unanimous) Dr. Carpenter abstained from the vote.

A motion to adjourn the meeting at 12:23 pm was ratified by voice vote (Erickson/unanimous).

New licenses, permits, certificates and registrations issued from June 1, 2015 through August 31, 2015

Advanced EMT: 5

Athletic Trainer: 24

Dietician/Nutritionist: 11

EMT Student Status: 17

Genetic Counselors: 13

Genetic Counselor Temporary: 2

Medical Assistants: 16

Medical Corporations: 1

Medical License (MD/DO): 126

Nutritionist Temporary: 1

Occupational Therapists: 7

Occupational Therapist Temporary Permit: 0

Occupational Therapy Assistants: 11

Occupational Therapy Assistants Temporary Permit: 1

PA Corporation: 1

Paramedics: 22

Physical Therapist Assistants: 17

Physical Therapists: 18

Physician Assistants: 23

Physician Assistant Temporary: 0

Physician Locum Tenens (60-Day Certificates): 19

Resident License: 55

Respiratory Care Practitioners: 20

Respiratory Care Practitioners Temporary Permit: 0

Total: 410

Advanced EMT License

Total 5

License Number	Name	Address	Specialty	Issue Date
1949	Jean Marie Scherschligt	805 Capitol Street, Yankton, SD 57078-1060		6/2/2015
1962	Joseph John Denison	19726 455th Ave, Arlington, SD 57212		7/17/2015
1966	Allison Marie Bonde	2302 Jennings Avenue, Hot Springs, SD 57747		8/4/2015
1973	Melissa Anne Holton	1036 Bradford Park Road, Mount Juliet, TN 37122		8/19/2015
1964	Michael James Slowey	101 Summer Street, Yankton, SD 57078		7/23/2015

Athletic Trainer License

Total 24

License Number	Name	Address	Specialty	Issue Date
0485	Deborah Ann Fanning	168 Climo Lane, Zelienople, PA 16063		6/23/2015
0495	Jessica Rose Brestel	2933 N 43rd Street, Lincoln, NE 68504		8/5/2015
0491	Janelle Josephine Berg	323 N 61st Avenue West, Duluth, MN 55807		7/21/2015
0490	Jennifer Lynn Luper-Lark	216 1/2 W 12th Ave, Mitchell, SD 57301		7/14/2015
0496	Megan Ellen Cottier	2515 Heritage Lane, Fremont, NE 68025		8/5/2015
0501	Jenna Elizabeth Uher	507 W 5th , Wilber, NE 68465		8/11/2015
0486	Kylea Jo Sheley	815 1/2 W Main St, Vermillion, SD 57069		7/1/2015
0487	Daniel Reuben Bareis	213 North Berry Pine Road, Rapid City, SD 57702		7/1/2015
0493	Rebecca Marie Cover	13563 Lillian Street, Omaha, NE 68138		7/30/2015
0500	Austin Dwaine Mueller	6405 W 54th Street, Sioux Falls, SD 57106		8/11/2015
0504	Matthew Alvin Bosma	28536 390th Avenue, Armour, SD 57313		8/21/2015
0503	Paul Brian Bindert	43442 204th St., De Smet, SD 57231		8/13/2015
0505	Elizabeth Marie Flom	354 S Gilbert Street, Apt 1, Powell, WY 82435		8/24/2015
0502	Samantha Lynn Bednar	1075 Park Side Drive, Huron, SD 57350		8/13/2015
0506	Victoria Louise Hanline	2301 Denver Avenue, Spirit Lake, IA 51360		8/24/2015
0492	Bryce Whelan Berletic	3531 Ogden Court NE, Rochester, MN 55906		7/28/2015
0497	Woodrow Oliver Dahl	1805 Bayview Drive, Albert Lea, MN 56007		8/5/2015
0488	Kierstin Rebecca Streff	23267 Agee Lane, Waterloo, NE 68069		7/2/2015
0489	Pamela Jean Hansen	3905 S Grand Slam Place #3, Sioux Falls, SD 57110		7/9/2015
0494	Alex Daniel Meyer	401 Smith Ave, Heron Lake, MN 56137		8/4/2015
0499	Jordan Thomas Faimon	35837 Road 704, Stratton, NE 69043-5613		8/11/2015
0484	Katie Rae Shearer	2901 N Ohlman Apt 9, Mitchell, SD 57301		6/19/2015

0498

Braxton William Smith

402 East State Street, Marion, SD 57043

8/5/2015

0507

Brandon James Tetrault

1121 S. Jay Street, Aberdeen, SD 57401

8/26/2015

Dietician/Nutritionist License

Total 11

License Number	Name	Address	Specialty	Issue Date
0532	Donna Marie DiMartino	7626 22nd Street N, Oakdale, MN 55128		8/5/2015
0531	Teresa April Westmoreland	4108 Candlewood Place, Rogers, AR 72758		8/4/2015
0529	Allison Paige Reuer	804 East 1st Street, Apt 2 Redfield, SD 57469		7/14/2015
0526	Katherine Marie Howard	3801 Baldwin Ave Apt 27, Lincoln, NE 68504		7/1/2015
0530	Emily Ann Miller	2904 S Hidden Place #11, Sioux Falls, SD 57106		7/30/2015
0527	Kelsey Hertsgaard Kincaid	5000 W St James Street #8, Sioux Falls, SD 57106		7/6/2015
0522	Lauren Elizabeth Hubers	48246 264th Street, Brandon, SD 57005		6/3/2015
0525	Tina Carolyn Layton	29 Middle Road, Deerfield, NH 03037		6/30/2015
0524	Amy Sue Ramsey	3309 Valley Creek Circle, Middleton, WI 53562		6/12/2015
0533	Celine Mukeyina Kabala	5504 W Abbey Lane, Sioux Falls, SD 57106		8/14/2015
0528	Lindsay Marie Gaucher	10 Longwood Drive, Hampton, NH 03842		7/9/2015

EMT Student Status

Total 17

License Number	Name	Address	Specialty	Issue Date
3657	Timothy Leland Dupris Mahto	317 Main Street, House #69, Eagle Butte, SD 57625		6/1/2015
3669	Tina Rayette Aungie	PO Box 1681, Eagle Butte, SD 57625		8/18/2015
3658	Elizabeth Diane Scharton	4521 E Ashbury Place #201, Sioux Falls, SD 57110		6/15/2015
3670	Hannah Leigh Updike	28630 Lennon School Road, Oelrichs, SD 57763		8/19/2015
3660	Jessica Marie Patterson	2231 Chevelle Circle, Sturgis, SD 57785		8/15/2015
3661	Amanda Lynn Hill	3220 Lazelle Street, Sturgis, SD 57785		7/14/2015
3671	Anthony Michael Hobson	811 Ennen Drive, Rapid City, SD 57703		8/21/2015
3662	Michael Joseph Kurgan	12610 Pine Shadows Road, Hot Springs, SD 57747		7/14/2015
3665	Carolyn Maurine Whitney	2062 Promise Road, Apt 1109, Rapid City, SD 57701		8/15/2015
3672	Kirsten Laura Torgerson	815 Jonas Blvd, Spearfish, SD 57783		8/24/2015
3668	Robert W. Schuneman	202 Sundance Pass, Brookings, SD 57006		8/11/2015
3664	Jason Bernard Mowery	2066 10th Avenue, Belle Foursche, SD 57717		7/17/2015
3663	Jessica Denise Tilberg	102 E Centennial Street, Rapid City, SD 57701		8/15/2015
3666	Charles Joseph Hinton	2008 Colorado Drive, Sturgis, SD 57785		7/27/2015
3659	Jamie Don Miller	14240 Sturgis Road, Piedmont, SD 57769		6/24/2015
3667	Tyler Glen Kurzenberger	910 Jackson Blvd, Apt 8 Spearfish, SD 57783		8/11/2015
3677	Matthew Russel Lordino	40 Old Country Club Road, Chadron, NE 69337		8/28/2015

Genetic Counselor License

Total 13

License Number	Name	Address	Specialty	Issue Date
0048	Elizabeth Wood Denne	10812 Bird Song Pass, Columbia, MD 21044		7/17/2015
0055	Melanie Ann Walker Hardy	12082 Windswept Court, Rockville, VA 23146		8/14/2015
0051	Jessica Erin Adsit	5837 SW Remington Drive, Beaverton, OR 97007		7/23/2015
0053	Diane C. Ahern	87 Ward Street, Hingham, MA 02043		8/4/2015
0057	Lillian Kane Servais	92 Hamilton Place, Oakland, CA 94612		8/21/2015
0052	Virginia Anne Adams	3001 SW 27th Avenue Apt 402, Miami, FL 33133		7/28/2015
0056	Emily Elise Sigler	9894 Brewer Road, Salado, TX 76571		8/20/2015
0050	Sidra Lee Boshes	10687 Country Knoll Way, Las Vegas, NV 89135	(none)	7/23/2015
0058	Jeanne Ann Devine	5 Robinson Street, Fishkill, NY 12524		8/26/2015
0044	Rebecca Sue Loman	713 Whitewood Avenue, Sioux Falls, SD 57106		6/5/2015
0045	Lauren Noel Ryan	74 Staples Ave., San Francisco, CA 94131		6/5/2015
0047	Diana Jill Bailey	6839 Citation Way, Victor, NY 14564		7/10/2015
0049	Elizabeth Brooke Repass	4811 106th Ave NE, Kirkland, WA 98033		7/21/2015

Genetic Counselor Temporary License

Total 2

License Number	Name	Address	Specialty	Issue Date
0054	RaeAnn Lei Kragenbring	17455 Sperry Lake Road, Atwater, MN 56209		8/7/2015
0046	Taylor Alexandra Zuck	601 N Phillips Ave Apt 211, Sioux Falls, SD 57104		7/6/2015

Medical Assistant Registration

Total 16

License Number	Name	Address	Specialty	Issue Date
1201	Shelbi Lynn Petrik	203 W. 2nd Ave., Apt. #5 Mitchell, SD 57301		8/5/2015
1204	Lexi Lynn Pletten	1605 Bridle Drive, Mitchell, SD 57301		8/18/2015
1195	BreeAnn Dee Albers	26193 460th Ave., Hartford, SD 57033		7/8/2015
1202	Alana Louise Stewart	2715 W. Havens Ave., Mitchell, SD 57301		8/5/2015
1192	Emily Elsie Faulk	7760 Old Folsom Road, Rapid City, SD 57703		6/4/2015
1193	Kimberly May Bilben	501 City Spring Rd. #9, Rapid City, SD 57702		6/11/2015
1203	Jessica Lee McCart	1912 S Spring Ave Apt A, Sioux Falls, SD 57105		8/6/2015
1199	Sophia Ann Begaye Tsosie	512 Wheelock Ave , Hudson, SD 57043		7/28/2015
1197	Kaitlyn Tress Ilse	715 4th St NW #10, Pipestone, MN 56164		7/14/2015
1196	Kendra Renee Carrell	47760 Center Street, Elk Point, SD 57025		7/14/2015
1205	Britney Dawn Hoffman	905 2nd Street SE, Pipestone, MN 56164		8/20/2015
1191	Amanda Leigh Allbright	312 Main Street, Brandt, SD 57218		6/3/2015
1200	Sarah Elizabeth Cole	4205 Timothy Street, Rapid City, SD 57702		7/29/2015
1194	Holly Marie Merritt	106 South Cherry, Inwood, IA 51240-0294		6/12/2015
1190	Samantha Dayle Holiway	26393 463rd Avenue, Hartford, SD 57033		6/2/2015
1198	Amy Marie Koeppel	405 E Pleasant Street, Elk Point, SD 57025		7/28/2015

Medical Corporation Registration

Total 1

License Number	Name	Address	Specialty	Issue Date
0578	Resurrection Room, LLC	5400 Wind Dancer Court, Gillette, WY 82718		7/21/2015

Medical License (MD/DO)

Total 126

License Number	Name	Address	Specialty	Issue Date
9602	Timothy Frithjof Olderr, MD	2404 Sonoma St, Honolulu, HI 96822	Physical Med. & Rehab.	7/14/2015
9627	Julia Lynne strathern Heaton, MD	65 Northshore Drive, North Sioux City, SD 57049-4013	Family Medicine/General Practice	7/30/2015
9633	Garrett Raymond Cox, MD	1307 Maple St, Yankton, SD 57078-2716	Radiology	8/5/2015
9572	Bryan Scott Delage, MD	252 Minnesota St S, Ortonville, MN 56278	Family Medicine/General Practice	6/15/2015
9619	Sandra M. Peynado, MD	1108 W Sterling Oak Drive. SD , Sioux Falls, SD 57108	Psychiatry	7/27/2015
9605	Vivian Hoang, MD	336 22nd Avenue North, Nashville, TN 37203	Neurology	7/16/2015
9610	James Harold Price, DO	5400 Wind Dancer Court, Gillette, WY 82718	Anesthesiology	7/17/2015
9601	Heather Rae Merrill, MD	12017 N 53rd Place, Scottsdale, AZ 85254	Emergency Medicine	7/14/2015
9592	Bradley Jackson Goad, DO	54 Watchtower Drive, Moneta, VA 24121	Internal Medicine (General)	7/6/2015
9642	Noah Nirmalaraj Chelliah, MD	3101 Belmont Road, Grand Forks, ND 58201	Cardiology	8/14/2015
9581	Douglas Dale Van marel, MD	12865 Bliss Road, Marcellus, MI 49067	Internal Medicine (General)	6/23/2015
9472	Anthony James Pfeiffer, MD	5540 5th Ave. Apt 10, Pittsburgh, PA 15232	Emergency Medicine	7/1/2015
9615	Patrick Joseph Schweiger, MD	1256 Eleanor Avenue, St Paul, MN 55116	Internal Medicine (General)	7/23/2015
9578	Nancy Lynn Covington, MD	525 Park Gate Court, Atlanta, GA 30342	Pathology	6/19/2015
9552	Matthew Patrick Griffin, MD	71 W Hubbard St Apt #4602, Chicago, IL 60654	Internal Medicine (General)	6/1/2015
9503	Troy Benjamin Howard, MD	1145 Kings Rd., Rapid City, SD 57702	Otolaryngology	7/1/2015
9613	Michael Hill Wright, MD	2409 Crossing Drive, Edmond, OK 73013	Orthopedic Surgery	7/23/2015
9563	Pamela Kim Phillips, MD	W256S7670 Prairieside Drive, Waukesha, WI 53189	Dermatology	6/12/2015
9479	Michael David Greenwood, MD	2334 South Overlook Road, Cleveland Heights, OH 44106	Ophthalmology	7/1/2015

9535	Magdalene Carlene Fiddler, MD	333 86th Street, Apt 4C, Brooklyn, NY 11209	Internal Medicine (General)	7/1/2015
9573	Ryan Mark Sivertson, MD	4511 Ridgeway Lane Apt J, Kalamazoo, MI 49006	Emergency Medicine	7/1/2015
9585	Ali Naji Alhajjaj, MD	1315 South Cliff Ave. #1200, Sioux Falls, SD 57105	Internal Medicine (General)	6/29/2015
9645	Ramesh Chandra Sharma, MD	416 Snyder Ct., Seymour, IN 47274-3388	Emergency Medicine	8/20/2015
9566	David Loren Ring, MD	1209 15th Avenue NE, Aberdeen, SD 57401	Surgery (General)	7/1/2015
9590	Kathryn Elizabeth Sigford, MD	573 Summit Ave, St Paul, MN 55102	Other Specialties	7/2/2015
9559	Yorell Manon-Matos, MD	2217 Patterson Avenue, Louisville, KY 40204	Surgery (General)	6/9/2015
9587	Timothy James Dillard, MD	3717 S Jesse James Court, Sioux Falls, SD 57103	Internal Medicine (General)	6/30/2015
9521	Katie Elizabeth Larson, MD	45491 River Dr., Meckling, SD 57069	Pediatrics (General)	7/1/2015
9595	Gokhan Olgun, MD	1720 S Michigan Ave Apt 3010, Chicago, IL 60616	Pediatrics (General)	7/9/2015
9631	Oscar Leopoldo Morey Vargas, MD	1805 Quarry Ridge Place NW Apt 333, Rochester, MN 55901	Internal Medicine (General)	8/4/2015
9624	Ferdinand Ebenezer koranteng Addo, MD	213 E Calgary Avenue, Bismarck, ND 58503	Hematology & Oncology	7/27/2015
9558	Lindsay Jones Barnes, MD	3549 Goddard Way, Alexandria, VA 22304	Internal Medicine (General)	6/9/2015
9632	Sherryl Jean Tombouljian, MD	707 West Divide, Bowman, ND 58623	Family Medicine/General Practice	8/4/2015
9621	James Emiel De caestecker, DO	1035 Hidden Ridge Lane, Dayton, OH 45459	Critical Care Medicine	7/27/2015
9556	Scott Daniel Murray, MD	33566 Hwy 75 N, Sioux City, IA 51108	Emergency Medicine	6/3/2015
9580	Solomon Slomovic Shaftel, MD	2230 Prescott Avenue SW, Seattle, WA 98126	Ophthalmology	6/22/2015
9623	Ahmed Hassan, MD	16 North Laird Street, Naperville, IL 60540	Neurology	7/27/2015
9617	John Westmoreland Hume, MD	7802 Maple Trace Drive, Houston, TX 77070	Physical Med. & Rehab.	7/24/2015
9516	Jimmy Kok-Foong Yee, MD	115 North Dakota Ave., Apt. 110, Sioux Falls, SD 57104	Internal Medicine (General)	7/1/2015
9555	Rena Alekos Lohr, DO	4214 Country Club Blvd., Sioux City, IA 51104	Obstetrics and Gynecology	7/1/2015
9622	Blake Daniel Alexander, MD	8576 West Highway 44, Rapid City, SD 57702	Dermatology	7/27/2015

9582	Seth Louis Miller, MD	67 Beaver Woods Dr., Durham, ME 04222	Family Medicine/General Practice	7/1/2015
9583	Tracy Sue Davies, MD	20417 Canyon Springs Lane, Whitewood, SD 57793	Emergency Medicine	7/1/2015
9653	Rashad Clifton Wilkerson, DO	2925 Duke of York Drive, Chesapeake, VA 23321	Internal Medicine (General)	8/26/2015
9579	Vanessa Kitzis, MD	8 Teardrop, Irvine, CA 92603	Critical Care Medicine	6/19/2015
9628	Gilbert Simoni, MD	555 Marin St., Suite 270, Thousand Oaks, CA 91360	Gastroenterology	7/30/2015
9591	Dawn Michele Boender, MD	3000 Maui Drive, Mitchell, SD 57301	Obstetrics and Gynecology	7/6/2015
9626	Michael Nicholas Murphy, MD	PO Box 548, Carson City, NV 89702	Nephrology	7/29/2015
9567	Vishesh Kumar, MD	601 North Phillips Ave., Unit 217, Sioux Falls, SD 57104	Cardiology	7/1/2015
9586	Jennifer Gail Schopp, MD	7505 Metro Blvd., Suite 400 Edina, MN 55439	Radiology	6/30/2015
9634	Kelley Marie Struble, DO	8001 S Mingo Road #2701, Tulsa, OK 74133	Infectious Diseases	8/6/2015
9650	Ratan Dev Bhardwaj, MD	3653 E Sinclair Street, Phoenix, AZ 85050	Pediatrics Subspecialties	8/24/2015
9639	Tandra Mitra, MD	1615 15th Avenue Apt 342, St Cloud, MN 56304	Infectious Diseases	8/12/2015
9612	Abigail Grace Piazza, MD	631 W. Sawgrass Trail, Dakota Dunes, SD 57049	Internal Medicine (General)	7/22/2015
9584	Blake Anthony Heinz, DO	2625 Prairie Creek Drive, Aberdeen, SD 57401	Internal Medicine (General)	7/1/2015
9647	Nicholas Steven Tedesco, DO	2854 Chancellor's Way NE, Washington, DC 20017	Orthopedic Surgery	8/20/2015
9625	Muna Mohammad Ashraf, MD	1200 S. 7th Ave., Sioux Falls, SD 57105	Family Medicine/General Practice	7/28/2015
9654	Kavisha Miles Shah, MD	7 Woodstream CV, Little Rock, AR 72211	Pediatrics (General)	8/26/2015
9589	Xiaofan Li, MD	6219 San Felipe Street, Houston, TX 77057	Psychiatry	7/2/2015
9600	Kenneth Uzoma Ekechukwu, MD	115 St Francis Circle, Oak Brook, IL 60523	Radiology	7/10/2015
9646	Sudhir Eugene Finch, MD	3129 Wisteria Lane, Unit 201 Fayetteville, NC 28314	Pediatrics (General)	8/20/2015
9574	Elan Chanel Burton, MD	1 Tin Barn Place, Durham, NC 27705	Thoracic Surgery	6/17/2015

9630	Thomas Christopher Howard, MD	1301 W Murphey Drive, Sioux Falls, SD 57108	Plastic Surgery	8/3/2015
9598	Catherine Theresa Stoos, MD	1876 Parkview Blvd., Apt. 202, Pittsburgh, PA 15217	Pathology	7/9/2015
9603	Jim Zhengbin Lu, MD	23855 Barnswallow Lane, Wauconda, IL 60084	Pathology	7/15/2015
9635	Natalie Christina Owens-Sloan, MD	116 Carter Woods Drive, Anderson, SC 29621	Internal Medicine (General)	8/10/2015
9640	Michael Joseph Dawson, MD	2426 St. Davids Square NW, Kennesaw, GA 30152	Internal Medicine (General)	8/13/2015
9560	Swapna Kanuri, MD	5885 Sunnybrook Drive, Suite L-200, Sioux City, IA 51106	Internal Medicine (General)	6/9/2015
9637	Michael Aaron Kramer, MD	141 Howard Street, South Easton, MA 02375	Internal Medicine (General)	8/11/2015
9611	Lisa Anne Miller, MD	7505 Metro Blvd, Suite 400 Edina, MN 55439	Radiology	7/21/2015
9550	Nathan Douglas Rahm, MD	2451 S Timberline Rd #3-203, Fort Collins, CO 80525	Psychiatry	7/1/2015
9568	Debanjana Bhattacharya, MD	5008 W. Equestrian Place, Apt. 310, Sioux Falls, SD 57106	Psychiatry	7/1/2015
9513	Ashley Faye Peters, DO	40092 US Highway 18, Delmont, SD 57330	Obstetrics and Gynecology	7/1/2015
9547	Rena Fran Serieux, MD	6206 S Avalon Avenue, Apt 305 Sioux Falls, SD 57108	Internal Medicine (General)	6/29/2015
9577	Christopher David Wong, MD	1321 South Churchill Avenue, Sioux Falls, SD 57103	Family Medicine/General Practice	7/1/2015
9537	Daniel Thomas Berens, DO	502 E. Monroe Street, Rapid City, SD 57701	Family Medicine/General Practice	7/1/2015
9514	Derrick Jay Kuntz, MD	890 Lazelle St, Sturgis, SD 57785	Family Medicine/General Practice	7/1/2015
9561	Benjamin Nathan Liscano, MD	620 N. Sycamore Ave. #101, Sioux Falls, SD 57110	Family Medicine/General Practice	7/1/2015
9571	Aselo Voltaire Layawen, MD	3009 Promontary Drive, Bismarck, ND 58503	Internal Medicine (General)	6/15/2015
9588	William Scott Magill, DO	5722 S Hampton, Springfield, MO 65810	Obstetrics and Gynecology	6/30/2015
9542	Robert Allen Johnson, DO	100 MAC Lane, Pierre, SD 57501	Family Medicine/General Practice	7/1/2015
9510	Sassen S. Kwasa, MD	103 S Prairie Ave, Sioux Falls, SD 57104	Internal Medicine	7/1/2015

			(General)	
9609	Mary Louise Guillot, MD	5105 S Rolling Green Ave, Apt 316 Sioux Falls, SD 57108	Pediatrics (General)	7/17/2015
9557	Thomas Gerard Heffron, MD	273 North Ridge Road, Castle Rock, CO 80104	Surgery (General)	6/3/2015
9593	David Michael Butler, MD	7 Wright St #3, Cambridge, MA 02138	Internal Medicine (General)	7/6/2015
9541	Shahbaz Ali Malik, MD	555 40th Street South Apt #336, Fargo, ND 58103	Internal Medicine (General)	7/1/2015
9599	Charles Nathaniel Heggen, MD	1901 Knollwood Drive, Marshalltown, IA 50158	Radiology	7/10/2015
9554	Mesfin Taye Abera, MD	11830 Chase Wellesley Drive, Apt # 1528, Richmond, VA 23233	Internal Medicine (General)	6/24/2015
9570	Bjorn Britton Krane, MD	521 5th Avenue W #705, Seattle, WA 98119	Neurology	6/15/2015
9618	Adam Bryant Smith, MD	3710 Martin's Yard, Sioux City, IA 51104	Plastic Surgery	7/27/2015
9565	Rwoof Ahmed Reshi, MD	10410 Stoney Creek Drive, Woodbury, MN 55129	Internal Medicine (General)	6/12/2015
9638	Adam David Hebdon, DO	7450 Castlewood Drive, Summerset, SD 57718	Family Medicine/General Practice	8/12/2015
9524	Arthur Alfred Moeller, DO	44 Essex Street, Clawson, MI 48017	Otolaryngology	7/1/2015
9498	Joshua Michael Horowitz, DO	1200 S Conkling St Apt 350, Baltimore, MD 21224	Anesthesiology	7/1/2015
9620	William Charles Huskins, MD	1323 Lone Pine Drive SW, Rochester, MN 55902	Pediatrics (General)	7/27/2015
9488	Anup Shrestha, MD	8455 Daniels Street Apt #3H, Briarwood, NY 11435	Internal Medicine (General)	7/1/2015
9575	Rodney Mark Samuelson, MD	2504 N Tejon, Colorado Springs, CO 80907	Neurological Surgery	6/17/2015
9504	Connie Natalie Taylor, MD	2613 N Fairfield Ave., Apt. 1 Chicago, IL 60647	Pediatrics Subspecialties	7/1/2015
9569	Charlene Vimala Kakimoto, MD	2123 Mitscher Lane, San Diego, CA 92106	Dermatology	6/15/2015
9576	Karan Bahadur Karki, MD	2121 Paulding Ave. Apt 3 O, Bronx, NY 10462	Pediatrics (General)	7/1/2015
9594	Maria Margarita Rodriguez, MD	411 Sweet Bay Ave., Plantation, FL 33324	Radiology	7/9/2015
9604	Scott Randel Bartels, MD	3617 Throckmorton, Dallas, TX 75219	Infectious Diseases	7/16/2015
9614	Jennifer Ruth Mayne, MD	5729 Rubblestone Drive, McKinney, TX 75070	Radiology	7/23/2015
9551	Alex Cua Chan, MD	1325 Pacific Highway, Unit 2101, San Diego, CA	Other Specialties	6/1/2015

92101-2592

9483	Bassel Saad allah Jabbour, MD	5604 S Josh Wyatt Dr, Sioux Falls, SD 57108	Internal Medicine (General)	7/1/2015
9507	Jennifer Elaine Williamson, MD	88-33 188th Street, Hollis, NY 11423	Internal Medicine (General)	7/1/2015
9490	Rochelle Joy Boote, MD	9360 Western Avenue Apt. 106, Omaha, NE 68114	Pediatrics (General)	7/1/2015
9607	Debra Ann Wiedmeyer, MD	11418 North Canterbury Drive, Thiensville, WI 53092	Radiology	7/16/2015
9606	Gopal Atmaram Patel, MD	230 Clermont Drive, Newtown Square, PA 19073	Dermatology	7/16/2015
9553	Bryan Eric Scheer, MD	33659 RCR 14, Steamboat Springs, CO 80487	Orthopedic Surgery	6/2/2015
9482	Jason David Spjut, DO	2014 NW Pleasant Street, Ankeny, IA 50023	Surgery (General)	7/1/2015
9546	Amy Kathryn Lueking, MD	130 S Stoneridge Street, Valley Center, KS 67147	Obstetrics and Gynecology	7/1/2015
9562	John Howard Kelly, MD	467 Misty Lane, Boones Mill, VA 24065	Preventive Medicine/Public Health	6/11/2015
9629	David Allan Connett, DO	960 S Rim Crest Drive, Anaheim Hills, CA 91766	Family Medicine/General Practice	7/31/2015
9608	Christopher Sean Vara, MD	2241 Saint Clair Avenue, Saint Paul, MN 55105	Orthopedic Surgery	7/17/2015
9597	Sarah Ann Traxler, MD	1812 Pierce Street NE, Minneapolis, MN 55418	Obstetrics and Gynecology	7/9/2015
9636	Todd Alan Milbrandt, MD	928 10th Street SW, Rochester, MN 55902	Orthopedic Surgery	8/10/2015
9649	Mounif El-Youssef, MD	1402 SW 19th Avenue, Rochester, MN 55902	Other Specialties	8/21/2015
9616	Mudit Arora, MD	1810 E. Cary St., Apt. 128, Richmond, VA 23223	Internal Medicine (General)	7/23/2015
9596	Kendra Elaine Kamnitz, MD	4600 Southwestern Drive, Watertown, SD 57201	Surgery (General)	7/9/2015
9644	Ashley Hannah Anderson, MD	6 Estates Drive, Ithaca, NY 14850	Orthopedic Surgery	8/19/2015
9643	Baruch Bernard Goldstein, MD	10299 Southern Blvd., Box 212773 Royal Palm Beach, FL 33421	Critical Care Medicine	8/17/2015
9564	Bryan William Steussy, MD	2610 E. Solway St., Sioux City, IA 51104	Pathology	6/12/2015
9641	Gokulakrishna Subhas, MD	300 Courtyard Drive, Apt. 309, Dakota Dunes, SD 57049	Surgery (General)	8/13/2015

9652	Sindhu Bhat, MD	3950 Park Drive, Rapid City, SD 57702	Internal Medicine (General)	8/26/2015
9648	Carolyn Elizabeth Gilbertson, MD	1104 W. 5th Street, Sioux Falls, SD 57104	Family Medicine/General Practice	8/24/2015

Nutritionist Temporary Permit

Total 1

License Number	Name	Address	Specialty	Issue Date
0523	Karley Catherine Kruid	4201 W. Valhalla Blvd., Apt. 28, Sioux Falls, SD 57106		6/9/2015

Occupational Therapist License

Total 7

License Number	Name	Address	Specialty	Issue Date
0970	Kelly Renee Johnson	2422 Partridge LP, Post Falls, ID 83854		8/4/2015
0968	Kelcey Jo Smith	211 South Heritage Court, Brandon, SD 57005		7/16/2015
0965	Danielle Rae Hildebrandt	3580 Rialto Heights Apt 366, Colorado Springs, CO 80907		6/9/2015
0967	Courtney Adaire Blake	29468 466th Avenue, Centerville, SD 57014		7/1/2015
0969	Sharon Leonard	523 Riverside Avenue, Johnstown, PA 15905		7/23/2015
0966	Brittany Ann Mueller	8732 N Chestnut Avenue Apt 101, Kansas City, MO 64156		6/22/2015
0971	Rachel Leigh Goeser	17703 Jones Street, Omaha, NE 68118		8/6/2015

Occupational Therapy Assistant License

Total 11

License Number	Name	Address	Specialty	Issue Date
336A	Aliesha Jane Sonstebo	808 Shannon Street, Wallace, SD 57272		7/23/2015
337A	Stephanie Lynn Stee	18296 SD Hwy 22, Gary, SD 57237		8/5/2015
335A	Lauren Cecile Hammock	1207 Crystal Cove Court, Festus, MO 63028		7/21/2015
339A	Andrea Lynne Sluke	609 K Avenue, PO Box 352 Eureka, SD 57437		8/13/2015
341A	Grace Elaine Ernest	31790 277th Street, Winner, SD 57580		8/18/2015
333A	Isabel Grace Kirchner	3800 Glen Oaks Blvd. Apt #105, Sioux City, IA 51104		7/6/2015
334A	Kathryn Lois Strandell	1401 W. Wicklow Ln., Sioux Falls, SD 57108		7/13/2015
340A	Carima Corneli Walters	405 8th Street NE, Jamestown, ND 58401		8/18/2015
331A	Shane David Lorenzo Sweetland	18081 SD Hwy 15, Clear Lake, SD 57226		6/23/2015
338A	Bobbi Jo Williams	1022 2nd Street NE, Watertown, SD 57201		8/5/2015
342A	Lyndy Loree Jones	2540 Bluff Lane, Mitchell, SD 57301		8/24/2015

Occupational Therapy Assistant Temporary Permit

Total 1

License Number	Name	Address	Specialty	Issue Date
332A	Haley Rose Donahue	707 10th Avenue S, Clear Lake, SD 57226		6/25/2015

PA Corporation Registration

Total 1

License Number	Name	Address	Specialty	Issue Date
0579	Thurman Medical Professionals, Prof. LLC	7908 West 32nd Street, Sioux Falls, SD 57106		7/21/2015

Paramedic License

Total 22

License Number	Name	Address	Specialty	Issue Date
1968	Martin David Link	6705 W 10th Street , Sioux Falls, SD 57107		8/10/2015
1956	Brooke Joy Kuchta	6401 S Lyncrest Ave. #112, Sioux Falls, SD 57108		6/11/2015
1958	Christopher David Hunter	40475 210th Street, Ute, IA 51060		6/19/2015
1960	Michael Craig Sauser	301 West Gate, Anthon, IA 51004		7/1/2015
1950	Anthony Bryce Timm	1350 Broadway N Apt 214, Fargo, ND 58102		6/2/2015
1951	Bruce A Blatchford	1701 Country Club, Elk Point, SD 57025		6/4/2015
1954	Nichole Lynn Jose	506 Maplewood Dr., Thompson, ND 58278		6/9/2015
1957	Shelly Marie Stockstad-Erickson	401 Linn Street, Yankton, SD 57078		6/18/2015
1975	James Lee Hale	10717 NW 33 Terrace, Yukon, OK 73099		8/26/2015
1967	Dustin Jacob Kuhn	4968 104th Ave SW, Dickinson, ND 58601		8/5/2015
1965	McKenzie Lynn Hulm	1107 4th Ave. W, Mobridge , SD 57601		7/29/2015
1959	Christofer Adair Thrasher	PO Box 136, Porcupine, SD 57772		6/19/2015
1953	Ripley Karen Bresson	193 W. Front St., PO Box 141 Vesta, MN 56292		6/5/2015
1963	Cindy Lynn Weber	229 St. Joe Street, Spearfish, SD 57783		7/21/2015
1971	Steven Thomas Hartung	402 19th Ave NE, Aberdeen, SD 57401		8/14/2015
1961	Tanner Scott Flack	1223 Casper Avenue, Aberdeen, SD 57401		7/7/2015
1972	Glenn Arthur Cacaro	2313 S. Mary Beth Avenue, Sioux Falls, SD 57106		8/19/2015
1969	Shannon Mark Sandoval	410 W. 2nd Avenue #13, Mitchell, SD 57301		8/13/2015
1970	Tyler James Zick	100 Shebal Ave., Apt 13, Harrisburg, SD 57032		8/13/2015
1952	Jon Elton Christie	715 Elm Street, PO Box 124 Pine Bluffs, WY 82082		6/4/2015
1955	Elias Josiah Rostad	7801 W 44th Street, Sioux Falls, SD 57106		6/10/2015
1974	Eric Richard Kovach	703 9th Street, Brookings, SD 57006		8/21/2015

Physical Therapist Assistant Certificate

Total 17

License Number	Name	Address	Specialty	Issue Date
0442	Micah Adam Pengitore	4609 N Graduate Avenue Apt 121, Sioux Falls, SD 57107		7/21/2015
0432	Dawn Kay Bennett	720 Blaine Ave., Rapid City, SD 57701		7/16/2015
0439	Theresa Ann Stinson	1709 S Lake Ave, Sioux Falls, SD 57105		7/16/2015
0441	Adrien Eugene Heiter	509 E 4th , Freeman, SD 57029		7/21/2015
0435	Logan Michael Joe Lambrechts	304 E. 12th Ave., Milbank, SD 57252		7/16/2015
0438	Candis Christine Veach	312 S Pawnee Apt 5, Pierre, SD 57501		7/16/2015
0443	Mary Rosemarie Stapert	2331 Lincoln Avenue #6, Hot Springs, SD 57747		7/23/2015
0446	Tracy Marie Debeer	1005 3rd Avenue SW, Pipestone, MN 56164		8/18/2015
0440	Bradley Allen Vaughn	920 Willow Creek Place #3, Sioux Falls, SD 57106		7/17/2015
0444	Stephanie Lynne Conley	527 Main Street, Merrill, IA 51038		8/7/2015
0431	Traci Lee Schaubert	1814 3rd Avenue, Council Bluffs, IA 51501-3828		7/14/2015
0436	Chelsey Lynelle Schroeder	205 NW 4th Street, PO Box 129 Wessington Springs, SD 57382		7/16/2015
0447	Brittany Lea Fowler	2022 N Nevada Street, #2035 Chandler, AZ 85225		8/18/2015
0437	Samantha Rae Steineke	110 Johnstone Circle, Dell Rapids, SD 57022		7/16/2015
0433	Brandi Lea Gau	28964 384th Avenue, Lake Andes, SD 57356		7/16/2015
0434	Morgan Marie Griebel	1001 S. 3rd Street, Parkston, SD 57366		7/16/2015
0445	Alicia Marie Lechtenberg	615 Fillmore Street, Whitewood, SD 57793		8/13/2015

Physical Therapist License

Total 18

License Number	Name	Address	Specialty	Issue Date
1861	Michele Marie Weeder	54525 860th Rd., Osmond, NE 68765		7/29/2015
1855	Dureece Lucille Lingwall	9863 Wimbledon Drive, Sandy, UT 84092		6/18/2015
1854	Stacey Renae Vanorny	13807 Zion Gate Court, Jacksonville, FL 32224		6/10/2015
1856	Brooke Erin Fontana	4241 Briarwood Drive Apt E3, Lawrence, KS 66049		6/22/2015
1850	April Genovese Johnson	5936 Woodstock Ct., Virginia Beach, VA 23464		6/1/2015
1857	Nicolas Ross Albers	2105 S Fox Trail, Sioux Falls, SD 57103		7/29/2015
1852	Mariah Danielle Heaton	929 Arthur Drive, Bismarck, ND 58501		6/9/2015
1853	Maleeka Elizabeth Rozeboom	368 40th Avenue, Hills, MN 56138		6/9/2015
1863	Angela Felker MacCabe	537 West Clarks Street, Vermillion, SD 57069		8/4/2015
1865	Meredith Hilary Maria Lovaas	3264 Harbor Street, St Isle, MN 56342		8/18/2015
1859	Brandon James Priebe	404 East 58th Street, Sioux Falls, SD 57108		7/29/2015
1862	Dean Mark Anthony Edwards	2350 Nautical Way Apt114, Winter Park, FL 32792		8/4/2015
1858	Bret Steven Beilke	13 Pleasant View Court, North Mankato, MN 56003		7/29/2015
1860	Bridget Iola Scherbarth	1760 CR 59, Alliance, NE 69301		7/29/2015
1864	Hannah Elizabeth Weiss	909 E Magnolia Drive, Brandon, SD 57005		8/14/2015
1851	Monica Cherie Metzger	611 Lakeside Drive #304, Lincoln, NE 68528		6/1/2015
1866	Jennifer Ann Ring	1209 15th Ave NE, Aberdeen, SD 57401		8/21/2015
1867	Kathleen Ann Alexander	8576 W. Hwy 44, Rapid City, SD 57702		8/21/2015

Physician Assistant License

Total 23

License Number	Name	Address	Specialty	Issue Date
0990	Sandra Kaye Rhody	19211 474th Ave, Toronto, SD 57268-5720		8/11/2015
0979	James Lee Ramos	7601 W 67th Street, Sioux Falls, SD 57106		6/16/2015
0998	Danielle Collette Trageser	2401 S. Euclid Ave, Sioux Falls, SD 57105		8/28/2015
0997	Sarah Michelle Hinds	7802 Okpealuk Street, Rapid City, SD 57702		8/26/2015
0982	Monica Sulema Sanchez	11213 Paseo Montanoso, Apt. 6 San Diego, CA 92127		6/30/2015
0986	Stephen John Knoble	29934 174th Street, Gettysburg, SD 57442		7/14/2015
0978	Amy Lee Foster	7304 S Redstone Ave, Sioux Falls, SD 57108		6/11/2015
0991	Jessica Rae Lynde	4400 West 59th Street #10, Sioux Falls, SD 57108		8/13/2015
0992	Jordana Renae Neeman	447 N Plum Street Lot 8, Vermillion, SD 57069		8/20/2015
0988	Jacob Henry Lyngaas	756 5th St., Britton, SD 57430		7/30/2015
0984	Jenna Schiefelbein	810 Cherry Drive, Pierre, SD 57501		7/9/2015
0999	Kimberly Erin Hayden	334 Indiana Street, Rapid City, SD 57701		8/28/2015
0993	Raychel Jo Lorenz	934 E Lewis Street, Vermillion, SD 57069	Surgery (General)	8/20/2015
0996	Stacy Kristine Danielson	14034 Canyon Spur, Piedmont, SD 57769		8/25/2015
0985	Lindsay Renae Kyte	4009 S Tuscan Court, Sioux Falls, SD 57103	Orthopedic Surgery	7/10/2015
0989	Alanna Rae Chapman	PO Box 305, Faith, SD 57626	Family Medicine/General Practice	8/4/2015
0980	Caleb Richard Blauwet	2025 160th Street, Larchwood, IA 51241		6/16/2015
0981	Troy Neil Thompson	23756 Arena Dr, Rapid City, SD 57702		6/24/2015
0983	Jessica Ann Prewitt-Emerson	210 W 12th Street, Spencer, IA 51301		7/6/2015
0987	Dawn Louise Lauer	307 South Broadway Avenue, Hartington, NE 68739		7/16/2015
0995	Stuart Alan Richards	3700 S Westport Ave, #2204, Sioux Falls, SD 57106-6360	Emergency Medicine	8/24/2015

1000	Marissa Kay Meyer	25663 SD Hwy 37, Mitchell, SD 57301	8/31/2015
0994	Kali Nicole Myrlie	513 S Wheatland Ave #77, Sioux Falls, SD 57106	8/20/2015

Physician Locum Tenens

Total 19

License Number	Name	Address	Specialty	Issue Date
1501	Sirisha Jasti, MD	10132 Treble Court, Rockville, MD 20850	Gastroenterology	7/19/2015
1495	Jeanne Marie Richardson, MD	100 Egret Lane, Marine on St. Croix, MN 55047	Pediatrics (General)	6/19/2015
1499	Deborah Ann Weems, MD	520 South 11th Street, St. Joseph, MO 64501	Emergency Medicine	7/3/2015
1506	Damian Angelo Defrancesch, MD	20 Monte Carlo Drive, Kenner, LA 70065	Critical Care Medicine	8/20/2015
1500	Robert Frederick Dons, MD	5617 S Dorchester Avenue #4N, Chicago, IL 60637	Endocrinology	7/20/2015
1494	Gaby B Aoun, MD	3036 Camelot Drive, Portsmouth, OH 45662	Cardiology	6/9/2015
1503	Gilbert Simoni, MD	555 Marin St., Suite 270, Thousand Oaks, CA 91360	Gastroenterology	7/31/2015
1508	Sarvesh Smiley Thakur, MD	5314 189th Avenue NE, Sammamish, WA 98074	Nephrology	8/13/2015
1507	Steven Sung-Ho Suh, MD	13874 Boyle Lane, Frisco, TX 75035	Internal Medicine (General)	8/5/2015
1504	Tandra Mitra, MD	1615 15th Avenue Apt 342, St Cloud, MN 56304	Infectious Diseases	8/27/2015
1509	Nicholas Steven Tedesco, DO	2854 Chancellor's Way NE, Washington, DC 20017	Orthopedic Surgery	8/17/2015
1512	Ute Wagner Rosa, MD	20 Pierrepont Street #3C, Brooklyn, NY 11201	Pulmonology	8/24/2015
1496	Michael Joseph Dawson, MD	2426 St. Davids Square NW, Kennesaw, GA 30152	Internal Medicine (General)	6/14/2015
1502	Michael Aaron Kramer, MD	141 Howard Street, South Easton, MA 02375	Internal Medicine (General)	8/10/2015
1486	Jeffrey Paul Knobloch, DO	209 16th Avenue, Grinnell, IA 50112	Family Medicine/General Practice	7/31/2015
1498	Maksim Aleksandrovich Fedarau, MD	70 Miller Lane, Apt #116, Rochester, NY 14617	Anesthesiology	7/16/2015
1497	Jeremiah Paul Donovan, MD	6235 Anello Drive, Melbourne, FL 32940	Gastroenterology	8/17/2015
1510	Ashley Hannah Anderson, MD	6 Estates Drive, Ithaca, NY 14850	Orthopedic Surgery	8/30/2015
1513	Daniel Wayne Michael, MD	2324 N 7th Avenue, Laurel, MS 39440	Orthopedic Surgery	8/26/2015

Resident License

Total 55

License Number	Name	Address	Specialty	Issue Date
233	Austin Michael Andersen	561 10th Ave., Apt. 7E, New York, NY 10036	Internal Medicine (General)	6/25/2015
245	Abigail Mary Lichter	301 Spruce Street, Yankton, SD 57078	Family Medicine/General Practice	6/25/2015
225	Seth Gregory Ahrendt	4709 Wildwood Circle, Sioux Falls, SD 57105	Psychiatry	6/25/2015
248	Kristina Anna Marburger	424 S 19th Street, Dakota City, NE 68731	Family Medicine/General Practice	6/25/2015
0253	Aaron David Dewald	1514 W. 26th St., Sioux Falls, SD 57105	Internal Medicine (General)	6/25/2015
270	Maryam Rahim Sheikh	1400 West 22nd Street, Sioux Falls, SD 57105	Internal Medicine (General)	7/9/2015
228	Wade Elliott Paulson	1604 S Dakota Ave, Sioux Falls, SD 57105	Surgery (General)	6/25/2015
0220	Nathan Yockey Weltman	4309 S Bedford Avenue, Sioux Falls, SD 57103	Other Specialties	6/25/2015
241	Ann Prema Verma	1019 E Sunrise Place, Apt 207, Sioux Falls, SD 57108	Adolescent Medicine	6/25/2015
236	Kornelia Ruth Kellogg	1161 19th Street #4, Des Moines, IA 50314	Family Medicine/General Practice	6/25/2015
231	Nadia Katherine Wesche	6412 Pierce Street NE, Fridley, MN 55432	Internal Medicine (General)	6/25/2015
252	Kimberly Rachel Hart	1500 W 33rd St, Sioux Falls, SD 57105	Pediatrics (General)	6/22/2015
266	Alanna Braille Janssen	2359 W. Hazelwood, Olathe, KS 66061	Family Medicine/General Practice	6/25/2015
259	Mikaela Jean Koenig	37184 302nd St., Fairfax, SD 57335	Family Medicine/General Practice	6/25/2015
269	Guy vin Chang	1400 West 22nd Street, Sioux Falls, SD 57105	Internal Medicine (General)	7/9/2015
267	Ann Aida Makar	2575 Nicholas Court Apt. F, Omaha, NE 68131	Psychiatry	6/29/2015
262	Heidi Racquel Werner	2610 385th Avenue N, Aberdeen, SD 57401	Family Medicine/General Practice	6/25/2015
268	Daniel Aaron Brown	2220 West 46th Street, Loveland, CO 80538	Family Medicine/General Practice	7/2/2015

263	Anu Gupta	38902 Applegate Terrace, Fremont, CA 94536	Psychiatry	6/25/2015
255	Anne Margaret Anjane Dharamraj	115 N. Dakota Ave., Apt. 219 Sioux Falls, SD 57104	Pathology	6/25/2015
271	Muhammad Shahjahan Khan	1400 West 22nd Street, Sioux Falls, SD 57105	Internal Medicine (General)	7/13/2015
261	Autumn Rose Keiser	6140 Hamilton St, Omaha, NE 68132	Family Medicine/General Practice	6/25/2015
260	Heather Jean Berney	3000 Farnam Street Apt 9B, Omaha, NE 68131	Psychiatry	6/25/2015
0222	Mathew Joe Malek	7113 W. 64th St., Sioux Falls, SD 57106	Surgery (General)	6/25/2015
234	Teresa Danielle Frey	2709 North Wright Ave, Sioux Falls, SD 57107	Pediatrics (General)	6/22/2015
274	Lacey Lynn Kessler	3450 Ruemmele Road Apt 110, Grand Forks, ND 58201	Family Medicine/General Practice	8/19/2015
0272	Mayanka Singh	1821 East Rosecreek Parkway South, Fargo, ND 58104	Family Medicine/General Practice	7/16/2015
0239	Corrie Ruth Barnowsky	931 Spruce Drive, Saint Cloud, MN 56303	Other Specialties	6/25/2015
221	Jeremy Dean Berg	507 E Minnesota St. #308, Rapid City, SD 57701	Pathology	6/25/2015
224	Alexander Scott D'Angelo	1935 Saint David Drive, Bettendorf, IA 52722	Other Specialties	6/25/2015
250	Maria Louisa Stunkel	814 Benton Drive, Apt 14, Iowa City, IA 52246	Other Specialties	6/25/2015
0247	Seth Parker Parsons	2401 S Melanie Lane, Sioux Falls, SD 57103	Psychiatry	6/25/2015
243	Elizabeth Pearl Haller	916 N Savannah Drive, Sioux Falls, SD 57103	Internal Medicine (General)	6/25/2015
227	Christopher James Wenger	3040 Sunny Hill Circle, Rapid City, SD 57702	Family Medicine/General Practice	6/25/2015
0226	Adam Eugene Binneboese	4105 W Newcomb Street, Sioux Falls, SD 57106	Surgery (General)	6/25/2015
229	Matthew Dale Nielsen	52389 868th Road, Brunswick, NE 68720	Family Medicine/General Practice	6/25/2015
0223	Matthew Henry Muller	2708 Kings Pointe NE, Quincy, IL 62305	Internal Medicine (General)	6/25/2015
230	Deanne Lyn Tamang	120 Savoy Circle, Rapid City, SD 57701	Family Medicine/General Practice	6/25/2015
249	Monaleze Saini	19620 Dequindre, Detroit, MI 48234	Family Medicine/General Practice	6/25/2015

258	Matthew Erik Cabrera Svendsen	1384 Midway Parkway #1, St. Paul, MN 55108	Family Medicine/General Practice	6/25/2015
242	Alex James Jilka	707 Montcrew Street, Kansas City, MO 64114	Internal Medicine (General)	6/25/2015
237	Crista Danae Few	26630 Barton Road, Apt 2528, Redlands, CA 92373	Family Medicine/General Practice	6/25/2015
232	Francesca Amelia McCaffrey	206 Meadow Road, Topsham, ME 04086	Pediatrics (General)	6/22/2015
246	Samuel Lee Thomsen	1411 Oak Street, Beatrice, NE 68310	Other Specialties	6/25/2015
238	Kyle H. Sabey	4961 NE 37th Street, Kansas City, MO 64117	Pediatrics (General)	6/22/2015
240	Karla Renise Ivy	23012 Candlelight Drive, Rapid City, SD 57703	Family Medicine/General Practice	6/25/2015
273	Khalil Ibrahim Ali Aloreidi	5009 W Equestrian Pl, Apt 1408 Sioux Falls, SD 57106	Internal Medicine (General)	7/23/2015
235	Stephanie Alexis Posten	4002 Seasons Parkway, Yakima, WA 98901	Pediatrics (General)	6/22/2015
265	Kathryn Margaret Score	210 South 16th Street, Apartment 303 Omaha, NE 68102	Family Medicine/General Practice	6/25/2015
257	Casey Jack Cotton	15974 Golden Eye Court, Parker, CO 80134	Other Specialties	6/25/2015
0219	Alauldeen Hasan Ali	416-1840 Victoria Park Ave., Toronto, ON M1R 1S9	Psychiatry	6/25/2015
254	Ashley May Hilbrand	3550 East 128th Street, Grant, MI 49327	Family Medicine/General Practice	6/25/2015
256	Phillip Reich Jones	22 Easy Street, Elkins, WV 26241	Pathology	6/25/2015
264	Megan Amber Sampson	222 Pickett Mill Blvd., Bluffton, SC 29909	Pediatrics (General)	6/22/2015
251	Anne Marie Healy	1115 East 20th Street, Sioux Falls, SD 57105	Family Medicine/General Practice	6/25/2015

Respiratory Care Practitioner License

Total 20

License Number	Name	Address	Specialty	Issue Date
1053	Bryant Griffin	330 Nordina Street, Redlands, CA 92373		7/24/2015
1045	Marissa Anne Pitsor	402 East Meade St, Rapid City, SD 57701		6/19/2015
1046	Hannah Marie Stromseth	2720 South Summit Avenue, Sioux Falls, SD 57105		6/19/2015
1041	Christa Kay Maaske	405 23rd Street, Sioux City, IA 51104		6/11/2015
1040	Austin John Wagaman	4028 Brady Court, Sioux Falls, SD 57103		6/9/2015
1042	Ashley Kristine Gill	6444 Sun Ridge Road, Rapid City, SD 57702		6/11/2015
1152	Kaylea Hollie Chase	2720 S Summit Avenue, Sioux Falls, SD 57105		7/23/2015
1055	Terry Craig Woockman	89003 550th Street, Crofton, NE 68730		8/21/2015
1037	William Paul Ford	830 W. Main St., Hermosa, SD 57744		6/3/2015
1044	Nicole Renee Nowak	6523 W 54th Street, Sioux Falls, SD 57106		6/11/2015
1039	Ashley Cherie Nelson	2304 S Eisenhower Circle, Sioux Falls, SD 57106		6/9/2015
1049	Kelli Lyn Strobel	3617 S. Hawthorne Avenue, Sioux Falls, SD 57105		6/30/2015
1036	Zachary Douglas Wilson	2420 W. Bailey Street, Sioux Falls, SD 57104		6/2/2015
1054	Jack Daniel Lipscomb	811 N Indiana Avenue, Sioux Falls, SD 57103		8/18/2015
1050	Kayla Marie Salonen	803 E El Dorado Circle, Sioux Falls, SD 57108		7/9/2015
1051	Amy Margaret Stotz	800 West Elm, Flandreau, SD 57028		7/10/2015
1038	Andrea Maxine McManus	30187 448th Avenue, Volin, SD 57072		6/4/2015
1043	Tana Marie Lockner	2847 Nugget Gulch Drive, Rapid City, SD 57702		6/11/2015
1047	Ashley Marie Prussner	352 Briggs Street, Box Elder, SD 57719		6/22/2015
1048	Kerrie Fay Motley	1611 27th Street, Sioux City, IA 51104		6/25/2015

Dr. Roy Mortinsen, medical director of Vermillion/Clay County Emergency Medical Services, is submitting a Petition asking that the Board approve procedures not included in the South Dakota scope of practice for the Advanced EMTs (AEMT) including:

- Use intraosseous (IO) devices for adult therapy after failed intravenous attempts
- Use positive pressure ventilator (CPAP)
- Administration of the following medications:
 - Flumazenil (IV) for benzodiazepine overdoses
 - Diphenhydramine (IV) for allergic reactions and long rural travel times
 - Zofran (PO and IV) for nausea and vomiting
 - Epinephrine 1:10,000 (IV/IO) for cardiac arrest as directed by ACLS protocols

The attached petition provides an outline of the proposed education and training plan.

The staff has researched this proposal and finds that with the proposed training plan that AEMTs will:

- receive appropriate education and training
- will be able to demonstrate competency prior to performing the procedures under medical direction
- there will be continuing education and training provided on a regular basis so that the AEMT personnel will maintain competency

The Board's ALS advisory committee reviewed the petition as well. The committee and Board staff have no concerns with the exception of the use of Flumazenil (IV) for benzodiazepine overdoses. The ALS committee members were not aware that Flumazenil was being used in emergency rooms, and they cautioned its use on patients that are on long-term benzodiazepines.

**State of South Dakota
Board of Medical and Osteopathic Examiners**

Petition

Pursuant to the provisions of SDCL 1-26-15, Roy Mortinsen, M.D., FAAFP, of 20 South Plum Street Vermillion, SD, a Family Practice Physician working in the emergency department and Medical Director of Vermillion/Clay County Emergency Medical Services, and Matthew Callahan, a Paramedic working as the divisional chief of Vermillion/Clay County Emergency Medical Services, do hereby petition the South Dakota Board of Medical and Osteopathic Examiners for their decision in regard to the following:

1. The Board Action in question is as follows: Due to South Dakota's rural settings and that the systems cannot support or justify full time paramedic level of care we request approval to administer medications and perform skills to be granted to Advanced Emergency Medical Technicians (A-EMT) (SDCL 36-4B-16.2) and further approved by the Board.
2. The facts and circumstances which give rise to the petition or request to be decided by the Board are as follows:

The petitioners are the active medical director and the division chief for the Vermillion/Clay County Emergency Medical Services (VCCEMS). The petitioners oversee all emergency medical technicians employed under VCCEMS. VCCEMS currently mandates bi-annual training on advanced airway adjuncts and epi-auto injector. The proposed skills would be added to the bi-annual training to ensure competencies for the provider permitted to conduct advanced level skills. Proposed medications will be reviewed and Advanced Emergency Medical Technician (A-EMT) trained on an annual basis. Any A-EMT not demonstrating proficiency will be remanded for a didactic review and clinical practice. Proficiency will be evaluated during the peer-reviewed committees and bi-annual training. Further education will include American Heart Association Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and International Trauma Life Support.

The Emergency Medical Services Department under the National Highway Traffic Safety Administration developed the National Emergency Medical Services Standards in 2009. The current standards allow jurisdictions to allow the use of certain medications specific to their area. We recognize the deciding jurisdiction in the State of South Dakota as the South Dakota Board of Medical and Osteopathic Examiners¹.

- A. The Advanced Emergency Medical Technician Scope of Practice² allows for pediatric intraosseous (IO) infusions of medications and fluids for shock therapy. The scope does not allow for the A-EMT to utilize an IO for adult therapy after failed intravenous attempts. Adult IO therapy is becoming the preferred method in resuscitation when vascular access cannot be obtained. Several peer-reviewed studies^{3,4,5,6} have been conducted proving the benefits of IO therapy in the prehospital setting. We are petitioning the board to approve A-EMT to utilize IO devices for adult therapy in emergent situations.
- B. The Advanced Emergency Medical Technician Scope of Practice² does not allow for continuous positive airway pressure (CPAP) ventilation devices for oxygen therapy in those patients experiencing severe respiratory distress. Several peer-reviewed studies have demonstrated improvement in the patient's condition in a prehospital setting after use of CPAP⁷⁻⁹. CPAP is a safe, non-invasive therapy. There are some states that allow BLS trained EMT's to use CPAP (including Illinois, Wisconsin and North Dakota). We hereby request approval for the use of a positive pressure ventilator to be utilized with appropriate patients in severe respiratory distress due to a medical issue.
- C. Medications currently provided by the A-EMT Scope of Practice² include: albuterol, nitroglycerin, epinephrine, aspirin, glucagon, dextrose 50%, naloxone, glucose, and oxygen. Medication delivery techniques taught in the National Highway Transportation Safety Administration Scope include: intravascular, intraosseous, intramuscular, subcutaneous, intranasal, sublingual, and oral delivery. We are requesting the following nonscheduled controlled medications to be added for use by Advanced Emergency Medical Technicians: flumazenil (IV) for benzodiazepine overdoses, diphenhydramine (IV) for allergic reactions and long rural travel times, Zofran (ondansetron) (PO and IV) for nausea and vomiting, and epinephrine 1:10,000 (IV/IO) for cardiac arrests as directed by ACLS protocols.

3. The precise petition or request to be decided by the Board is as follows:

We request a decision by the Board to approve the aforementioned full or partial list of petitioned skills and administration of medications by Advanced Emergency Medical Technicians (SDCL 36-4B-16.2).

Dated at Vermillion, South Dakota, this _____ day of _____, 20_____.

Matthew Callahan, NREMT-P

Roy Mortinsen, M.D., FAAFP

References:

1. National Emergency Medical Services Standards in 2009, US Department of Transportation, National Highway Traffic Safety Administration, DOT HS 811 077A, January 2009.
2. National EMS Scope of Practice Model, from the National Highway Traffic Safety Administration.
3. Seigler, R., Tecklenburg, F., Shealy, R. (1989). Prehospital intraosseous infusion by emergency medical services personnel: A prospective study. *Pediatrics* 84(1), 173-177.
4. Lewis, F. (1986). Prehospital intravenous fluid therapy: Physiologic computer modeling. *Journal of Trauma* 26(9), 808-811.
5. Miner, W., Corneli, H., Bolte, R., et al. Prehospital use of intraosseous infusion by paramedics. *Pediatric Emergency Care* 5(1), 5-7, 1989.
6. LaRocco, B., Wang, H. (2003). Intraosseous infusion. *Prehospital Emergency Care* 7(2), 280-285.
7. Bruge P., Jabre P., Dru M., et al. An observational study of noninvasive positive pressure ventilation in an out-of-hospital setting. *Am J Emer Med.* 2008; 26:165–9.
8. Hubble MW, Richards ME, Jarvis R., Millikan T., Young D. Effectiveness of prehospital continuous positive airway pressure in the management of acute pulmonary edema. *Prehosp Emerg Care.* 2006;10: 430–9.
9. Kallio T., Kuisma M., Alaspaa A., Rosenberg PH. The use of prehospital continuous positive airway pressure treatment in presumed acute severe pulmonary edema. *Prehosp Emerg Care.* 2003;7: 209–13.

What is the reason for the request?

Vermillion is the county seat of Clay County, which lies in the southeast corner of the state. Clay County is an extremely rural area with little paramedic services available. By providing high quality education to AEMTs, they will be able to provide high quality patient care in the most emergent settings.

What duties, procedures, medications, etc. are requested?

We are requesting that AEMTs be allowed to start Adult IOs and administer CPAP. We are also requesting the following medications: Benadryl IV, Epinephrine 1:10,000 IV, Flumazenil IV, and Zofran PO/IV.

What risks are associated with the requested duties, procedures, etc?

The main risks of an Adult IO are infection and pain. The main risk to CPAP is that if a pneumothorax is present, the positive pressure may make it worse. There are many drug side effects and interactions possible. Some of the risks the AEMTs will face include: flumazenil could cause a seizure in patients that are on long-term benzodiazepines; diphenhydramine could cause sedation and confusion; Zofran may cause prolongation of the QT interval; epinephrine given for cardiac arrest during a code may cause pulmonary edema and arrhythmias.

What training must be completed?

All providers that will fall under this expanded scope of practice will be required to complete additional initial training that is beyond the standard AEMT curriculum. Training will include at minimum AHA ACLS 12 hour course, with a 4-hour minimum of Pharmacology education. Pharmacology education will be taught primarily from the Paramedic Practice Today¹. Two hours of training will focus on medication administration and medication math from Paramedic Practice Today¹. All personnel will have a written and practical test. The written test must be passed with a minimum score of 80% and the practical exam will be pass/fail based off the NREMT scoring sheets.

Who should provide the training?

Dr. Roy Mortinsen, MD, EMS Medical Director, and Matthew Callahan, EMS Division Chief and Paramedic Lead Instructor will conduct all initial training.

Will there be ongoing continuing education provided to the petitioners? If so, who should provide the continuing education and how often should it be provided?

A competency-based hands-on training every six months and review of procedures and drugs will be worked into monthly continuing education. Dr. Roy Mortinsen and Matthew Callahan will provide all ongoing continuing education.

Are logs required that document the number of these advanced procedures/duties performed, who performed them, the number of times the procedures/duties were performed, and description of any adverse effects for review in the event of an audit?

Running a search in our EPCR program may retrieve all statistics and data. All adverse effects are required to be documented in the EPCR.

References:

- 1. Paramedic Practice Today by Aehlert, Copyright 2010 by Mosby, Inc.*

EXECUTIVE SUMMARY FINANCIAL REPORT

TO: THE BOARD OF MEDICAL AND OSTEOPATHIC EXMINERS
FROM: MARGARET B HANSEN
DATE: AUGUST 12, 2015

1. The Board has three different locations of cash on hand (page 2)

- Petty Cash
- Local Checking
- State Treasury Fund

	FY16	FY15	FY14
	<i>07/31/15</i>	<i>06/30/2015</i>	<i>06/30/2014</i>
Total Cash	2,893,746	2,972,287	2,656,838

2. Upcoming Anticipated Expenses and Reserve Funds (page 3)

- Total anticipated expenses and reserve funds.

	FY16
Total Anticipated Expenses and Reserve Funds	2,236,548

3. Revenue (page 5)

- Total revenue for licensing, services, and other sources by line detail on the report.

	FY16	FY15	FY14
	<i>07/31/2015</i>	<i>06/30/2015</i>	<i>06/30/2014</i>
Total Revenue	28,810.00	1,307,603.35	1,256,516.60

4. Income Statement – review of expense variances (Pages 6 – 7)

	FY15	FY15	FY14	FY14
	Budgeted	<i>06/30/2015</i>	Budgeted	<i>06/30/2014</i>
4-A 5102090 – Unemployment Insurance	42	147	42	99
4-B 5203280 – Air-Commercial Out of State	1,100	1,876	1,100	1,795
4-C 5203280 - Other Public Out-of-state <ul style="list-style-type: none"> • HPAP billing is now being processed here which was previously processed through Other Contractual Services 	100	260	100	150
4-D 5203300 - Lodging Out-Of-State <ul style="list-style-type: none"> • Hotel expenses for out of state meetings or training attended 	500	3,977	500	3,653
4-E 5204160 - Workshop Registration Fees <ul style="list-style-type: none"> • Training classes for staff and meeting attendance fees 	2,000	4,656	2,000	3,280
4-F 5204180 - State Computer Services <ul style="list-style-type: none"> • BIT maintenance expenses 	9,359	17,810	9,359	15,734
4-G 5204200 – Central Services <ul style="list-style-type: none"> • DOH office expenses for items completed on our behalf or related to our office 	3,531	5,722	3,531	3,709

4-H	5204530 - Telecommunication Services <ul style="list-style-type: none"> Board Member Laptop wireless Background Reports e.g. NPDB 	3,000	10,185	3,000	15,418
4-I	5205320 - Duplication – Private <ul style="list-style-type: none"> Printed pages from leased printers 	300	6,046	300	1142
4-J	5205350 – Postage <ul style="list-style-type: none"> Postage fees on all items mailed 	11,000	15,171	11,000	11,557

5. Income Statement – Total Expenses - (page 7)

Shows total expenses and budget comparison.

	FY16	FY16	FY15	FY15	FY14	FY14
	Budgeted	07/31/2015	Budgeted	06/30/2015	Budgeted	06/30/2014
Total Expenses	1,025,703	101,389	1,011,493	992,155	988,618	924,257

6. Income Statement - Net Income - (page 7)

Shows earnings measured by taking total revenue and minus expenses.

	FY16	FY16	FY15	FY15	FY14	FY14
	Budgeted	07/31/2015	Budgeted	06/30/2015	Budgeted	06/30/2014
Net Income	233,797	-72,579	174,257	315,639	210,382	332,261

7. Other Contractual Services Breakdown by service description (page 8)

	FY16	FY15	FY14
	07/31/2015	06/30/2015	06/30/2014
Total Other Contractual Services	1,442	36,751	60,868

SDBMOE Financial Report

08/12/2015

for
07/01/15 - 07/31/2015

Page	Report Name
2	Balance Sheet (Cash Only)
3	Upcoming Anticipated Expenses and Reserve Funds
4	Revenue Summary
6	Income Statement
8	Other Contractual Services

SDBMOE
Balance Sheet (Cash Only)

Date Range: July 1, 2015 - July 31, 2015

	FY16 07/31/2015	FY15 06/30/2015	FY14 06/30/2014	FY13 06/30/2013	FY12 06/30/2012	FY11 06/30/2011
Cash						
Petty Cash	100	100	100	100	100	100
Local Checking	2,034	2,034	3,598	2,930	4,223	4,712
State Treasury Fund	2,891,613	2,970,153	2,653,139	2,300,852	1,810,978	1,370,641
1. Total Cash	2,893,746	2,972,287	2,656,838	2,303,882	1,815,301	1,375,452

SDBMOE

Upcoming Anticipated Expenses and Reserve Funds

Expense Items:	Anticipated Amount:	
Operating Expense Budget (with Salaries and Benefits)	\$	1,025,703
Technology Update:		
Update Database - rework and implantation	\$	400,000
Technical Support for Board Members Technology	\$	12,000
Training Expenses (outside of budgeted amount in Operating Expenses)		
Investigator Training	\$	2,345
Licensing Staff Training and Professional Certification	\$	3,000
Attorney Training	\$	2,500
Policy Training	\$	1,000
Sending 4 Board Members to the annual FSMB Meeting	\$	10,000
HPAP yearly support costs - projections for this year	\$	200,000
Scanning paper files to an electronic format	\$	10,000
Lawsuit reserve fund (for 3 large cases)	\$	370,000
Compact Licensing Funding	\$	200,000
2. Total Anticipated Expenses	\$	2,236,548

SDBMOE
Revenue by Item Summary

Date Range: July 1, 2015 - July 31, 2015

Type	07/01/15 - 07/31/15 Amount	07/01/14 - 06/30/15 Amount	07/01/13 - 06/30/14 Amount
Licenses			
Athletic Trainer Application	\$ 1,200.00	\$ 3,400.00	\$ 3,000.00
Athletic Trainer Reinstatement	\$ -	\$ -	\$ -
Athletic Trainer Renewal	\$ 500.00	\$ 11,350.00	\$ 9,500.00
Advanced EMT for Instate Graduate	\$ 50.00	\$ 1,400.00	\$ 850.00
Advanced EMT for out of state Graduate	\$ -	\$ 300.00	\$ 225.00
Advanced EMT Renewal	\$ 300.00	\$ 1,550.00	\$ 800.00
Advanced EMT Reinstatement	\$ 50.00	\$ 50.00	\$ -
ALS-I 85 Application for Instate Graduate	\$ -	\$ 50.00	\$ -
ALS-I 85 Application for Out of State Graduate	\$ -	\$ 150.00	\$ 75.00
ALS-I 85 Renewal	\$ 575.00	\$ 3,850.00	\$ 3,625.00
ALS-I 99 Application for Instate Graduate	\$ -	\$ -	\$ -
ALS-I 99 Application for Out of State graduate	\$ -	\$ -	\$ -
ALS-I 99 Renewal	\$ 50.00	\$ 250.00	\$ 225.00
ALS-I 99 Reinstatement	\$ -	\$ -	\$ -
ALS-I85 Reinstatement	\$ -	\$ 100.00	\$ 450.00
ALS-Paramedic Application for Instate graduate	\$ 200.00	\$ 1,300.00	\$ 1,850.00
ALS-Paramedic Application for Out of State Graduate	\$ 600.00	\$ 6,350.00	\$ 5,250.00
ALS-Paramedic Renewal	\$ 2,950.00	\$ 15,625.00	\$ 11,100.00
ALS-Paramedic Reinstatement	\$ 150.00	\$ 500.00	\$ 600.00
Genetic Counselor Temporary Application	\$ -	\$ 200.00	\$ 200.00
Genetic Counselor Application	\$ 1,800.00	\$ 3,800.00	\$ 1,600.00
Genetic Counselor Renewal	\$ 100.00	\$ 3,100.00	\$ 1,900.00
Licensed Nutritionist Application	\$ 280.00	\$ 1,610.00	\$ 1,750.00
Licensed Nutritionist Renewal	\$ 320.00	\$ 10,710.00	\$ 10,395.00
Temporary License Nutritionist Application	\$ -	\$ 400.00	\$ 250.00
Licensed Nutritionist Reinstatement	\$ -	\$ 300.00	\$ -
Locum Tenens Application	\$ 500.00	\$ 2,850.00	\$ 2,550.00
MD/DO Application	\$ 5,400.00	\$ 67,600.00	\$ 74,600.00
MD/DO Reinstatement	\$ 400.00	\$ 9,200.00	\$ 6,600.00
MD/DO-Renewals	\$ 400.00	\$ 746,600.00	\$ 729,400.00
Medical Assistant Application	\$ 40.00	\$ 840.00	\$ 1,000.00
Medical Assistant Renewal	\$ 5.00	\$ 20.00	\$ 2,720.00
Medical Assistant Reinstatement	\$ 10.00	\$ 40.00	\$ 300.00
Medical Corp Application	\$ 50.00	\$ 650.00	\$ 550.00
Medical Corp Reinstatement	\$ -	\$ 700.00	\$ 1,000.00
Medical Corp Renewal	\$ -	\$ 15,900.00	\$ 15,900.00
Occupational Therapist Application	\$ 150.00	\$ 1,750.00	\$ 1,950.00
Occupational Therapist Reinstatement	\$ -	\$ 75.00	\$ 50.00
Occupational Therapy Assistant Application	\$ 250.00	\$ 1,050.00	\$ 850.00
Occupational Therapist Renewal	\$ -	\$ 21,200.00	\$ 22,000.00
Occupational Therapy Assistant Reinstatement	\$ 25.00	\$ -	\$ -
Occupational Therapy Assistant Renewal	\$ 50.00	\$ 7,200.00	\$ 7,150.00
Occupational Therapist Limited Permit	\$ -	\$ 25.00	\$ 125.00
Occupational Therapy Assistant Limited License	\$ -	\$ 25.00	\$ 75.00
Physical Therapist Application	\$ 60.00	\$ 5,040.00	\$ 3,900.00
Physical Therapist Renewal	\$ -	\$ 44,800.00	\$ 43,900.00
Physical Therapist Reinstatement	\$ -	\$ 600.00	\$ 150.00
Physical Therapist Assistant Application	\$ 180.00	\$ 2,880.00	\$ 1,980.00
Physical Therapist Assistant Renewal	\$ -	\$ 12,050.00	\$ 12,050.00
Physical Therapist Assistant Reinstatement	\$ -	\$ -	\$ 50.00
Physician Assistant Corporation Application	\$ 50.00	\$ -	\$ -
Physician Assistant Corporation Renewal	\$ -	\$ 200.00	\$ 200.00
Physician Assistant Corporation Reinstatement	\$ -	\$ -	\$ -
Physician Assistant Application	\$ 825.00	\$ 3,900.00	\$ 4,425.00
Physician Assistant Temporary Permit	\$ -	\$ -	\$ 50.00
Physician Assistant Reinstatement	\$ -	\$ 75.00	\$ 125.00
Physician Assistant Renewal	\$ -	\$ 55,700.00	\$ 52,900.00
Resident License Application	\$ 100.00	\$ 3,300.00	\$ 3,800.00
Resident License Renewal	\$ -	\$ 6,500.00	\$ 3,650.00
Respiratory Care Practitioner Application	\$ 375.00	\$ 2,175.00	\$ 3,225.00
Respiratory Care Temporary Application	\$ -	\$ 520.00	\$ 520.00
Respiratory Care Practitioner Renewal	\$ 60.00	\$ 27,000.00	\$ 60.00
Respiratory Care Practitioner Reinstatement	\$ 95.00	\$ 190.00	\$ 95.00
NSF Check Board Fine	\$ -	\$ -	\$ -
USMLE Testing	\$ -	\$ -	\$ 3,150.00
Other Income	\$ -	\$ 190.00	\$ -
Total Licenses	\$ 18,150.00	\$ 1,107,190.00	\$ 1,054,695.00

SDBMOE
Revenue by Item Summary

Date Range: July 1, 2015 - July 31, 2015

		07/01/15 - 07/31/15 Amount	07/01/14 - 06/30/15 Amount	07/01/13 - 06/30/14 Amount
Other				
Interest Income		\$	24,236.35	\$ 30,177.73
Fines & Penalties	\$	-	-	\$ -
Total Services	\$	-	24,236.35	\$ 30,177.73
Services				
Information Request	\$	-	30.00	\$ 30.00
Online Verifications	\$	6,740.00	128,857.00	\$ 118,256.00
Written Verifications	\$	3,840.00	46,620.00	\$ 47,940.00
Duplicate License Card	\$	80.00	670.00	\$ 1,020.00
Candian Service Fee (Skype Fee Charge)	\$	-	-	\$ (2.13)
Mailing List				\$ 4,400.00
Total Services	\$	10,660.00	176,177.00	\$ 171,643.87
Total	3.	\$ 28,810.00	\$ 1,307,603.35	\$ 1,256,516.60

SDBMOE
Income Statement

Date Range: July 1, 2015 - July 31, 2015

	FY16 Budgeted	FY16 07/31/2015	% of Budget FY16	FY15 Budgeted	FY15 06/30/2015	% of Budget FY15	FY14 Budgeted	FY14 06/30/2014
Ordinary Income/Expense								
Income								
License Fee Revenue	1,089,000	18,150	2%	1,010,000	1,107,190	110%	1,012,000	1,054,695
Fines, Penalties, and other	0	0	0%	0	190	0%	0	0
Sales and Service Revenue	150,500	10,660	7%	150,750	176,177	117%	152,000	171,646
Total Income	1,239,500	28,810	2%	1,160,750	1,283,557	111%	1,164,000	1,226,341
Gross Profit	1,239,500	28,810	2%	1,160,750	1,283,557	111%	1,164,000	1,226,341
5101000 - Employee Salaries	300,801	43,461	14%	288,154	326,321	113%	277,412	308,612
5101030 - Board & Community Member Fees	3,418	480	14%	3,275	1,620	49%	3,154	2,520
5102010 - OASI	27,812	3,199	12%	26,392	23,656	90%	24,207	22,796
5102020 - Retirement	16,133	2,608	16%	16,133	19,332	120%	16,133	18,472
5102060 - Health Insurance	60,790	7,980	13%	60,790	65,024	107%	50,963	70,193
5102080 - Worker's Compensation	889	57	6%	889	261	29%	889	216
4-A 5102090 - Unemployment Insurance	42	17	40%	42	147	350%	42	99
5201030 - Board Member Per Diem			0%			0%		0
5203010 - Auto - State owned - Instate	0	146			396			
5203030 - Auto - Private - Low Rate	0	270			988			423
5203030 - Auto - Private - High Rate	2,000	310	16%	2,000	278	14%	2,000	1,412
5203040 - Air-State owned-Instate	16,000		0%	16,000	7,372	46%	16,000	8,473
5203060 - Air-Commercial Carrier Instate	0				5,565			582
5203070 - Air Travel - Charter Flights	30,000		0%	30,000		0%	30,000	3,750
5203100 - Lodging In-State	2,000	472	24%	2,000	323	16%	2,000	697
5203120 - Incidentals-Travel Instate	50		0%	50	72	144%	50	56
5203130 - Nonemployee Travel		372			491			8,827
5203140 - Taxable Meals		24			27			20
5203150 - Non-taxable meals In-state	600	148	25%	600	405	68%	600	353
4-B 5203260 - Air-Commercial Out-of-state	1,100		0%	1,100	1,876	171%	1,100	1,795
4-C 5203280 - Other Public Out-of-state	100		0%	100	260	260%	100	150
4-D 5203300 - Lodging Out-Of-State	500		0%	500	3,977	795%	500	3,653
5203320 - Incidentals - Out of State	0				25			50
5203350 - Out of State Meals	0				640			436
5204010 - Subscriptions	1,000	189	19%	1,000	90	9%	1,000	270
5204020 - Membership Dues	6,000	1,000	17%	6,000	4,425	74%	6,000	4,171
5204030 - Legal Document Fees								10
5204050 - Computer Consultant					47,970			70,980
5204080 - Legal Counsel	198,000	2,885	1%	198,000	78,008	39%	198,000	37,188
5204090 - Management Consultant		16,667			173,333			22,655
5204100 - Consultant Fees--Medical	13,500		0%	13,500	1,500	11%	13,500	1,750
5204130 - Other Consulting	0			0	9,692		0	8,820

SDBMOE
Income Statement

Date Range: July 1, 2015 - July 31, 2015

	FY16 Budgeted	FY16 07/31/2015	% of Budget FY16	FY15 Budgeted	FY15 06/30/2015	% of Budget FY15	FY14 Budgeted	FY14 06/30/2014	
4-E 5204160 - Workshop Registration Fees	2,000		0%	2,000	4,656	233%	2,000	3,280	
4-F 5204180 - State Computer Services	9,359	1,547	17%	9,359	17,810	190%	9,359	15,734	
5204181 - BIT Development Costs					155			12	
5204190 - Private Computer Services									
4-G 5204200 - Central Services	3,531	1,452	41%	3,531	5,772	163%	3,531	3,709	
5204202 - Property Management					307			317	
5204203 - Purchasing Central Services					420			488	
5204204 - Records Management		24			112			131	
5204207 - Human Resource Services		203			3,931			3,454	
5204220 - Equipment Maintenance		107			1,670			35,201	
5204230 - Janitorial								0	
5204250 - Cable TV (Office Internet)		135			830			695	
5204320 - Audit Services - Private	5,500			5,500			5,500	0	
5204350 - Advertising - Magazines					2,750			2,750	
5204360 - Advertising Newspapers	500			500	1,255		500	207	
5204400 - Advertising Internet	500		0%	500	294	0%	500	0	
5204460 - Equipment Rental	2,000	80	4%	2,000	960	48%	2,000	1,040	
5204490 - Rents - Other								791	
5204510 - Rents - Lease	83,000	6,838	8%	83,000	82,058	99%	62,000	51,160	
4-H 5204530 - Telecommunication Services	3,000	1,467	49%	3,000	10,185	339%	3,000	15,418	
5204550 - Garbage and Sewer		254			1,118			1,610	
5204580 - Truck-Drayage & Freight		837			2,095			857	
5204590 - Professional Liability Insurance	20,000		0%	20,000	2,394	12%	20,000	2,400	
5204620 - Taxes and License Fees					911			995	
5204730 - Maintenance Contract	1,000		0%	1,000		0%	1,000	0	
5204740 - Bank Charges	24,192		0%	24,192		0%	24,192	78	
5204960 - Other Contractual Services	151,986	1,442	1%	151,986	43,306	28%	172,986	50,800	
5205020 - Office Supplies	10,000	5,236	52%	10,000	2,560	26%	10,000	1,912	
5205290 - Flags					209				
5205040 - Educational & Instructional Sup								275	
5205310 - State-Printing								0	
4-I 5205320 - Duplication - Private	300	47	16%	300	6,046	2015%	300	1,142	
5205340 - Supp. Public & Ref Material					185				
4-J 5205350 - Postage	11,000	1,352	12%	11,000	15,171	138%	11,000	11,557	
5205390 - Food Stuffs	100		0%	100		0%	100	280	
5207121 - Building Improvement & Remodel								800	
5207451 - Office Furniture & Fixtures					1,194			37,742	
5207495 - Telephone Equipment	10,000		0%	10,000	76	1%	10,000	13,138	
5207531 - Household Appliances								875	
5207675 - Audio Visual Equipment					4,217			61,152	
5207791 - Police and Security Equipment								0	
5207901 - Computer Hardware (BIT)					5,175			3,468	
5207905 - Computer systems	6,000			6,000			6,000	0	
5207960 - Computer Software								0	
5207961 - Computer Software (BIT)	1,000			1,000			1,000	1,089	
5207980 - Depreciation Expense - Computer								0	
5207965 - Software State Contract								0	
5208080 - Prior Year Revenue Refund								0	
5208210 - Interest on Late Vendor Payment		84			260			275	
Total Expense	5.	1,025,703	101,389	10%	1,011,493	992,155	98%	988,618	924,257
Net Ordinary Income		213,797	-72,579	-34%	149,257	291,402	195%	175,382	302,084
Other Income/Expense									
Other Income									
4491000 - Interest Income	20,000	0	0%	25,000	24,236	97%	35,000	30,178	
Total Other Income	20,000	0	0%	25,000	24,236	97%	35,000	30,178	
Net Other Income	20,000	0	0%	25,000	24,236	97%	35,000	30,178	
Net Income	6.	233,797	-72,579	-31%	174,257	315,639	181%	210,382	332,261

SDBMOE

Other Contractual Services

Date Range: July 1, 2015 - July 31, 2015

Description	FY16 07/31/2015	FY15 06/30/2015	FY14 06/30/2014
Other Contractual Services			
Health Practitioners Assistance - HPAP	\$ -	\$ -	\$ 28,295
SDBON - CNP, CNM Co-regulation	\$ -	\$ -	\$ -
Investigator Contractor	\$ -	\$ -	\$ -
Investigations Expenses	\$ -	\$ 4,625	\$ 1,521
Temporary Employment Services	\$ -	\$ -	\$ -
Other State Verifications	\$ -	\$ -	\$ -
Shredding	\$ -	\$ -	\$ -
Goods and Services	\$ -	\$ -	\$ -
Background Reports	\$ -	\$ -	\$ -
BD member Expenses	\$ -	\$ 441	\$ 172
Board Meeting Audio	\$ -	\$ -	\$ -
Other	\$ 1,442	\$ 31,684	\$ 30,881
7. Total Other Contractual Services	\$ 1,442	\$ 36,751	\$ 60,868



South Dakota BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Annual Report FY2015

A summary of Board activities from July 1, 2014 to June 30, 2015.

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

ABOUT THE BOARD



South Dakota Board of Medical and Osteopathic Examiners

101 N. Main Ave., Suite 301 and 215 Sioux Falls, SD 57104

Phone 605-367-7781

Fax 605-367-7786

www.sdbmoe.gov

sdbmoe@state.sd.us

The Board of Medical and Osteopathic Examiners (Board) protects the health and welfare of the state's citizens by ensuring that qualified medical health care professionals are licensed to practice in South Dakota.

The Board licenses and regulates over 9,000 licenses within fourteen different medical categories. The Board also co-regulates medical professions with the Board of Nursing.

The Board supports and promotes the Health Professionals Advocacy Program which administers a program to advocate for and monitor the recovery and/or rehabilitation of impaired healthcare providers.

The Board has significant authority over licensees and establishing regulations by proposing legislation or adopting administrative rules.

The Board meets quarterly or more often as needed and the meetings are open to the public. The meeting

agenda is posted to the Board website, sdbmoe.gov, and on the front door of the Board office building.

The Board has nine volunteer members appointed by the Governor: six allopathic physicians or doctors of medicine (MD) and one osteopathic physician or doctor of osteopathic medicine (DO), and two non-physicians.

All final decisions are made by the full Board. The Board uses advisory committees, panels, and the board staff to assist with recommendations for final decisions. The advisory committees are approved by the full Board. The Board employs a professional staff comprised of an executive director and support staff to assist the Board in the regulation of its licensees.

The Board is administratively assigned to the South Dakota Department of Health. The Board does not receive a general fund appropriation. It is funded solely with the fees collected from licensing and other services provided by the Board.

MEMBERS OF THE BOARD



Kevin L. Bjordahl, MD



Deb K. Bowman



Walter O. Carlson, MD,
MBA; Vice President



Mary S. Carpenter,
MD: President



David K. Erickson, MD



Laurie B. Landeen, MD



Brent J. Lindbloom,
DO; Secretary



David E. Lust, JD



Jeffrey A. Murray, MD

The Board has nine volunteer members: six allopathic physicians, or doctors of medicine (MD), and one osteopathic physician, or doctor of osteopathic medicine (DO), and two non-physician or lay person members (*defined in statute as "...users of the services regulated by the board. One lay member may be a nonphysician health care professional licensed by the board"*). All of the Board members are appointed by the Governor. Term limits were enacted by statute in 2005. Members may serve on the board for a three year term with the possibility of two reappointments for a nine year total term limit. In the event of a resignation or death, a board member may be appointed to complete an unexpired term prior to being appointed to their first three year term. Members receive per diem and expenses that follow state reimbursement policies. Annual officer elections are held at a May or June board meeting. Board member biographies are available on the Board's website: www.sdbmoe.gov

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

BOARD MEMBER

Mary Carpenter, MD
Winner, SD

Walter Carlson, MD
Sioux Falls, SD

Brent Lindbloom, DO
Pierre, SD

Kevin Bjordahl, MD
Milbank, SD

Deb Bowman
Pierre, SD

David Erickson, MD
Sioux Falls, SD

Laurie Landeen, MD
Sioux Falls, SD

David Lust, JD
Rapid City, SD

Jeffrey Murray, MD
Sioux Falls, SD

*Appointed to complete term of
John Vander Woude, MD

**APPOINTMENTS and
REAPPOINTMENTS**

2006, 2013

2011, 2014

2003, 2014

2013

2014

2006, 2013

2013

2015

2012*, 2015

**CURRENT TERM
EXPIRATION DATES**

October 30, 2016

October 30, 2017

October 30, 2017

October 30, 2015

October 30, 2016

October 30, 2015

October 30, 2016

October 30, 2018

October 30, 2017

JUNE 2014 -2015 OFFICERS

Mary Carpenter, MD, President

Walter Carlson, MD, Vice President

Brent Lindbloom, DO, Secretary

ELECTED – RE-ELECTED

Acting President 2012,
2013, 2014

2013, 2014

2013, 2014

EXPIRES

June 2015

June 2015

June 2015



June 2014 Federation of State Medical Board (FSMB) and CEO President Humayun J. Chaudhry, DO; Board Executive Director Margaret B. Hansen, PA-C; FSMB Liaison Director Jon Thomas, MD; Board member Jeffrey A. Murray, MD; Board member Bernie W. Christenson; Board member Deborah K. Bowman; Board member Laurie B. Landeen, MD; SDBMOE Vice President Walter O. Carlson, MD; Board Secretary Brent J. Lindbloom, DO; Board member David K. Erickson, MD; and Board member Kevin L. Bjordahl, MD.

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

EXECUTIVE DIRECTOR'S REPORT

The Board members and staff are committed to protecting the health and welfare of the state's citizens by assuring that only qualified medical professionals are licensed to practice in South Dakota. The regulatory responsibilities of the Board include enforcement of statutes, administrative rules, and practice standards.

Through effective and efficient licensure, the Board protects the public by ensuring that these practitioners have the education, training, and skill to practice safely. By adopting and enforcing regulations, the Board responds to complaints from patients, issues regarding competency, and reports from medical entities, facilities, and other sources. The Board will impose sanctions against licensees who practice below the standards of care or act unprofessionally.

The Board currently administers over 9,200 active licensees in 14 healthcare professions, corporations and limited liability companies within South Dakota. The Board co-regulates advanced practice nurses with the South Dakota Board of Nursing. The Board's administrative functions include the issuance, renewal, and maintenance of over thirty (30) different license types including: licenses, permits, registrations, and certificates. Additional functions include the inspection and investigation of complaints regarding licensees.

From July 1, 2014 to June 30, 2015:

- A total of 1163 new licenses were issued.
- A total of 455 complaint files were opened. The Board places great emphasis on completing timely and fair investigations that result in appropriate action.
- Ten (10) administrative rules were adopted to define what constitutes a conflict of interest or a potential conflict of interest related to hearings held by the Board of Medical and Osteopathic Examiners, and to add a code of ethics to the existing rules for the professionals regulated by the Board.
- The Board held the following public meetings: four (4) regular meetings, one (1) teleconference meeting, one (1) declaratory rule hearing, and one (1) administrative rules hearing.
- There were four (4) administrative law hearings held during the year and the Board made final decisions on the recommendations during one of the public meetings mentioned above.
- OUTREACH EFFORTS: Make life easier for our customers.
 - Education: The executive director and staff continue to meet and provide outreach to medical schools, residency programs, healthcare recruiters, clinic managers, health system administrators, state regulatory boards, and associations as well as with the Board's licensees.
 - In-office assistance for applications: 1,089, requests for "renewal and general questions"
 - Phone and general email totals: 28,640
 - Training Meetings for Academic Program Directors & Coordinators, Healthcare Systems Recruiters, Board & Advisory Members: 1,671

Much has been accomplished in the past year. The Board and its staff continue to seek ways to improve, strengthen, and enhance services provided to the public and licensees. The Board and its staff remain committed to public protection and excellent customer service for South Dakota citizens.

More information about the Board's work is available in the agendas, minutes, reports and website documents.



Margaret B. Hansen, PA-C, MPAS, CMBE
Executive Director

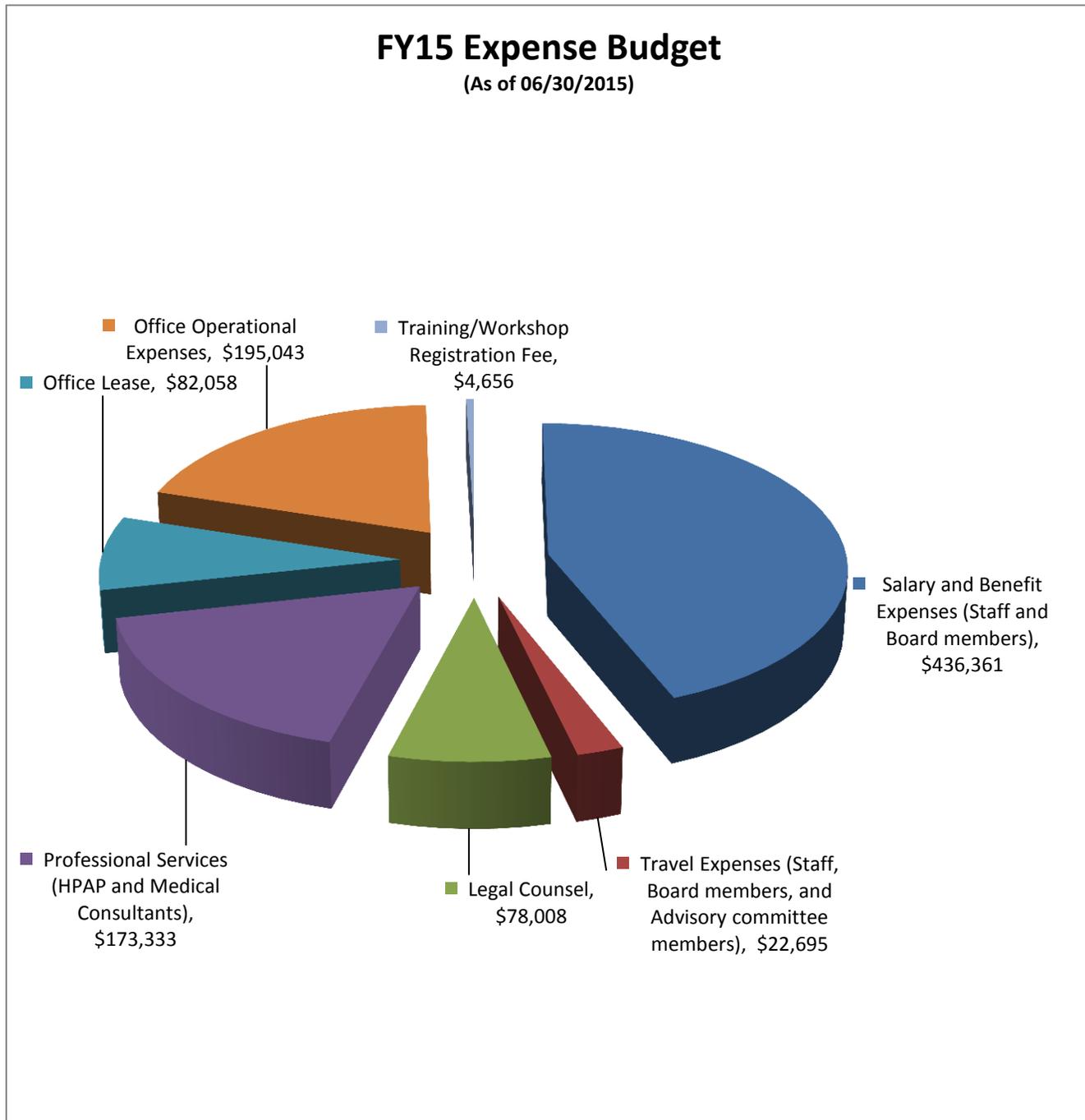
www.sdbmoe.gov

101 N Main Ave Ste 301 Sioux Falls SD 57104

Office 605-367-7781 Cell 605-941-2800

Email: Margaret.Hansen@state.sd.us

FY2015 EXPENSE BUDGET



The Board of Medicine’s expense budget for Fiscal year 2015 (July 1, 2014 through June 31, 2015) is \$1,011,493. The FY2015 anticipated revenue is \$1,185,750.

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

2014 MEETING SCHEDULE

MEETINGS

- March 13
- June 12
- September 11
- December 4

TELECONFERENCES

- January 23
- April 28
- April 28

SOUTH DAKOTA
BOARD OF MEDICAL & OSTEOPATHIC EXAMINERS

Margaret B. Hansen, PA-C, MPAS,
Executive Director
101 N Main Ave, Suite 301
Sioux Falls, SD 57104
605-367-7781

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Board Information

[Board Members](#) [Board Staff](#) [Board Meeting Info](#) **[Meeting Minutes](#)**

Meeting Minutes

- [December 4, 2014](#)
- [September 11, 2014](#)
- [June 12, 2014](#)
- [April 28, 2014](#)
- [March 13, 2014](#)
- [January 23, 2014](#)

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BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

CONTESTED CASE HEARINGS

Pursuant to South Dakota Administrative Rules, an applicant for a license, permit, registration, or certificate issued by the board may file a petition for hearing at any time during the processing of an application. The executive secretary may file a petition for hearing to initiate a disciplinary proceeding against a licensee. A petition for hearing shall be signed by the petitioner and contain the following information: the name and address of the applicant or licensee, the basis for the request for hearing, narration of the applicable statutes or regulations for which the petitioner is requesting board action, and the relief requested by the petitioner.

Upon receipt of a petition for hearing, the board president may appoint an examiner to conduct the contested case hearing, or may schedule the contested case hearing before the board, as authorized by applicable statutes. All petitions for hearing shall be filed with the executive secretary; who shall maintain the record of contested case proceedings held before the board.

Contested case hearings shall be conducted in accordance with SDCL [1-26](#). The parties to a hearing are the executive secretary and the applicant or licensee. A board member who has participated in investigation of the matter before the board shall disqualify himself from all deliberations and decisions. If the board hears the proceeding, it shall issue a final decision and require the parties to submit proposed findings of fact and conclusions of law for consideration at the board's next meeting. If a hearing examiner hears the proceeding, the examiner shall issue a proposed decision including findings of fact and conclusions of law. The examiner shall serve the proposed decision upon the board and the parties. The board shall issue a final decision to accept, reject, or modify the findings, conclusions, and decisions of the examiner. The board shall issue a notice of decision, accompanied by the final board decision and findings of fact and conclusions of law, to the applicant or licensee and executive secretary. The applicant or licensee may appeal a final board action to circuit court, and ultimately to the supreme court of South Dakota.

	2015
Administrative Hearings	4
Hearings before the Board of Medicine	18

ACTIONS OF THE BOARD OF MEDICINE

	FY 2015
Stipulation and Agreement	4
Consent Agreement- Voluntarily Surrender License	2
Findings of Fact, Conclusions of Law and Recommendation for Fitness to Practice Evaluation	2
Findings of Fact, Conclusions of Law and Recommendation for Monitoring	1
Findings of Fact, Conclusions of Law and Recommendation for Denial of Application	1
Consent Agreement for Revocation of license	1
Consent Agreement with Reprimand	3
Consent Agreement with Letter of Concern	1
Applications withdrawn under investigation	2
License reinstated without restrictions	1

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

ADMINISTRATIVE RULES

The Board of Medical and Osteopathic Examiners administrative rules, which have the weight of law, are found in Articles 20:47, 20:52, 20:61, 20:63, 20:64, 20:66, 20:70, 20:78, 20:82, 20:83 of the South Dakota Administrative Code. Before the Board can adopt a new rule or amend an existing rule, the intended action item must be publicly noticed and reviewed at a public hearing. The proposed change is also subject to review by the Interim Rules Review Committee.

These amendments were noticed and adopted by the Board in FY2015:

- **PHYSICIANS AND SURGEONS - CHAPTER 20:47:08 ETHICS.** The proposed rule will adopt the Code of Medical Ethics of the American Medical Association 2012-2013 edition in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **PHYSICIAN ASSISTANTS – CHAPTER 20:52:02 ETHICS.** The proposed rule will adopt the American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession, 2013 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **ATHLETIC TRAINERS – CHAPTER 20:63:04 ETHICS.** The proposed rule will adopt the Board of Certification Standards of Professional Practice, 2006 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **OCCUPATIONAL THERAPY AND OCCUPATIONAL THERAPY ASSISTANTS – CHAPTER 20:64:05 ETHICS.** The proposed rule will adopt the American Occupational Therapy Association Occupational Therapy Code of Ethics and Standards, 2010 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS – CHAPTER 20:66:02 ETHICS.** The proposed rule will adopt the Code of Ethics of the American Physical Therapy Association, 2010 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **RESPIRATORY CARE PRACTITIONERS – CHAPTER 20:70:03 ETHICS.** The proposed rule will adopt the Statement of Ethics and Professional Conduct of the American Association for Respiratory Care, 2012 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS – SECTION 20:78:05:09 BOARD MEMBER CONFLICT OF INTEREST.** The proposed rule will define relationships which constitute a conflict of interest for Board members involved in hearings of the Board of Medical and Osteopathic Examiners. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS – SECTION 20:78:05:10 BOARD MEMBER POTENTIAL CONFLICT OF INTEREST.** The proposed rule will define relationships which constitute a potential conflict of interest for Board members involved in hearings of the Board of Medical and Osteopathic Examiners. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**
- **GENETIC COUNSELORS – ARTICLE 20:82.** The proposed rules will establish a new article in the administrative rules for genetic counselors. The proposed rule includes three chapters: Definitions, Licensure Requirements, and Ethics.

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

The Licensure Requirements chapter includes a section on fees for licensure and the Ethics chapter will adopt the Code of Ethics of the National Society of Genetic Counselors, 2006 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**

- **NUTRITION AND DIETETICS – ARTICLE 20:83.** The proposed rules will establish a new article in the administrative rules for nutritionists and dietitians. The proposed rule includes three chapters: Definitions, Licensure Requirements, and Ethics. The Licensure Requirements chapter includes a section on fees for licensure and the Ethics chapter will adopt the American Dietetic Association Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics, 2009 in order to standardize the ethical expectations of licensees and assist in potential disciplinary proceedings. **NOTICED 3/11/15 | ADOPTED 4/20/15 | EFFECTIVE 5/21/15**

LEGISLATION

The Board of Medical and Osteopathic Examiners will amend existing laws or establish new laws that are relevant to the professions regulated by the board.

This legislation was approved in 2015:

SENATE BILL 63 – The purpose of this legislation was to adopt the Interstate Medical Licensure Compact

INTERSTATE MEDICAL LICENSURE COMPACT

Special Board Meeting July 21, 2015 Summary:

The BMOE held a special board meeting July 21st and appointed board member Dr. Mary S. Carpenter and executive director Margaret Hansen as South Dakota's commissioners to the Interstate Medical Licensure Compact Commission which will be organized this year. On March 11th, Governor Dugaard signed legislation allowing South Dakota to join the compact



DBMOE member Deb Bowman, SDBMOE President Mary Carpenter, MD, SDBMOE Executive Director Margaret Hansen, SDAHO CEO Scott Duke, Susan Sporrer of the South Dakota Department of Health; SDSMA lobbyists Dean Krogman and Justin Bell, Sen. Deb Soholt, Secretary of Health Kim Malsam-Rysdon, Rep. Scott Munsterman, Nick Kotzea of Sanford Health with Gov. Dennis Dugaard after signing SB 63.

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

Interstate Medical Licensure Compact Press Conference

BMOE executive director Margaret Hansen was an invited panel participant for a press conference regarding the Interstate Medical Licensure Compact at the National Press Club in Washington DC on June 24, 2015. The press conference included representatives of state medical boards, policymakers and health care leaders speaking about the new Interstate Medical Licensure Compact and its impact on the U.S. health care system.



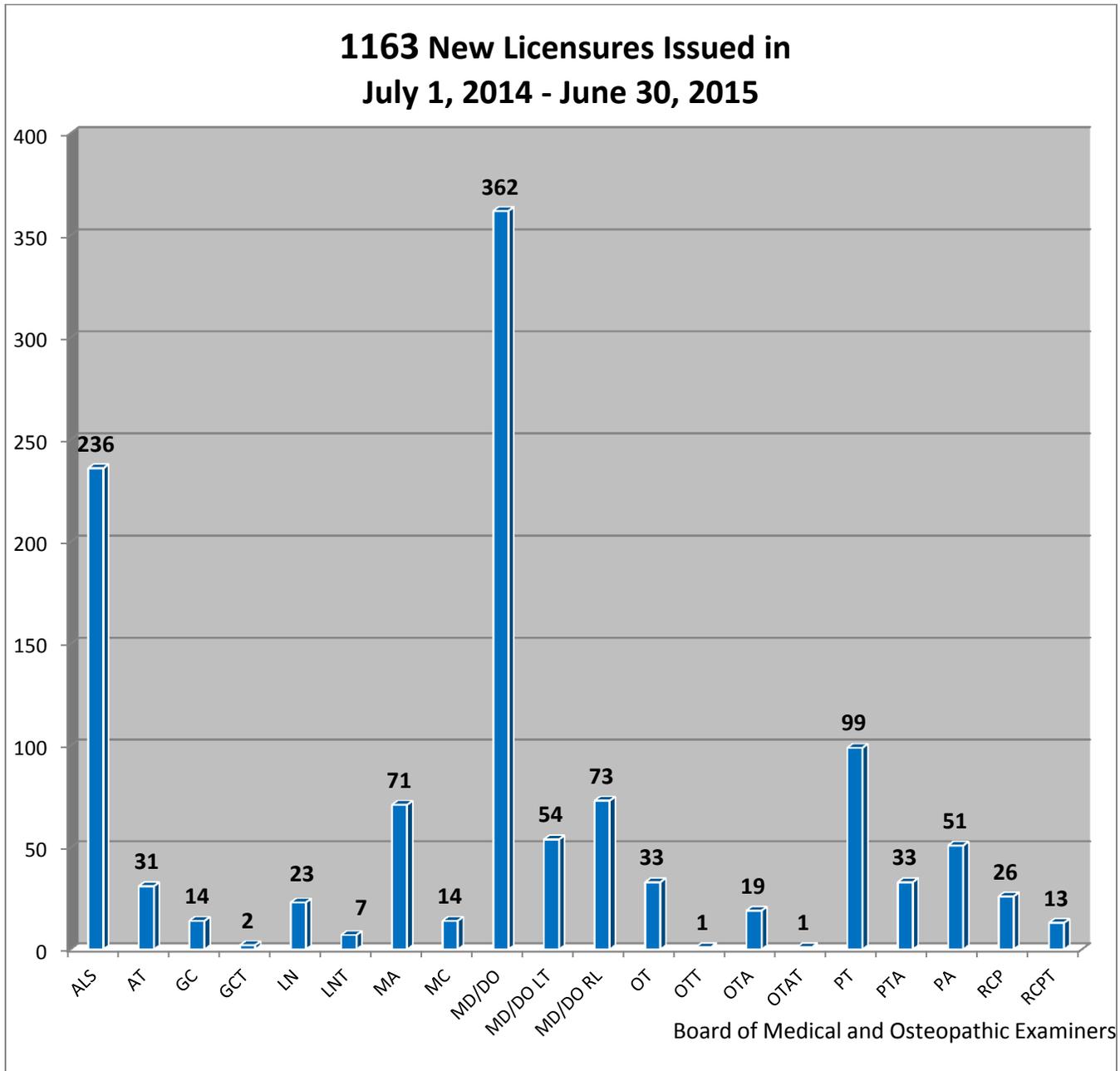
Utah State Representative Raymond Ward, MD, Minnesota Board member Jon Thomas, South Dakota BMOE executive director Margaret Hansen, Wyoming Medical Board executive director Kevin Bohnenblust and moderator Paul Larson.

Health Professionals Assistance Program

Since 1996, the South Dakota Health Professionals Assistance Program (HPAP) has assisted hundreds of healthcare providers with recovery and the ability to return to practice. HPAP believes that early intervention, and comprehensive accurate evaluations, combined with ongoing case management and support of treatment efforts, offers the best opportunity for successful outcomes. HPAP is a confidential program designed for regulated health professionals who hold, or are eligible to hold, licensure with the SD Board of Nursing, SD Board of Medical and Osteopathic Examiners, SD Board of Pharmacy and/or the SD Board of Dentistry. Services include general outreach, crisis intervention, informal assessment, treatment monitoring, and support for providers who need assistance.

For more information see: <http://www.mwhms.com/> for the South Dakota statutes see http://legis.sd.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Statute=36-2A&Type=Statute

Statistics



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

GCT – Genetic Counselor Temp

LN – Licensed Nutritionist

LNT – Licensed Nutritionist Temp

MA – Medical Assistant

MC – Medical Corporation

MD/DO – Medical License

MD/DO LT – Physician Locums Tenens

MD/DO RL – Resident License

OT – Occupational Therapist

OTT – Occupational Therapy Temp

OTA – Occupational Therapy Assistant

OTAT – Occupational Therapy Assistant Temp

PT – Physical Therapist

PTA – Physical Therapist Assistant

PA – Physician Assistant

PAT – Physician Assistant Temp

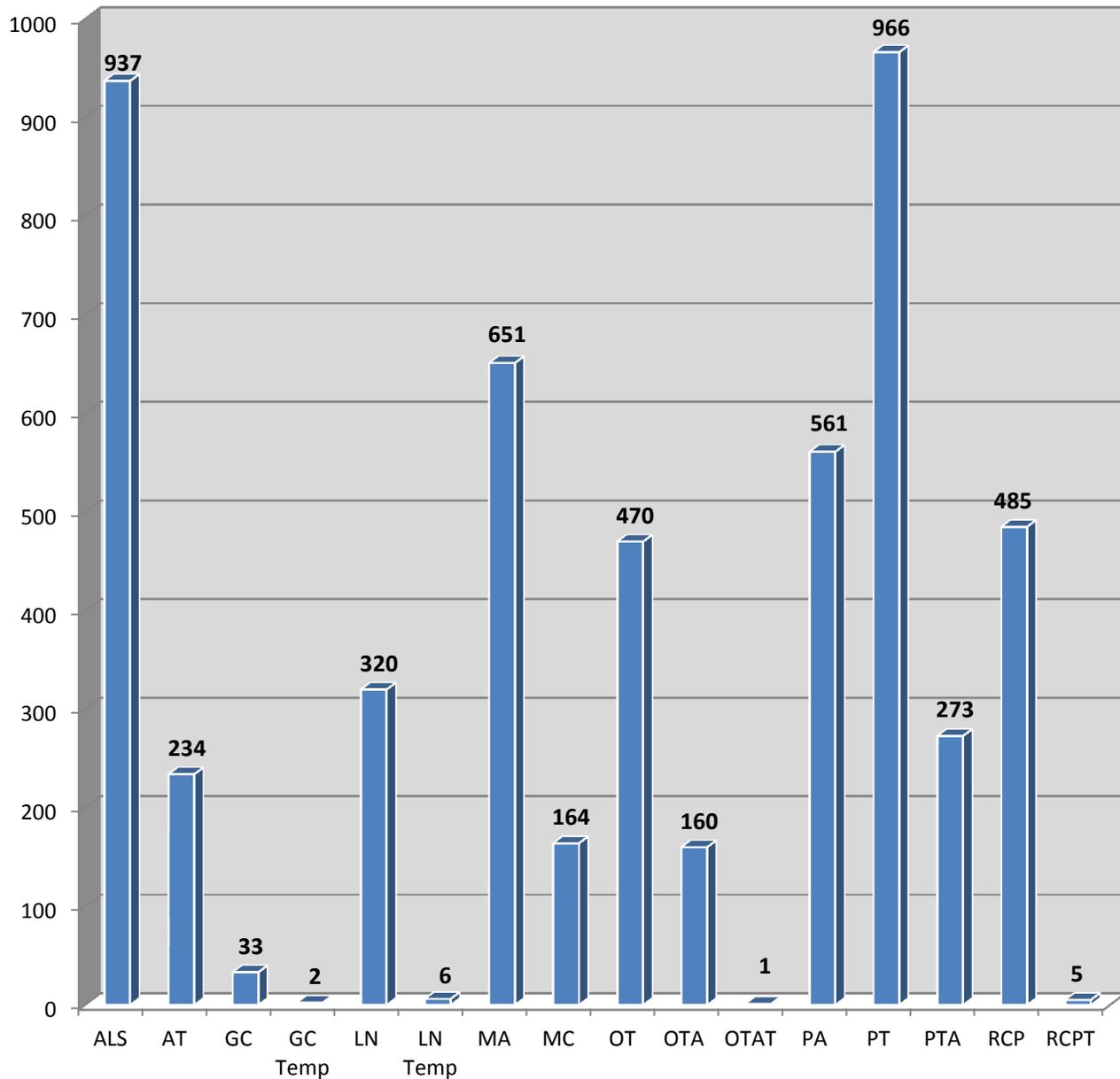
RCP – Respiratory Therapy

RCPT – Respiratory Therapy Temp

Board of Medical and Osteopathic
Examiners

Current Non-Physician Counts

(As of 06/30/2015)



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

LN – Licensed Nutritionist

MA – Medical Assistant

MC – Medical Corporation

OT – Occupational Therapist

OTA – Occupational Therapy Assistant

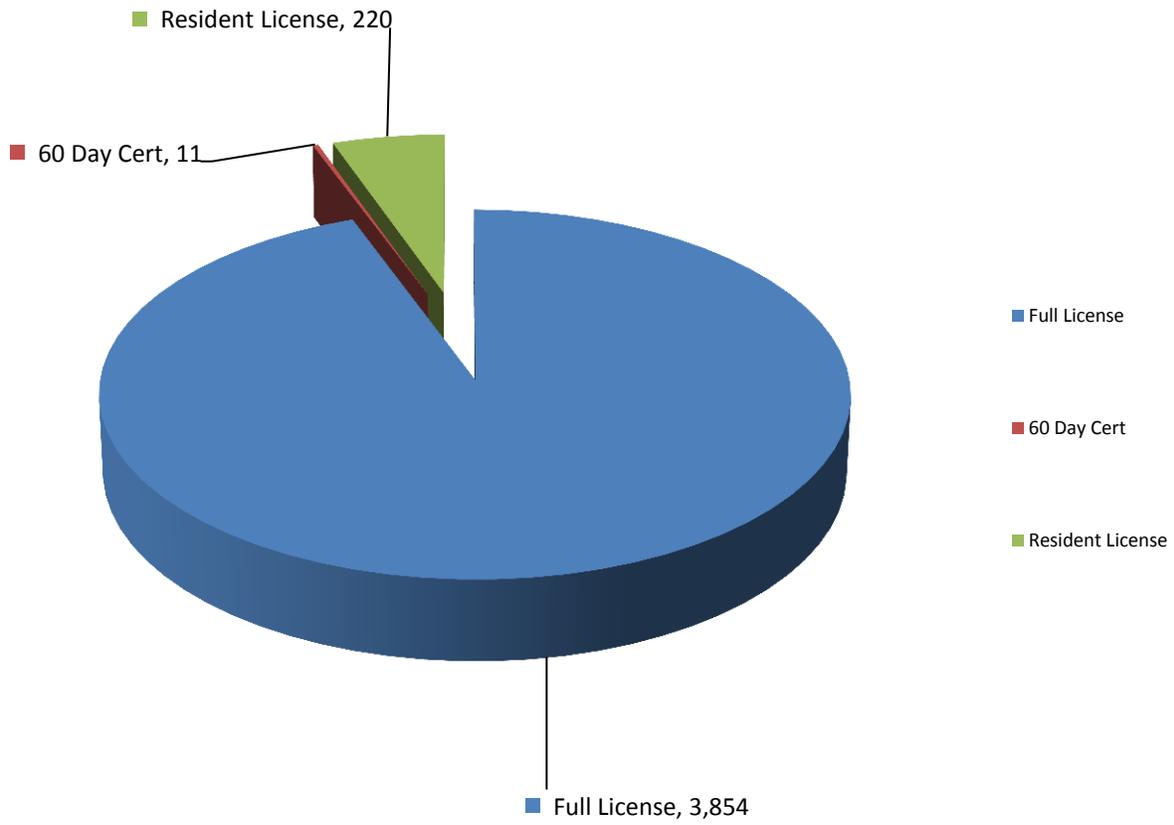
PA – Physician Assistant

PT – Physical Therapist

PTA – Physical Therapist Assistant

RCP – Respirator Care Practitioner

Current MD/DO Counts (As of 06/30/2015)



BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

License Type:	FY13	FY14	FY15
Advanced Life Support	808	992	937
Athletic Trainer	179	218	234
Genetic Counselor	12	17	33
Genetic Counselor Temp	1	0	2
Licensed Nutritionist	290	316	320
Licensed Nutritionist Temp	5	3	6
Medical Assistant	607	575	651
Medical Corporation	174	165	164
Medical License	3,674	3,717	3,854
Physician Locums Tenens	13	9	11
Resident License	127	162	220
Occupational Therapist	458	464	470
Occupational Therapy Temp	1	0	0
Occupational Therapy Assistant	147	148	160
Occupational Therapy Assistant Temp	0	0	1
Physical Therapist	885	906	966
Physical Therapist Assistant	237	251	273
Physician Assistant	507	530	561
Physician Assistant Temp	0	0	0
Respiratory Therapy	480	511	485
Respiratory Therapy Temp	3	9	5
Total	8,608	8,993	9,353

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS FY2015 ANNUAL REPORT

The Board of Medicine is fortunate to have dedicated, competent personnel who take their jobs – and the Board’s mission – seriously. Every day, these men and women perform licensure and regulatory enforcement duties that enable the Board to protect the health of South Dakotans.

SOUTH DAKOTA BOARD OF MEDICAL & OSTEOPATHIC EXAMINERS

101 N Main Avenue, Suite 301
Sioux Falls, SD 57104

Hours: 8:00 a.m. to 5:00 p.m., Monday – Friday

Phone: 605-367-7781

Fax: 605-367-7786

Email: sdbmoe@state.sd.us

Website: www.sdbmoe.gov

ADMINISTRATION

Margaret B. Hansen, PA-C, MPAS, CMBE
Executive Director

Lisa Andersen
Secretary

Tyler Klatt, MPA
Management Analyst

Jane Phalen
Board Coordinator

ENFORCEMENT

Misty Rallis, RN
Board Investigator

LICENSURE

Elise Ellenz
Licensing Specialist

Michele Knorr
Licensing Specialist

Randi Sterling
Head Licensing and Business Specialist

SOUTH DAKOTA HEALTH PROFESSIONAL ASSISTANCE PROGRAM

Maria Eining
Program Coordinator

SOUTH DAKOTA ATTORNEY GENERAL’S OFFICE

William Golden, JD
Board staff attorney

Roxanne Giedd, JD
Board attorney

Steven Blair, JD
Board attorney

COVER ARTWORK: The medical team representing the Board’s regulated professions. *Shutterstock*



BMOE staff with Secretary of Health Malsam-Rysdon (left to right): Tyler Klatt, Lisa Andersen, Margaret Hansen, Kim Malsam-Rysdon, Michele Knorr, Randi Sterling, Misty Rallis, Elise Ellenz, (Jane Phalen, absent).

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

August 2015

By BMOE Staff

LICENSING: Ensure only qualified professionals are licensed and allowed to practice.

Current/Past Events:

The South Dakota Health Professionals Service Committee met on Tuesday August 4, 2015. Susan Sporrer held a conference call for all DOH assigned Board executives on August 7, 2015.

Advisory Committee Reports:

Advanced Life Support Committee met on August 10, 2015

1. The committee was updated on the EMS Stakeholders meetings
2. Discussed the Interstate Compact for EMS Personnel Licensure
3. Reviewed the opioid antagonist for first responders bill and discussed suggestion for the rulemaking process

Athletic Trainer Committee met on August 12, 2015

1. Reviewed recommended changes to administrative rules – will be sharing with the SD Athletic Training Association for their feedback
2. Discussed the Sports Medicine Licensure Clarity Act of 2015 and its potential impact
3. Report was given on the Athletic Trainer Board of Certification Regulatory Conference

Nutrition and Dietetics Committee met on August 13, 2015

1. Reviewed a licensing question
2. Reviewed comments from on the recommended continuing education rules
3. Committee member Nicole Reuswaat will be leaving the committee and a search for a replacement has begun

Genetic Counselor Committee met on August 11, 2015

1. The recommended changes to statute were distributed and the committee reviewed comments
 - a. The recommended changes are updates related to organizations changing names

Occupational Therapy Committee met on August 17, 2015

1. The recommended changes to the administrative rules had been shared with the state OT association. The committee reviewed those comments
 - a. These rule changes are anticipated to be ready for Board review in December

Physical Therapy Committee met on August 25, 2015

1. The committee was updated on the FSBPT Leadership Issues forum attended by Tyler Klatt
2. The committee was updated on the SD Physical Therapy Associations discussion regarding the recommended continuing education rule.
 - a. Changes based on that input and previous discussions will be put into a final recommendation that will be shared with the SDPTA for further input

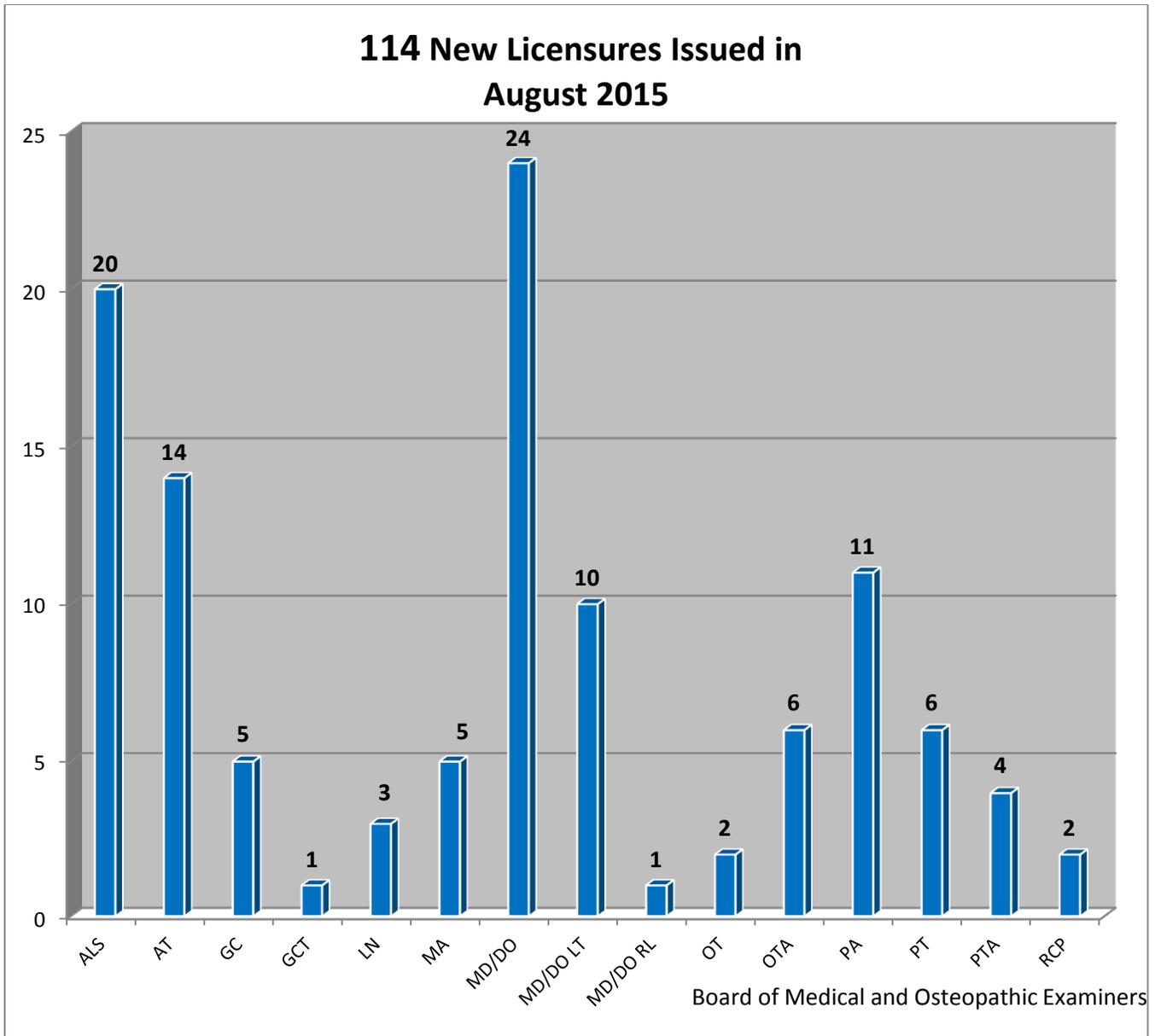
Respiratory Therapy Committee met on August 26, 2015

1. Reviewed results of the continuing education audit

Physician Assistant Committee met on August 19, 2015

1. The committee reviewed a question regarding supervision when the supervising physician is the spouse of the physician assistant
 - a. The committee found no established policy that prohibited this relationship

Statistics



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

GCT – Genetic Counselor Temp

LN – Licensed Nutritionist/ Dietitian

MA – Medical Assistant

MD/DO – Medical License

MD/DO LT – Physician Locums Tenens

MD/DO RL – Resident License

OT – Occupational Therapist

OTA – Occupational Therapist Assistant

PA – Physician Assistant

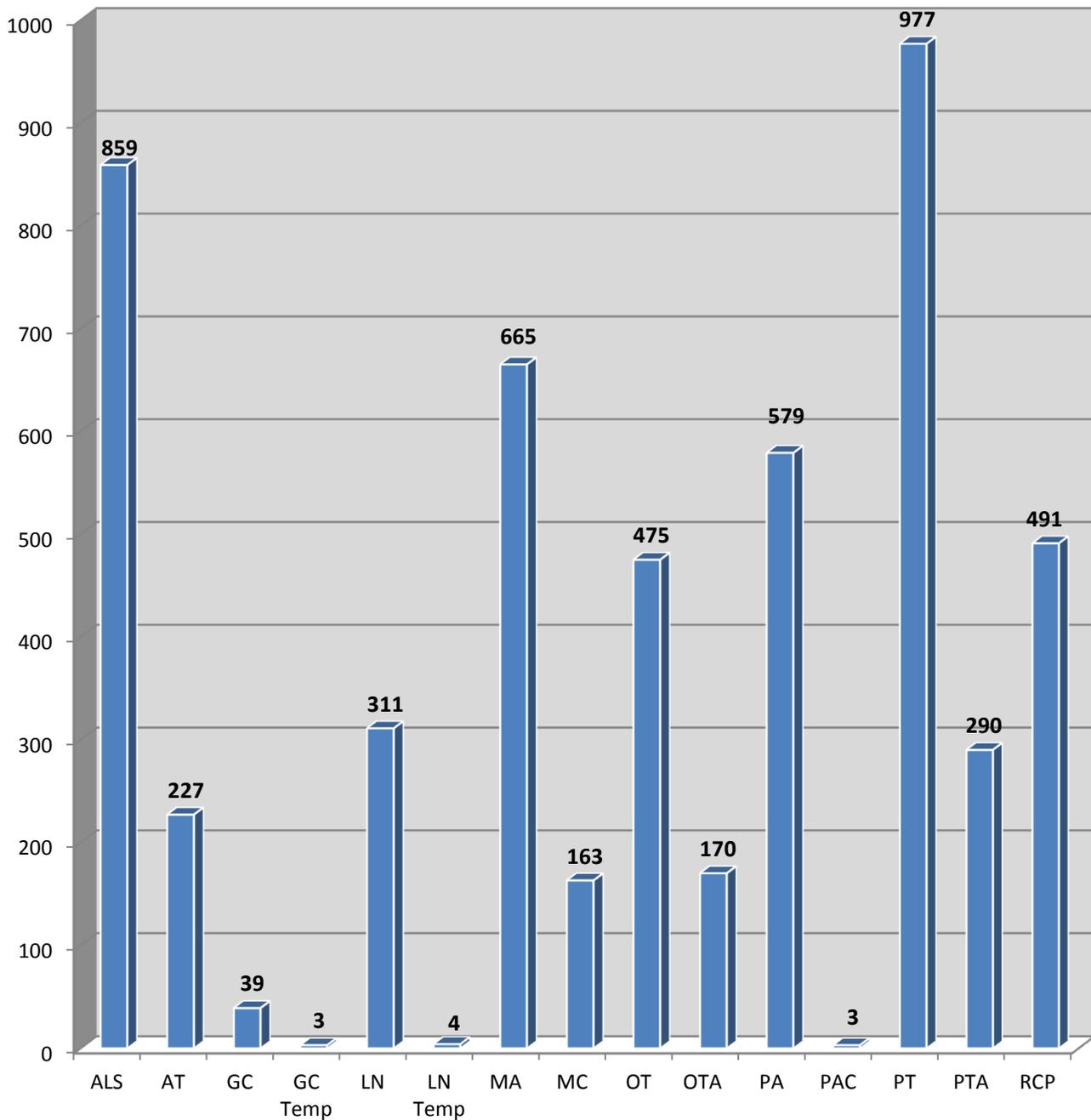
PT – Physical Therapist

PTA – Physical Therapy Assistant

RCP – Respiratory Therapy

Current Non-Physician Counts

(As of 08/31/2015)



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

LN – Licensed Nutritionist

MA – Medical Assistant

MC – Medical Corporation

OT – Occupational Therapist

OTA – Occupational Therapy Assistant

PA – Physician Assistant

PAC – Physician Assistant Corporation

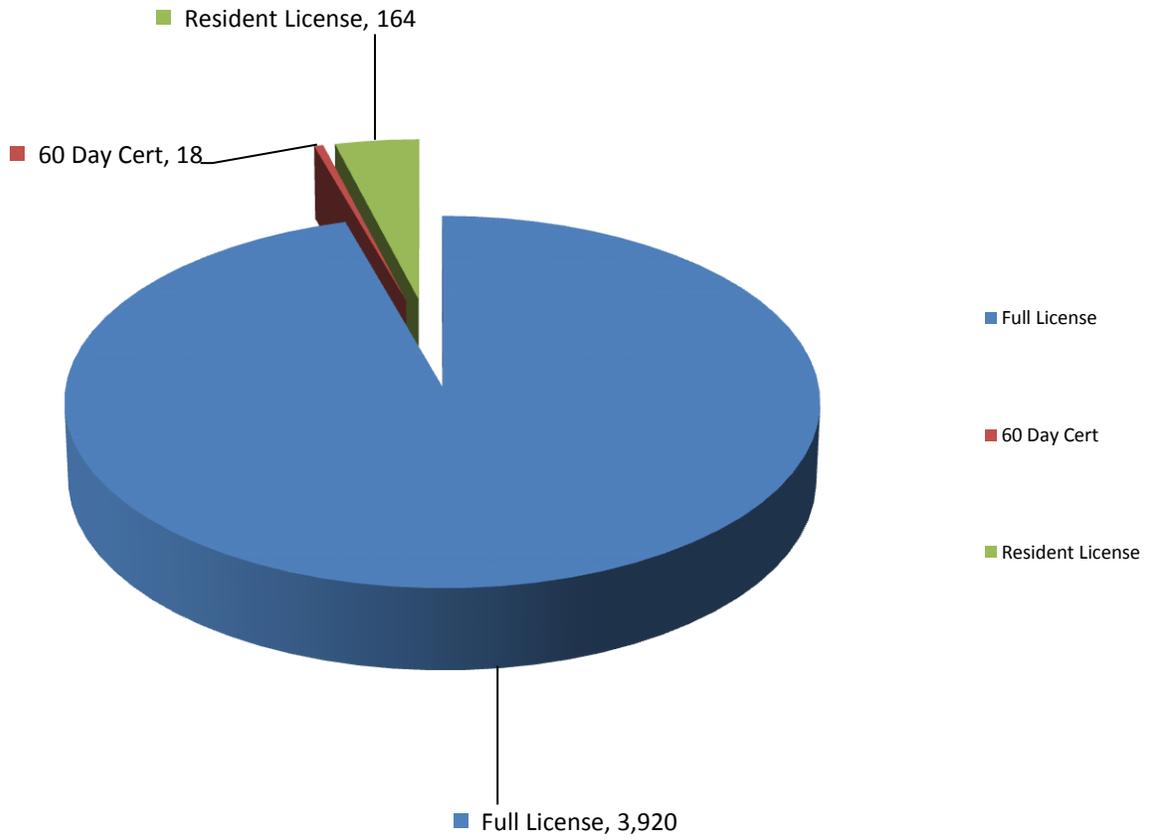
PT – Physical Therapist

PTA – Physical Therapist Assistant

RCP – Respirator Care Practitioner

Current MD/DO Counts

(As of 08/31/2015)



INVESTIGATIONS: Ensure complaints and issues are properly investigated and resolved.

Issues

Complaints:

Summary of new applications

- 1.) New Licenses were issued
 - a. 114 new licenses issued
 - b. 29 complex applications resolved or closed

Statistics

**Investigations and Complaints
(As of 08/31/2015)**

<u>Category</u>	<u>New</u>	<u>On-going</u>	<u>Resolved</u>
Complex Applications	24	47	29
Complaints/ Investigations	29	52	20
Competency (Malpractice cases)	0	351	0

**Reinstatement and Renewal Applications
(As of 08/31/2015)**

<u>Category</u>	<u>New</u>	<u>On-going</u>	<u>Completed</u>
Reinstatement and Renewal Applications	5	15	8

OUTREACH: Make life easier for our customers.

Education

The Executive Director and Board staff continues to meet and do outreach to the medical school, residency programs, healthcare recruiters, clinic managers, health system administrators, state regulatory boards and associations as well as with the SDBMOE licensees.

Outreach Efforts:

Outreach Activities

(Totals reflect activities from first to last day of month)

Activity	Organization	# Participants	Topic Covered
Training	Academic Program (Residency) Directors & Coordinators. Healthcare Systems Recruiter. Board & Advisory Members	90	Licensing discussion
Phone/General Email	Licensees/ Applicants	2709	General questions
In-Office Assistance	Licensees/ Applicants	60	Renewal and general questions

Upcoming Events:

- **2015 Meeting Dates**
 - September 10 and December 3
- **2016 Meeting Dates**
 - March 3 & 4, June 2, September 8 and December 1
- **2017 Meeting Dates**
 - March 8 & 9, June 8, September 14, and December 14
- **2017 Meeting Dates**
 - March 7 & 8, June 14, September 13, and December 13

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

July 2015

By Margaret B. Hansen and Randi Sterling

LICENSING: Ensure only qualified professionals are licensed and allowed to practice.

Current/Past Events:

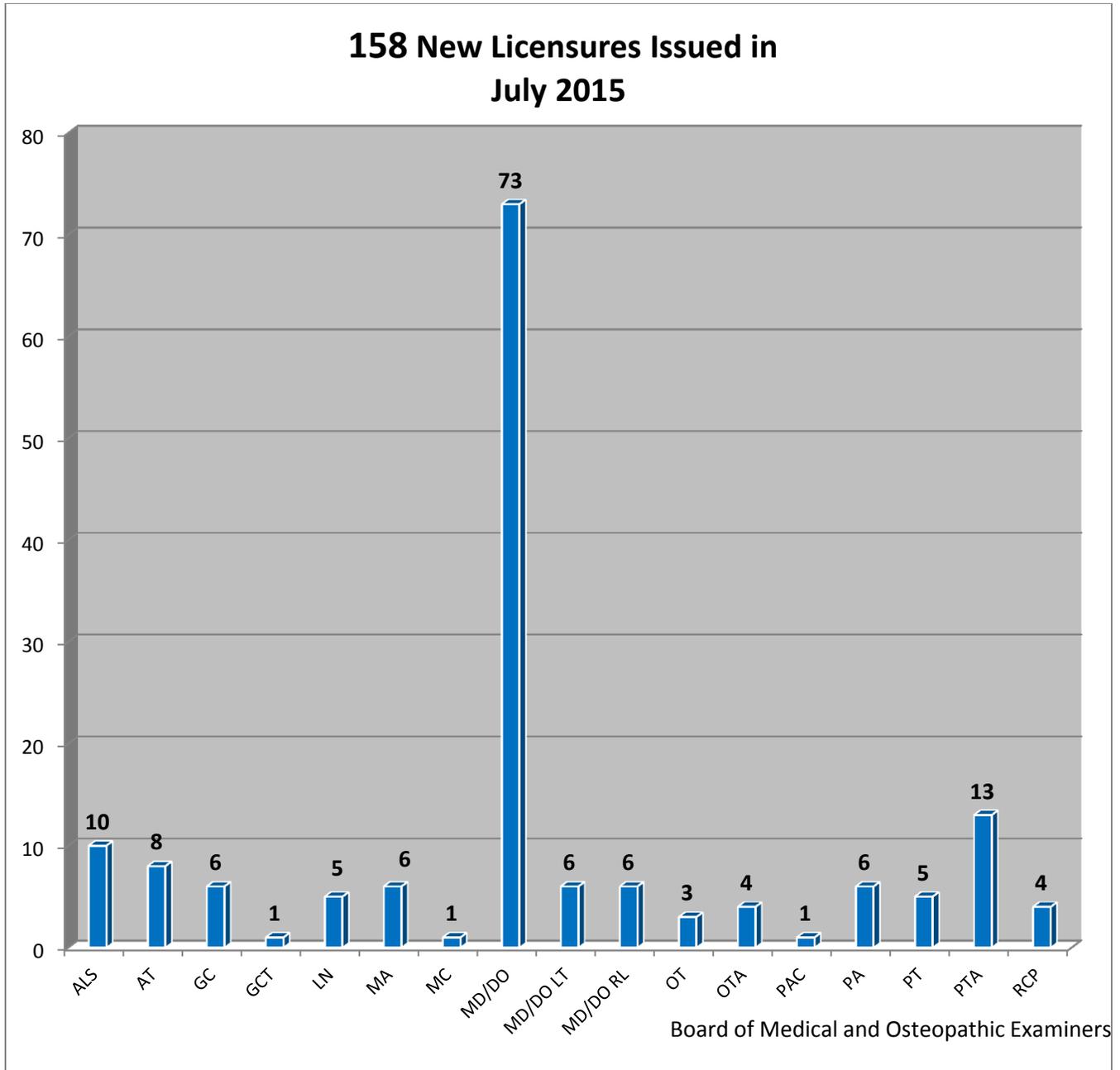
The Lake Area Tech Occupational Therapy Assistant Program Faculty met with the BMOE staff on July 15.

Special Board Meeting July 21, 2015 Summary:

The BMOE held a special board meeting July 21st and appointed board member Dr. Mary S. Carpenter and executive director Margaret Hansen as South Dakota's commissioners to the Interstate Medical Licensure Compact Commission which will be organized this year. On March 11th, Governor Dugaard signed legislation allowing South Dakota to join the compact. The compact will expedite licensure for highly qualified physicians. South Dakota was the second state to sign the bill into law, and along with four other states, the law was enacted in South Dakota effective July 1st. Since January 1st, compact legislation has been approved by legislatures, and signed by governors, in Alabama, Idaho, Iowa, Illinois, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia, and Wyoming. The law in Alabama will take effect on August 12th, and the laws in Montana and Nevada will take effect on October 1st. The next BMOE meeting is Thursday, September 10, 2015.

Tyler Klatt and Margaret Hansen attended the DOH ORH EMS Stakeholder's meeting in Pierre on July 23, 2015. Margaret Hansen attended an Interstate Medical Licensure Compact Stakeholder's Summit in Minneapolis, MN on July 24, 2015.

Statistics



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

GCT – Genetic Counselor Temp

LN – Licensed Nutritionist/ Dietitian

MA – Medical Assistant

MC – Medical Corporation

MD/DO – Medical License

MD/DO LT – Physician Locums Tenens

MD/DO RL – Resident License

OT – Occupational Therapist

OTA – Occupational Therapist Assistant

PAC – Physician Assistant Corporation

PA – Physician Assistant

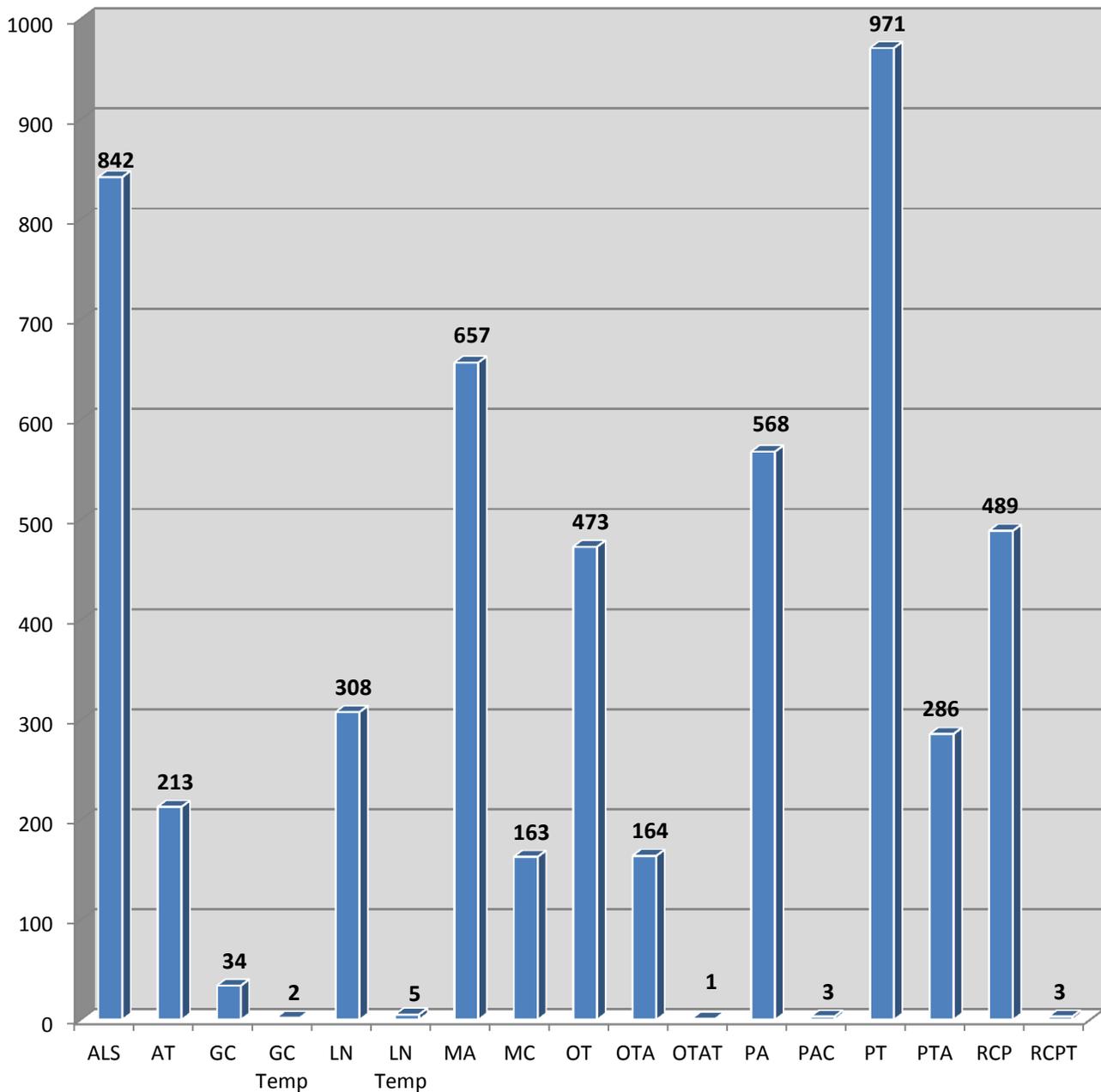
PT – Physical Therapist

PTA – Physical Therapy Assistant

RCP – Respiratory Therapy

Current Non-Physician Counts

(As of 07/31/2015)



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

LN – Licensed Nutritionist

MA – Medical Assistant

MC – Medical Corporation

OT – Occupational Therapist

OTA – Occupational Therapy Assistant

PA – Physician Assistant

PAC – Physician Assistant Corporation

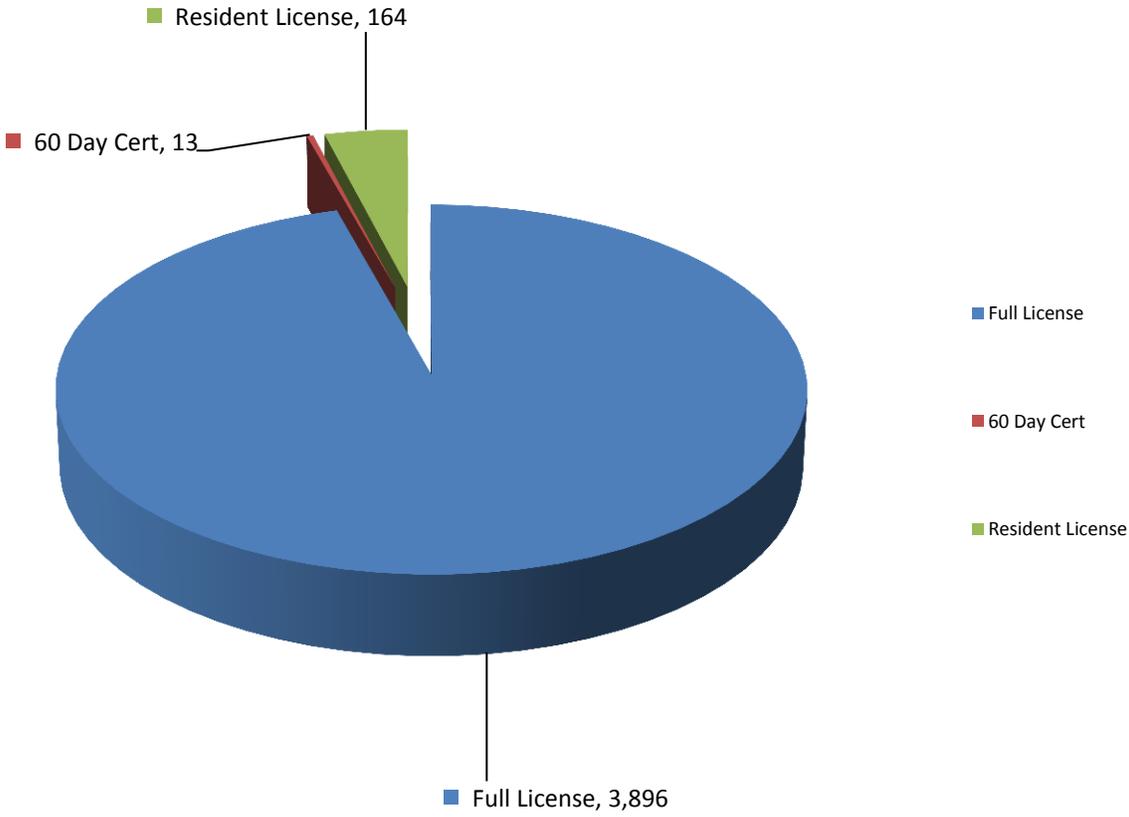
PT – Physical Therapist

PTA – Physical Therapist Assistant

RCP – Respirator Care Practitioner

Current MD/DO Counts

(As of 07/31/2015)



INVESTIGATIONS: Ensure complaints and issues are properly investigated and resolved.

Issues

Complaints:

Summary of new applications

- 1.) New Licenses were issued
 - a. 158 new licenses issued
 - b. 29 complex applications resolved or closed

Statistics

**Investigations and Complaints
(As of 07/31/2015)**

<u>Category</u>	<u>New</u>	<u>On-going</u>	<u>Resolved</u>
Complex Applications	25	51	29
Complaints/ Investigations	23	36	18
Competency (Malpractice cases)	0	348	0

**Reinstatement and Renewal Applications
(As of 07/31/2015)**

<u>Category</u>	<u>New</u>	<u>On-going</u>	<u>Completed</u>
Reinstatement and Renewal Applications	7	16	9

OUTREACH: Make life easier for our customers.

Education

The Executive Director and Board staff continues to meet and do outreach to the medical school, residency programs, healthcare recruiters, clinic managers, health system administrators, state regulatory boards and associations as well as with the SDBMOE licensees.

Outreach Efforts:

Outreach Activities

(Totals reflect activities from first to last day of month)

Activity	Organization	# Participants	Topic Covered
Training	Academic Program (Residency) Directors & Coordinators. Healthcare Systems Recruiter. Board & Advisory Members	110	Licensing discussion
Phone/General Email	Licensees/ Applicants	2950	General questions
In-Office Assistance	Licensees/ Applicants	75	Renewal and general questions

Upcoming Events:

- **2015 Meeting Dates**
 - September 10 and December 3
- **2016 Meeting Dates**
 - March 3 & 4, June 2, September 8 and December 1

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

June 2015

By Margaret B. Hansen and Randi Sterling

LICENSING: Ensure only qualified professionals are licensed and allowed to practice.

Current/Past Events:

Thursday, June 11, 2015, Regular Board Meeting Summary

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Board Members Present: Kevin Bjordahl, MD; Ms. Deb Bowman; Walter Carlson, MD; Mary Carpenter, MD, David Erickson, MD; Laurie Landeen, MD; Brent Lindbloom, DO; Mr. David Lust; Jeffrey Murray, MD
Board Staff Present: Margaret Hansen, PA-C; Mr. Tyler Klatt; Ms. Jane Phalen; Ms. Misty Rallis
Counsel Present: Steven Blair, Board; William H. Golden, Staff

Dr. Carpenter, President of the Board, called the meeting to order and a quorum was established

The Board approved the following:

- Agenda, Amended minutes of the March 11, 2015 meeting, Executive Summary and June Financial Report, Executive director monthly reports
- New licenses, permits, certificates, and registrations issued between 3/1/2015 through 5/31/2015
- Physical Therapy Advisory Committee: Ms. Cathy Sulentic-Morcom: reappointed
- Staff research/reports
 - Malpractice Insurance: staff prepare to query physicians beginning with 2017 renewal period
- Board subcommittee to further research opioid rules
- Contested Case Hearings:
 - Colin Boone, EMT Applicant: remand back to ALJ hearing process for new evidence
 - Todd Thornton, AEMT: stipulation and agreement and temporary approval order
 - Brian Gilley, Paramedic: voluntary surrender of paramedic license
 - William Ford, RCP: stipulation and agreement and temporary approval order
 - William Griffin, PT Applicant: withdrawal while under investigation
 - Dr. Nielsen Burns, consent agreement with reprimand and conditions
 - Dr. Toseef Khan, MD: consent agreement with reprimand
- Staff to draft rule for 60-day locum tenens certificate
- board member biographies for the website
- Election of Officers:
 - President: Dr. Walter Carlson
 - Vice President: Dr. Kevin Bjordahl
 - Secretary: Dr. Brent Lindbloom
- Advisory Committee Reports
- Joint Boards of Medicine and Nursing - investigation process discussion
- Midwest Health Medical Management Services, LLC (HPAP) discussion
- Review FSMB policies for medical practice act and state board

The next BMOE meeting is Thursday, September 10, 2015

SDBMOE Announces its Newly Elected Officers for 2015-2016

SIOUX FALLS, S.D. – On Thursday, June 11, the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) held its annual election of officers for the 2015-2016 term: President Walter O. Carlson, MD, MBA of Sioux Falls; Vice President Kevin L. Bjordahl, MD of Milbank; Secretary Brent J. Lindbloom, DO of Pierre.



Walter O. Carlson, MD,
MBA; President



Kevin L. Bjordahl, MD;
Vice President



Brent J. Lindbloom,
DO; Secretary

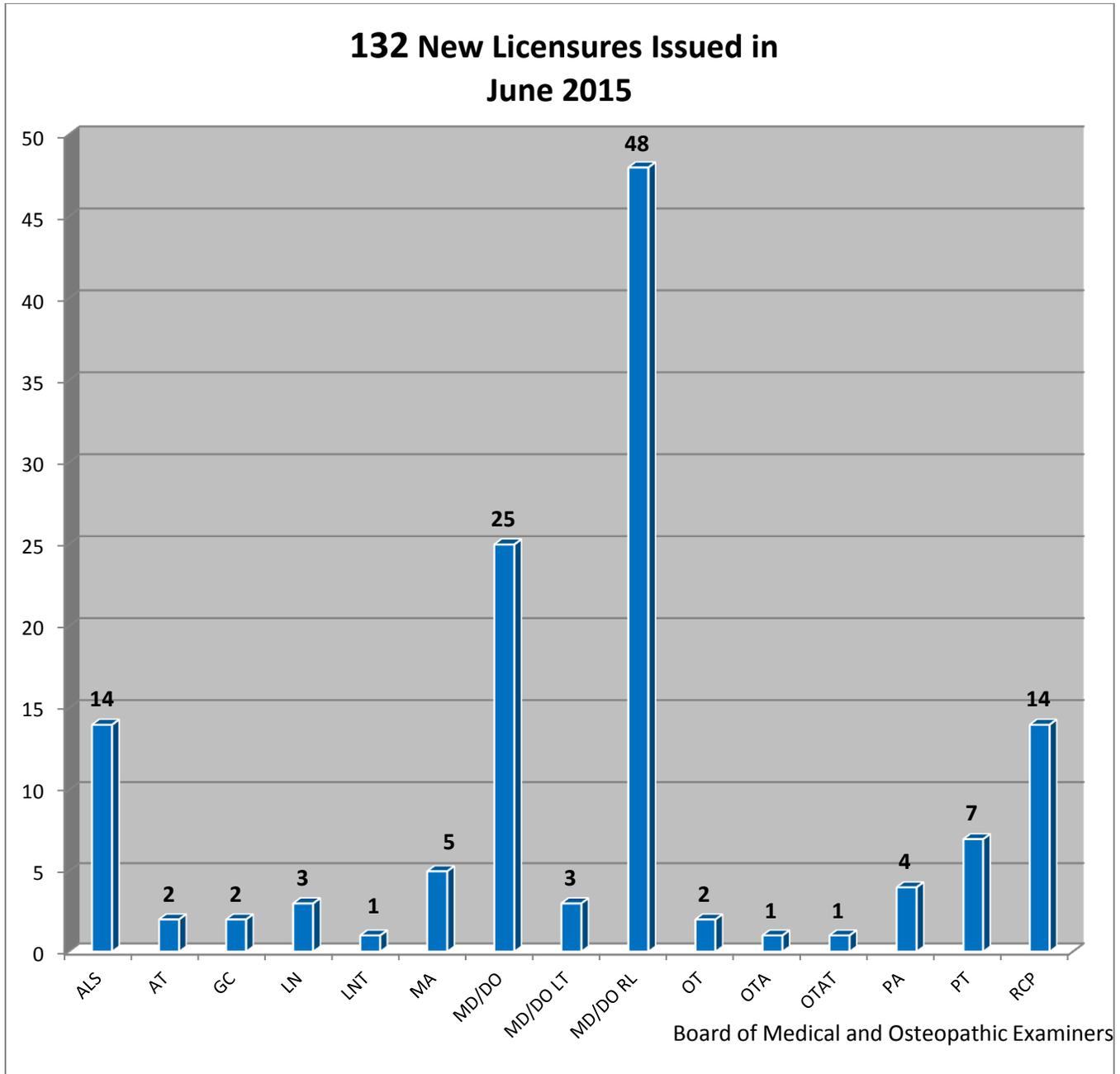
Interstate Medical Licensure Compact Press Conference

BMOE executive director Margaret Hansen was an invited panel participant for a press conference regarding the Interstate Medical Licensure Compact at the National Press Club in Washington DC on June 24, 2015. The press conference included representatives of state medical boards, policymakers and health care leaders speaking about the new Interstate Medical Licensure Compact and its impact on the U.S. health care system.



Utah State Representative Raymond Ward, MD, Minnesota Board member Jon Thomas, South Dakota BMOE executive director Margaret Hansen, Wyoming Medical Board executive director Kevin Bohnenblust and moderator Paul Larson.

Statistics

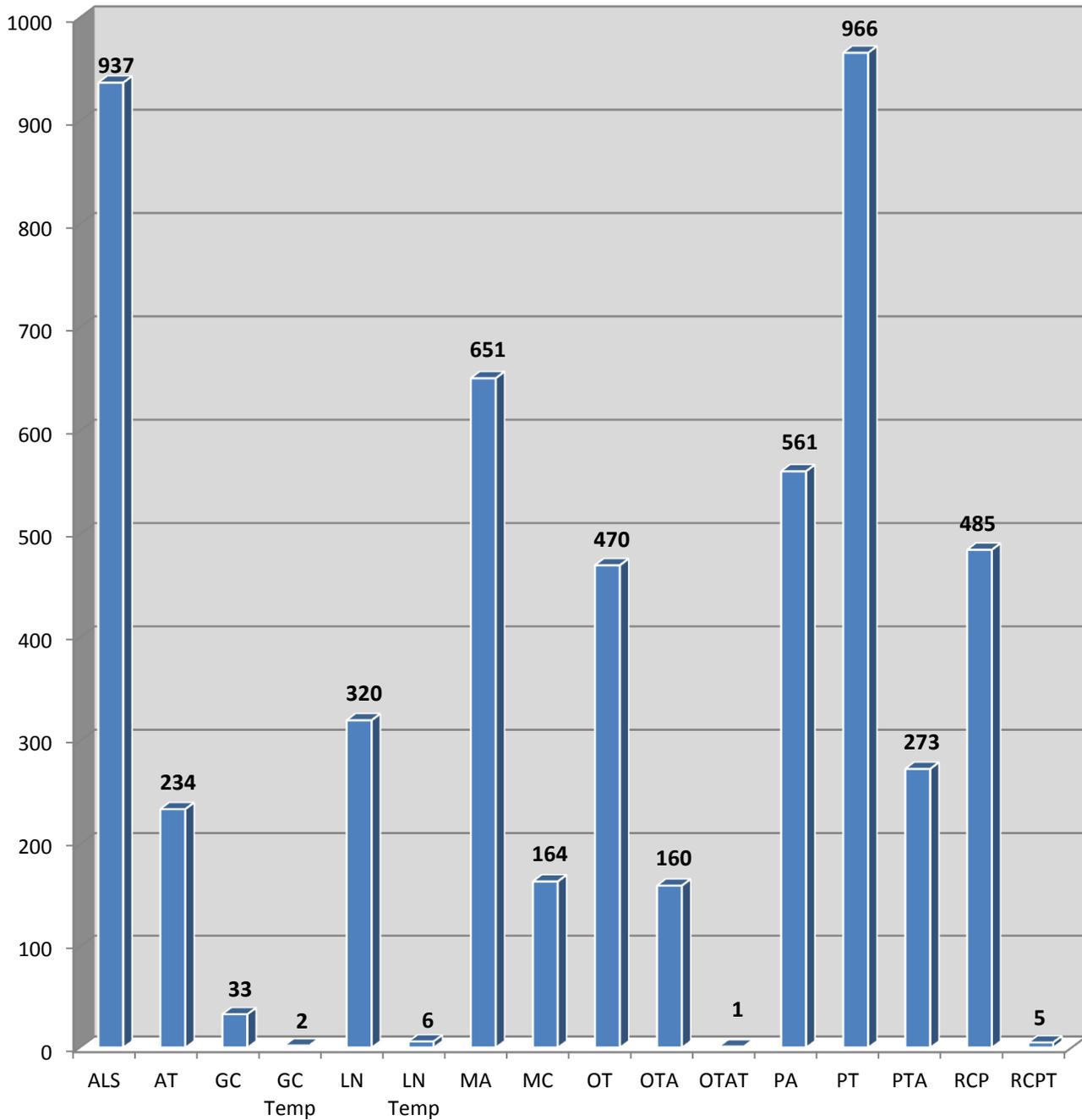


ALS – Advanced Life Support (EMT)
 AT – Athletic Trainer
 GC – Genetic Counselor
 LN – Licensed Nutritionist/ Dietitian
 LNT – Licensed Nutritionist/ Dietitian Temp
 MA – Medical Assistant
 MD/DO – Medical License

MD/DO LT – Physician Locums Tenens
 MD/DO RL – Resident License
 OT – Occupational Therapist
 OTA – Occupational Therapist Assistant
 OTAT – Occupational Therapist Assistant Temp
 PT – Physical Therapist
 RCP – Respiratory Therapy

Current Non-Physician Counts

(As of 06/30/2015)



ALS – Advanced Life Support (EMT)

AT – Athletic Trainer

GC – Genetic Counselor

LN – Licensed Nutritionist

MA – Medical Assistant

MC – Medical Corporation

OT – Occupational Therapist

OTA – Occupational Therapy Assistant

PA – Physician Assistant

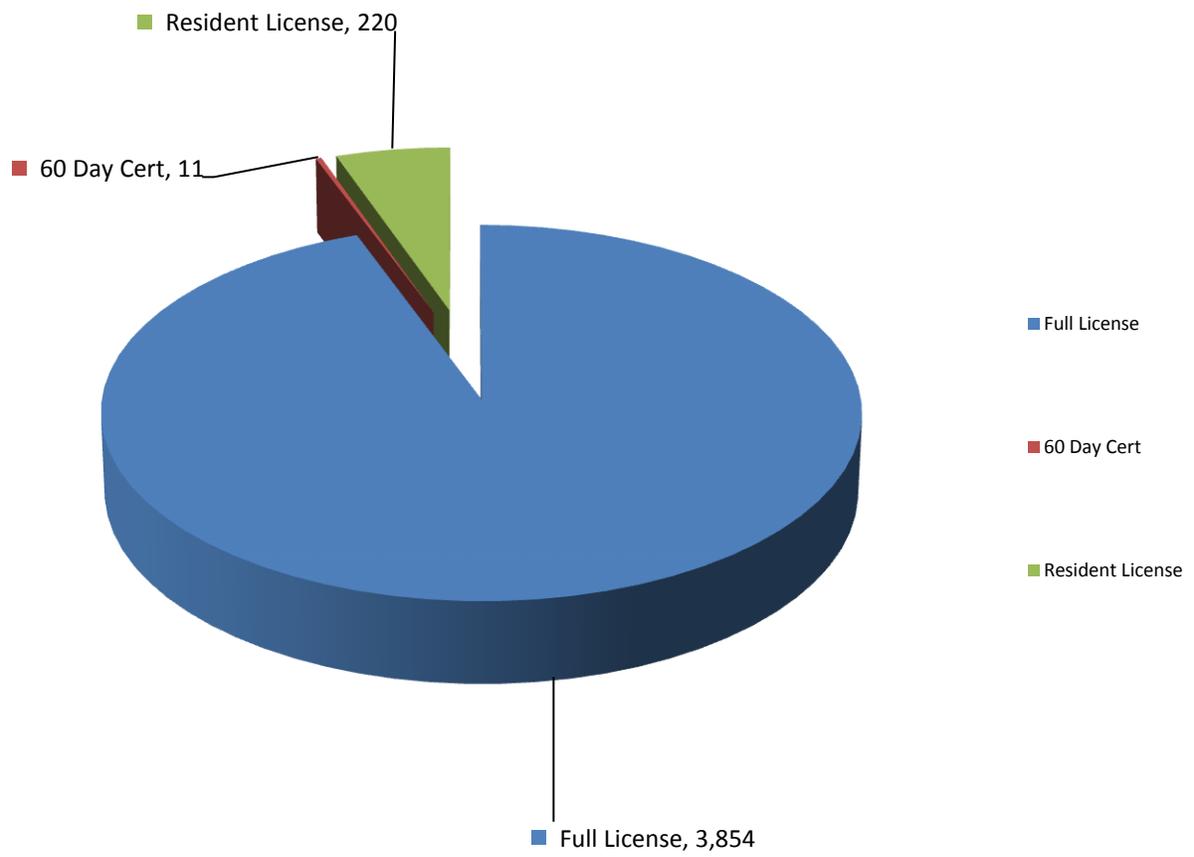
PT – Physical Therapist

PTA – Physical Therapist Assistant

RCP – Respirator Care Practitioner

Current MD/DO Counts

(As of 06/30/2015)



INVESTIGATIONS: Ensure complaints and issues are properly investigated and resolved.

Issues

Complaints:

Summary of new applications

- 1.) New Licenses were issued
 - a. 132 new licenses issued
 - b. 25 complex applications resolved or closed

Statistics

**Investigations and Complaints
(As of 06/30/2015)**

<u>Category</u>	<u>New</u>	<u>On-going</u>	<u>Resolved</u>
Complex Applications	16	56	25
Complaints/ Investigations	24	36	20
Competency (Malpractice cases)	0	342	0

**Reinstatement and Renewal Applications
(As of 06/30/2015)**

<u>Category</u>	<u>New</u>	<u>On-going</u>	<u>Completed</u>
Reinstatement and Renewal Applications	7	21	5

OUTREACH: Make life easier for our customers.

Education

The Executive Director and Board staff continues to meet and do outreach to the medical school, residency programs, healthcare recruiters, clinic managers, health system administrators, state regulatory boards and associations as well as with the SDBMOE licensees.

Outreach Efforts:

Outreach Activities

(Totals reflect activities from first to last day of month)

Activity	Organization	# Participants	Topic Covered
Training	Academic Program (Residency) Directors & Coordinators. Healthcare Systems Recruiter. Board & Advisory Members	105	Licensing discussion
Phone/General Email	Licensees/ Applicants	2845	General questions
In-Office Assistance	Licensees/ Applicants	270	Renewal and general questions

Advisory Committee Meetings

Advanced Life Support Committee met on June 15, 2015

1. The committee met with an applicant to discuss concerns and provide information on resources to ensure success in the profession.

Advanced Life Support Committee met on May 11, 2015

1. Discussed the EMS-DOH Stakeholders meetings—plan to wait for the conclusion of these meetings to before exploring any statute or rule issues
2. As a result of SB 14 passing, the committee will be reviewing a draft of rules for first responders to possess and administer opioid antagonists

Athletic Trainer Committee met on May 6, 2015

1. Discussed the disparity between the scope of practice in statute and what is taught in educational programs now
2. The committee will work on an administrative rule aimed at bringing the educational competencies and skills up to date

Nutrition and Dietetics Committee met on May 13, 2015

1. The committee had previously worked on a rule regarding therapeutic diets. Because the rule was not under the rulemaking authority of the Board, advice was given to have the state nutrition and dietetic association contact the Department of Health regarding the next steps to change the rule
2. The continuing education rules were reviewed and will be sent to the state nutrition and dietetic association for comment and input
3. Reviewed a question from a licensee regarding the temporary permit process

Genetic Counselor Committee met on May 6, 2015

1. The committee discussed the need for changes to statute
 - a. There have been changes to the names of the groups that accredit programs

Occupational Therapy Committee met on May 14, 2015

1. The committee has finished their review of their administrative rules article and will be sending their recommendations to the South Dakota Occupational Therapy Association for their review and input

Physical Therapy Committee met on May 13, 2015

1. Discussed the interstate compact that the Federation of State Boards of Physical Therapy is currently working on
2. Continued discussion on the continuing education rule. The SD Physical Therapy Association will be holding meetings over the summer to gather input.
 - a. In September, the SD Physical Therapy Association president will meet with the committee to go over their recommendation and to draft a recommendation for the board

Respiratory Therapy Committee met on May 12, 2015

1. Reviewed the continuing education audit letter that will be sent to licensees.
2. Discussed the auditing process.
3. Discussed the supervising relationship between physicians and respiratory therapists

Upcoming Events:

- **2015 Meeting Dates**
 - June 11, September 10 and December 3
- **2016 Meeting Dates**
 - March 3 & 4, June 2, September 8 and December 1

2015 Sanford Scholars Day Abstracts

By Scott Killian, PhD, MPH; Valeriy Kozmenko, MD;
Paul Thompson, PhD; and Candace Zeigler, MD

Medical student education continues to change as evidenced by the replacement of traditional didactic lectures with problem-based learning and interactive modalities. An increasingly prominent component of the curriculum in most U.S. medical schools is a research experience for medical students.

The Scholarship Pathways Program, now in its eighth year, functions to promote the research experiences of medical students at the Sanford School of Medicine at the University of South Dakota. To date, nearly 100 medical students have participated in this program. Ultimately, the experiences of these students can enrich their medical careers, especially in the areas of translational research and evidence-based medicine.

To achieve the goal of enabling a meaningful experience in the areas of research, education, or service, the Scholarship Pathways Program operates by bridging the roles of medical students, basic researchers, clinical mentors and program administrators. Medical students enter the program through a voluntary competitive application process. Program administrators assist applicants with identifying project mentors during this application process and then oversee the completion of the projects during the three year activity period. Participants are required to prepare an abstract, poster and formal narrative of their research or scholarly activities. Approximately two-thirds of past participants in the program have presented their projects at conferences and/or published their works in peer-reviewed journals.

The capstone of the Scholarship Pathways Program is the annual Sanford Scholars Day event where senior students present their projects in abstract and poster format. This year's abstracts are highlighted by those from two senior students (Laura Danielson and Daniel Terveen) who were recognized for their outstanding efforts and were selected to give oral presentations of their work to an audience of faculty and students.

Laura Danielson, mentored by Patrick Kelly, MD, evaluated the data from clinical trial of a novel procedure to treat peripheral artery disease. She found that infusion of the cytostatic drug paclitaxel appears to be both safe and effective in preventing restenosis and target lesion revascularization.

Daniel Terveen, mentored by Benson Hsu, MD, researched the potential impact of the Affordable Care Act on select economic and hospital resource utilization factors. In comparison to privately insured pediatric inpatients, he found that Medicaid pediatric inpatients had increased numbers of procedures, longer hospital stays and higher total treatment costs.

We are pleased to share this year's Sanford Scholars Day abstracts and thank *South Dakota Medicine* for giving us this opportunity. If you would like to mentor a Scholarship Pathways student, please contact Dr. Candace Zeigler at candace.zeigler@usd.edu.

LETTER TO THE EDITOR

Dear Editor:

Each month the Board of Medical and Osteopathic Examiners (Board) submits a column to *South Dakota Medicine* to inform physicians and other licensees about various topics of interest that come to the Board. This column is an effort to disseminate important regulatory information in an open and transparent fashion.

Last month, the column generated some questions regarding the role of medical directors and South Dakota statutes and administrative rules regulating medical practice. Those questions are in quotations followed by the answers.

Specifically, I was asked the following: "The title of the article 'South Dakota Law Regarding Ethics for Physicians' would indicate the two sections of the article (Opinion 8.021 and ARSD 20:47:08) are in South Dakota law." The answer to this question is yes, both ARSD 20:47:08 and Opinion 8.021 (which is referenced within ARSD 20:47:08) are in South Dakota law. The South Dakota statutes and administrative rules along with the state constitution collectively compile South Dakota law.

A second question asked: "... the AMA opinion indicates 'issued in December 1999 and adopted June 1999' but doesn't indicate who adopted it." The response to this question is that Opinion 8.021 was adopted by the AMA in 1999 and is contained within the AMA Code of Medical Ethics.

For additional clarification, please see the Board's column in this issue of *South Dakota Medicine*.

Margaret B. Hansen, PA-C, MPAS, CMBE
Executive Director, South Dakota Board of Medical & Osteopathic Examiners



Board News

By Margaret B. Hansen, PA-C, MPAS, Executive Director

Each month the South Dakota Board of Medical and Osteopathic Examiners (Board) submits a column to *South Dakota Medicine* to inform physicians and other licensees about various topics of interest that come to the Board. Recently the Board received questions regarding the role and responsibilities of medical directors, and the statutes and administrative rules relating to ethical standards for physicians.

South Dakota Law

The state constitution, statutes and administrative rules collectively are referred to as South Dakota law.

South Dakota administrative rules help to define the statutes known as South Dakota Codified Law (SDCL). Administrative rules and statutes have the same force and effect of law. Each state has its own set of administrative rules which are approved by the state legislature.¹ South Dakota follows the Administrative Procedures Act described in SDCL 1-26. The Board holds public hearings and then submits proposed rules to an Interim Rules Committee whose members are state legislators. The Interim Rules Committee returns recommendations to the Board which then adopts the rules which become law.

South Dakota Law Regarding Ethics for Physicians

Administrative rules for physician licensure, inspections, fees, and ethics can be found in Article 20:47.² A South Dakota licensed physician shall comply with ethical standards and conduct set forth in the 2012-2013 edition of the Code of Medical Ethics of the American Medical Association (AMA).³ A violation of any of the ethical standards and conduct are considered unprofessional conduct.

The Board may utilize the annotations and opinions included in AMA Code of Medical Ethics as guidance in determining whether a physician has violated professional ethical standards and conduct. The AMA Code of Medical Ethics in its entirety may be found on the AMA's website at www.ama-assn.org.

South Dakota Law Regarding Ethics for Medical Directors

Medical directors and the entities using medical directors frequently query the Board staff about medical director responsibilities. A medical director for a lab, clinic, organization, or office who is a "qualified medical director" is defined in South Dakota law and required to be a South Dakota licensed physician.⁴ The South Dakota legal standard for medical director ethics is set forth in AMA Opinion 8.021 which was adopted by the AMA in 1999 and contained within the AMA Code of Medical Ethics.

The following opinion is provided in its entirety to assist South Dakota medical directors and the entities using medical directors:

Opinion 8.021 - Ethical Obligations of Medical Directors

Assuming a title or position that removes the physician from

direct patient-physician relationships does not override professional ethical obligations. The term "medical directors," as used here, refers to physicians who are employed by third party payers in the health care delivery system (i.e., insurance companies, managed care organizations, self-insured employers) or by entities that perform medical appropriateness determinations on behalf of payers. These types of medical directors have specific functions, such as making coverage determinations, which go beyond mere administrative responsibility. The following stem from this understanding. Whenever physicians employ professional knowledge and values gained through medical training and practice, and in so doing affect individual or group patient care, they are functioning within the professional sphere of physicians and must uphold ethical obligations, including those articulated by the AMA's Code of Medical Ethics. Medical directors acting within the professional sphere, such as when making decisions regarding medical appropriateness, have an overriding ethical obligation to promote professional medical standards.

Adherence to professional medical standards includes:

(1) Placing the interests of patients above other considerations, such as personal interests (e.g., financial incentives) or employer business interests (e.g., profit). This entails applying the plan parameters to each patient equally and engaging in neither discrimination nor favoritism.

(2) Using fair and just criteria when making care-related determinations. This entails contributing professional expertise to help craft plan guidelines that ensure fair and equal consideration of all plan enrollees. In addition, medical directors should review plan policies and guidelines to ensure that decision-making mechanisms are objective, flexible, and consistent, and apply only ethically appropriate criteria, such as those identified by the Council in Opinion 2.03, "Allocation of Limited Medical Resources."

(3) Working towards achieving access to adequate medical services. This entails encouraging employers to provide services that would be considered part of an adequate level of health care, as articulated in Opinion 2.095, "The Provision of Adequate Health Care." (I, III, VII)

REFERENCES

1. <http://definitions.uslegal.com/a/administrative-rule/>
2. <http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=20:47>
3. Code of Medical Ethics of the American Medical Association 2012-2013 edition, annotations prepared by the southern Illinois University School of Medicine. Copies may be viewed at the Board's office or obtained from the American Medical Association by calling 800.621.8335 or visiting www.amabookstore.org.
4. www.sdbmoe.gov/sites/default/files/Declaratory%20Ruling%20on%20Immunizations.pdf

Advanced Life Support Committee met on August 10, 2015

1. The committee was updated on the EMS Stakeholders meetings
2. Discussed the Interstate Compact for EMS Personnel Licensure
3. Reviewed the opioid antagonist for first responders bill and discussed suggestion for the rulemaking process

Athletic Trainer Committee met on August 12, 2015

1. Reviewed recommended changes to administrative rules – will be sharing with the SD Athletic Training Association for their feedback
2. Discussed the Sports Medicine Licensure Clarity Act of 2015 and its potential impact
3. Report was given on the Athletic Trainer Board of Certification Regulatory Conference

Nutrition and Dietetics Committee met on August 13, 2015

1. Reviewed a licensing question
2. Reviewed comments from on the recommended continuing education rules
3. Committee member Nicole Reuswaat will be leaving the committee and a search for a replacement has begun

Genetic Counselor Committee met on August 11, 2015

1. The recommended changes to statute were distributed and the committee reviewed comments
 - a. The recommended changes are updates related to organizations changing names

Occupational Therapy Committee met on August 17, 2015

1. The recommended changes to the administrative rules had been shared with the state OT association. The committee reviewed those comments
 - a. These rule changes are anticipated to be ready for Board review in December

Physical Therapy Committee met on August 25, 2015

1. The committee was updated on the FSBPT Leadership Issues forum attended by Tyler Klatt
2. The committee was updated on the SD Physical Therapy Associations discussion regarding the recommended continuing education rule.
 - a. Changes based on that input and previous discussions will be put into a final recommendation that will be shared with the SDPTA for further input

Respiratory Therapy Committee met on August 26, 2015

1. Reviewed results of the continuing education audit

Physician Assistant Committee met on August 19, 2015

1. The committee reviewed a question regarding supervision when the supervising physician is the spouse of the physician assistant
 - a. The committee found no established policy that prohibited this relationship

The staff was directed to conduct a review of the South Dakota medical practices act and compare it with two FSMB model policy documents. The stated purpose of the FSMB model policies is to give guidelines and provide model language to advise state licensing boards. After a review of all materials the staff could find no substantive changes to recommend to this Board for the South Dakota medical practices act.

Medical Malpractice for Free Clinics

A discussion at the June 2015 board meeting prompted the question regarding malpractice coverage at volunteer or free clinics. South Dakota Codified Law 47-23-29 covers the immunities provided to volunteers at these entities:

47-23-29. Immunity of volunteers of nonprofit organizations, free clinics, certain hospitals, and governmental entities. Any volunteer, including any volunteer who is a licensed health care professional under Title 36, providing services on behalf of a nonprofit organization, a nonprofit corporation, a free clinic, any hospital organized pursuant to chapter 34-8, 34-9, or 34-10, or a governmental entity are immune from civil liability in any action brought in any court in this state on the basis of any act or omission resulting in damage or injury if:

- (1) The individual was acting in good faith and within the scope of such individual's official functions and duties for the nonprofit organization, the nonprofit corporation, the free clinic, a hospital organized pursuant to chapter 34-8, 34-9, or 34-10, or a governmental entity; and
- (2) The damage or injury was not caused by gross negligence or willful and wanton misconduct by such individual.

Additionally, The Federal Tort Claims Act (FTCA), enacted in 1946, provides the legal mechanism for compensating people who have suffered personal injury due to the alleged negligent or wrongful action of employees of the U.S. government. Through the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Congress extended the ability for volunteer health professionals at qualifying free clinics to be deemed as federal employees for purposes of medical malpractice liability coverage under the FTCA. Money was later appropriated for this program in the 2004, and the first set of free clinic volunteers was deemed in 2005. In 2010, the Affordable Care Act expanded the availability of deeming to employees, officers, board members, and contractors of qualifying free clinics¹.

The Free Clinics FTCA Program extends medical malpractice liability coverage under the FTCA to individuals who meet Program and statutory requirements and are deemed as federal employees for such purposes. This saves free clinics the money used on medical malpractice insurance premiums and allows clinics to invest more in health care services and fund quality improvement activities.

¹ HRSA Health Center Program <http://bphc.hrsa.gov/ftca/freeclinics/ftcafcfaq.html>

Specialty Certification Continuing Education Requirements

The American Board of Medical Specialties (ABMS) recognizes 24 certifying boards and the American Osteopathic Association (AOA) recognizes 18 certifying boards. These certifying boards serve their specialties to assess and certify physicians who demonstrate the clinical judgement, skills, and attitudes essential for patient care¹.

The specialty boards of both the ABMS and AOA require continuing education as a component of the maintenance of certification requirements.

The ABMS Program for Maintenance of Certification requires a minimum of 25 CME's per year.² The AOA Osteopathic Continuous Certification requires 120 hours of CME credit during each three-year CME cycle.³

The specialty boards also require additional components to maintain certification. Those items can be found at the websites below.

ABMS Board Certification Report (pgs. 22-23)

http://www.abms.org/media/84770/2013_2014_abmscertreport.pdf

AOA Specialty Certifying Board OCC Requirements

<http://www.osteopathic.org/inside-aoa/development/aoa-board-certification/occ-requirements/Pages/default.aspx>

¹ Enhancing the Quality of Care Through Certification. (n.d.). In *American Board of Medical Specialties*. Retrieved from <http://www.abms.org/member-boards/>

² ABMS Board Certification Report (p.5)

³ <http://www.osteopathic.org/inside-aoa/development/aoa-board-certification/Pages/osteopathic-continuous-certification.aspx>

CHAPTER 20:47:03
LICENSURE

20:47:03:13. Locum tenens certificate

20:47:03:13. Locum tenens certificate. A locum tenens certificate holder may extend the initial sixty day locum tenens certificate an additional sixty days if the certificate holder is in the process of applying for a full license as described in SDCL 36-4-11. The certificate holder shall be responsible for notifying the Board to extend the initial certificate.

Source:

General Authority: SDCL 36-4-35

Law Implemented: SDCL 36-4-20.4

Section 1. Definitions. Words used in this section mean:

- (1) “Board,” the South Dakota Board of Medical and Osteopathic Examiners;
- (2) “First responder training,” a training program that follows the criteria set by the Board;
- (3) “Protocols,” a standardized plan for medical procedures or administration of medications;
- (4) “Opiate overdose,” means a medical condition that causes depressed consciousness and mental functioning, decreased movement, depressed respiratory function, and the impairment of vital functions as a result of ingesting opiates in any amount larger than can be physically tolerated;
- (5) “Standing order,” ongoing authorization for a first responder to obtain, possess, and administer opioid antagonists.

Source:

General Authority: SDCL 34-20A-102

Law Implemented: SDCL 34-20A-100

Section 2. Criteria for training a first responder. Training programs shall meet the following criteria:

- (1) Course content includes:
 - a. The signs and symptoms of an opiate overdose;
 - b. The protocols and procedures for administration of an opioid antagonist;
 - c. The signs and symptoms of an adverse reaction to an opioid antagonist;
 - d. The protocols and procedures to stabilize the patient if an adverse response occurs;
 - e. The procedures for storage, transport, and security of the opioid antagonist.
- (2) The method of opioid antagonist administration being taught.
- (3) Training will be overseen by a physician licensed pursuant to SDCL chapter 36-4.
- (4) Subject to the oversight required in section (3) of this rule, training may be provided by the employer of the first responder.
- (5) First responders trained to possess and administer opioid antagonists must be retrained at least every three years.

Source:

General Authority: SDCL 34-20A-102

Law Implemented: SDCL 34-20A-101

Section 3. Standing order. A physician licensed under SDCL chapter 36-4 may issue a standing order to first responders authorizing a prescription for the possession of an opioid antagonist.

The standing order shall:

- (1) Authorize a first responder who has completed training as listed in section 2 to possess and administer opioid antagonists;
- (2) Determine the method of opioid antagonist administration;
- (3) The standing order shall be kept on file by the first responder, the issuing physician, and the first responder's employer.

The standing order shall expire three years after the date it is issued. First responders must complete the retraining requirements as listed in section 2.

Source:

General Authority: SDCL 34-20A-102

Law Implemented: SDCL 34-20A-98

Section 4. Protocols. One copy of the physician's written protocol shall be maintained by each of the following persons or parties:

(1) The issuing physician;

(2) The first responder.

Source:

General Authority: SDCL 34-20A-102

Law Implemented: SDCL 34-20A-101

DRAFT

September 4, 2015

Memo:

To: Members of the South Dakota Board of Medical and Osteopathic Examiners

From: Margaret Hansen, Executive Director

RE: 10 c. Review of ARSD 20:52:01:03.01 and 20:52:01:03.02

The staff would like the Board to consider updates to the definition of direct personal contact for physician assistants. Please review the following rules related to direct personal contact for supervision. The following changes are provided as a draft revision to allow the supervision to take place by means of telehealth technology.

20:52:01:03.01. Supervision of a licensed physician assistant. A licensed physician assistant shall be supervised by a physician licensed pursuant to SDCL chapter 36-4. The supervising physician shall be available for consultation with the physician assistant at all times while the physician assistant is involved in patient care. The supervising physician and physician assistant shall meet in person at least twice each month to discuss patient care and review the physician assistant practice. ~~The meetings shall be held in person unless it is established in the practice agreement and approved by the board that one of the twice monthly meetings may be held by telecommunication.~~ The supervision plan shall be outlined in the practice agreement and approved by the board. The practice agreement shall also outline provisional supervision plans in the event unforeseen circumstances such as inclement weather or illness prevent the twice monthly meeting supervision requirement.

20:52:01:03.02. Supervision of a licensed physician assistant -- Separate practice location. In addition to the required two meetings per month, the supervising physician must be physically present or available by means of telehealth technology ~~on-site~~ every ninety days at each physician assistant practice location. This requirement does not apply to locations where health care services are not routine to the setting, including patient homes and school health screening events.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF:

NOTICE OF HEARING

RE: COLIN JAY BOONE

Please take notice that a contested case hearing has been scheduled before an Administrative Law Judge of the Office of Hearing Examiners in the above captioned matter. The hearing will take place on Friday, July 17, 2015, in the Board Conference Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD, beginning at 9:30 am (central daylight time).

Dated this 14 day of June, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

SDBMOE
101 N MAIN AVE, SUITE 301
SIOUX FALLS, SD 57104
SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



June 17, 2015

Colin Boone
3409 51st #414
Sioux Falls, SD 57106

Dear Mr. Boone:

Enclosed please find the Notice of Hearing. This matter will be presented to an Administrative Hearing Judge from the South Dakota Office of Hearing Examiners on Friday, July 17, 2015, beginning at 9:30 am (CDT). The hearing will be held in the Board Conference Room at 101 N. Main Ave., Suite 215, Sioux Falls, SD.

If you have any questions please contact the Board attorney, William H. Golden, esq., at 605-201-8588.

Sincerely,

Jane Phalen
SD Medical Board Staff

Enclosure: Notice of Hearing

cc: William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
*Counsel to the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF:

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*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

DEFENDANT: Colin J. Boone
CASE NUMBER: 4:13-cr-00139-001

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of:

63 months on Count One of the Superseding Indictment filed May 29, 2014

The court makes the following recommendations to the Bureau of Prisons:

That Defendant be designated to the BOP facility in Yankton, SD, or as near to South Dakota as possible.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district:

at _____ a.m. p.m. on _____

as notified by the United States Marshal.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

before _____ on _____

as notified by the United States Marshal.

as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

a _____, with a certified copy of this judgment.

UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: Colin J. Boone
CASE NUMBER: 4:13-cr-00139-001

Judgment Page: 3 of 6

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of :
One year on Count One of the Superseding Indictment filed May 29, 2014

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.

- The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*
- The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
- The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*
- The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation office;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: Colin J. Boone
CASE NUMBER: 4:13-cr-00139-001

Judgment Page: 4 of 6

SPECIAL CONDITIONS OF SUPERVISION

The defendant shall submit to a search of his person, property, residence, adjacent structures, office, vehicle, papers, computers (as defined in 18 U.S.C. § 1030(e)(1)), and other electronic communications or data storage devices or media, conducted by a U.S. Probation Officer. Failure to submit to a search may be grounds for revocation. The defendant shall warn any other residents or occupants that the premises and/or vehicle may be subject to searches pursuant to this condition. An officer may conduct a search pursuant to this condition only when reasonable suspicion exists that the defendant has violated a condition of his release and/or that the area(s) or item(s) to be searched contain evidence of this violation or contain contraband. Any search must be conducted at a reasonable time and in a reasonable manner. This condition may be invoked with or without the assistance of law enforcement, including the U.S. Marshals Service.

The defendant shall provide complete access to financial information, including disclosure of all business and personal finances, to the U.S. Probation Officer.

DEFENDANT: Colin J. Boone
 CASE NUMBER: 4:13-cr-00139-001

Judgment Page: 5 of 6

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 100.00	\$ 0.00	\$ 0.00

The determination of restitution is deferred until TBD. An Amended *Writ of Habeas Corpus* (AO 245C) will be entered after such determination.

The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
TOTALS	\$0.00	\$0.00	

Restitution amount ordered pursuant to plea agreement \$ _____

The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

The court determined that the defendant does not have the ability to pay interest and it is ordered that:

the interest requirement is waived for the fine restitution.

the interest requirement for the fine restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: Colin J. Boone
CASE NUMBER: 4:13-cr-00139-001

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A Lump sum payment of \$ 100.00 due immediately, balance due
 - not later than _____, or
 - in accordance C, D, E, or F below; or
- B Payment to begin immediately (may be combined with C, D, or F below); or
- C Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:

All criminal monetary payments are to be made to the Clerk's Office, U.S. District Court, P.O. Box 9344, Des Moines, IA. 50306-9344.

While on supervised release, you shall cooperate with the Probation Officer in developing a monthly payment plan consistent with a schedule of allowable expenses provided by the Probation Office.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

United States District Court
Southern District of Iowa

Date:
In Session at:
Recessed at:

CLERK'S COURT MINUTES- SENTENCING

Presiding: Honorable

Attorney(s) for Government:

Attorney(s) for Defendant:

Criminal Number:

UNITED STATES OF AMERICA,

vs.

: Court Reporter:
: Interpreter:
: Indictment Information in Ct(s)
: Code Violation/Offense:
:
:
:

.....
Defendant appeared on _____ and pled guilty to Ct(s) _____ and
reaffirms plea. Jury verdict of guilty to Ct(s) _____ returned on _____ .
.....

Minutes:

Court adopts findings of PSIR _____ as revised

Judgment:

ORDERED, Restitution:

ORDERED, Crime Victims Fund Assessment:

ORDERED, Count(s) Dismissed:

ORDERED, Commitment withheld until

BOND previously set:

Fine:
Gov. motion Deft. motion
at
Bond continued Deft. committed

Deputy Clerk

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA

UNITED STATES OF AMERICA,	*	
	*	
Plaintiff,	*	4:13-cr-139
	*	
v.	*	
	*	
COLIN BOONE,	*	
	*	
Defendant.	*	SENTENCING MEMORANDUM
	*	OPINION AND ORDER
	*	

Before the Court is the matter of sentencing the Defendant, Colin Boone. This memorandum opinion and order supplements the findings made on the record at the sentencing hearing held June 22, 2015.

I. PROCEDURAL HISTORY

On December 17, 2013, a grand jury convened in the Southern District of Iowa issued an Indictment charging Defendant with “Unreasonable Use of Force,” in violation of 18 U.S.C. § 242. Clerk’s No. 2. On May 29, 2014, the grand jury issued a superseding indictment, which added a charge of “Obstruction,” in violation of 18 U.S.C. § 1519. Clerk’s No. 33.

Trial on the two counts of the superseding indictment commenced on October 27, 2014. Clerk’s No. 67. On November 1, 2014, the jury found Defendant “not guilty” of the Obstruction charge. Clerk’s No. 85. The jury was unable to reach a unanimous verdict on the Unreasonable Use of Force charge; accordingly, the Court declared a mistrial. Clerk’s Nos. 84, 91. A retrial on the Unreasonable Use of Force charge commenced on March 9, 2015. Clerk’s No. 151. The jury found Defendant guilty of the offense on March 13, 2015.¹ Clerk’s No. 166.

¹ Defendant states in his sentencing brief:

II. FACTS

The facts are taken from the trial record and the Pre-Sentence Investigation Report (“PSR”). Where indicated, the Court has either ruled on a disputed fact based on the trial record or determined that doing so is unnecessary to the task of sentencing. *See* Fed. R. Crim. P. 32(i)(3)(b); *United States v. Wiggins*, 104 F.3d 174, 178 (8th Cir. 1997) (stating that a sentencing judge who also presided over a Defendant’s trial may “base its findings of fact on the trial record”). This case arises out of an incident that occurred in the early morning of February 19, 2013. PSR ¶ 7 (Clerk’s No. 182). The PSR describes the incident as follows. City of Des Moines Police Officers Trudy Simonson and Lindsey Kenkel responded to the scene of a one-vehicle accident involving a van. *Id.* They were soon joined by Officers Cody Willis and Tanner Klinge. *Id.* The driver of the van, later identified as Orville Hill, appeared to be unconscious, but as officers approached the vehicle, Hill awoke and unsuccessfully attempted to drive the van away. *Id.* The officers broke the windows of the van, pulled Hill out, and immediately took him to the ground. *Id.* Defendant, who was employed as a police officer with

In the first trial, the government argued [O]fficer Boone intentionally kicked Orville Hill in the head and then lied about it on his arrest incident report. The jury rejected that position and rendered a not guilty verdict on the obstruction count, but was unable to reach a verdict on the excessive use of force count. At retrial, the government took a second bite at the apple and again argued Officer Boone lied on his arrest incident report”

Clerk’s No. 185 at 2.

The Court disagrees with Defendant’s characterization of the Government’s use of admissible evidence as constituting a “second bite at the apple.” While the Government did argue to the jury that Defendant was dishonest in filling out his arrest incident report, this evidence was highly relevant to the jury’s determination of the third essential element of the Unreasonable Use of Force offense—whether Defendant acted willfully. *See* Final Jury Inst. No. 14 (Clerk’s No. 162 at 17). The Eighth Circuit has approved the admission of evidence of acquitted conduct when it is relevant to another offense. *See United States v. Vega*, 676 F.3d 708, 719–20 (8th Cir. 2012) (finding evidence of prior drug transaction on which defendant was acquitted was admissible to prove defendant’s intent in relation to a similar crime).

the City of Des Moines at the time, responded to dispatch calls about the accident. *Id.* ¶ 8.

When Defendant arrived on the scene, Officers Willis, Kenkel, and Klinge were holding Hill on the ground, and Officer Simonson was standing nearby, ready to assist. *Id.* ¶ 8. Defendant ran over and delivered a straight kick to Hill’s mouth. *Id.*

Defendant objects to portions of PSR paragraphs 7 and 8 that describe what happened when he arrived on the scene. *See* Clerk’s No. 179 at 1–2. Defendant maintains that Hill was not under control at the time he arrived at the scene. *Id.* at 1. Defendant also maintains that he delivered a sweep kick rather than a straight kick. *Id.* At trial, Defendant’s testimony about the kick conflicted with the testimony of other officers on the scene.

Defendant testified as follows:

At that time when I was coming around, I saw [Hill’s] left hand out, kind of related back to my high school days, I want to say. I thought he was trying to push up with it. I know that from wrestling, you don’t want to give them a base to push up. So I decided to try to take that arm and knock it out so he couldn’t use it to push up. . . . I used a side kick and tried to sweep that arm out from underneath him. . . . I was focused on—I could see his elbow to the shoulder area. That’s what I was trying to hit. . . . Hill was laying this way (indicating). His left arm would be right there (indicating), and I came up and I tried to sweep down around from underneath him.

Tr. 706 (Clerk’s No. 177 at 56). In contrast, Officer Willis was “[w]ithin feet” of Hill’s face, and testified that he saw Defendant kick Hill “[s]traight on.” Tr. 123 (Clerk’s No. 174 at 123).

Officer Kenkel was by Hill’s shoulder when Defendant arrived on the scene and she testified: “I seen [sic] [Defendant] do a straight kick” that landed “[i]n [Hill’s] facial area.” Tr. 156 (Clerk’s No. 175 at 23). Officer Simonson was on the ground with Hill and saw Defendant “running” towards her and deliver a “running straight kick to [Hill’s] face.” Tr. 427 (Clerk’s No. 176 at 20).

The testimony of the other officers at the scene is consistent, and the Court finds the testimony

proves by a preponderance of the evidence that Defendant delivered a straight kick to Hill's facial area, not a sweep kick to his shoulder area.

The officers also testified that they were working on getting Hill into handcuffs, and, at the time Defendant arrived on the scene, no additional force was necessary besides the force they were already applying with their hands and body weight on top of Hill. For example, Officer Willis testified that he had Hill's right arm under control, that Hill could not get up, and that the force needed to get Hill into handcuffs included "[t]he force he was currently exerting," which included pressure from his knee and holding Hill's right arm. Tr. 77–78 (Clerk's No. 174 at 78). Officer Kenkel testified that Hill was "moving around" but that the force needed to get Hill into handcuffs was "hands on" force, including "physically holding him down." Tr. 154–55 (Clerk's No. 175 at 21–22). Officer Simonson testified that after Hill was face down on the ground she was not worried that he could get up. Tr. 425 (Clerk's No. 176 at 18). Officer Klinge testified that the level of force needed to control Hill was "[j]ust our hands." Tr. 499–500 (Clerk's No. 176 at 92–93). The Court finds the testimony of Willis, Kenkel, Simonson, and Klinge credible and thus finds by a preponderance of the evidence that no additional force was needed to gain control of Hill at the time Defendant arrived on the scene.

Finally, Defendant objects to the PSR statement that after Hill was in handcuffs and face down on the ground, Defendant "put his foot on top of Hill's head." PSR ¶ 8. Defendant instead states that Hill was raising his head and Defendant "placed the toe of his foot and pushed [Hill's] head back down." The Court finds that this difference is immaterial for purposes of sentencing. Similarly, the Court finds it is unnecessary to resolve the dispute over whether Officer Kenkel was thrown back by the force of Defendant's kick.

Defendant also disputes paragraph 9 of the PSR, which describes Hill's injuries.

Defendant disputes that officers "observed blood pour from Hill's mouth and pool on the ground beneath his face." *See* Clerk's No. 179 at 2; PSR ¶ 9. The Court finds this dispute immaterial for purposes of sentencing. Defendant does not dispute that, as a result of the kick, two of Hill's teeth were broken off at the gums and a third was knocked loose and had to be removed. PSR ¶ 9. Hill also undisputedly suffered a laceration above his eye that required stitches. *Id.*

However, Defendant disputes that Hill suffered a fractured nose. Clerk's No. 179 at 2; PSR ¶ 9 ("Hill also suffered a broken nose."). The emergency room doctor that treated Hill testified that the bridge of Hill's nose was swollen, and a CAT scan showed his nose was recently fractured, although the doctor could not say with certainty that the fracture had occurred that evening. Tr. 238, 241 (Clerk's No. 175 at 105, 108). The doctor also testified that "when the nose is impacted, you often times get orbital fractures. You can also get fractures up here (indicating) when you have the teeth avulsed that way." Tr. 237 (Clerk's No. 175 at 104). She further stated that Hill's injuries were consistent with a kick and that "[t]he area in which the force hit was in the mouth, pretty specifically mouth and mid face region." Tr. 243 (Clerk's No. 175 at 101). Based on this testimony, the Court finds that it has been proved by a preponderance of the evidence that Defendant's kick caused Hill's fractured nose.

Next, Defendant disputes PSR paragraphs 10–13, which describe conversations Defendant had after the kick occurred. According to the PSR, Defendant asked Officer Willis if he "was good" or "if he needed anything," which Officer Willis interpreted as an inquiry about whether or not Defendant should fill out an Arrest Incident Report. PSR ¶ 10. Defendant asserts that it was improper for Officer Willis to speculate as to Defendant's subjective intent. The Court finds that it is unnecessary to resolve this dispute for purposes of sentencing. The PSR

also states that Defendant spoke with Officers Simonson and Kenkel, and stated “I just tried to knock him out a bit.” PSR ¶ 11. Both officers testified that Defendant made the statement, and the Court finds their testimony credible; the statement is proved by a preponderance of the evidence. Tr. 165, 441 (Clerk’s Nos. 174 at 32, 175 at 43). Next, the PSR states that Defendant told Officer Ben Idhe that he kicked Hill in the head. PSR ¶ 12. Defendant disputes the characterization of his statement, and maintains that he told Officer Idhe he “may” have kicked Hill in the head so Officer Idhe could take that information into account when examining Hill. Clerk’s No. 179 at 2. The Court finds it unnecessary to resolve this factual dispute for purposes of sentencing. Finally, the PSR states that Defendant told his then-fiancée, Angela Frye, that he “put [his] bootlaces across a guy’s face,” that he “took a ten foot running start” and that blood “gushed everywhere” and Hill “spit teeth out.” PSR ¶ 13. Frye provided a recorded statement to the Des Moines Police Department Office of Professional Standards detailing her conversation with Defendant shortly after the incident occurred, and also testified at trial. *See* Tr. 374–75 (Clerk’s No. 175 at 241–42). The Court finds the testimony credible and that these statements are proved by a preponderance of the evidence. The Court finds it unnecessary to resolve the dispute about a message Frye posted to Facebook post after her conversation with Defendant.

Finally, Defendant objects to PSR paragraphs 15 and 16, which summarize Defendant’s testimony. The Court finds that paragraphs 15 and 16 accurately state Defendant’s trial testimony. Further, Defendant does not actually claim that he did not testify to the statements reflected in the PSR. *See* Clerk’s No. 179 at 3–4. Defendant’s objections to paragraphs 18, 26, 27, and 30, involving the enhancement for obstruction of justice, will be discussed separately below.

III. LAW AND ANALYSIS

When imposing a sentence, this Court is not bound by the Sentencing Guidelines, but “must consult those Guidelines and take them into account.” *United States v. Booker*, 543 U.S. 220, 264 (2005). “[A] district court should begin all sentencing proceedings by correctly calculating the applicable [Sentencing] Guidelines range.” *Gall v. United States*, 552 U.S. 38, 50 (2007). The Court should then consider all of the factors enumerated in 18 U.S.C. § 3553(a) and “make an individualized assessment based on the facts presented.” *Id.* Section 3553(a) instructs the district courts to “‘impose a sentence sufficient, but not greater than necessary,’ to accomplish the goals of sentencing, including ‘to reflect the seriousness of the offense,’ ‘to promote respect for the law,’ ‘to provide just punishment for the offense,’ ‘to afford adequate deterrence to criminal conduct,’ and ‘to protect the public from further crimes of the defendant.’” *Kimbrough v. United States*, 552 U.S. 85, 101 (2007) (quoting 18 U.S.C. § 3553(a)). The Court should also consider “‘the nature and circumstance of the offense,’ ‘the history and characteristics of the defendant,’ ‘the sentencing range established by the Guidelines,’ ‘any pertinent policy statement’ issued by the Sentencing Commission pursuant to its statutory authority, and ‘the need to avoid unwarranted sentence disparities among defendants with similar records who have been found guilty of similar conduct.’” *Id.* (quoting 18 U.S.C. § 3553(a)). The statute “requires a court to give respectful consideration to the Guidelines,” but also “‘permits the court to tailor the sentence in light of other statutory concerns as well.’” *Id.* (quoting *Booker*, 543 U.S. at 245–46). The Court must “adequately explain the chosen sentence to allow for meaningful appellate review and to promote the perception of fair sentencing.” *Gall*, 552 U.S. at 50.

A. *Advisory Guideline Calculation*

1. *Obstruction of justice enhancement.*

Defendant objects to the Government's position that a two-level enhancement for obstruction of justice applies in this case. The enhancement applies:

If (1) the defendant willfully obstructed or impeded, or attempted to obstruct or impede, the administration of justice with respect to the investigation, prosecution, or sentencing of the instant offense of conviction, and (2) the obstructive conduct related to (A) the defendant's offense of conviction and any relevant conduct; or (B) a closely related offense.

USSG § 3C1.1. The Government argues that the enhancement applies because Defendant committed perjury during the trial, specifically, Defendant testified that he delivered a sweep kick towards Hill's shoulder rather than a straight kick to Hill's face.² Clerk's No. 184 at 11.

“Committing perjury at trial constitutes an obstruction of justice within the meaning of § 3C1.1. Because a finding of obstruction results in an increase in a defendant's sentence, the government bears the burden of proving the facts necessary to support the finding by a preponderance of the evidence.” *United States v. Flores*, 362 F.3d 1030, 1037 (8th Cir. 2004) (internal citations omitted). “The sentencing court cannot give the upward departure simply

² The PSR also cites, as a basis for the enhancement, Defendant's testimony that he first noticed Hill's facial injuries when Hill was in the ambulance, despite video of the scene showing Defendant bending over Hill right after the kick occurred. But the Government does not advance this basis for the enhancement in its Sentencing Memorandum, and the Court concludes that even if it had, Defendant's testimony does not support a finding of perjury. Defendant's testimony about when he first noticed the injuries is not entirely clear, and supports a conclusion that Defendant was confused or could not remember exactly what he saw, at least to the same extent that it supports a conclusion that he willfully lied. *See* Tr. 727 (Clerk's No. 177 at 77) (“I noticed when they rolled him over . . . that there was some blood on his face.”); Tr. 728–29 (Clerk's No. 177 at 78–79) (“[I] walked down to the ambulance . . . I noticed that he had a gash or a slit on his eyebrow, and my first thought was, wow, that looks like maybe something like boot laces or the side of your boot may cause, and I knew that I had struck him up in the upper shoulder, and I started to wonder if maybe I hit him in the head, too.”); Tr. 783 (Clerk's No. 177 at 133) (testifying that while Hill was on the ground after being handcuffed he “saw that [Hill] had . . . a facial laceration”).

because a defendant testifies on his own behalf and the jury disbelieves him.” *Id.* (internal quotation omitted). “A witness testifying under oath or affirmation [commits perjury] if [h]e gives false testimony concerning a material matter with the willful intent to provide false testimony, rather than as a result of confusion, mistake, or faulty memory.” *United States v. Dunnigan*, 507 U.S. 87, 94 (1993) (internal quotation and citation omitted); *see also* USSG § 3.3C1.1, cmt. 2. A defendant’s “testimony may be truthful, but the jury may nonetheless find the testimony insufficient to excuse criminal liability or prove lack of intent.” *Dunnigan*, 507 U.S. at 94. “[I]f a defendant objects to a sentence enhancement resulting from [his] trial testimony, a district court must review the evidence and make independent findings necessary to establish a willful impediment to or obstruction of justice, or an attempt to do the same.” *Id.* “[T]he trial court must make findings to support all the elements of a perjury violation.” *Id.* at 97.

The Government asserts that Defendant’s testimony that he delivered a sweep kick rather than a straight kick constituted perjury. As summarized above, Defendant consistently maintained that he delivered a sweep kick towards Hill’s shoulder area despite the other officers’ testimony that they witnessed Defendant deliver a straight kick to Hill’s face. This testimony is material because it goes to willfulness. *See* 18 U.S.C. § 242 (requiring the deprivation of rights to be willful). Although the Court is persuaded that a preponderance of the evidence shows that Defendant did in fact deliver a straight kick to Hill’s face, such a conclusion does not equate to a finding that Defendant willfully intended to provide false testimony. Defendant does not deny that he kicked Hill, nor does he deny that a straight kick to Hill’s face would have been an unreasonable use of force. Rather, Defendant’s subjective memory of what occurred that evening was different than the other officers on the scene. That makes this case different from others where the enhancement was applied to defendants who completely denied knowledge of

the crimes for which they were accused. *See Dunnigan*, 507 U.S. at 90 (defendant denied ever possessing or distributing cocaine); *United States v. Esparza*, 291 F.3d 1052, 1056 (8th Cir. 2002) (defendant testified that he did not know there were drugs in his trailer); *United States v. Pena*, 67 F.3d 153, 157 (8th Cir. 1995) (defendant denied knowledge or involvement in drug trafficking). The Court finds it equally as likely as not that Defendant truly believes he attempted to deliver a sweep kick on the night in question. Further, it is conceivable that the jury may have believed Defendant's testimony and still found that a sweep kick constituted excessive use of force under the circumstances of the case. *See Dunnigan*, 507 U.S. at 94 (“[Defendant’s] testimony may be truthful, but the jury may nonetheless find the testimony insufficient to excuse criminal liability or prove lack of intent.”).

The Government also points to inconsistencies between Defendant's testimony and the testimony of the other officers on the scene regarding statements that tend to prove or disprove the willfulness of Defendant's actions that evening. *See Clerk's No. 184* at 11. First, the Government asserts that Defendant's testimony that Hill's arm was out and that Hill was attempting to push up was false. That assertion appears to be based on Officer Klinge's testimony at the first trial that Hill's hand was tucked underneath his chest. *See Clerk's No. 95* at 194 (First Trial Tr.). But Officer Klinge also testified that he couldn't recall whether Hill's hand was ever on the ground, or whether Hill had ever pushed up on his hand. *Id.* at 195. Next, the Government asserts that Defendant falsely testified that he did not tell Officers Simonson and Kenkel that he was trying to “knock [Hill] out a little.” But Defendant did not deny making the statement, rather Defendant testified that he didn't think he ever said that, and also testified that he didn't know, and didn't remember the conversation. Tr. 802 (Clerk's No. 177 at 152). The Government also argues that Defendant mischaracterizes his conversation with Officer Idhe by

contending that he told Officer Idhe he “may” have kicked Hill in the head, while Officer Idhe testified that Defendant told him he *did* kick Hill in the head. *See* Clerk’s No. 184 at 11. Finally, the Government argues that Defendant falsely denied that he made certain statements to his then-fiancée Angela Frye. But Defendant conceded at trial that it was possible he made the statements Frye attributed to him, but that he couldn’t remember saying them. Tr. 804 (Clerk’s No. 177 at 154). The Court finds that none of the inconsistencies identified by the Government support a conclusion by a preponderance of the evidence that Defendant willfully lied under oath. For all the foregoing reasons, the Court declines to impose a two-level enhancement for obstruction of justice.

2. *Guideline calculation.*

The Guideline for 18 U.S.C. § 242 offenses, including those involving individual rights, is found in USSG § 2H1.1. Section 2H1.1 instructs the Court to apply the base offense level for the underlying offense, here, aggravated assault. The base offense level for aggravated assault is 14. USSG § 2A2.2(a). Because the victim sustained an injury between bodily injury and serious bodily injury, the offense level is increased by 4 levels. USSG § 2A2.2(b)(3)(D). Because Defendant committed the offense under the color of law, 6 levels are added. USSG § 2H1.1(b)(1). Since the victim was physically restrained in the course of the offense, 2 levels are added. USSG § 3A1.3. The total offense level is, therefore, 26. As discussed above, the Court declines to apply the obstruction of justice enhancement. The Defendant has no prior criminal history, resulting in a criminal history category of I. The resulting advisory sentencing range of imprisonment is 63–78 months.

B. 3553(a) Factors

For the reasons discussed below, the Court finds that a Guideline sentence is appropriate in this case. Specifically, the Court finds that a sentence at the bottom of the Guideline range, 63 months, is “sufficient but not greater than necessary.”

1. *Nature and circumstances of the offense.*

The history of 18 U.S.C. § 242 can be traced back to Reconstruction following the Civil War. *See* Hon. Paul J. Watford, *Screws v. United States and the Birth of Federal Civil Rights Enforcement*, 98 MARQ. L. REV. 465, 470 (2014). At the time, violence against African Americans in the South was ubiquitous and Congress passed a series of statutes between 1866 and 1875 aiming to enforce the rights conferred by the Thirteenth, Fourteenth, and Fifteenth Amendments to the United States Constitution. *Id.* In December 1865, just a few months after the Thirteenth Amendment was ratified, Congress enacted the Civil Rights Act of 1866 which “included § 242 in its originally narrow form.” *United States v. Price*, 383 U.S. 787, 804 (1966). Shortly after the ratification of the Fifteenth Amendment, Congress enacted the Enforcement Act of 1870, which contained an early version of 18 U.S.C. § 241,³ and a re-enactment of the 1866 Civil Rights Act’s version of § 242. *Id.* at 802. The two statutes have long been recognized as “companion sections designed for the protection of great rights won after the Nation’s most critical internal conflict.” *United States v. Williams*, 341 U.S. 70, 87 (1951) (Douglas, J., dissenting).

Today, § 242 preserves the federal government’s power to prosecute violations of citizens’ civil rights that occur under color of law. *See* 18 U.S.C. § 242; Watford at 483.

³ 18 U.S.C. § 241 makes it a crime for “two or more persons [to] conspire to injure, oppress, threaten, or intimidate any person . . . in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same.”

Pertinent here, § 242 protects an individual’s right to be free from the unreasonable or excessive use of force by law enforcement. “[I]t is plain that basic to the concept of due process of law in a criminal case is a trial—a trial in a court of law, not a trial by ordeal.” *Screws v. United States*, 325 U.S. 91, 106 (1945). “A prisoner unlawfully beaten by an arresting officer is denied the right of due process of law and also the right of equal protection of the laws.” *Lynch v. United States*, 189 F.2d 476, 479 (5th Cir. 1951). The seriousness of section 242 crimes simply cannot be understated, as they harm far more than individual victims; society as a whole is harmed when those entrusted to protect the public and enforce the laws turn to lawlessness themselves. *See United States v. McQueen*, 727 F.3d 1144, 1157 (11th Cir. 2013) (finding a violation of § 241 to be a “particularly serious offense,” and stating that the “evils against which this civil rights statute is directed especially include correctional officers who flagrantly beat inmates (and young ones at that) placed by the law in their charge.”).⁴

In addition, the specific facts of this case are troubling, particularly in that Defendant committed the act in front of his fellow officers, showing a brazen disrespect for the law. Defendant’s act, although only a single kick, caused serious injury to Hill, and was potentially deadly. The Court agrees with the Government that the offense damages the reputation of police officers generally, and specifically the Des Moines Police Department and “impugns the credibility and work of the hundreds of upstanding officers who serve with the department.” *See Clerk’s No. 184 at 12*. A Guideline sentence accounts for the violent nature of the crime and the seriousness of civil rights violations by a law enforcement officer.

⁴ Though *McQueen* concerned a violation of § 241, the Court finds that the similar history and purpose of the two statutes makes the analysis equally applicable to violations of § 242. Moreover, while the conduct in *McQueen* was arguably more egregious than that here at issue, “the evils against which the civil rights statute is directed” undoubtedly encompass Defendant’s conduct toward Orville Hill.

2. *History and characteristics of the defendant.*

Defendant is 39 years old with no history of substance abuse or mental health issues. PSR ¶ 39. He grew up in a stable, middle-class environment, and has the support of his parents and two brothers. *Id.* ¶¶ 38–45. Defendant possesses an associate of applied science degree in professional studies from Metro Community College in Omaha, and has completed additional college coursework. *Id.* ¶ 61. In 1997, Defendant first entered the field of law enforcement, training police dogs and training officers how to work with them. Def.’s Allocution Statement. Defendant later attended the police academy and spent a year working as a Capitol Police officer. *Id.* He was eventually hired by the Des Moines Police Department (“DMPD”), attended the police academy again, and commenced work as a Des Moines Police Officer in 2000. *Id.* During his approximately 14 years with the DMPD, Defendant attended a great deal of training, received several promotions, and became an expert in accident reconstruction, OWI enforcement, RADAR/LIDAR, and drug-impaired driving enforcement. *Id.* Defendant also became an instructor for several police academy courses and received various awards and commendations for his work, including a Medal of Valor for pulling accident victims from a burning car. *Id.* Since his termination from the DMPD, Defendant moved to South Dakota to be closer to his family, and has been employed as an emergency medical technician, serving a high poverty area. *Id.*; PSR ¶¶ 50, 63. Defendant also volunteers as an official for several youth sports programs, and has done an admirable job improving his own health, including losing nearly 200 pounds and participating in marathons and triathlons. Def.’s Allocution Statement.

The record also reflects by a preponderance of the evidence, however, that the use of force against Orville Hill was likely not the first time Defendant used unreasonable force against an arrestee while working as a Des Moines police officer. The evidence at trial showed that

Defendant used force on an arrestee inside a Des Moines Police Station and then attempted to cover up the incident with another officer. Tr. 291–315 (Clerk’s No. 175 at 157–81) (Testimony of Officer Chris Latcham). That arrestee sued Defendant and the other officer, alleging that Defendant used excessive force against her.⁵ Tr. 343 (Clerk’s No. 175 at 210).

The Court in general commends Defendant for his extensive public service and accomplishments. It also acknowledges, as Defendant points out, that this “case is about less than 15 seconds in a 14-year law enforcement career” and that it “involved a single strike.” Clerk’s No. 185 at 9 (Def.’s Sentencing Br.). Sadly, it is not uncommon in the criminal justice system for a few seconds of poor judgment in an otherwise productive and mostly law-abiding life to carry severe consequences. No doubt, the consequences that Defendant has experienced already, including termination from his job with the DMPD, a felony conviction, and a corresponding loss of civic rights, are severe. However, the injury that Defendant inflicted on Orville Hill was also severe, and like Defendant, Orville Hill will live with the consequences of Defendant’s actions for the rest of his life. Given that Defendant’s sworn duty was to protect and serve, the Court likewise cannot ignore the pall that his conduct has cast over not just himself, but law enforcement officers in general. After careful consideration, the Court concludes that Defendant’s history and characteristics, while laudable in general, are not particularly unusual for a law enforcement officer and do not, when considered in conjunction with the other § 3553(a) factors, warrant a departure or variance from the advisory guideline range under the particular facts and circumstances of this case.

⁵ The Court believes this evidence bolsters the appropriateness of a sentence within the advisory guideline range, as it tends to show that the Defendant’s assault against Orville Hill was not an isolated event, but rather part of a pattern of unlawful behavior directed towards arrestees. The Court notes, however, that it would still impose a sentence within the advisory guideline even without consideration of Defendant’s “other bad acts.”

3. *Need for the sentence to reflect the seriousness of the offense, promote respect for the law, and provide just punishment for the offense, to afford adequate deterrence to criminal conduct, to protect the public from further crimes of the defendant, and to provide the defendant with needed training or treatment.*

Defendant is not a risk to the public as he no longer serves in a law enforcement role, nor is there a need for the sentence to address training or treatment needs. But the Court believes a Guideline sentence in this case is appropriate to reflect the seriousness of the crime and to act as just punishment. Indeed, the legislative history of § 3553(a) recognizes that the purpose of the “just punishment” provision is “essentially a ‘just deserts’ concept . . . it is another way of saying that the sentence should reflect the gravity of the defendant’s conduct.” *McQueen*, 727 F.3d at 1157 (quoting S. Rep. No. 98-225, at 75–76 (1983)). “From the public’s standpoint, the sentence should be of a type and length that will adequately reflect, among other things, the harm done or threatened by the offense, and the public interest in preventing a recurrence of the offense.” *Id.* (quoting S. Rep. No. 98-225, at 75–76).

In addition, the Court considers deterrence, especially general deterrence, to be particularly important in this case. “General deterrence is ‘one of the key purposes of sentencing,’” and careful consideration of it in fashioning a sentence is “especially compelling in the context of officials abusing their power.” *United States v. Hooper*, No 13-11584, 566 Fed. Appx. 771, 2014 WL 1924437 (11th Cir. May 13, 2014) (quoting *United States v. Pugh*, 515 F.3d 1179, 1191–92 (11th Cir. 2008) and citing *McQueen*, 727 F.3d at 1157–58). As Justice Brandeis stated nearly 90 years ago:

Decency, security, and liberty alike demand that government officials shall be subjected to the same rules of conduct that are commands to the citizen. In a government of laws, existence of the government will be imperiled if it fails to observe the law scrupulously. Our government is the potent, the omnipresent teacher. For good or for ill, it teaches the whole people by its example. Crime is contagious. If the government becomes a lawbreaker, it breeds contempt for law; it invites every man to become a law unto himself; it invites anarchy. To declare

that in the administration of the criminal law the end justifies the means—to declare that the government may commit crimes in order to secure the conviction of a private criminal—would bring terrible retribution. Against that pernicious doctrine this court should resolutely set its face.

Olmstead v. United States, 277 U.S. 438, 468 (1928) (Brandeis, J., dissenting). A Guideline sentence in this case will make explicit that the excessive use of force by law enforcement is a serious civil rights violation that simply will not be tolerated.

4. *Remaining statutory considerations.*

The Court has also considered the need to avoid unwanted sentencing disparities among similarly situated offenders. Neither party has argued that a Guideline sentence in this case would produce such a disparity. Generally, while not mandatory, a Guideline sentence helps promote uniformity and fairness in sentencing. *See Gall*, 552 U.S. at 54 (“[A]voidance of unwarranted disparities was clearly considered by the Sentencing Commission when setting the Guidelines ranges.”); *United States v. Bartlett*, 567 F.3d 901, 908 (7th Cir. 2009) (“The best way to curtail ‘unwarranted’ disparities is to follow the Guidelines, which are designed to treat similar offenses and offenders similarly.”). Accordingly, the Court concludes that a Guideline sentence serves to avoid unwanted sentencing disparities.

IV. CONCLUSION

After considering all the statutory factors, the Court finds a sentence of 63 months, the bottom of the applicable Guideline range, to be “sufficient but not greater than necessary.” Following the term of incarceration, Defendant shall be on supervised release, subject to the special conditions detailed in the judgment, for a term of one year. Defendant must also pay the required \$100 to the crime victims’ fund. The Court is unable to enter an order of restitution at this time. Pursuant to the agreement at the sentencing hearing, the Government shall have 30 days to provide supporting documentation for the victim’s restitution request. The Defendant

shall have 14 days to enter a response. If necessary, a hearing will be set at that time in accordance with 18 U.S.C. § 3664(d)(5). The Court declines to order any additional fine or penalty.

IT IS SO ORDERED.

Dated this ___22nd___ day of June, 2015.

A handwritten signature in cursive script that reads "Robert W. Pratt". The signature is written in black ink and is positioned above a horizontal line.

ROBERT W. PRATT, Judge
U.S. DISTRICT COURT

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 14-189
)	
COLIN JAY BOONE	)	AMENDED FINDINGS OF FACT AND
APPLICANT/EMT STUDENT STATUS	)	CONCLUSIONS OF LAW AND
	)	RECOMMENDATION
Respondent.)	
)	

This matter having been heard, pursuant to SDCL 36-4B-6, 31, SDCL 1-26 and South Dakota's Administrative Rules (ARSD) 20:78:04 and 05.

Respondent, Colin Jay Boone, submitted an application for Advanced Life Support Student Status. Respondent's address as reported to the Board is 3409 51st St. #414 Sioux Falls 57106.

After investigation, a recommendation was made pursuant to ARSD 20:78:04:04 for the BMOE to deny his application for student status. Respondent contested this recommendation. The Secretary, pursuant to ARSD 20:78:04 and ARSD 20:78:05, therefore files this Petition for a contested case hearing.

Following findings of fact:

1. Mr. Boone submitted an application for a South Dakota Advanced Life Support Student Status on September 22 2014.
2. Mr. Boone was placed under investigation due to the federal charges and for investigation of his moral character.
3. On December 17, 2013, Mr. Boone was indicted for Unreasonable Use of Force under Title 18, United States Code, and Section 242. While acting

under the color of law as a police officer with the Des Moines Police Department he kicked O.P.H, willfully depriving him of his rights, secured and protected by the Constitution and Laws of the United States for freedom from the use of unreasonable force by a law enforcement officer.

4. BMOE staff requested copies of any and all police reports and court documents regarding the reported incident, and requested a detailed response from Mr. Boone. Mr. Boone failed to provide the requested information.
5. This matter was referred back to the hearing examiner by the Board so the parties could include addition evidence in the record.
6. The BMOE staff submitted the additional evidence of the verdict, sentencing memorandum, sentencing, and judgement of Mr. Boone.
7. Colin Boone was convicted of a felony and sentenced to sixty-three months in prison.

CONCLUSIONS OF LAW

1. Any Conclusion of Law deemed to be a Finding of Fact or vice versa shall be appropriately incorporated into the Findings of Fact or Conclusions of Law as the case may be;
2. The BMOE has subject matter jurisdiction over the parties in this matter under SDCL 36-4.
3. The allegations contained in the staff Petition are supported by clear and convincing evidence; however, Colin Jay Boone has the burden to show good moral character, and he failed to provide the information and

evidence. SDCL 36-4B-6 and 36-4B-31 See *In the Matter of Brett Jarman*
2015 S.D 8

4. Colin Jay Boone's application is not complete due to his failure to supply the requested information, and he has exceeded the time allowed by rule to complete his application.
5. Colin Boone was convicted of a felony which demonstrates a lack of good moral character, and is grounds to deny a license. *In re Benton 691 N.W. 2d 598, (2005)*
6. Timely notice has been provided to Colin Jay Boone for all hearings pursuant to SDCL 1-26 and ARSD 20:78:05:04.
7. It is recommended that Colin Jay Boone's application be denied.

Dated this 30th day of July, 2015.


Hearing Examiner: Taul Henry

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

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July 31, 2015

Colin J. Boone
3409 51st #414
Sioux Falls, SD 57106

Dear Mr. Boone:

Enclosed please find a copy of the administrative judge's signed Findings of Fact, Conclusions of Law, and Recommendation.

This matter will be presented to the Board at the Board meeting on September 10, 2015. Enclosed please find a Notice of Hearing.

You have the right to attend the meeting if you wish to do so, and to be represented by an attorney of your own choosing, at your expense, if you so desire; however, your attendance is not a requirement.

After the meeting you will receive a letter with the Board's final decision and the certified copies of the Board action documents.

If you wish to attend the meeting please contact the Board counsel, William H. Golden, at (605) 201-8588.

Sincerely,

Jane Phalen
SD Medical Board Staff

Enclosure

cc: William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
Counsel to the South Dakota Board
of Medical and Osteopathic Examiners

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF:

NOTICE OF HEARING

RE: COLIN J. BOONE

Please take notice that a contested case hearing has been scheduled before the South Dakota Board of Medical and Osteopathic Examiners in the above captioned matter. The hearing will take place at the Board meeting on Thursday, September 10, 2015, in the Board Conference Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD beginning sometime after 11:00 AM (CDT).

Dated this 31 day of July, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 14-189
)	
COLIN JAY BOONE	)	AMENDED FINDINGS OF FACT AND
APPLICANT/EMT STUDENT STATUS	)	CONCLUSIONS OF LAW AND
	)	RECOMMENDATION
Respondent.)	
)	

This matter having been heard, pursuant to SDCL 36-4B-6, 31, SDCL 1-26 and South Dakota's Administrative Rules (ARSD) 20:78:04 and 05.

Respondent, Colin Jay Boone, submitted an application for Advanced Life Support Student Status. Respondent's address as reported to the Board is 3409 51st St. #414 Sioux Falls 57106.

After investigation, a recommendation was made pursuant to ARSD 20:78:04:04 for the BMOE to deny his application for student status. Respondent contested this recommendation. The Secretary, pursuant to ARSD 20:78:04 and ARSD 20:78:05, therefore files this Petition for a contested case hearing.

Following findings of fact:

1. Mr. Boone submitted an application for a South Dakota Advanced Life Support Student Status on September 22 2014.
2. Mr. Boone was placed under investigation due to the federal charges and for investigation of his moral character.
3. On December 17, 2013, Mr. Boone was indicted for Unreasonable Use of Force under Title 18, United States Code, and Section 242. While acting

under the color of law as a police officer with the Des Moines Police Department he kicked O.P.H, willfully depriving him of his rights, secured and protected by the Constitution and Laws of the United States for freedom from the use of unreasonable force by a law enforcement officer.

4. BMOE staff requested copies of any and all police reports and court documents regarding the reported incident, and requested a detailed response from Mr. Boone. Mr. Boone failed to provide the requested information.
5. This matter was referred back to the hearing examiner by the Board so the parties could include addition evidence in the record.
6. The BMOE staff submitted the additional evidence of the verdict, sentencing memorandum, sentencing, and judgement of Mr. Boone.
7. Colin Boone was convicted of a felony and sentenced to sixty-three months in prison.

CONCLUSIONS OF LAW

1. Any Conclusion of Law deemed to be a Finding of Fact or vice versa shall be appropriately incorporated into the Findings of Fact or Conclusions of Law as the case may be;
2. The BMOE has subject matter jurisdiction over the parties in this matter under SDCL 36-4.
3. The allegations contained in the staff Petition are supported by clear and convincing evidence; however, Colin Jay Boone has the burden to show good moral character, and he failed to provide the information and

evidence. SDCL 36-4B-6 and 36-4B-31 See *In the Matter of Brett Jarman*
2015 S.D 8

4. Colin Jay Boone's application is not complete due to his failure to supply the requested information, and he has exceeded the time allowed by rule to complete his application.
5. Colin Boone was convicted of a felony which demonstrates a lack of good moral character, and is grounds to deny a license. *In re Benton 691 N.W. 2d 598, (2005)*
6. Timely notice has been provided to Colin Jay Boone for all hearings pursuant to SDCL 1-26 and ARSD 20:78:05:04.
7. It is recommended that Colin Jay Boone's application be denied.

Dated this 30th day of July, 2015.


Hearing Examiner: Taul Henry

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 14-189
)	
COLIN J. BOONE	)	AMENDED PETITION FOR BOARD
APPLICANT/EMT STUDENT STATUS	)	OF
Respondent.	)	MEDICAL AND OSTEOPATHIC
	)	EXAMINERS
)	

COMES NOW, the Executive Secretary of the South Dakota Board of Medical and Osteopathic Examiners (“Secretary”) and files this Petition pursuant to SDCL 36-4B-6, 31, SDCL 1-26 and South Dakota’s Administrative Rules (ARSD) 20:78:04 and 05. Respondent, Colin Jay Boone, submitted an application for Advanced Life Support Student Status. Respondent’s address as reported to the Board is 3409 51st St. #414, Sioux Falls, SD 57106.

After investigation, a recommendation was made pursuant to ARSD 20:78:04:04 for the BMOE to deny his application for student status. Respondent has contested this recommendation. The Secretary, pursuant to ARSD 20:78:04 and ARSD 20:78:05, therefore files this Petition for a contested case hearing.

A. TIME, PLACE AND NATURE OF HEARING

Hearing. A contested case hearing on this licensure action shall be heard by a Hearing Examiner pursuant to ARSD 20:78:05:04. The hearing shall begin at 9:30 am (CDT) on Friday, July 17, 2015, in the BMOE Conference Room, 101 North Main Avenue, Suite 215, Sioux Falls, South Dakota 57104.

Answer. Respondent may file an Answer within twenty (20) days of the date he is served with this Petition. An Answer, if filed, should specifically

admit, deny, or otherwise answer all allegations contained in sections C and D of this Petition. The Answer and any other pleading must be filed with the BMOE at the following address: BMOE, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104.

Presiding Officer. The Hearing Examiner will preside over the hearing and make a recommended decision consisting of proposed Findings of Fact, Conclusions of Law, and an Order to the BMOE. ARSD 20:78:05:06. The BMOE will read the record, transcript of the contested case proceeding, and all exhibits, and make its decision thereon at a BMOE meeting following the contested case hearing. The BMOE may request that the parties appear to present oral argument and objections to the Hearing Examiner's recommended decision. ARSD 20:78:05:06.

Hearing Procedures. The procedural rules governing the conduct of the hearing are found at SDCL chs. 36-4B and 1-26, and ARSD chs. 20:78:05. The contested case proceeding is an adversarial proceeding. At the hearing, you have the right to be present, to appear personally, and/or to be represented by legal counsel at your own expense. You will be allowed the opportunity to respond to the allegations of the Petition, to produce evidence on your behalf, to present witnesses, to cross-examine witnesses, and to examine and respond to any documents introduced at hearing. These and other due process rights will be forfeited if they are not exercised at the hearing.

The hearing is open to the public.

Any decision of the BMOE based on the contested case proceeding may be appealed to the circuit court and the State Supreme Court as provided by law.

Pre-hearing Conferences and Continuances. Any party may request a pre-hearing conference to discuss evidentiary issues related to hearing, or may request a continuance by filing a motion for a prehearing conference with the BMOE at the address above.

Prosecution. Counsel for the Secretary is responsible for representing the public interest (the State) in this proceeding. Counsel for the Secretary is: William H. Golden, Assistant Attorney General, South Dakota Attorney General's Office, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104. Copies of all pleadings filed in this matter must be provided to Counsel for the Secretary at this address.

Communications. You may not contact Board members in any manner, including by phone, letter, in person, or by e-mail about this Petition. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the BMOE office and serve upon all parties in this case. See SDCL 1-26-26.

B. LEGAL AUTHORITY AND JURISDICTION

Jurisdiction. The BMOE has jurisdiction in this matter pursuant to SDCL 36-4B.

Legal Authority. If any of the allegations against you are founded, the BMOE has authority to take disciplinary action against you under SDCL 36-4B-6, 31 and 36-4-30, and ARSD 20:78:04 and 05.

Default. If you fail to appear at the hearing, the BMOE may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with SDCL 1-26.

C. SECTIONS OF STATUTES AND RULES INVOLVED

Count I

Mr. Boone is subject to review under SDCL 36-4B-6 for failing to prove Good Moral Character when he submitted his application on September 22, 2014, and disclosed that he was charged with a civil rights violation due to an incident that occurred while he was working for the Des Moines Police Department.

D. FACTUAL CIRCUMSTANCES

1. Mr. Boone submitted an application for a South Dakota Advanced Life Support Student Status on September 22, 2014.
2. Mr. Boone was placed under investigation due to the federal charges and for investigation of his moral character.
3. On December 17, 2013, Mr. Boone was indicted for Unreasonable Use of Force under Title 18, United States Code, Section 242. While acting under the color of law as a police officer with the Des Moines Police Department he kicked O.P.H, willfully depriving him of his rights, secured and protected by the Constitution and Laws of the United States for freedom from the use of unreasonable force by a law enforcement officer.
4. BMOE staff requested copies of any and all police reports and court documents regarding the reported incident, and requested a detailed response from Mr. Boone. Mr. Boone failed to provide the requested information.
5. A hearing was conducted on February 6, 2015, by the Hearing Examiner who recommended denial of the application for student status.

6. The BMOE heard this matter at the June 11, 2015, Board meeting, and at the request of Mr. Boone, referred the matter back to the Hearing Examiner due to Mr. Boone indicating he had new evidence.
7. The staff will offer the Judgement of Conviction and Sentence of Mr. Boone at the scheduled and noticed hearing. See Exhibit 1
8. It is hereby requested that Mr. Boone's application be denied for unprofessional conduct in this matter and his failure to prove Good Moral Character.

E. SETTLEMENT

This matter may be resolved by settlement agreement. The procedural rules governing the BMOE's settlement process are found at ARSD 20:78:04:04. If you are interested in pursuing settlement of this matter, please contact William Golden, Assistant Attorney General, at (605) 201-8588.

Signed pursuant to ARSD 20:78:05:02:

Petitions for hearing. An applicant for a license, permit, or certificate issued by the board may file a petition for hearing at any time during the processing of an application. The executive secretary may file a petition for hearing to initiate a disciplinary proceeding against a licensee. A petition for hearing shall be signed by the petitioner and contain the following information: the name and address of the applicant or licensee, the basis for the request for hearing, recitation of the applicable statutes or regulations under which the petitioner is requesting board action, and the relief requested by the petitioner.

By: Margaret B. Hansen Date: 7/7/15
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Copies to: William Golden
Assistant Attorney General
South Dakota Attorney General's Office
317 N. Main
Sioux Falls, SD 57104

Colin J. Boone
3409 51st #414
Sioux Falls, SD 57106

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA

UNITED STATES OF AMERICA,	*	
	*	
Plaintiff,	*	4:13-cr-139
	*	
v.	*	
	*	
COLIN J. BOONE,	*	VERDICT FORM
	*	
Defendant.	*	
	*	

VERDICT FORM: COUNT ONE

With regard to the crime of Unreasonable Use of Force, as charged in Count One of the Indictment, we, the jury, unanimously find the Defendant, COLIN J. BOONE:

_____ NOT GUILTY X _____ GUILTY

If you found the Defendant "Guilty" of the crime charged in Count One, answer Interrogatory #1. If you found Defendant "Not Guilty" of the crime charged in Count One, do not answer Interrogatory #1.

Interrogatory #1:

With regard to the crime alleged in Count One (Unreasonable Use of Force), do you unanimously find that the offense resulted in bodily injury to Orville Hill?

_____ NO X _____ YES

 3/13/2015
DATE



SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF:

NOTICE OF HEARING

RE: ETHELYN E. SCHAEFFER

Please take notice that a contested case hearing has been scheduled before an Administrative Law Judge of the Office of Hearing Examiners in the above captioned matter. The hearing will take place on Friday, July 17, 2015, in the Board Conference Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD, beginning at 10:00 a.m. (central daylight time).

Dated this 16 day of June, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 15-065
)	
ETHELYN SCHAEFFER	)	PETITION TO BOARD OF
Respondent.	)	MEDICAL AND OSTEOPATHIC
	)	EXAMINERS
)	
)	

COMES NOW, the Executive Secretary (“Secretary”) of the South Dakota Board of Medical and Osteopathic Examiners (BMOE) and files this Petition pursuant to South Dakota Codified Law (SDCL) 36-10-38, SDCL chapter 1-26, and South Dakota’s Administrative Rules (ARSD) 20:78:04 and :05.

Respondent, Ethelyn Schaeffer, (Ms. Schaeffer), submitted an application for reinstatement and renewal of her South Dakota physical therapist assistant (PTA) certification. Ms. Schaeffer completed her PTA program in 1997 and was licensed in South Dakota from 07/1998 to 01/2000. She has not practiced as a PTA since that time, but has been actively practicing massage therapy since 2000.

The BMOE’s advisory committee on Physical Therapy recommended that Ms. Schaeffer update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate.

Respondent’s address as reported to the BMOE is 325 Scott Place #D, Tea, SD 57064.

The BMOE's advisory panel presented a recommendation to the Secretary and, after investigation, the Secretary made a recommendation pursuant to ARSD 20:78:04:04 and ARSD 20:66:02(6A) for the BMOE to request that Ms. Schaeffer complete educational courses and clinical training, approved in advance by the BMOE, in order to update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate.

The Secretary, pursuant to ARSD 20:78:04 and ARSD ch. 20:78:05 therefore files this Petition for a contested case hearing.

A. TIME, PLACE AND NATURE OF HEARING

Hearing. A contested case hearing on this licensure action shall be heard by a Hearing Examiner pursuant to ARSD 20:78:05:04.

Answer. Respondent may file an Answer within twenty (20) days of the date she is served with this Petition. An Answer, if filed, should specifically admit, deny, or otherwise answer all allegations contained in sections C and D of this Petition. The Answer and any other pleading must be filed with the BMOE at the following address: BMOE, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104.

Presiding Officer. The Hearing Examiner will preside over the hearing and prepare a recommended decision for the BMOE consisting of proposed Findings of Fact, Conclusions of Law, and an Order. ARSD 20:78:05:06. The BMOE will read the record, the transcript of the contested case proceeding, review all

exhibits, and make its decision thereon at one of the quarterly BMOE meetings following the contested case hearing. The BMOE may request that the parties appear to present oral argument and objections to the Hearing Examiner's recommended decision. ARSD 20:78:05:06.

Hearing Procedures. The procedural rules governing the conduct of the hearing are found at SDCL chs. 36-10 and 1-26, and ARSD chapter 20:78:05. The contested case proceeding is an adversarial proceeding. At the hearing, you have the right to be present, to appear personally, and/or to be represented by legal counsel at your own expense. You will be allowed the opportunity to respond to the allegations of the Petition, to produce evidence on your behalf, to present witnesses, to cross-examine witnesses, and to examine and respond to any documents introduced at hearing. These and other due process rights will be forfeited if they are not exercised at the hearing.

The hearing is open to the public. Any decision of the BMOE based upon the contested case proceeding may be appealed to the circuit court and the State Supreme Court as provided by law.

Pre-hearing Conferences and Continuances. Any party may request a pre-hearing conference to discuss evidentiary issues related to hearing, or may request a continuance by filing a motion with the BMOE at the address above.

Prosecution. Counsel for the Secretary is responsible for representing the public interest (the State) in this proceeding. Counsel for the Secretary is:

William H. Golden, Assistant Attorney General, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104. Copies of all pleadings filed in this matter must be provided to Counsel for the Secretary at this address.

Communications. Neither you nor any other party on your behalf may contact BMOE members about this Petition in any manner, including by phone, letter, in person, or by e-mail. BMOE members may only receive information about the case when all parties have notice and an opportunity to participate, such as at a hearing or in pleadings you file with the BMOE office and serve upon all parties in this case. See SDCL 1-26-26.

B. LEGAL AUTHORITY AND JURISDICTION

Jurisdiction. The BMOE has jurisdiction in this matter pursuant to SDCL chapter 36-10.

Legal Authority. If any of the allegations against you are founded, the BMOE has authority to take disciplinary action against you under SDCL 36-10-35.1 and 36-10-38, and ARSD 20:78:04 and:05, and ARSD 20:66:02(6A).

Default. If you fail to appear at the hearing, the BMOE may enter a default decision, or proceed with the hearing and render a decision in your absence, in accordance with SDCL chapter 1-26.

C. SECTIONS OF STATUTES AND RULES INVOLVED

Count I

Respondent has failed to keep her skills current, and it is recommended that she complete educational courses and clinical training approved in advance by the BMOE in order to update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate pursuant to ARSD 20:66:02(6A): "Physical therapists shall achieve and maintain professional competence".

D. FACTUAL CIRCUMSTANCES

1. Ms. Schaeffer completed her PTA program in 1997 and was licensed in South Dakota from 07/1998 to 01/2000.
2. She has not practiced as a PTA since that time, but has been actively practicing massage therapy since 2000.
3. She completed the PTA program at Northeast Community College at Norfolk, Nebraska in 1997. She held a South Dakota license from 1998 to 2000 and has not practiced as a PTA since that time.
4. She opened her own massage therapy business in 2000. This is still her current occupation, and she has an active massage therapy license in South Dakota.
5. As part of the application process she was asked to provide proof of any and all continuing education (CE) she has completed in order to maintain her PTA skills. She responded that she has not completed any

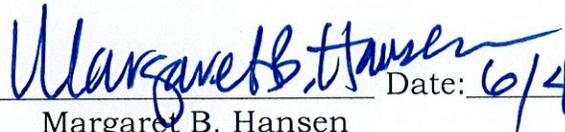
CE that is specifically focused on PTA skills, but she has completed the required number of CE hours to maintain her massage therapy license.

It is hereby requested that the BMOE require that Ms. Schaeffer complete educational courses and clinical training approved in advance by the BMOE in order to update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate.

E. SETTLEMENT

This matter may be resolved by settlement agreement. The procedural rules governing the BMOE's settlement process are found at ARSD 20:78:04:04. If you are interested in pursuing settlement of this matter, please contact William Golden, Assistant Attorney General, at (605) 201-8588.

Signed pursuant to ARSD 20:78:05:02:

 Date: 6/4/15

Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Copies to: William Golden
Assistant Attorney General
101 North Main Avenue, Suite 301
Sioux Falls, South Dakota 57104

Ethelyn Schaeffer
325 Scott Place #D
Tea, SD 57062

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

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June 4, 2015

Ethelyn Schaeffer
325 Scott Place #D
Tea, SD 57064

Dear Ms. Schaeffer:

The application you submitted to the South Dakota Board of Medical and Osteopathic Examiners for a physical therapist assistant certificate has been reviewed by the Board's Physical Therapy advisory committee. Since you have not practiced as a physical therapist assistant since 2000, the committee has recommended that you complete the following opportunities to update and enhance your education and clinical skills prior to being considered for a South Dakota PTA certificate:

1. Please visit the American Physical Therapy Association's Learning Center's Reentry Tool website at <http://www.apta.org/CareerManagement/Reentry/>. This site offers you continuing education opportunities. Further, it has been recommended that you complete the self-assessment tool to assist you in measuring your clinical practice skills. The site also offers you opportunities to learn about changes in documentation requirements, and to review evidence based practice resources.
2. Please locate an educational program that will offer you an intensive refresher course for re-entry into the field of physical therapy, and submit the name and location of this program for Board approval before you enroll. The Lake Superior College in Duluth Minnesota is an example of an approved refresher program.

The results of the above suggested activities would need to be reviewed by the advisory committee to determine the eligibility status for a PTA certificate.

If you disagree and wish to contest the recommendation a Petition to the Board is enclosed. Please be aware of the following:

1. You have the right to contest the recommendation and be represented by an attorney of your own choosing at an administrative hearing which will be conducted in accordance with SDCL 1-26. This matter will be presented to a neutral administrative judge.
2. The administrative judge will provide a proposed recommendation to the South Dakota Board of Medical and Osteopathic Examiners. The Board may accept, reject or modify the proposed recommendation.
3. You have the right to file an appeal to Circuit Court.

Please be advised that neither you nor any other party on your behalf may contact Board members about this recommendation in any manner, including by phone, letter, in person, or by e-mail. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in this case. See SDCL 1-26-26.

If you wish to contest the recommendation please contact Mr. William H. Golden, esq., at (605) 201-8588.

Sincerely,

Jane Phalen
SD Medical Board Staff

cc: William H. Golden, esq.
Assistant Attorney General/Litigation Division
Counsel to the South Dakota Board of
Medical and Osteopathic Examiners

Enclosure

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 15-065
)	
ETHELYN SCHAEFFER	)	PETITION TO BOARD OF
Respondent.	)	MEDICAL AND OSTEOPATHIC
	)	EXAMINERS
)	
)	

COMES NOW, the Executive Secretary (“Secretary”) of the South Dakota Board of Medical and Osteopathic Examiners (BMOE) and files this Petition pursuant to South Dakota Codified Law (SDCL) 36-10-38, SDCL chapter 1-26, and South Dakota’s Administrative Rules (ARSD) 20:78:04 and :05.

Respondent, Ethelyn Schaeffer, (Ms. Schaeffer), submitted an application for reinstatement and renewal of her South Dakota physical therapist assistant (PTA) certification. Ms. Schaeffer completed her PTA program in 1997 and was licensed in South Dakota from 07/1998 to 01/2000. She has not practiced as a PTA since that time, but has been actively practicing massage therapy since 2000.

The BMOE’s advisory committee on Physical Therapy recommended that Ms. Schaeffer update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate.

Respondent’s address as reported to the BMOE is 325 Scott Place #D, Tea, SD 57064.

The BMOE's advisory panel presented a recommendation to the Secretary and, after investigation, the Secretary made a recommendation pursuant to ARSD 20:78:04:04 and ARSD 20:66:02(6A) for the BMOE to request that Ms. Schaeffer complete educational courses and clinical training, approved in advance by the BMOE, in order to update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate.

The Secretary, pursuant to ARSD 20:78:04 and ARSD ch. 20:78:05 therefore files this Petition for a contested case hearing.

A. TIME, PLACE AND NATURE OF HEARING

Hearing. A contested case hearing on this licensure action shall be heard by a Hearing Examiner pursuant to ARSD 20:78:05:04.

Answer. Respondent may file an Answer within twenty (20) days of the date she is served with this Petition. An Answer, if filed, should specifically admit, deny, or otherwise answer all allegations contained in sections C and D of this Petition. The Answer and any other pleading must be filed with the BMOE at the following address: BMOE, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104.

Presiding Officer. The Hearing Examiner will preside over the hearing and prepare a recommended decision for the BMOE consisting of proposed Findings of Fact, Conclusions of Law, and an Order. ARSD 20:78:05:06. The BMOE will read the record, the transcript of the contested case proceeding, review all

exhibits, and make its decision thereon at one of the quarterly BMOE meetings following the contested case hearing. The BMOE may request that the parties appear to present oral argument and objections to the Hearing Examiner's recommended decision. ARSD 20:78:05:06.

Hearing Procedures. The procedural rules governing the conduct of the hearing are found at SDCL chs. 36-10 and 1-26, and ARSD chapter 20:78:05. The contested case proceeding is an adversarial proceeding. At the hearing, you have the right to be present, to appear personally, and/or to be represented by legal counsel at your own expense. You will be allowed the opportunity to respond to the allegations of the Petition, to produce evidence on your behalf, to present witnesses, to cross-examine witnesses, and to examine and respond to any documents introduced at hearing. These and other due process rights will be forfeited if they are not exercised at the hearing.

The hearing is open to the public. Any decision of the BMOE based upon the contested case proceeding may be appealed to the circuit court and the State Supreme Court as provided by law.

Pre-hearing Conferences and Continuances. Any party may request a pre-hearing conference to discuss evidentiary issues related to hearing, or may request a continuance by filing a motion with the BMOE at the address above.

Prosecution. Counsel for the Secretary is responsible for representing the public interest (the State) in this proceeding. Counsel for the Secretary is:

William H. Golden, Assistant Attorney General, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104. Copies of all pleadings filed in this matter must be provided to Counsel for the Secretary at this address.

Communications. Neither you nor any other party on your behalf may contact BMOE members about this Petition in any manner, including by phone, letter, in person, or by e-mail. BMOE members may only receive information about the case when all parties have notice and an opportunity to participate, such as at a hearing or in pleadings you file with the BMOE office and serve upon all parties in this case. See SDCL 1-26-26.

B. LEGAL AUTHORITY AND JURISDICTION

Jurisdiction. The BMOE has jurisdiction in this matter pursuant to SDCL chapter 36-10.

Legal Authority. If any of the allegations against you are founded, the BMOE has authority to take disciplinary action against you under SDCL 36-10-35.1 and 36-10-38, and ARSD 20:78:04 and:05, and ARSD 20:66:02(6A).

Default. If you fail to appear at the hearing, the BMOE may enter a default decision, or proceed with the hearing and render a decision in your absence, in accordance with SDCL chapter 1-26.

C. SECTIONS OF STATUTES AND RULES INVOLVED

Count I

Respondent has failed to keep her skills current, and it is recommended that she complete educational courses and clinical training approved in advance by the BMOE in order to update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate pursuant to ARSD 20:66:02(6A): "Physical therapists shall achieve and maintain professional competence".

D. FACTUAL CIRCUMSTANCES

1. Ms. Schaeffer completed her PTA program in 1997 and was licensed in South Dakota from 07/1998 to 01/2000.
2. She has not practiced as a PTA since that time, but has been actively practicing massage therapy since 2000.
3. She completed the PTA program at Northeast Community College at Norfolk, Nebraska in 1997. She held a South Dakota license from 1998 to 2000 and has not practiced as a PTA since that time.
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5. As part of the application process she was asked to provide proof of any and all continuing education (CE) she has completed in order to maintain her PTA skills. She responded that she has not completed any

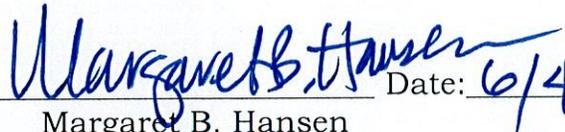
CE that is specifically focused on PTA skills, but she has completed the required number of CE hours to maintain her massage therapy license.

It is hereby requested that the BMOE require that Ms. Schaeffer complete educational courses and clinical training approved in advance by the BMOE in order to update and enhance her education and clinical skills prior to being considered for a South Dakota PTA certificate.

E. SETTLEMENT

This matter may be resolved by settlement agreement. The procedural rules governing the BMOE's settlement process are found at ARSD 20:78:04:04. If you are interested in pursuing settlement of this matter, please contact William Golden, Assistant Attorney General, at (605) 201-8588.

Signed pursuant to ARSD 20:78:05:02:

 Date: 6/4/15

Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Copies to: William Golden
Assistant Attorney General
101 North Main Avenue, Suite 301
Sioux Falls, South Dakota 57104

Ethelyn Schaeffer
325 Scott Place #D
Tea, SD 57062

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

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P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



June 17, 2015

Ethelyn Schaeffer
325 Scott Place #D
Tea, SD 57064

Dear Ms. Schaeffer:

Enclosed please find the Notice of Hearing in regard to the application you submitted for a physical therapist assistant certificate. You were provided with the Petition to the Board in this matter by mail on June 4, 2015.

This matter will be presented to an Administrative Hearing Judge from the South Dakota Office of Hearing Examiners on Friday, July 17, 2015, beginning at 10:00 am (CDT). The hearing will be held in the Board Conference Room at 101 N. Main Ave., Suite 215, Sioux Falls, SD.

If you have any questions please contact the Board attorney, William H. Golden, esq., at 605-201-8588.

Sincerely,

Jane Phalen
SD Medical Board Staff

Enclosure: Notice of Hearing

cc: William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
*Counsel to the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF:

NOTICE OF HEARING

RE: ETHELYN E. SCHAEFFER

Please take notice that a contested case hearing has been scheduled before an Administrative Law Judge of the Office of Hearing Examiners in the above captioned matter. The hearing will take place on Friday, July 17, 2015, in the Board Conference Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD, beginning at 10:00 a.m. (central daylight time).

Dated this 16 day of June, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 13-217
)	
Elizabeth Daggett, Applicant for Paramedic License	)	PETITION FOR BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS
)	
Respondent.)	
)	

COMES NOW, the Executive Secretary of the South Dakota Board of Medical and Osteopathic Examiners ("Secretary") and files this Petition pursuant to SDCL 36-4B-6, 31, SDCL 1-26 and South Dakota's Administrative Rules (ARSD) 20:78:04 and 05. Respondent, Elizabeth Daggett (Ms. Daggett) submitted an application for paramedic licensure on December 4, 2014. Respondent's address as reported to the Board is 923 W. 15th St., Sioux Falls, SD 57104.

After investigation, a recommendation was made pursuant to ARSD 20:78:04:04 for the BMOE to deny her application for paramedic licensure. Respondent has contested this recommendation. The Secretary, pursuant to ARSD 20:78:04 and ARSD 20:78:05, therefore files this Petition for a contested case hearing.

A. TIME, PLACE AND NATURE OF HEARING

Hearing. A contested case hearing on this licensure action shall be heard by a Hearing Examiner pursuant to ARSD 20:78:05:04. The hearing shall begin at 10:00 am (CDT) on Friday, July 17, 2015, in the BMOE Conference Room, 101 North Main Avenue, Suite 215, Sioux Falls, South Dakota 57104.

Answer. Respondent may file an Answer within twenty (20) days of the date she is served with this Petition. An Answer, if filed, should specifically admit, deny, or otherwise answer all allegations contained in sections C and D of this Petition. The Answer and any other pleading must be filed with the BMOE at the following address: BMOE, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104.

Presiding Officer. The Hearing Examiner will preside over the hearing and make a recommended decision consisting of proposed Findings of Fact, Conclusions of Law, and an Order to the BMOE. ARSD 20:78:05:06. The BMOE will read the record, transcript of the contested case proceeding, and all exhibits, and make its decision thereon at a BMOE meeting following the contested case hearing. The BMOE may request that the parties appear to present oral argument and objections to the Hearing Examiner's recommended decision. ARSD 20:78:05:06.

Hearing Procedures. The procedural rules governing the conduct of the hearing are found at SDCL chs. 36-4B and 1-26, and ARSD chs. 20:78:05. The contested case proceeding is an adversarial proceeding. At the hearing, you have the right to be present, to appear personally, and/or to be represented by legal counsel at your own expense. You will be allowed the opportunity to respond to the allegations of the Petition, to produce evidence on your behalf, to present witnesses, to cross-examine witnesses, and to examine and respond to any documents introduced at hearing. These and other due process rights will be forfeited if they are not exercised at the hearing.

Legal Authority. If any of the allegations against you are founded, the BMOE has authority to take disciplinary action against you under SDCL 36-4B-6, 31 and 36-4-30, and ARSD 20:78:04 and 05.

Default. If you fail to appear at the hearing, the BMOE may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with SDCL 1-26.

C. SECTIONS OF STATUTES AND RULES INVOLVED

Count I

Ms. Daggett is subject to review under SDCL 36-4B-31 and 36-4-30(6)(7) for failing to prove Good Moral Character when she submitted her application on December 4, 2014. She disclosed that she was convicted of “POSSESSION: CONTROLLED SUBSTANCE IN SCHEDULES I OR II – Suspended Imposition of Sentence on October 27, 2014”.

Count II

Ms. Daggett is subject to review under SDCL 36-4B-31 and 36-4-30(6)(7) for failing to prove Good Moral Character when she was terminated from her paramedic position after testing positive for illegal substances while on duty.

D. FACTUAL CIRCUMSTANCES

1. BMOE received a letter from Medical Air Rescue Company (MARC) that Ms. Daggett was terminated from her paramedic position after testing positive for illegal substances while on duty (Exhibit 1, Page 3). Being under the influence of illegal drugs was a direct violation of MARC’s substance abuse policy.

10. All required documents for Ms. Daggett's licensure application have been received. Ms. Daggett has provided proof of continuing education and a letter from her treating provider for her depression (Exhibit 10, Pages 49-62).
11. It is hereby requested that Ms. Daggett's application for paramedic licensure be denied for her failure to establish Good Moral Character under SDCL 36-4B-31 and 36-4-30(6)(7).

E. SETTLEMENT

This matter may be resolved by settlement agreement. The procedural rules governing the BMOE's settlement process are found at ARSD 20:78:04:04. If you are interested in pursuing settlement of this matter, please contact William Golden, Assistant Attorney General, at (605) 201-8588.

Signed pursuant to Article 20:78:05:02: Margaret B. Hansen Date: 6/30/15
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Copies to: William Golden
Assistant Attorney General
South Dakota Attorney General's Office
317 N. Main
Sioux Falls, SD 57104

Elizabeth Daggett
923 W. 15th St.
Sioux Falls, SD 57104

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

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SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



Via federal express

June 30, 2015

Elizabeth Daggett
923 W. 15th St.
Sioux Falls, SD 57104

Dear Ms. Daggett:

Enclosed please find a Notice of Hearing in regard to the Board's investigation of your application for reinstatement and renewal of your suspended paramedic license due to your criminal charges, conviction, and suspended imposition of sentence with probation and conditions. The proposed recommendation in this matter is for the denial of your application

This matter will be presented to an Administrative Judge on Friday, July 17, 2015 beginning at 10:00 am (CDT). The hearing will be held in the Board Room at 101 N. Main Ave., Suite 215, Sioux Falls, SD.

You have the right to be represented by an attorney of your own choosing at this hearing which will be conducted in accordance with SDCL 1-26. This matter will be presented to a neutral administrative judge. The administrative judge will provide a proposed recommendation to the South Dakota Board of Medical and Osteopathic Examiners. The Board may accept, reject or modify the proposed recommendation. You have the right to file an appeal to Circuit Court.

*Please be advised that neither you nor any other party on your behalf may contact Board members about this recommendation in any manner, including by phone, letter, in person, or by e-mail. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in this case. See SDCL 1-26-26.

If you plan to attend this hearing please contact Mr. William Golden, esq. at (605) 201-8588 prior to July 10, 2015.

Sincerely,

Jane Phalen
Board Staff

Enclosures: Notice of Hearing for July 17, 2015
Petition to the Board

cc: William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
Counsel to the South Dakota Board of Medical
and Osteopathic Examiners

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE
SOUTH DAKOTA BOARD OF
MEDICAL & OSTEOPATHIC
EXAMINERS:
PARAMEDIC APPLICANT

NOTICE OF HEARING

IN CONTESTED CASE

RE: ELIZABETH ANN DAGGETT

Please take notice that a contested case hearing has been scheduled before an Administrative Law Judge of the Office of Hearing Examiners in the above captioned matter. The hearing will take place on Friday, July 17, 2015, in the Board Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD, beginning at 10:00 am (CDT).

Dated this 30th day of June, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

THE BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS OF THE
STATE OF SOUTH DAKOTA

IN THE MATTER OF:	)	NO. 13-217
)	
Elizabeth Daggett, Applicant for Paramedic License	)	PETITION FOR BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS
)	
Respondent.)	
)	

COMES NOW, the Executive Secretary of the South Dakota Board of Medical and Osteopathic Examiners ("Secretary") and files this Petition pursuant to SDCL 36-4B-6, 31, SDCL 1-26 and South Dakota's Administrative Rules (ARSD) 20:78:04 and 05. Respondent, Elizabeth Daggett (Ms. Daggett) submitted an application for paramedic licensure on December 4, 2014. Respondent's address as reported to the Board is 923 W. 15th St., Sioux Falls, SD 57104.

After investigation, a recommendation was made pursuant to ARSD 20:78:04:04 for the BMOE to deny her application for paramedic licensure. Respondent has contested this recommendation. The Secretary, pursuant to ARSD 20:78:04 and ARSD 20:78:05, therefore files this Petition for a contested case hearing.

A. TIME, PLACE AND NATURE OF HEARING

Hearing. A contested case hearing on this licensure action shall be heard by a Hearing Examiner pursuant to ARSD 20:78:05:04. The hearing shall begin at 10:00 am (CDT) on Friday, July 17, 2015, in the BMOE Conference Room, 101 North Main Avenue, Suite 215, Sioux Falls, South Dakota 57104.

Answer. Respondent may file an Answer within twenty (20) days of the date she is served with this Petition. An Answer, if filed, should specifically admit, deny, or otherwise answer all allegations contained in sections C and D of this Petition. The Answer and any other pleading must be filed with the BMOE at the following address: BMOE, 101 North Main Avenue, Suite 301, Sioux Falls, South Dakota 57104.

Presiding Officer. The Hearing Examiner will preside over the hearing and make a recommended decision consisting of proposed Findings of Fact, Conclusions of Law, and an Order to the BMOE. ARSD 20:78:05:06. The BMOE will read the record, transcript of the contested case proceeding, and all exhibits, and make its decision thereon at a BMOE meeting following the contested case hearing. The BMOE may request that the parties appear to present oral argument and objections to the Hearing Examiner's recommended decision. ARSD 20:78:05:06.

Hearing Procedures. The procedural rules governing the conduct of the hearing are found at SDCL chs. 36-4B and 1-26, and ARSD chs. 20:78:05. The contested case proceeding is an adversarial proceeding. At the hearing, you have the right to be present, to appear personally, and/or to be represented by legal counsel at your own expense. You will be allowed the opportunity to respond to the allegations of the Petition, to produce evidence on your behalf, to present witnesses, to cross-examine witnesses, and to examine and respond to any documents introduced at hearing. These and other due process rights will be forfeited if they are not exercised at the hearing.

Legal Authority. If any of the allegations against you are founded, the BMOE has authority to take disciplinary action against you under SDCL 36-4B-6, 31 and 36-4-30, and ARSD 20:78:04 and 05.

Default. If you fail to appear at the hearing, the BMOE may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with SDCL 1-26.

C. SECTIONS OF STATUTES AND RULES INVOLVED

Count I

Ms. Daggett is subject to review under SDCL 36-4B-31 and 36-4-30(6)(7) for failing to prove Good Moral Character when she submitted her application on December 4, 2014. She disclosed that she was convicted of “POSSESSION: CONTROLLED SUBSTANCE IN SCHEDULES I OR II – Suspended Imposition of Sentence on October 27, 2014”.

Count II

Ms. Daggett is subject to review under SDCL 36-4B-31 and 36-4-30(6)(7) for failing to prove Good Moral Character when she was terminated from her paramedic position after testing positive for illegal substances while on duty.

D. FACTUAL CIRCUMSTANCES

1. BMOE received a letter from Medical Air Rescue Company (MARC) that Ms. Daggett was terminated from her paramedic position after testing positive for illegal substances while on duty (Exhibit 1, Page 3). Being under the influence of illegal drugs was a direct violation of MARC’s substance abuse policy.

10. All required documents for Ms. Daggett's licensure application have been received. Ms. Daggett has provided proof of continuing education and a letter from her treating provider for her depression (Exhibit 10, Pages 49-62).
11. It is hereby requested that Ms. Daggett's application for paramedic licensure be denied for her failure to establish Good Moral Character under SDCL 36-4B-31 and 36-4-30(6)(7).

E. SETTLEMENT

This matter may be resolved by settlement agreement. The procedural rules governing the BMOE's settlement process are found at ARSD 20:78:04:04. If you are interested in pursuing settlement of this matter, please contact William Golden, Assistant Attorney General, at (605) 201-8588.

Signed pursuant to Article 20:78:05:02: Margaret B. Hansen Date: 6/30/15
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Copies to: William Golden
Assistant Attorney General
South Dakota Attorney General's Office
317 N. Main
Sioux Falls, SD 57104

Elizabeth Daggett
923 W. 15th St.
Sioux Falls, SD 57104

From: (605) 367-7781
Jane Phalen
SDBM/OE
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104

Origin ID: FSDA



J151216222303LV

SHIP TO: (605) 593-3970
Elizabeth Daggett

BILL SENDER

923 W. 15th St.

SIOUX FALLS, SD 57104

Ship Date: 30JUN15
ActWgt: 0.5 LB
CAD: 5282744/NET3610



Delivery Address Bar Code

Ref #
Invoice #
PO #
Dept #

TRK# 7739 4831 7648
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RES
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BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS

STATE OF SOUTH DAKOTA

NO. 13-217

IN THE MATTER OF
THE REINSTATEMENT AND
RENEWAL APPLICATION OF

Elizabeth Ann Daggett

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)
)
)

BRIEF IN SUPPORT OF ITS
RECOMMENDATION OF DENIAL FOR
REINSTATEMENT AND RENEWAL OF
LICENSE

COMES NOW, the Executive Secretary of the Board of Medical and Osteopathic Examiners and offers the following brief in support of its recommendation of denial for the reinstatement and renewal of Elizabeth Daggett's paramedic license.

History

BMOE received a letter from Medical Air Rescue Company (MARC) that Ms. Daggett was terminated from her paramedic position after testing positive for illegal substances while on duty (Exhibit 1, Page 3). Being under the influence of illegal drugs was a direct violation of MARC's substance abuse policy. Ms. Daggett was sent the initial letter of investigation from the Board on October 30, 2013, and she was given two weeks to provide a written response and detailed explanation (Exhibit 2, Pages 4-5).

Her response was received by BMOE on January 30, 2014 (Exhibit 3, Pages 6-11). In Ms. Daggett's response, she denied the use of methamphetamines and stated that the only substances she was using at the time of the drug screening were birth control, Zoloft, and cold medicine.

Ms. Daggett also said that law enforcement raided her and her boyfriend's home in October 2013. She stated that her boyfriend was charged with 5 felonies, but no charges were brought against her.

Ms. Daggett's personnel file was obtained from MARC (Exhibit 4, Pages 12-28). The termination letter sent to Ms. Daggett from MARC, information from Eric Thacker, and a complaint about Ms. Daggett from Allison Bonde were part of her personnel file.

A SD Record Inquiry was requested on Ms. Daggett, and was received on April 25, 2014 (Exhibit 5, Pages 29-32). The record inquiry revealed she had pending felony charges for controlled substance violations.

Ms. Daggett chose to not renew her South Dakota Advanced Life Support (ALS) paramedic license in 2014 and her license was deemed "withdrawn under investigation. Ms. Daggett was then reported as required by law for the withdrawal of her license while it was under investigation (Exhibit 6, Pages 33-36).

On December 4, 2014, Ms. Daggett submitted an application for reinstatement and renewal of her ALS paramedic license (Exhibit 7, Pages 37-41). She reported that she had lost her job and that her license was under investigation. She also said she had some legal events that lead to depression, and that she was in counseling. Ms. Daggett was sent a letter to notify her that her application was under investigation (Exhibit 8, Page 42). An updated SD record inquiry was requested (Exhibit 9, Pages 43-48). The record inquiry revealed the following criminal charges:

- Defendant Pled Guilty: Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II – Suspended Imposition of Sentence on October 27, 2014
- Dismissed: Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II
- Dismissed: Count of 22-42-2 (F4) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II
- Dismissed: Count of 22-42-5 (F5) Conspiracy MANUF/DISTR/POSS DRUGS SCHED I OR II (Conspiracy)
- Dismissed: Count of 22-42-5.1 (F5) UNAUTHORIZED INGESTION OF CONTROLLED DRUG/SUBSTANCE IN SCHEDULES I OR II

Ms. Daggett was incarcerated in jail for 180 days, with 150 days suspended and credit for 2 days served. She was also ordered to 5 years of probation with conditions.

Evidentiary Grounds for Exhibits

Administrative hearings are not required to follow the technical rules of evidence but are to be applied fairly to both parties. *DAILY v. CITY OF SIOUX FALLS* 802 N.W. 2d 905 (SD 2011) Administrative hearings are controlled by the following statute for evidence to be admitted:

SDCL 1-26-19 Rules of evidence in contested cases. In contested cases:

(1) Irrelevant, incompetent, immaterial, or unduly repetitious evidence shall be excluded. The rules of evidence as applied under statutory provisions and in the trial of civil cases in the circuit courts of this state, or as may be provided in statutes relating to the specific agency shall be followed. When necessary to ascertain facts not reasonably susceptible of proof under those rules, evidence not otherwise admissible thereunder may be admitted except where precluded by statute if it is of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs. Agencies shall give effect to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these

requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form;

(2) A party may conduct cross-examinations required for a full and true disclosure of the facts;

(3) Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the agency's specialized knowledge. Parties present at the hearing shall be informed of the matters to be noticed, and those matters shall be noted in the record, referred to therein, or appended thereto. Any such party shall be given a reasonable opportunity on request to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the agency.

Our Court has set out the following requirements for fulfilling the necessary due process rights of Parties in the hearing:

Application of the technical rules of evidence is not constitutionally required. *United States v. Fell*, 360 F.3d 135, 144–45 (2d Cir.2004). Numerous courts have recognized that this is especially true in administrative proceedings. See, e.g., *R & B Transp., L.L.C. v. U.S. Dep't of Labor, Admin. Review Bd.*, 618 F.3d 37, 45 (1st Cir.2010); *Hardisty v. Astrue*, 592 F.3d 1072, 1075 (9th Cir.2010); *Lybesha v. Holder*, 569 F.3d 877, 882 (8th Cir.2009) (citing *Tun v. Gonzales*, 485 F.3d 1014, 1025–26 (8th Cir.2007)). Yet it cannot be doubted that the applicable rules of evidence must be applied in a fair and even-handed manner. See *Withrow*, 421 U.S. at 46, 95 S.Ct. at 1464 (“[A] ‘fair trial in a fair tribunal is a basic requirement of due process.’” (quoting *Murchison*, 349 U.S. at 136, 75 S.Ct. at 625)). *DAILY v. CITY OF SIOUX FALLS* 802 N.W. 2d 905 (SD 2011)

Basis for Recommendation of Denial of License to Elizabeth Daggett

The purpose of the Medical Board is to “safeguard the public health and protect the public from incompetence, deception and fraud” *Katz v. South Dakota State Board of Medical and Osteopathic Examiners* 432 N.W.2d 274 The review panel for the Medical Board recommended a denial of the application of Daggett for reinstatement and renewal of her ALS paramedic license. In the petition filed by the Executive Secretary in this matter, the qualifications for a

license application places the burden on the applicant to prove good moral character. SDCL 36-4B-31. The legislature may define that which constitutes unprofessional or dishonorable conduct which may absolutely disqualify a person from paramedic practice. *Katz v. South Dakota State Board of Medical and Osteopathic Examiners* 432 N.W.2d 274 Further the Court has held the right to practice as a paramedic is not a fundamental right. *Id at foot note 6*

In the case at bar, Daggett has been convicted of one felony offense. The felony conviction may be considered conclusively as evidence of the absence of good moral character as required by statute. *See In Re Application of Benton*, 691 N.W.2d 598 (S.D. 2005). Also, Our Court held as follows in *Katz* that convictions for five felony counts of making false and fraudulent Medicare claims:

Katz conduct which resulted in the revocation of his license in Florida and his conviction for Medicare fraud resulting in the revocation of his license in Alabama constituted unprofessional and dishonorable conduct under SDCL 36-4-30. This alone was basis for which licensure could be denied *Id at 274*

Felony convictions alone are sufficient grounds for the denial of a license.

The Board specifically cites to the statute for grounds of refusal to grant a license. SDCL 36-4B-31 allows the Board to deny a license for unprofessional, immoral, or dishonorable conduct on the part of the applicant. The statute goes on to further define acts considered unprofessional conduct in

SDCL 36-4-30. Statute that cites which are relevant in this matter would be SDCL 36-4-30(6) which states:

Conviction of any criminal offense of the grade of felony, any conviction of a criminal offense arising out of the practice of medicine or osteopathy, or one in connection with any criminal offense involving moral turpitude

In the case at bar, the conviction for Daggett is a felony in grade, and the fact that when tested at work by her employer, she tested positive for illegal substances makes her a danger to the public.

Based upon all of the other arguments, the violations of law, all of Daggett's conduct, and her conviction clearly fall within this subsection and are violations as above of the professional code of conduct by an individual licensed as a paramedic.

Conclusion

For the above stated reasons, the Secretary and the review panel in this matter recommend that Daggett's application for reinstatement and renewal of her paramedic license be denied.

Dated this 15 day of July, 2015.

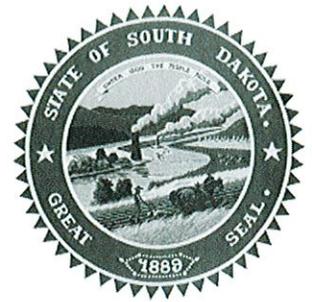


William Golden
Assistant Attorney General
South Dakota Attorney General's Office
317 N. Main
Sioux Falls, SD 57104

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

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SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



August 25, 2015

Elizabeth Daggett
923 W. 15th St.
Sioux Falls, SD 57104

Dear Ms. Daggett:

This letter is to confirm your request to settle your contested case hearing, and the agreement includes the following:

- a. It was agreed to close the contested case
- b. You agreed to withdraw your application
- c. You agreed to the understanding that you may re-apply after you complete the following requirements:
 1. You successfully complete your probation
 2. Your criminal file is sealed
 3. Your felony conviction is removed from your record.

This agreement is not a reportable event since the contested case has now been closed.

Your file is now closed and no further action shall be taken.

Sincerely,

Jane Phalen
SD Medical Board Staff

cc: William H. Golden, esq.
Assistant Attorney General
Counsel to the South Dakota
Board of Medical and Osteopathic Examiners

MARC Medical Air Rescue Company



3900 Airport Road
Rapid City, South Dakota 57703
Phone: (605) 393-0300
Fax: (605) 393-0306

Date October 28, 2013

Ted Huss
Board Investigator
SD Board of Medical & Osteopathic Examiners
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104

Dear Mr. Huss:

This letter is to advise you that we are terminating the employment of Beth Dagget effective Monday, October 27th, 2013. She is licensed as a South Dakota Paramedic. On Friday, October 26th two officers requested that she leave her shift to go with them and answer some questions. I was notified by the Rapid City Police that, during an interview with them while she was on duty, she had tested positive for methamphetamine. To my knowledge, she has not been arrested on any charges at this time. This decision is based on the results of that drug test coming back positive for illegal substances. Being under the influence of illegal substances, while on duty, is a direct violation of Medical Air Rescue Company's Substance Abuse policy. I also informed her that I was obligated to notify the State Board.

If you have any further questions or if there is anything else I can do or provide, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Micky Neilan', is written over a horizontal line.

Micky Neilan RN
EMS Director

cc. Marilyn Rutz, Director
South Dakota Emergency Medical Services

SOUTH DAKOTA

**BOARD OF MEDICAL
AND OSTEOPATHIC
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October 30, 2013

Elizabeth Daggett
5312 Mystic Dr.
Rapid City, SD 57701

SHIPPED OCT 30 2013

Dear Ms. Daggett:

I am the Board Investigator for the South Dakota Board of Medical and Osteopathic Examiner's Investigative Review Panel. Due to your termination and positive drug test, your license has been placed under investigation.

Please be aware of the following:

1. You have the right to contest the recommendation at an administrative hearing which will be conducted in accordance with SDCL 1-26. This matter will be presented to a neutral administrative judge.
2. You have the right to be represented by an attorney of your own choosing at the administrative hearing if you so desire.
3. The recommendation of the administrative judge will be referred to the South Dakota Board of Medical and Osteopathic Examiners. The Board may accept, reject or modify the recommendation.
4. If you participate in a hearing, you would then have the right to file an appeal to Circuit Court.

Notification that an investigation has been initiated can be disconcerting, and your first inclination may be to call the office to ask for details or discuss the matter. We respectfully request that you refrain from calling as the Board's policy for maintaining the confidentiality of all investigations prohibits the discussion of investigations over the phone. Should you have questions or concerns, please send them in writing by US mail, or you may send an email to SDBMOE@state.sd.us.

Thank you for your cooperation in this matter.

Sincerely,

Board Investigator

SOUTH DAKOTA

**BOARD OF MEDICAL
AND OSTEOPATHIC
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October 30, 2013

Elizabeth Daggett
5312 Mystic Dr.
Rapid City, SD 57701

Dear Ms. Daggett:

As you know your license has been placed under investigator. Please provide your written response and detailed explanation to this matter within two weeks of the date of this letter. Thank you for your cooperation, and I anticipate your prompt response.

Sincerely,

Ted Huss
Board Investigator

From: sio.midco.net_bethdaggett
To: [SDBMOE](#)
Subject: RE: SDBMOE - Your license
Date: Thursday, January 30, 2014 6:22:58 PM

To whom it concerns

I am writing this letter to explain what happened and why I was fired from my job. I first want to apologize for how long it has taken to write this explanation. I have been really scared to write this letter. I had an attorney that was supposed to help me but he had backed out and never told me he never contacted the board. My boyfriends attorney Dennis Graff has been giving me some advice but thats all. I have not been charged with anything and so my record is clean.

On the day in question is October 25, 2013 when law enforcement raded the house. Law enforcement did NOT raid the house because of me or anything I have done. Law enforcement, DCI, ATF, DEA, US Marshalls came to the house and searched the house because of what my boyfriend was doing.

Since my boyfriend had quit his job at black hills life flight we have been struggling to make ends meet. I had picked up more hours at work and he found a trucking job. He wasn't happy with the pay of that job. We were loosing our house. So he took matters into his own hands. He started selling pot. I learned this after he gave the bank a large some of money to save our house which was in forclosure. I was very angry and upset and had told him that I dont believe in that stuff and that he will quit selling that crap or I not only leave him but will turn him into the police. As time past things became stressful and money was tight. I told him to find a job but little to my knowledge what job he was going to do. As the summer pasthe was always on the go and I usually had to work so we didn't get to spend much time with eachother. I had a friend who would come out to the house and hang out and she started to bring her boyfriend out to hang out also. Well my boyfriend Aaron didn't like him and did everything he could to force her boyfriend out of her life so that way she would fall in love with Aaron. Well as time past they became close. I became very angry and jealous. So when aaron said let make a road trip I thought to myself that SWEET I can go and he and I can talk and work things out. Well everytime he wants to go on a road trip we always go up to our friends house and spend almost all night talking, laughing, just having a great night. So I fought to go on this road trip with him. He finally got pissed off and let me go. On Oct 23 we left to go on the road trip. We weren't headed towards our friends house. I asked him multiple times where we were going and He would just say either for a drive or somewhere or he wouldn't answer me at all. He became mad at me when I tried to talk things out. Well when we got to the end point we were in denver CO. I freaked out!! He got upset with me. He said that he has family somewhere. As we drove around he would talk to strange people when I wasn't around and when I came back that strange person would leave quick. After several hours passed I started to realize why he wanted to come down here. He would never tell me why we were there. I told him why I thought we were there but he would never answer me or acknowledge me. When we left to go back to Rapid City I was very angry! I tried to talk with him on the way back but again he would laugh in my face, ignor me, or just wouldn't answer me. When we got back to Rapid City my friend was at our house waiting for us to get back. We he would let me no how much my friend meant to him and would say thing that he knew would hurt my feelings. We all talked all night. I finally went and took a shower and got ready for work. Just before I left for work I told him everything was total bull shit and that

I obviously didn't mean anything to him. As I was driving to work I started crying hysterically. When I got to work my partner and I did the morning checks and then we took the ambulance and went to the EMS conference.

At the conference I had talked with many people whom I worked with before. Then 2 men walked up to me and asked me "Are you Beth, Beth Daggett?" I said yes. They quickly told me that I needed to step aside and needed to talk to them. We went to a vacant table one of the men took my cell phone out of my hand and the other man introduced himself and showed me his ID. The other man never introduced himself and never showed any ID but proceeded to take my purse from me also. They told me that they were NOT here to arrest me they wanted to talk to my about my boyfriend Aaron Yates. I said ok. So they took me to their white chevy tahoe, the man who took my phone and purse talked to my director Micky. I'm not sure what he said to him. In the vehicle the 2 detectives started questioning me about what my boyfriend was doing. The phone and purse taking detective accused me of being high because of the bags under my eyes. I told him no I'm tired and my sinuses are bothering me. He told me to quit lying to him because he knows that I'm not having any problems with my sinuses. I had taken medicine for my sinuses. The other detective continued to question me about Aaron. They told me everything they knew and to my shock I told them WOW you guys know more about what's going on in my house than I do so please tell me more.... That made the one detective angry. He used my cell phone to contact Aaron multiple times but Aaron wouldn't answer. So he tried texting him and still never got any response. So they took me through town as fast as they could and met up with the SWAT team DCI<ATF<US Marshalls<DEA as they were crossing the bridge on Elk Vale and I-90. We followed them and when we got to the property we parked on the east side behind our 48x70 foot shop so Aaron couldn't see me. They tried again to get Aaron to answer the phone. Nothing worked so they talked to Aaron over the loud speaker and still had no response. The SWAT team shot 2 bullets containing small pellets into my bedroom window and still Aaron didn't respond. Finally after so long they called him again and Aaron answered the phone. As they arrested him they served a search warrant of the property. After 3-4 hours of tearing my house apart they took Aaron to jail and then let me go into the house. I just wanted to scream... and cry... They kept asking me where is all of his pounds and pounds of meth and where is all the money?? I told them I didn't know what they were talking about.. the only drug I know about they just took him to jail.. I learned more and more about how stupid I was and how I got played for a fool. They showed me a warrant to collect my urine. I asked why should I give you a urine sample I wasn't on the property when this was issued and it doesn't pertain to me. The one female law enforcement officer explained things to me. Her and I went into the bathroom as I had my back to her she got something out of her pocket and they did the test and the test came back positive for meth. I started crying pleading that I haven't done any meth or anything. The only things in my system is my birth control and Zoloft and that cold medicine. After another 1 hour of having questions thrown at me that I couldn't answer they threaten me with getting me fired from my job and to be arrested because I'm lying to them about everything. I still don't know much of anything about what Aaron was doing or what he was up to. The lead detective Casey informed me that he wasn't going to arrest me and that I can stay at the house or go to a friend's house just let them know where I was and if I needed a ride. After everyone left I broke down and started to scream and cry...

Aaron was charged with 5 felonies but on his first court date all of his charges were dropped. I have never been charged with anything. The attorney general has taken the case but I am not being charged with anything.

I'm trying to get my life in order and back on track. I have a plan for the future but I can't do

anything until I get my paramedic license back. My license means a lot to me and it's going to be the start of a new life for me.

MARC has been looking for a way to fire me. I guess RC Detectives gave them something.

I hope this letter helps if you have any questions please let me know. I'm still trying to get a letter from the District Attorney that says I'm not being charged with anything and that my record is clear. But they're busy.

thanks

Beth Daggett

Quoting SDBMOE <SDBMOE@state.sd.us>:

- > I just tried to reach you by phone at (605) 728-2026 which is
- > disconnected. Please provide me with your correct phone number. You
- > can reach me at 605-367-7781 to discuss this.
- >
- > Ms. Daggett, you were requested to provide a written explanation and
- > response to the current situation via email 10/30/13. Submit your
- > typed explanation via email (sdbmoe@state.sd.us) by 1/13/2014 5:00pm.
- > This explanation must include a detailed explanation as to what
- > happened and why it happened.
- >
- >
- > Ted Huss
- > Board Investigator
- > SD Board of Medical & Osteopathic Examiners
- > 101 N. Main Ave., Suite 301
- > Sioux Falls, SD 57104
- > Phone 605-367-7781
- > Fax 605-367-7786
- > email: SDBMOE@state.sd.us
- > web site: <http://www.sdbmoe.gov>
- >
- >
- >
- > -----Original Message-----
- > From: sio.midco.net, bethdaggett
- > Sent: Tuesday, January 07, 2014 9:33 PM
- > To: SDBMOE
- > Subject: RE: SDBMOE - Your license
- >
- > Dear Sir.
- >
- > I'm not sure what happened I had sent you an email awhile ago. The
- > young lady at the office said that she didn't see why an email
- > wouldn't be ok. So I had sent you an email. I will go through my
- > email to see if I can find it and resend it. Otherwise I will retype
- > another one for you.

> Beth
>
>
> Quoting SDBMOE <SDBMOE@state.sd.us>:
>
>> Ms. Daggett,
>>
>> Please provide an explanation to these incidents. I have had no
>> response from you since 11/22/13.
>>
>> Sincerely,
>>
>> Ted Huss
>> Board Investigator
>> SD Board of Medical & Osteopathic Examiners
>> 101 N. Main Ave., Suite 301
>> Sioux Falls, SD 57104
>> Phone 605-367-7781
>> Fax 605-367-7786
>> email: SDBMOE@state.sd.us
>> web site: <http://www.sdbmoe.gov>
>>
>>
>>
>> -----Original Message-----
>> From: sio.midco.net, bethdaggett
>> Sent: Friday, November 22, 2013 4:47 PM
>> To: SDBMOE
>> Subject: RE: SDBMOE - Your license
>>
>> Dear Sirs,
>>
>> I apologize that you have not received a response. I was under the
>> impression that it had been handled by legal council. It was
>> determined today upon receipt of your letter that the attorney who I
>> thought was handling this matter was in fact not. Due to this
>> unfortunate turn of events, I respectfully request a two week
>> extension for the retention of legal council and for them to be fully
>> appraised to the allegations being brought against me at this time.
>>
>>
>>
>> Sincerely,
>> Beth Daggett
>>
>>
>> SDBMOE <SDBMOE@state.sd.us> wrote:
>>
>>> Ms. Daggett,
>>>

>>> I have yet to receive your written response and explanation. Please
>>> provide a written explanation by November 22, 2013 5:00 pm.

>>>

>>> Sincerely,

>>>

>>> Ted Huss

>>> Board Investigator

>>> SD Board of Medical & Osteopathic Examiners

>>> 101 N. Main Ave., Suite 301

>>> Sioux Falls, SD 57104

>>> Phone 605-367-7781

>>> Fax 605-367-7786

>>> email: SDBMOE@state.sd.us

>>> web site: <http://www.sdbmoe.gov>

>>>

>>>

>>>

>>> -----Original Message-----

>>> From: sio.midco.net, bethdaggett

>>> Sent: Monday, November 11, 2013 9:43 AM

>>> To: SDBMOE

>>> Subject: Re: SDBMOE - Your license

>>>

>>> Goodmorning Ted,

>>>

>>> I have just received your letter 4 days ago. Ive been out of town.

>>> Im going to take the papers to my lawyers office. Then i will mail

>>> them out tomorrow. If.i have to I will over night them.

>>> Im sorry for the late response. My phone broke and I lost all my

>>> contacts. Its been a nightmare.

>>> Email me back if you need something right away.

>>> Have a good day

>>> Beth Daggett

>>>

>>> SDBMOE <SDBMOE@state.sd.us> wrote:

>>>

>>>> Ms. Daggett,

>>>>

>>>> Please see the attached letters mailed to you today.

>>>>

>>>> Sincerely,

>>>>

>>>> Ted Huss

>>>> Board Investigator

>>>> SD Board of Medical & Osteopathic Examiners

>>>> 101 N. Main Ave., Suite 301

>>>> Sioux Falls, SD 57104

>>>> Phone 605-367-7781

>>>> Fax 605-367-7786

>>>> email: SDBMOE@state.sd.us<mailto:SDBMOE@state.sd.us>

>>>> web site: <http://www.sdbmoe.gov><<http://www.sdbmoe.gov>>

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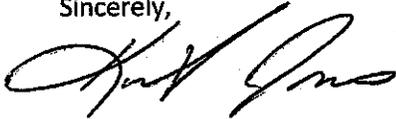
March 10, 2014

Randi Sterling
Licensing Specialist
SD Board of Medical & Osteopathic Examiners
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104

Dear Randi,

I have attached things in Beth Daggett's personnel file per your request. I do have other documentation in her file such as copies of licensures, applications (employment, insurance, etc.), W-2, I-9, and emergency contact list that I have not enclosed. If you need these as well, please let me know and I can also forward them to you.

Sincerely,



Kristy Jones,
Dale Aviation, Inc.
Secretary/Treasurer
Kforeman1@live.com
(605) 393-0300

SDBMOE;

- Any other state or national medical licensing, medical reporting or medical regulatory board;
- The Federation of State Medical Boards;
- Any other South Dakota or United States agency in furtherance of and in compliance with SDBMOE's duties and responsibilities under my South Dakota Medical Practices Act and its administrative regulations.

I am the person described herein. I have not engaged in any acts prohibited by the criminal or medical statutes of the State of South Dakota. I am the person named on any diploma or certificate that I have received, I am the lawful holder of said diploma or certificate, and the diploma or certificate was given to me in the regular course of instruction and examination without fraud or misrepresentation.

HIPAA AUTHORIZATION: Per 45 CRF 164.512, the Privacy Rule permits covered entities to disclose protected health information without authorization for specified public health purposes. The South Dakota Board of Medical and Osteopathic Examiners, as a health oversight agency, is legally authorized to receive protected health information without authorization for health oversight agency purposes.

THIRD PARTIES:

(The following deals with SDBMOE consulting with and receiving information from third parties.)

I authorize SDBMOE to consult with any third person or party who may have information or evidence concerning my professional, ethical, mental and physical qualifications, or any other matter that SDBMOE deems relevant regarding my continuing qualifications for licensure with SDBMOE. These third persons and parties include hospitals, institutions or organizations, my references, physicians, therapists, previous and present employers, past and present business and professional associates, and local, state, federal or foreign governmental agencies and instrumentalities, courts of any jurisdiction, associations, institutions or law enforcement agencies, together with their representatives thereof, who have custody or control of any documents, records, information or evidence that SDBMOE deems relevant to my renewal application.

I authorize such third persons and parties to unconditionally release to SDBMOE any such information, including documents, records regarding charges or complaints filed against me, formal, or informal, pending or closed, or any other pertinent data or evidence whether favorable or unfavorable that SDBMOE deems relevant to licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, records, evidence, medical records and other information for SDBMOE's evaluation of my professional, ethical, mental and physical qualifications that SDBMOE deems relevant to licensure.

I release, discharge and exonerate from any and all claims, damages and liabilities whatsoever such third persons and parties, together with their authorized representatives, who in good faith and without malice, consult with and release to SDBMOE such information, evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licensure.

AFFIDAVIT:

I, the applicant for licensure with the South Dakota State Board of Medical and Osteopathic Examiners (SDBMOE), state that I am the applicant in the above application, that I have read the foregoing application and releases and know the contents thereof, and I unconditionally declare and affirm under the penalties of perjury that the statements made in this application been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I further state that should I furnish any false information in this application, such act shall constitute cause for the denial, suspension or revocation of any license issued to me by the South Dakota State Board of Medical and Osteopathic Examiners.

Signed:

Beth Daggett 10/06/1980

</html

MARC

Medical Air Rescue Company



3900 Airport Road
Rapid City, South Dakota 57703
Phone: (605) 393-0300
Fax: (605) 393-0306

Date October 28, 2013

Ted Huss
Board Investigator
SD Board of Medical & Osteopathic Examiners
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104

Dear Mr. Huss:

This letter is to advise you that we are terminating the employment of Beth Dagget effective Monday, October 27th, 2013. She is licensed as a South Dakota Paramedic. On Friday, October 26th two officers requested that she leave her shift to go with them and answer some questions. I was notified by the Rapid City Police that, during an interview with them while she was on duty, she had tested positive for methamphetamine. To my knowledge, she has not been arrested on any charges at this time. This decision is based on the results of that drug test coming back positive for illegal substances. Being under the influence of illegal substances, while on duty, is a direct violation of Medical Air Rescue Company's Substance Abuse policy. I also informed her that I was obligated to notify the State Board.

If you have any further questions or if there is anything else I can do or provide, please do not hesitate to contact me.

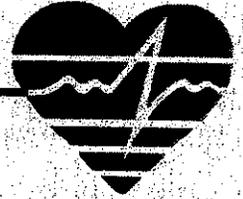
Sincerely,

Micky Neilan RN
EMS Director

cc. Marilyn Rutz, Director
South Dakota Emergency Medical Services

*File copy
MNR*

MARC Medical Air Rescue Company



3900 Airport Road
Rapid City, South Dakota 57703
Phone: (605) 393-0300
Fax: (605) 393-0306

Date October 28, 2013

Beth Dagget
5312 Mystic Drive
Rapid City, SD 57701

Dear Beth :

This letter is to advise you that we are terminating your employment effective Saturday October 26th, 2013. I was notified by the Rapid City Police that, during your interview with them, you had tested positive for methamphetamine. This decision is based on the results of that drug test coming back positive for illegal substances. Being under the influence of illegal substances, while on the duty, is a direct violation of Medical Air Rescue Company's Substance Abuse policy.

Medical Air Rescue Company is required by law, SDCL 36-4B-27, to notify the South Dakota State Board of Medical & Osteopathic Examiners of the reason of your termination.

Please return any MARC property, all MARC apparel and anything with the MARC logo on it by Monday morning, November 4th so your final paycheck will process normally. Your personal belongings can be picked up by appointment. If you have any further questions please contact Kristy or myself.

Sincerely,

Micky Neilan RN
EMS Director

send usps cert mail

I acknowledge receipt of this letter:

Beth Dagget

Date

36-4B-27. Fee for annual renewal--Continuing education--Letters from supervising physician and employer--Notice to board of termination of employment. A request for emergency medical technician-paramedic or emergency medical technician-intermediate/99 license renewal shall be accompanied annually by the prescribed fee and accompanied in odd numbered years by satisfactory evidence of sixty hours of advanced life support studies during the preceding two years. A request for emergency medical technician-intermediate/85 license renewal shall be accompanied annually by the prescribed fee and accompanied in odd numbered years by satisfactory evidence of forty hours of advanced life support studies during the preceding two years. The request shall also be accompanied by a letter from the supervising physician and the employer of the advanced life support personnel. If the advanced life support personnel is terminated the reasons shall be submitted to the board, in writing, by both the ambulance service and supervising physician, within seventy-two hours of termination of any such working contract.

4.7 SUBSTANCE ABUSE

Dale Aviation is committed to providing a safe and productive workplace for its employees and for the patients and communities it serves. In keeping with this commitment, the following rules regarding alcohol and drugs of abuse have been established for all staff members, regardless of rank or position, including both regular and temporary employees. The rules apply during working hours to all employees of the Company while they are on Company premises or elsewhere on Company business.

The manufacture, distribution, possession, sale, or purchase of controlled substances of abuse on Company property is prohibited.

Being under the influence of illegal drugs, alcohol, or substances of abuse on Company property is prohibited.

Working while under the influence of prescription drugs that impair performance is prohibited.

So that there is no question about what these rules signify, please note the following definitions:

Company property: All Company owned or leased property used by employees.

Controlled substance of abuse: Any substance listed in Schedules I-V of Section 202 of the Controlled Substance Act, as amended.

Drug: Any chemical substance that produces physical, mental, emotional, or behavioral change in the user.

Drug paraphernalia: Equipment, a product, or material that is used or intended for use in concealing an illegal drug, or otherwise introducing into the human body an illegal drug or controlled substance.

Illegal drug:

- a. Any drug or derivative thereof whose use, possession, sale, transfer, attempted sale or transfer, manufacture, or storage is illegal or regulated under any federal, state, or local law or regulation.
- b. Any drug, including – but not limited to – a prescription drug, used for any reason other than that prescribed by a physician.
- c. Inhalants used illegally.

Under the influence: A state of not having the normal use of mental or physical faculties resulting from the voluntary introduction into the body of an alcoholic beverage, drug, or substance of abuse.

Consistent with the rules listed above, any of the following actions constitutes a violation of the Company's policy on drugs and may subject an employee to disciplinary action, up to and including immediate termination.

Using, selling, purchasing, transferring, manufacturing, or storing an illegal drug or drug paraphernalia, or attempting to or assisting another to do so, while in the course of employment.

Working or reporting to work, conducting Company business or being on Company property while under the influence of an illegal drug or alcohol, or in an impaired condition.

On 10/11/2013 at 10:39 am Eric Thacker called to talk to me. I put the call on speaker phone and had Mark Stites present for the conversation. Eric wanted me to be aware of events following an interaction between Beth Dagget and him. I recorded the conversation to aid in the documentation of this statement. Eric was not made aware of this nor was he aware that Mark was in the room.

Eric stated he was at the Lincoln Co NE Sheriff's office on 10/10. He stated his wife was contacted by someone who had created a Facebook Account in his name (under Eric or Chris (Chris is his middle name)) that included his picture, birthdate, address and place of employment.

He had contacted me earlier with concerns that he was told he was not able to work in Rapid City because Beth and Eric were having a relationship. He stated Beth contacted him and Beth said that Shelley had come down to Pine Ridge to relieve her and that Shelley stated that I said he was not allowed to work in Rapid City because of his involvement with Beth.

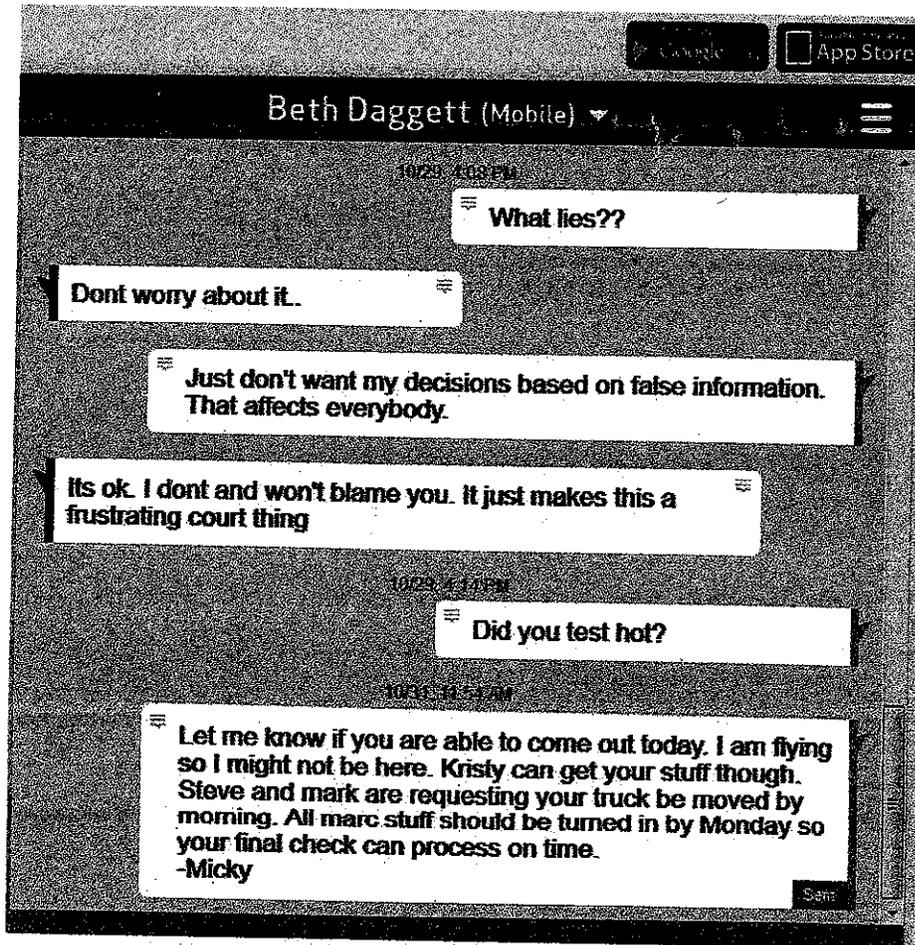
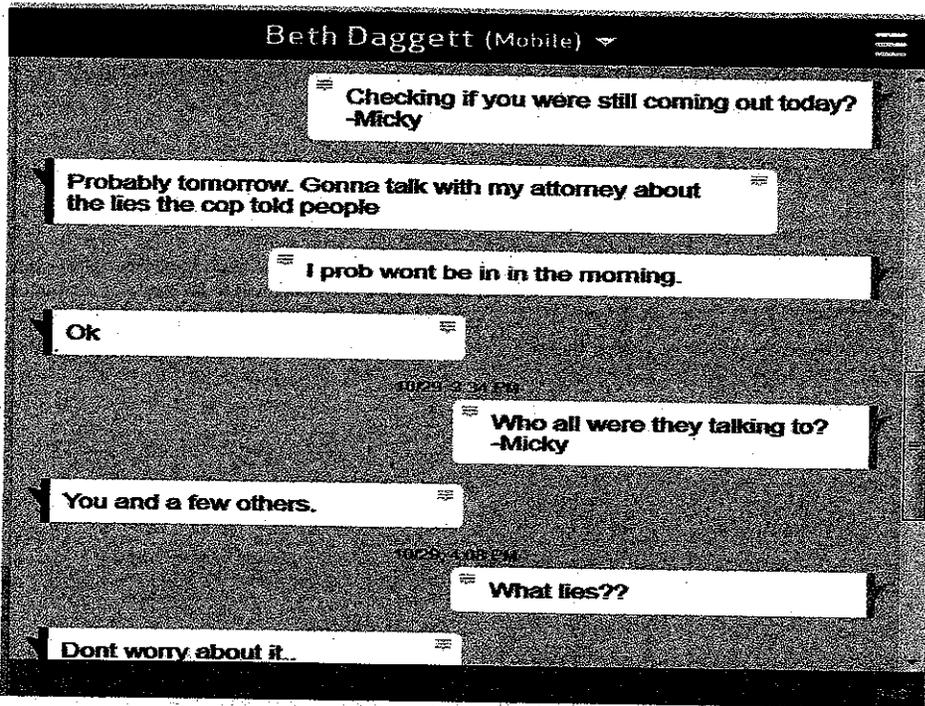
Eric stated that after we had talked about this that he and Beth did have a short relationship. Beth contacted him that she might be pregnant. He continued that he made it clear that he wanted to work on his marriage and work it out with his wife and if in fact the child was his he would be responsible. He stated that he told Beth that they would not be able to call back and forth anymore. Eric then said that Beth's boyfriend called him back from a restricted number and said he would find him and to stop calling. He then said that Beth and her boyfriend have started this Facebook account had he had tried to meet with Eric's wife.

Eric then said that his Facebook account (under the name of Chris Austin) contained comments that Beth had posted, 'if she was just going to be a piece of ass that he could force himself on, and do whatever you want even though I said no.' Eric said, "I am not a fool, I know exactly what reference she is taking on that, so I contacted the sheriff's office."

Eric said he thought it was pretty serious to make such an accusation on a social media sight. Eric stated his concern was not only for his safety but for the safety of his family. He said that he went to the sheriff's office to 1) have it on record this has been going on in case anything happened 2) and one of his co-workers has been using his name and his picture on a social media site, listing his place of work as MARC. He also stated that are other negative things listed there such as "how many other illegitimate children does he have."

Eric said his wife was contacted by Beth's boyfriend Aaron and she shared Eric's schedule with him. I asked him if the sheriff's office had any advice for him. He said that they told him to document anytime Aaron attempted to contact him or his wife and to keep the Facebook site open for now. He said that since he went to the sheriff's office that it would probably spill over to work. He thought that a restraining order was not needed at this time.


Eric Thacker
EMS Director
Medical Air Rescue





Micky Neilan <mneilan@medicalairrescue.net>

Beth's visitor in Pine Ridge on 2013-10-02

1 message

Allison Bonde <abonde@medicalairrescue.net>
To: Micky Neilan <mneilan@medicalairrescue.net>
Cc: Kristy Jones <kjones@medicalairrescue.net>

Thu, Oct 3, 2013 at 10:04 AM

To Micky (and Human Resources):

I would like to lodge a formal complaint, as it were.

To recap last night's events, they were as such:

I exited my room just after 6:20 p.m. last night to use the restroom. As I walked into the living room, Beth and her boyfriend were sitting on the loveseat watching TV. I had not been told he was there nor asked if his presence would bother me.

Had I been asked, I would have clearly stated that I did not want him in the trailer. Beth has spent the greater part of the last year and a half sharing tales of her boyfriend's downward spiral into selling drugs. I tried not to get involved past cautioning her of the danger to her and her paramedic status should she be peripherally or directly involved in anything illegal. At one point she was even afraid that he may have left illegal substances in her car after borrowing it to make a drug deal. Regardless, I kept to myself.

Pine Ridge is already a high risk area. The locks on the trailer are there to provide for our safety, in addition to meeting the requirements for narcotics security. A person who traffics in illegal substances already has no regard for the law. They also tend to be users themselves, making them unpredictable and dangerous. Under no circumstance should I have to worry about the presence of a criminal inside the relative safety of my sleeping quarters at work. Dealing with them as patients is part of the job, and certain security measures are enforced in those times. I especially would not want any mishaps while in the jurisdiction of Tribal law, for obvious reasons.

Beth has also stated that her boyfriend has stolen money from her in the past. I should not have to worry about the theft of my possessions within the locked trailer, at least past the unforeseen burglary from an outsider. I was then unwilling to leave my room or things unguarded, even long enough to take a shower. It was inconvenient and disturbing.

As I walked past the loveseat to return to my room, Beth was texting. I received a text upon reaching my room. It was from Beth and stated that her boyfriend was in the living room, which I then acknowledged. I asked her if this was the drug dealer, she denied such, I asked if this was a new boyfriend, she stated this one had stopped dealing drugs 3 months ago. She was still complaining of his misdeeds 3 months ago, but shortly after a dust up at the main office in which she was apparently involved, she then began stating that things were never better between her boyfriend and her. I let her know that I was not agreeable to his presence.

She then stated that she did not know he was coming, but that he had dropped off his bike here last night, which didn't make sense if she was unaware of his presence or intent to return. Even more alarmingly, she stated that he was there to "protect" her from Eric Thacker and that you, Micky, knew about it. If there was any truth to a risk from Thacker at this location, then I surely should have been informed. I texted that we had door locks for security, she texted back "not from Thacker" and I reminded her that we have inner door locks.

I take great measures to keep myself safe and out of harm's way. I do not frequent bars, take walks at night, or place myself somewhere that has a greater potential for a situation to go awry. My biggest fear is of getting hurt or unable to work, which would cost me everything. I also avoid persons who break the law because of the risk of collateral damage to those around them, both physically and to their reputation. I guard my license fiercely. It is my ticket to the 3 wonderful jobs I am fortunate enough to hold.

I have never complained of a visitor, but Beth has gone out of her way to state that this person is a criminal. Truthfully, Pine Ridge quarters are remote and blissfully quiet. The walls are thin and there is no expectation of privacy, though, as every word spoken or trip to the bathroom is heard by anyone in the trailer. Adding a stranger to the mix makes the shift extremely awkward. Nor could he have been left in the quarters had we been called for a flight, also for security reasons. This is not a good place for non-MARC employees to "hang out".

Beth's behavior was already strange when I arrived to shift on Tuesday night. She stated she had just enough gas to get home and no food or money for food while here. I inferred from her repeated statements that she hoped I would buy her some food. While I initially agreed, I had second thoughts and remained in my room the next day. It did not end well the last time I helped a co-worker who stated they were penniless and in need.

The bottom line is that this is a professional place of work. While all of us employees enjoy the relaxed atmosphere here in Pine Ridge, it is still the place we must dwell while on shift, making common sense rules and consideration a must. Subjecting your co-worker to the presence of someone you have established as a miscreant is not acceptable.

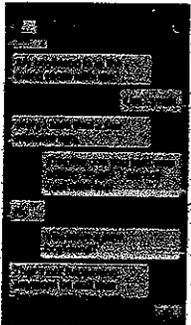
I am attaching the texts I sent to you last night. In them, you can see that she acknowledges his prior drug selling activity.

Thank you for your attention in rectifying this matter.

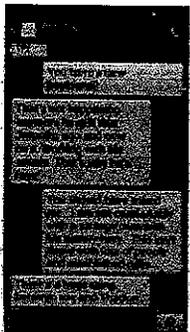
5 attachments



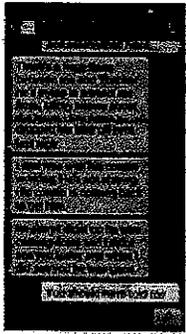
beth pine ridge text 1.png
146K



beth pine ridge text 2.png
146K



beth pine ridge text 3.png
157K



beth pine ridge text 4.png
178K



beth pine ridge text 5.png
161K

Tuberculosis Skin Test Verification Form
Rapid City Medical Center

Name <i>DR GGETT, ELIZABETH A</i>	
Received 0.1 cc ppd for tuberculosis screening in the <u>RIGHT</u> / LEFT forearm	
Manufacturer <i>Sandoz Pasteur</i>	Lot # <i>C37131A Exp. 9/2/13</i>
Test administered by: <i>Deanna K. Roll</i>	
Signature <i>[Signature]</i>	
Title	date <i>8/28/12</i>

455
per

RESULTS

Results should be read 48-72 hours after placement.

<u>Negative</u>	positive mm induration <i>0mm</i>
-----------------	--------------------------------------

Test Read by:

Signature <i>[Signature]</i>	
Title	date <i>8/30/12</i>

Received 0.1 cc ppd for tuberculosis screening in the RIGHT / LEFT forearm

Manufacturer	Lot #
Test administered by:	
Signature	
Title	date

RESULTS

Results should be read 48-72 hours after placement.

<u>Negative</u>	positive mm induration
-----------------	---------------------------

Test Read by:

Signature	
Title	date

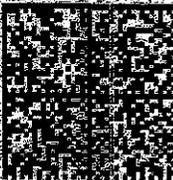
Negative= no induration

Positive

- >5mm for persons in highest risk groups
- >10mm for persons with other risk factors
- >15mm for all other persons

3900 Airport Road
Rapid City, South Dakota 57702
(605) 393-0300

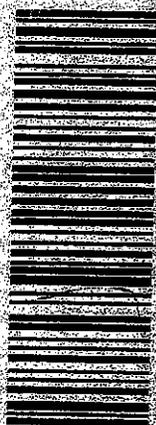
CVAR



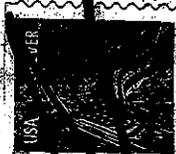
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016H26S09487
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Mailed From: 57702
10/01/2013
US POSTAGE

CERTIFIED MAIL™



7012 1010 0001 0542 6411



Beth Doyd
5312 Myrtle Dr.
Rapid

1st NOTICE
2nd NOTICE

11-4
11-19

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

57702 DE 1009 0011/21/13

BC: 101312013

*2495-02355-31-39



5770139E0202013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (NO STAMP ON THIS LINE)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

Beth Daggert
5312 Mystic Dr.
Rapid City, SD 57701

2. Article Number

(Transfer from service label)

7012 1010 0001 0542 6611

PS Form 3811, February 2004

Domestic Return Receipt

Issue Date: 1/15/00

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)		C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> Yes	
		<input type="checkbox"/> No	

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Restricted Delivery (Extra Fee)
- Express Mail
- Return Receipt for Merchandise
- G.O.D.
- Yes

MARC Medical Air Rescue Company



3900 Airport Road
Rapid City, South Dakota 57703
Phone: (605) 393-0300
Fax: (605) 393-0306

EMPLOYEE/PERSONNEL EVALUATION

Employee/Personnel: Bexanne

Date: 1/2/2012

Rating scores:

- 1. = Unacceptable
- 2. = Needs Improvement
- 3. = Meets Expectations
- 4. = Exceeds Expectations
- 5. = Superior

Knowledge, skills, ability for flight paramedic/RN

1. 2. 3. 4. 5.

Comments: Very knowledgeable and an awesome teacher

Quality of work: Accuracy, neatness, thoroughness

1. 2. 3. 4. 5.

Comments: Very thorough

Cooperation: Work well with others

1. 2. 3. 4. 5.

Comments: _____

**Dele Aviation, Inc.
3900 Airport Rd.
Rapid City, SD 57703**

CONFIDENTIAL

RECEIVED
MAR 17 2014
By

Randi Sterling
Licensing Specialist
SD Board of Medical +
Osteopathic Examiners
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104

U.S. POSTAGE
RAPID CITY, SD
MAR 13, 14
AMOUNT
\$1.40
00056677-08

UNITED STATES
POSTAL SERVICE
1000
57104

5710486411



South Dakota Unified Judicial System



Record Search Report

Name: DAGGETT, ELIZABETH ANN	DOB: 10/06/1980	Gender: F	Party ID: 6887158	UJS ID: 5155317
Address: 815 N IRENE PLACE SIOUX FALLS, SD 57107				
Aliases: DAGGETT, ELIZABETH ANN; DAGGETT, ELIZABETH A; DAGGETT UNTE, ELIZABETH				

Docket Number: 51CRI14-001531 filed in Pennington County on 04/22/2014 Case Status: Pending (BI)

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: Arrest Time: 12:00 AM PCN:

Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: Attorney General

Counsel Name: MACNALLY, SHILOH Counsel Type: Public Defender

Highway Type: CDL: U CMV: U HAZ: U MV: Unknown if offense took place in motor vehicle

Count of 22-42-2 (F5) Conspiracy MANUF/DISTR/POSS DRUGS SCHED I OR II (Conspiracy)

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

Count of 22-42-5.1 (F5) UNAUTHORIZED INGESTION OF CONTROLLED DRUG/SUBSTANCE IN SCHEDULES I OR II

*** Warrant History ***	
Issued on 04/23/2014 for Arrest Warrant	Status: \$50000.00 - Cash or Surety (WARRANT ONLY)-Active - 04/23/2014

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Arraignment		04/28/2014	11:00 AM	

Docket Number: 51CRI14-001313 filed in Pennington County on 04/09/2014 Case Status: Pending

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 03/28/2014 Arrest Time: PCN: 0592043

Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: LAURA SHATTUCK

Counsel Name: MACNALLY, SHILOH Counsel Type: Public Defender

Highway Type: CDL: N CMV: N HAZ: N MV: Did not take place in a motor vehicle
Municipal

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 04/09/2014 the defendant pled No Plea Entered **Disposed on 04/09/2014 Disposition: Recharged-by Indictment**

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 04/09/2014 the defendant pled No Plea Entered **Disposed on 04/09/2014 Disposition: Recharged-by Indictment**

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

*** Bond(s) Ordered ***	
Bondsman Bond Posted on 03/30/2014	Status: \$2500.00 Surety Filed 03/30/2014 - Posted by ALWAYS AVAILABLE BONDING

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		04/10/2014	8:15 AM	Held
Arraignment		04/28/2014	11:00 AM	

Docket Number: 51CIV13-001550 filed in Pennington on 11/06/2013 Case Status: Pending

Plaintiff: STATE OF SOUTH DAKOTA

Plaintiff: YATES, AARON LEE

Plaintiff: DAGGETT, ELIZABETH ANN

Defendant: TWO HUNDRED FIFTY DOLLARS IN AMERICAN CURRENCY

Defendant: RUGER M77 MARK II 7MM REM CAL MAG

Defendant: HAWES WESTERN SIX SHOOTER .22 CAL

Defendant: RUGER MINI 14 .223 CAL

Defendant: NEW ENGLAND ARMS PARDNER 12 GA

Defendant: MOSSBERG 500A 12 GA

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
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Docket Number: 07399M1200440 filed in Brule County on 12/12/2012 Case Status: Terminated

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 12/08/2012 Arrest Time: 1:02 PM PCN:

Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: States Attorney

Speed Actual: 085 Zone: 75 Highway Type: Interstate CDL: Y CMV: N HAZ: N MV: Driver of the Vehicle

Count of 32-25-4 (M2) SPEEDING ON INTERSTATE HIGHWAY

On 01/23/2013 the defendant pled Guilty by POA

Disposed on 01/23/2013 Disposition: Judgment on Plea of Guilty

Sentenced on 01/23/2013 Fine: \$39.00 Costs: \$66.00

Fine Due Date: 01/23/2013

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		01/23/2013	12:00 AM	Waived

Docket Number: 49SMC09007452 filed in Minnehaha on 09/25/2009 Case Status: Terminated

Plaintiff: ACCOUNTS MANAGEMENT INC

Defendant: DAGGETT, DANIEL LEIGH

Defendant: DAGGETT, ELIZABETH ANN

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
01	Inactive	DAGGETT, ELIZABETH ANN	Satisfied	
01	Inactive	DAGGETT, DANIEL L	Satisfied	
01	Inactive			ACCOUNTS MANAGEMENT INC

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
S	12/9/2009	\$493.50	12/09/2009 08:30 AM	12/10/2009 02:11 PM
Original Cost	12/9/2009	\$108.93	12/09/2009 08:30 AM	12/10/2009 02:11 PM

Original Interest 12/9/2009 \$73.34 12/09/2009 08:30 AM 12/10/2009 02:11 PM

Docket Number: 49SMC09004632 filed in Minnehaha on 06/05/2009 Case Status: Terminated

Plaintiff: AAA COLLECTIONS INC.

Defendant: DAGGETT, ELIZABETH ANN

Defendant: DAGGETT, DANNY A

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
01	Inactive	DAGGETT, DANNY A	Satisfied	
01	Inactive	DAGGETT, ELIZABETH ANN	Satisfied	
01	Inactive			AAA COLLECTIONS INC

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
S	7/22/2009	\$3,313.20	07/22/2009 08:30 AM	07/24/2009 09:42 AM
Original Cost	7/22/2009	\$39.96	07/22/2009 08:30 AM	07/24/2009 09:42 AM
Original Interest	7/22/2009	\$16.27	07/22/2009 08:30 AM	07/24/2009 09:42 AM

Docket Number: 49399M0917133 filed in Minnehaha County on 05/28/2009 Case Status: Terminated

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 05/27/2009 Arrest Time: 7:55 AM PCN:

Plaintiff: CITY OF SIOUX FALLS Prosecutor: City Attorney

Speed Actual: 051 Zone: 45 Highway Type: Municipal CDL: Y CMV: N HAZ: N MV: Did not take place in a motor vehicle

Count of 99-1-125 (MO) MUNICIPAL SPEEDING

On 06/22/2009 the defendant pled Guilty by POA

Disposed on 06/22/2009 Disposition: Judgment on Plea of Guilty

Sentenced on 06/22/2009 Fine: \$39.00 Costs: \$51.00

Fine Due Date: 06/22/2009

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		06/22/2009	7:02 AM	Waived

Docket Number: 49399M0917134 filed in Minnehaha County on 05/28/2009 Case Status: Terminated

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 05/27/2009 Arrest Time: 7:55 AM PCN:

Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: States Attorney

Count of 32-12-39 (PO) LICENSE NOT IN IMMEDIATE POSSESSION

On 06/22/2009 the defendant pled Guilty by POA

Disposed on 06/22/2009 Disposition: Judgment on Plea of Guilty

Sentenced on 06/22/2009 Fine: \$25.00

Fine Due Date: 06/22/2009

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		06/22/2009	7:02 AM	Waived

Docket Number: 49DIV08000066 filed in Minnehaha on 01/31/2008 Case Status: Reopened

Plaintiff: DAGGETT, ELIZABETH ANN

Defendant: DAGGETT, DANIEL LEIGH

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
All Other Hearings		04/28/2008	9:00 AM	Cancelled
Court Trial		01/29/2009	9:00 AM	Cancelled
Other Hearing		06/09/2014	3:00 PM	

Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
1	Active	DAGGETT, DANIEL L	Active	DAGGETT, ELIZABETH ANN

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
Original Judgment	2/2/2009	0 - See File	02/02/2009 02:00 PM	02/03/2009 01:53 PM

Docket Number: 49SMC06008913 filed in Minnehaha on 11/22/2006 Case Status: Terminated

Plaintiff: AAA COLLECTIONS INC.

Defendant: DAGGETT, ELIZABETH ANN

Defendant: DAGGETT, DANNY A

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
01	Inactive	DAGGETT, DANNY A	Satisfied	
01	Inactive	DAGGETT, ELIZABETH ANN	Satisfied	
01	Inactive			AAA COLLECTIONS INC

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
S	12/27/2006	\$288.25	12/27/2006 08:30 AM	12/27/2006 09:27 AM
Original Cost	12/27/2006	\$28.06	12/27/2006 08:30 AM	12/27/2006 09:27 AM

The search you requested is a court records search based on information you provided. The search results may include criminal court data from January 1989 to present, civil court data from January 2006 to present, active money judgments for the past twenty years, and/or inactive money judgments since April 2004, DEPENDING ON THE TYPE OF SEARCH REQUESTED. Records returned are only those that precisely match this information. There may be instances where fine and cost information will appear immediately below a dismissed charge. The amounts indicated are accurate for a different charge but there should be no fine and cost information related to a dismissed charge. Based on the age of a case, not all financial information may be available in the case management system. You should contact the Clerk of Court office where an original action took place to correct any misinformation and collect any missing information.

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

SDBMOE
101 N MAIN AVE, SUITE 301
SIOUX FALLS, SD 57104
SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



Via email and regular mail

December 9, 2014

Elizabeth A. Daggett
923 W. 15th St.
Sioux Falls, SD 57104
bethdaggett06@gmail.com

Re: Certified Copies of Withdrawal while under Investigation and Final Order

Dear Ms. Daggett:

Enclosed please find the certified copies of the Board action of the South Dakota Paramedic License Withdrawn under Investigation, the temporary approval order, and the Final Order of the Board ratified at the December 4, 2014, Board meeting.

A report of this action will be sent to the National Practitioner Data Bank and you may receive a notification from the databank regarding this report. We will also publish this information on the Board's website and report it to the other entities deemed appropriate by the Board in compliance with state and federal law.

This is considered to be service by mail.

Sincerely,

Jane Phalen
Board Staff

Enclosure: Certified Copies

THE SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Re: ELIZABETH ANN DAGGETT
PARAMEDIC

FINAL ORDER

The above-entitled matter having come before the South Dakota Board of Medical and Osteopathic Examiners ("Board"), and the Board having been fully advised in the premises thereof; and

Ms. Daggett consents to the documents relating to this matter being provided to other state licensing authorities upon their request.

NOW; THEREFORE, the Board hereby:

ACCEPTS AND APPROVES her withdrawal of her paramedic license while it was under investigation and this Final Order, and directs that these are public records of the Board and the State of South Dakota and shall be published on the Board's website and reported to the national data banks and any other entity deemed appropriate by the Board and in compliance with State and Federal law.

By: *Notedron* Date: 12/4/14
South Dakota Board of Medical and Osteopathic Examiners

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY
I hereby certify that the foregoing
instrument is a true and correct copy
of the original as the same appears
on the record in my office.

Executive Secretary
By: *MBH by JTP*
Date: 12-9-14

THE SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Re: ELIZABETH DAGGETT
PARAMEDIC

TEMPORARY APPROVAL
ORDER

Elizabeth Daggett, Paramedic, failed to renew her South Dakota Paramedic License while it was under investigation. Pursuant to ARSD 20:78:04:06, her license is withdrawn under investigation.

The Board has authorized the executive director to execute this temporary approval order pending consideration by the Board at its next Board Meeting.

For this reason, said document has been temporarily approved pending consideration by the Board.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

By: Margaret B. Hansen Date: 7/16/2014
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
And Osteopathic Examiners

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY

I hereby certify that the foregoing instrument is a true and correct copy of the original as the same appears on the record in my office.

Executive Secretary
By: MBH by JTP
Date: 7-16-14

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

 IN THE MATTER OF THE
 SOUTH DAKOTA PARAMEDIC LICENSE OF
 ELIZABETH DAGGETT
 SOUTH DAKOTA PARAMEDIC LICENSE
 WITHDRAWN UNDER INVESTIGATION

Elizabeth Daggett, Paramedic, (Ms. Daggett), was placed under investigation by the South Dakota Board of Medical and Osteopathic Examiners (the Board).

Ms. Daggett failed to renew her South Dakota paramedic license pursuant to SDCL 36-4B-26 and SDCL 36-4B-27.

Pursuant to ARSD 20:78:04:06.Effect of failure to renew during investigation.
The holder of a license, permit, or certificate may choose not to renew the license, permit, or certificate after a complaint investigation has been initiated by the executive secretary. A failure to renew after investigation has been initiated shall be reported as "withdrawn under investigation" in the board's permanent license files and in any national databases to which the board is required to report licensure action.

This is a public action of the Board and the State of South Dakota, and shall be published on the Board's website and reported to the national databanks and all other entities deemed necessary by the Board in compliance with state and federal law.

By: Margaret B. Hansen Date: 7/16/2014
 Margaret B. Hansen
 Executive Director
 South Dakota Board of Medical
 and Osteopathic Examiners

STATE OF SOUTH DAKOTA } S.S.
 MINNEHAHA COUNTY }
 I hereby certify that the foregoing
 instrument is a true and correct copy
 of the original as the same appears
 on the record in my office.

Executive Secretary
 By: MBH by JTP
 Date: 7-16-14

License Application - Advanced Life Support

License application# 16528 Submitted on: 12-4-2014

Name Information

ELIZABETH ANN DAGGETT

Alternates *None reported.*

Address

****Default****

Type Home Address

Public? N

Name/Attention

Address 923 W. 15th St.
 Sioux Falls, SD 57104

Identification

Date of Birth 10-6-1980

Birth Place Watertown, South Dakota UNITED STATES

Gender:F **SSN:** XXX-XX-4723 **NPI:**

US Citizen Y

Race/Ethnicity/Languages (ALL OPTIONAL)

What is your race? (check all that may apply):

- White: Y
- Black or African American: N
- American Indian or Alaska Native: N
- Asian: N
- Native Hawaiian/Other Pacific Islander: N
- Other:
- No: Y
- Mexican, Mexican American, Chicano/a: N
- Puerto Rican: N
- Cuban: N
- Another Hispanic, Latino/a, or of Spanish origin:

Ethnicity: Are you Hispanic, Latino/a, or of Spanish origin? (check all that may apply)

Do you speak a language other than English at home?

What is this language? (if you answered Yes to above) N

Education

Name Average McKennan school of EMS

Location Sioux Falls, SD

Degree EMT Paramedic

Status Graduated

Dates Attended 01/2005 to 02/2006

Graduated 02/2006

ALS Course Information

Course Name EMT Paramedic

Provider Down Jones

Location Avera McKennan School of EMS
 Sioux Falls, So 57104

Date of Completion 2006-02-03T00:00:00-06:00

Exam History

Have you taken and passed the examination? Y Score:

State or Professional Licensure

No information reported.

Chronology of Activities

From: 11/2013 **Activity:** Seeking Employment
To: beth daggett
 923 W 15th St.
 Sioux Falls, SD 57104

Percent Clinical: 0% Administrative: 0%

Malpractice Liability Claims Information

No information reported.

Practice Information

1. What is your current employment status?: NOTWORKING
2. Are you currently providing direct clinical or patient care on a regular basis? N
 If no, how many years has it been since you provided clinical or patient care? : < 2
3. Which of the following best describes your primary area of practice in which you will spend most of your professional time: Other Specialties
4. Which of the following categories best describes your primary practice or work setting(s) where you work the most hours each week? Other (specify): cafe
5. How many weeks did you work in medical related positions in the past 12 months? 0
6. For all medical related positions held in South Dakota, indicate the average number of hours per week spent on each major activity:

Clinical or patient care	0 hours/week
Research	0 hours/week
Teaching/Education	0 hours/week
Administration	0 hours/week
Volunteering (medical related only)	0 hours/week
Other (specify):	0 hours/week

7. What is/will be the location of the site(s) where you spend most of your time providing direct clinical or patient care? Please enter the complete address for up to three locations and your direct patient care hours per week at each site.

Principal Location

Proposed Start Date

Direct patient care hours per week at site: 0 hrs.

8. Would you say you work primarily in South Dakota (more than anywhere else)? Y
9. If not working in South Dakota, in which states do you practice?

Required Disclosures

Definitions:

All questions use the following definitions whether actions were formally, informally, voluntarily or involuntarily committed: Questions refer to both you and your licensure.

A. **Adverse Action** shall refer to having been terminated, stipulated, restricted, limited, conditioned, counseled, reprimanded, suspended, revoked, refused, denied, not renewed, withdrawn or relinquished.

B. **Claim(s)** shall refer to any malpractice, administrative, civil, or criminal final judgments including any pending claims, lawsuits, judgments, and/or settlements.

C. **Complaint** shall refer to any communications which express concerns, warnings or dissatisfaction about personal or profession conduct and rising to the level that the meetings or comments are documented in a written or digital format.

D. **Entity** shall refer to any licensing or disciplinary board, professional agency or committee, academic program, clinic, hospital, or other health-related entity, or governmental agency or organization.

E. **Health related program** shall refer to private or public insurance, Medicare and Medicaid.

F. **Illegal use of drugs** shall refer to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. sec. 812.22. The term does include the unlawful use of prescription controlled substances. It does **not** include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law.

G. **Investigation** shall refer to any formal or informal inquiry to acquire and examine facts.

H. **Licensure** shall refer to type of licensure and using any licensure nomenclature such as any registration, permit, certificate, and license. Examples include the subject of this application, DEA registration, etc.

I. **Minor traffic offense** shall refer to any violation which is punishable by a maximum of 30 days in jail, a \$500 fine or both and does not result in a change of driving privileges.

J. **Proceeding** shall refer to whether you have appeared or been requested to appear in private or in public, for a meeting, counseling, hearing, administrative, civil or criminal actions, or been questioned, reviewed, charged, arrested, plead guilty, plead no contest, convicted, received a suspended imposition of sentence or suspended sentence by any entity.

K. **Sexual impropriety** shall refer to misconduct including but not limited to discrimination, complaint, assault, the possession of child pornography, sexual contact with patients or other acts, expressions or gestures that disrespect privacy and are demeaning.

L. **You** shall refer to you or any licensure held by you.

*01 Is this a true statement for your licensure? "My licensure has not experienced adverse action." **N**

Explanation:My license is currently under investigation

*02 Is this a true statement for you? "I have not experienced adverse action." **N**

Explanation:My license is currently under investigation

03 Has your licensure been subject to any complaint, investigation or proceeding involving any entity? **N**

04 Have you been subject to any complaint, investigation or proceeding involving any entity? **N**

05 Have you been dishonorably discharged from a branch of the United States military or National Guard? **N**

06 Have you had any adverse action during any education, residency or training program **N**

07 Have you had adverse action with your membership or privileges with any entity regarding your ability to participate in any health related program? **N**

08 Have you been subject to a criminal or civil complaint, investigation or proceeding **N**

other than minor traffic offenses?

09 Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety? N

*10 Is this a true statement for you? "I have not been reported to NPDB (National Practitioners Data Bank) or HIPDB (Healthcare Integrity and Protection Data Bank)." N

Explanation:My license is currently under investigation

11 Is this a true statement for you? "I have experienced no adverse action in privileges at any hospital, clinic or health related entity." Y

12 Have you had any claims paid by you or paid on your behalf for any reason? N

13 Have you had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage? N

*14 Have you stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days? Y

Explanation:I lost my job and my license was placed under investigation

15 Do you have a physical, mental or emotional condition which may adversely affect your practice? N

*16 Have you been treated for or do you have a diagnosis for any Mental Health condition. (If yes, please ask your treating provider to send a status letter to the Board office). Y

Explanation:After past legal events I have depression. I'm in counseling with Dawn Eck land at Sanford Family Medicine on 41st and Sertoma

17 Does your use of alcohol or drugs affect your ability to provide appropriate care to patients? N

18 Are you currently using illegal drugs or prescription controlled medications in an illegal manner? N

Agreements

I am aware of the Health Insurance Portability and Accountability Act of 1996 (thereinafter called HIPAA) and understand the provisions dealing with the privacy of my medical records. With such knowledge an understanding, I agree to the following:

- a. I do hereby authorize the use or disclosure of my health information by the South Dakota Board of Medical & Osteopathic Examiners (SDBMOE), for purposes of licensure in the state of South Dakota.
- b. I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and hospitals, and treatment for alcohol and drug abuse.

I further release, discharge and exonerate all third parties or person(s) from any and all claims, damages, and liabilities of any nature, who in good faith and without malice, release the HIPAA information to the SDBMOE.

AUTHORIZATION AND RELEASE:

Any references to the terms "Users" or "Users of this Application" in this authorization shall include the following entities:

- The South Dakota State Board of Medical and Osteopathic Examiners together with its board members, staff members, legal counsels, investigators, agents, employees, contractees, and authorized representatives hereinafter collectively referred to as SDBMOE;
- Any other state or national medical licensing, medical reporting or medical regulatory board;
- The Federation of State Medical Boards;

- Any other South Dakota or United States agency in furtherance of and in compliance with SDBMOE's duties and responsibilities under my South Dakota Medical Practices Act and its administrative regulations.

I am the person described herein. I have not engaged in any acts prohibited by the criminal or medical statutes of the State of South Dakota. I am the person named on any diploma or certificate that I have received, I am the lawful holder of said diploma or certificate, and the diploma or certificate was given to me in the regular course of instruction and examination without fraud or misrepresentation.

The following deals with SDBMOE consulting with and receiving information from third parties:

I authorize SDBMOE to consult with any third person or party who may have information or evidence concerning my professional, ethical, mental and physical qualifications, or any other matter that SDBMOE deems relevant regarding my continuing qualifications for licensure with SDBMOE. These third persons and parties include hospitals, institutions or organizations, my references, physicians, therapists, previous and present employers, past and present business and professional associates, and local, state, federal or foreign governmental agencies and instrumentalities, courts of any jurisdiction, associations, institutions or law enforcement agencies, together with their representatives thereof, who have custody or control of any documents, records, information or evidence that SDBMOE deems relevant to my Application. **I specifically authorize any state, federal or international law enforcement agency to conduct a background investigation and to report the findings thereof to the SDBMOE.**

I authorize such third persons and parties to unconditionally release to SDBMOE any such information, including documents, records regarding charges or complaints filed against me, formal, or informal, pending or closed, or any other pertinent data or evidence whether favorable or unfavorable that SDBMOE deems relevant to licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, records, evidence, and other information for SDBMOE's evaluation of my professional, ethical, mental and physical qualifications that SDBMOE deems relevant to licensure.

I release, discharge and exonerate from any and all claims, damages and liabilities whatsoever such third persons and parties, together with their authorized representatives, who in good faith and without malice, consult with and release to SDBMOE such information, evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licensure.

I declare and affirm under the penalties of perjury that:

This application for licensure, which includes all the information I have provided and the questions I have answered in the South Dakota Common License Application Form and Addenda thereto, have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I state unconditionally and without reservation that I absolutely understand each and every question contained in this application for licensure, that I and I have answered all of them completely and truthfully. If any user discovers any derogatory information regarding my personal background that was not disclosed when completing this application, the users may immediately cease all processing of this application, and I agree that such nondisclosure shall disqualify me for licensure in South Dakota.

I understand and agree that my submission of this application and actions subsequent thereto, but prior to licensure, shall bear directly upon my qualifications for licensure, and I fully understand that the SDBMOE may consider all such actions in its determination whether to grant licensure. To that end, I agree that any unprofessional or harassing behavior on my part, or on the part of any agent of mine, with the SDBMOE's members or staff shall establish grounds for the immediate cessation of all processing of this application and disqualify me for licensure in South Dakota. A determination regarding derogatory information or of unprofessional or harassing behavior shall be the sole determination of the SDBMOE, and I will not assert that any other entity, judicial, or otherwise, may make such determination. I understand and agree that cessation of processing of this application by the users as a result of the acts of omissions by myself as described in this paragraph shall not require the SDBMOE, to offer me a hearing or any other due process right, or any other statutory or constitutional rights, and that I will not assert that I am entitled to a hearing.

Signed: Elizabeth Daggett 10/06/1980

</html

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

SDBMOE
101 N MAIN AVE, SUITE 301
SIOUX FALLS, SD 57104
SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



December 9, 2014

Elizabeth Daggett
923 W 15th St
Sioux Falls, SD 57104

Dear Ms. Daggett:

This letter serves as notice that your application for a South Dakota Paramedic license has been placed under investigation. Your application is being investigated by a review panel which will be making a recommendation at the end of its review. Once a recommendation is made, you have certain rights which are outlined in this letter.

At this time, no recommendation has been made. Your patience is appreciated during this process as application does take longer when there is an investigative review in process.

Please be aware of the following:

Exparte communication is prohibited pursuant to SDCL 1-26-26. This means that neither you, nor any attorney(s) on your behalf, nor any other third party is to contact any Board members by phone, letter, facsimile, email, in person, or by any other method. You are entitled to due process rights during the complaint process as well as once a recommendation is made.

Your rights:

- 1.) You have the right to contest the recommendation at an administrative hearing which will be conducted in accordance with SDCL 1-26. This matter will be presented to a neutral administrative judge.
- 2.) You have the right to be represented by an attorney of your own choosing at the administrative hearing if you so desire.
- 3.) The recommendation of the administrative judge will be referred to the South Dakota Board of Medical and Osteopathic Examiners. The board may accept, reject or modify the recommendation.
- 4.) If you participate in a hearing, you would then have the right to file an appeal to Circuit Court.

Should you have any questions or concerns, please send them via email to SDBMOE@state.sd.us or by US mail.

Thank you for your cooperation in this matter.

Sincerely,

Misty Rallis
Board Investigator



South Dakota Unified Judicial System



Record Search Report

Name: DAGGETT, ELIZABETH ANN	DOB: 10/06/1980	Gender: F	Party ID: 6887158	UJS ID: 5155317
Address: 923 W 15TH STREET SIOUX FALLS, SD 57104				
Aliases: DAGGETT, ELIZABETH ANN; DAGGETT, ELIZABETH A; DAGGETT UNTE, ELIZABETH				

Docket Number: 49TPO15-000158 filed in Minnehaha on 02/20/2015 Case Status: Terminated Disposition: TPO-Petition Denied
 Petitioner: ELIZABETH ANN DAGGETT Counsel Name:
 Respondent: AARON LEE YATES Counsel Name:

A case of DOMESTIC ABUSE was filed against AARON LEE YATES by ELIZABETH ANN DAGGETT

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
TPO-Ex Parte Order Hearing	Lawrence Long	2/20/2015	5:00 PM	Held

Docket Number: 51CRI14-001531 filed in Pennington County on 04/22/2014 Case Status: Terminated
 Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: Arrest Time: 12:00 AM PCN:
 Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: LAURA SHATTUCK
 Counsel Name: GALBRAITH, ROBERT J Counsel Type: Court Appointed
 Counsel Name: MACNALLY, SHILOH M Counsel Type: Court Appointed

Highway Type: CDL: U CMV: U HAZ: U MV: Unknown if offense took place in motor vehicle

Count of 22-42-2 (F5) Conspiracy MANUF/DISTR/POSS DRUGS SCHED I OR II (Conspiracy)

On 10/29/2014 the defendant pled No Plea Entered **Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor**

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 10/29/2014 the defendant pled No Plea Entered **Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor**

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

On 10/29/2014 the defendant pled No Plea Entered **Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor**

Count of 22-42-5.1 (F5) UNAUTHORIZED INGESTION OF CONTROLLED DRUG/SUBSTANCE IN SCHEDULES I OR II

On 10/29/2014 the defendant pled No Plea Entered **Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor**

*** Warrant History ***	
Issued on 04/23/2014 for Arrest Warrant	Status: \$50000.00 - Cash or Surety (WARRANT ONLY)-Returned - 04/25/2014

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Arraignment		04/28/2014	11:00AM	Held
Status Hearing		05/12/2014	1:45PM	Held
Status Hearing		06/11/2014	1:30PM	Held
Status Hearing		07/14/2014	1:15PM	Held
Status Hearing		08/04/2014	11:00AM	Held
Status Hearing		08/18/2014	1:00PM	Held
Status Hearing		08/25/2014	11:00AM	Held

Status Hearing
Change of Plea Hearing
Sentencing Hearing

09/03/2014	1:45PM	Held
09/17/2014	1:30PM	Held
10/27/2014	2:30PM	Held

Docket Number: 51CRI14-001313 filed in Pennington County on 04/09/2014 Case Status: Terminated
 Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 03/28/2014 Arrest Time: PCN: 0592043
 Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: LAURA SHATTUCK
 Counsel Name: GALBRAITH, ROBERT J Counsel Type: Court Appointed
 Counsel Name: MACNALLY, SHILOH M Counsel Type: Court Appointed
 Highway Type: Municipal CDL: N CMV: N HAZ: N MV: Did not take place in a motor vehicle

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 04/09/2014 the defendant pled No Plea Entered **Disposed on 04/09/2014 Disposition: Recharged-by Indictment**

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 04/09/2014 the defendant pled No Plea Entered **Disposed on 04/09/2014 Disposition: Recharged-by Indictment**

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 08/13/2014 the defendant pled No Plea Entered **Disposed on 08/13/2014 Disposition: Recharged-by Indictment**

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

On 08/13/2014 the defendant pled No Plea Entered **Disposed on 08/13/2014 Disposition: Recharged-by Indictment**

Count of 22-42-2 (F4) MANUF/DISTR/POSS DRUGS SCHED I OR II

On 10/29/2014 the defendant pled No Plea Entered **Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor**

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

On 09/17/2014 the defendant pled Guilty **Disposed on 10/27/2014 Disposition: Suspended Imposition of Sentence**

Sentenced on 10/27/2014 Fine: \$0.00 Costs: \$149.00
 Incarcerated to Jail for 180 Day(s) with 150 Day(s) suspended and credit for 2 Day(s) served.
 Probation: 5 Year(s)

Conditions	
10/27/2014	1 REMAIN ON GOOD BEHAVIOR AND OBEY ALL LAWS. OAL
	2 KEEP HIS/HER COURT SERVICES OFFICER ADVISED OF ANY CHANGE IN HIS/HER RESIDENCE, PLACE OF EMPLOYMENT, STUDENT STATUS OR INTENT TO LEAVE THE SEVENTH JUDICIAL CIRCUIT.INFOCNG
	3 DEFENDANT SHALL NOTIFY THE COURT SERVICES OFFICER WITHIN 24 HOURS OF ANY OFFICIAL CONTACT WITH LAW ENFORCEMENTLAWCON
	4 SEEK AND OBTAIN EMPLOYMENT/REMAIN EMPLOYED THROUGHOUT ENTIRE PERIOD OF PROBATION OR ATTEND SCHOOL FULL TIME.EMPSCHL
	5 DO NOT DRINK ANY ALCOHOLIC BEVERAGES NOR ENTER ESTABLISHMENTS WHERE ALCOHOL IS THE PRIMARY ITEM FOR SALE.ALC
	6 DEFENDANT NOT USE OR POSSESS ANY MARIJUANA, ILLEGAL CONTROLLED DRUGS OR SUBSTANCES, NOT ASSOCIATE WITH ANY KNOWN DEALERS OR USERS OF MARIJUANA, ILLEGAL DRUGS OR SUBSTANCES OR BE PRESENT WHERE SUCH SUBSTANCES ARE BEING USED OR ARE PRESENT.NODRG
	7 SUBMIT TO PERIODIC TESTS OF HIS/HER BREATH OR BODILY FLUIDS AT ANY TIME WHEN REQUESTED TO DO SO BY ANY LAW ENFORCEMENT OFFICER, JAILER OR COURT SERVICES OFFICER AND PAY FOR COSTS OF TESTING.RSSB

10/27/2014	8	SUBMIT HIS/HER PERSON, PROPERTY, PLACE OF RESIDENCE, VEHICLE AND PERSONAL EFFECTS TO SEARCH AND SEIZURE AT ANY TIME OF THE DAY OR NIGHT, WITHOUT THE NECESSITY OF A SEARCH WARRANT, WHENEVER REQUESTED TO DO SO BY ANY OTHER AGENCY IN ANY STATE UNDER WHOSE SUPERVISION HE/SHE MAY BE PLACED OR WHENEVER REQUESTED TO DO SO BY ANY PEACE OFFICER.RSSP
	9	DEFENDANT UNDERSTANDS AND AGREES THAT THE COURT OR THE COURT SERVICES OFFICER MAY RELEASE TO OTHERS, INCLUDING EMPLOYERS, DEFENDANT'S STATUS AS A PROBATIONER, THE CONDITIONS OF PROBATION, AND THE NATURE OF THE CRIME(S) FOR WHICH DEFENDANT WAS PLACE ON PROBATION.RLSINFO
	10	DEFENDANT SHALL NOT POSSESS ANY TYPE OF FIREARM AND SURRENDER CONCEALED WEAPONS PERMITGUNS
	11	AGREE TO COMPLY WITH ALL THE RULES AND REGULATIONS OF THE SOUTH DAKOTA COURT SERVICES DEPARTMENT AND THAT HE/SHE OBEY ALL DIRECTIONS AND ORDERS OF ANY PROBATION OFFICER OR OFFICERS UNDER WHOSE SUPERVISION HE/SHE MAY BE PLACED DURING ANY PORTION OF THIS PERIOD OF PROBATION.RULES
	12	BOND DISCHARGED.BD
	13	THIS COURT EXPRESSLY RESERVES CONTROL AND JURISDICTION OVER THE DEFENDANT FOR THE PERIOD OF THE SENTENCE IMPOSED, AND THAT THIS COURT MAY REVOKE THE SUSPENSION AT ANY TIME AND REINSTATE THE SENTENCE WITHOUT DIMINISHMENT OR CREDIT FOR ANY OF THE TIME THE DEFENDANT WAS ON PROBATIONJURD
	14	COURT RESERVES THE RIGHT TO AMEND ANY OR ALL OF THE TERMS OF THIS ORDER AT ANY TIME.CTAMND

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

On 10/29/2014 the defendant pled No Plea Entered

Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor

Count of 22-42-5 (F5) POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II

On 10/29/2014 the defendant pled No Plea Entered

Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor

Count of 22-42-5.1 (F5) UNAUTHORIZED INGESTION OF CONTROLLED DRUG/SUBSTANCE IN SCHEDULES I OR II

On 10/29/2014 the defendant pled No Plea Entered

Disposed on 10/29/2014 Disposition: Dismissed-Motion by Prosecutor

Restitution: \$70.77

Fine Due Date: 10/27/2019

*** Bond(s) Ordered ***	
Bondsman Bond Posted on 03/30/2014	Status: \$2500.00 Surety Filed 03/30/2014 - Posted by ALWAYS AVAILABLE BONDING

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		04/10/2014	8:15AM	Held
Arraignment		04/28/2014	11:00AM	Held
Status Hearing		05/12/2014	1:45PM	Held
Status Hearing		06/11/2014	1:30PM	Held
Status Hearing		07/14/2014	1:15PM	Held
Arraignment		08/04/2014	11:00AM	Held
Jury Trial		08/26/2014	8:30AM	
Jury Trial		08/26/2014	8:30AM	
Jury Trial		08/27/2014	8:30AM	
Jury Trial		08/27/2014	8:30AM	
Jury Trial		08/28/2014	8:30AM	
Jury Trial		08/28/2014	8:30AM	
Status Hearing		08/18/2014	1:00PM	Held
Arraignment		08/25/2014	11:00AM	Held

Status Hearing	09/03/2014	1:45PM	Held
Change of Plea Hearing	09/17/2014	1:30PM	Held
Sentencing Hearing	10/27/2014	2:30PM	Held

Docket Number: 51CIV13-001550 filed in Pennington on 11/06/2013 Case Status: Pending

Plaintiff: YATES, AARON LEE

Plaintiff: STATE OF SOUTH DAKOTA

Plaintiff: DAGGETT, ELIZABETH ANN

Filing Name: TWO HUNDRED FIFTY DOLLARS IN AMERICAN CURRENCY

Filing Name: RUGER M77 MARK II 7MM REM CAL MAG

Filing Name: HAWES WESTERN SIX SHOOTER .22 CAL

Filing Name: RUGER MINI 14 .223 CAL

Filing Name: NEW ENGLAND ARMS PARDNER 12 GA

Filing Name: MOSSBERG 500A 12 GA

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
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Docket Number: 07399M1200440 filed in Brule County on 12/12/2012 Case Status: Terminated

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 12/08/2012 Arrest Time: 1:02 PM PCN:

Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: States Attorney

Count of 32-25-4 (M2) SPEEDING ON INTERSTATE HIGHWAY

On 01/23/2013 the defendant pled Guilty by POA

Disposed on 01/23/2013 Disposition: Judgment on Plea of Guilty

Sentenced on 01/23/2013 Fine: \$39.00 Costs: \$66.00

Fine Due Date: 01/23/2013

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		01/23/2013	12:00AM	Waived

Docket Number: 49SMC09007452 filed in Minnehaha on 09/25/2009 Case Status: Terminated

Plaintiff: ACCOUNTS MANAGEMENT INC.

Filing Name: DAGGETT, DANNY

Filing Name: DAGGETT, ELIZABETH A

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
01	Inactive	DAGGETT, ELIZABETH ANN	Satisfied	
01	Inactive	DAGGETT, DANIEL L	Satisfied	
01	Inactive			ACCOUNTS MANAGEMENT INC

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
S	12/9/2009	\$493.50	12/09/2009 08:30 AM	12/10/2009 02:11 PM
Original Cost	12/9/2009	\$108.93	12/09/2009 08:30 AM	12/10/2009 02:11 PM
Original Interest	12/9/2009	\$73.34	12/09/2009 08:30 AM	12/10/2009 02:11 PM

Docket Number: 49SMC09004632 filed in Minnehaha on 06/05/2009 Case Status: Terminated

Plaintiff: AAA COLLECTIONS INC

Filing Name: DAGGETT, ELIZABETH A

Filing Name: DAGGETT, DANNY A

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
01	Inactive	DAGGETT, DANNY A	Satisfied	
01	Inactive	DAGGETT, ELIZABETH ANN	Satisfied	
01	Inactive			AAA COLLECTIONS INC

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
S	7/22/2009	\$3,313.20	07/22/2009 08:30 AM	07/24/2009 09:42 AM
Original Cost	7/22/2009	\$39.96	07/22/2009 08:30 AM	07/24/2009 09:42 AM
Original Interest	7/22/2009	\$16.27	07/22/2009 08:30 AM	07/24/2009 09:42 AM

Docket Number: 49399M0917133 filed in Minnehaha County on 05/28/2009 Case Status: Terminated

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 05/27/2009 Arrest Time: 7:55 AM PCN:

Plaintiff: CITY OF SIOUX FALLS Prosecutor: City Attorney

Count of 99-1-125 (MO) MUNICIPAL SPEEDING

On 06/22/2009 the defendant pled Guilty by POA

Disposed on 06/22/2009 Disposition: Judgment on Plea of Guilty

Sentenced on 06/22/2009 Fine: \$39.00 Costs: \$51.00

Fine Due Date: 06/22/2009

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		06/22/2009	12:00PM	Waived

Docket Number: 49399M0917134 filed in Minnehaha County on 05/28/2009 Case Status: Terminated

Filing Name: DAGGETT, ELIZABETH ANN Arrest Date: 05/27/2009 Arrest Time: 7:55 AM PCN:

Plaintiff: STATE OF SOUTH DAKOTA Prosecutor: States Attorney

Count of 32-12-39 (PO) LICENSE NOT IN IMMEDIATE POSSESSION

On 06/22/2009 the defendant pled Guilty by POA

Disposed on 06/22/2009 Disposition: Judgment on Plea of Guilty

Sentenced on 06/22/2009 Fine: \$25.00

Fine Due Date: 06/22/2009

Proceeding Description	Judge Name	Begin Date	Begin Time	Status Description
Initial Appearance		06/22/2009	12:00PM	Waived

Docket Number: 49DIV08000066 filed in Minnehaha on 01/31/2008 Case Status: Terminated

Plaintiff: DAGGETT, ELIZABETH ANN

Filing Name: DAGGETT, DANIEL LEIGH

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
All Other Hearings		04/28/2008	9:00 AM	Cancelled
Court Trial		01/29/2009	9:00 AM	Cancelled
Other Hearing		06/09/2014	3:00 PM	Continuance-Requested by Prosecutor
Other Hearing		09/15/2014	3:00 PM	Continuance-Requested by Prosecutor
Other Hearing		11/10/2014	3:00 PM	

Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
1	Active	DAGGETT, DANIEL L	Active	DAGGETT, ELIZABETH ANN

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
Original Judgment	2/2/2009	0 - See File	02/02/2009 02:00 PM	02/03/2009 01:53 PM

Docket Number: 49SMC06008913 filed in Minnehaha on 11/22/2006 Case Status: Terminated

Plaintiff: AAA COLLECTIONS INC

Filing Name: DAGGETT, ELIZABETH A

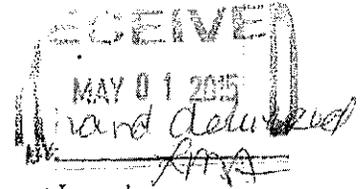
Filing Name: DAGGETT, DANNY A

Proceeding Description	Judge	Begin Date	Begin Time	Status Description
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Judgment	Judgment Status	Debtor(s)	Debtor Status	Creditor(s)
01	Inactive	DAGGETT, DANNY A	Satisfied	
01	Inactive	DAGGETT, ELIZABETH ANN	Satisfied	
01	Inactive			AAA COLLECTIONS INC

Judgment Activity	Judgment Date	Amount	Filing Date/Time	Docketing Date/Time
S	12/27/2006	\$288.25	12/27/2006 08:30 AM	12/27/2006 09:27 AM
Original Cost	12/27/2006	\$28.06	12/27/2006 08:30 AM	12/27/2006 09:27 AM

The search you requested is a court records search based on information you provided. The search results may include criminal court data from January 1989 to present, civil court data from January 2006 to present, active money judgments for the past twenty years, and/or inactive money judgments since April 2004, DEPENDING ON THE TYPE OF SEARCH REQUESTED. Records returned are only those that precisely match this information. There may be instances where fine and cost information will appear immediately below a dismissed charge. The amounts indicated are accurate for a different charge but there should be no fine and cost information related to a dismissed charge. Based on the age of a case, not all financial information may be available in the case management system. You should contact the Clerk of Court office where an original action took place to correct any misinformation and collect any missing information.



Certification of Identification
Certification by Notary Public is Required

Please complete and scan this form along with a photocopy of your Government Issued Identification and the birth certificate or passport presented to the Notary and email to: SDBMOE@state.sd.us

Applicant Full Legal Name: Elizabeth Daggett

Profession: Paramedic

Notary – Please complete the section below:

State of: South Dakota County of: Minnehaha

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate/Passport/Valid U.S. Driver's License). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this

(Day) 30, of (Month) April, (Year) 2015

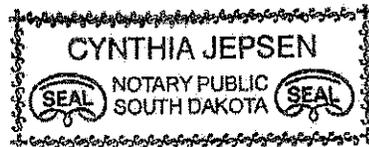
Notary Public Signature: Cynthia Jepsen

Commission Expiration Date*:

(Month) 10 (Day) 5 (Year) 2018

*The notary's commission expiration date must be current and legible. If no expiration date, such as "lifetime", an explanation must be provided.

Notary Stamp Here:



If you cannot scan the documents, you may send them by mail to:
SDBMOE
101 N Main Ave, Suite 301
Sioux Falls, SD 57104

Send to SDBMOE, 101 N MAIN AVE STE 301, SIOUX FALLS, SD 57104

Affidavit and Authorization for Release of Information: You must attach a recent (less than 6 months old) passport quality, color photograph of yourself to this form. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to this Board.

Affidavit
And
Authorization For Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the SDBMOE Application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the SDBMOE any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the SDBMOE or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the SDBMOE, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SDBMOE.

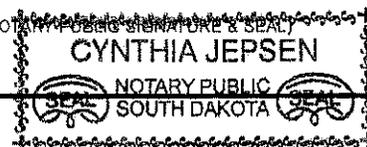
I will immediately notify the SDBMOE in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a licensure being granted to me.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

Elizabeth Daggett
Applicant's Signature (must be signed in the presence of a notary)
Elizabeth Daggett Elizabeth
Applicant's Printed Last Name
Daggett
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
4/30/15
Date of Signature



NOTARY
Dated April 30, 2015 Signed Cynthia Jepsen
State of South Dakota County of Minnehaha
SUBSCRIBED AND SWORN TO before me this 30th day of April 2015
My commission expires: October 5, 2018



FAMILY MEDICINE 41ST & SERTOMA
SANFORD CLINIC FAMILY MEDICINE 41ST & SERTOMA
7220 W 41st Street
Sioux Falls SD 57106-6038
605-328-9600



May 1, 2015

ELIZABETH ANN DAGGETT
923 W 15TH ST
SIOUX FALLS SD 57104

To Whom it May Concern:

This letter is in reference to Elizabeth Daggett, as listed above. I saw Elizabeth for individual therapy sessions to address symptoms related to her depression and anxiety from 6/25/14 through 11/25/14. She was seen on a regular basis during these months. Therapy was discontinued as symptoms improved and Elizabeth was doing better.

As of now, it seems Elizabeth's depression and anxiety are stable with her current treatment plan. If you have any questions or concerns, or need more specific information, please do not hesitate to contact me at (605) 328-9657.

Sincerely,

A handwritten signature in cursive script that reads "Dawn R Eckhoff".

Dawn R Eckhoff, MSW, CSW-PIP
Behavioral Health Triage Therapist
Sanford Family Medicine

HEALTHCARE PROVIDER HEALTHCARE PROVIDER

Healthcare Provider



Training Center Name **Avera McKennan SD05528** TC ID #
 TC Info **Sioux Falls, SD (605) 322-8950**
 Course Location **Education Services**
 Instructor Name **Julie Swenson** Inst. ID # **04091269562**
 Holder's Signature

PEEL HERE

Beth Daggett
 This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.
 Issue Date **February 13, 2015** Recommended Renewal Date **February 2017**

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1801

This card contains unique security features to protect against forgery.

90-1801 3/11

ADVANCED CARDIOVASCULAR LIFE SUPPORT ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider



Training Center Name **Sanford Health CLI** TC ID # **SD05550**
 TC Info **PO Box 5039 Sioux Falls, SD 57117-5039 Phone 328-6327**
 Course Location **Elkton**
 Instructor Name **Carmen Slattery** Inst. ID #
 Holder's Signature

PEEL HERE

Beth Daggett
 This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.
 Issue Date **1/2/2015** Recommended Renewal Date **1/2/2017**

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1806

This card contains unique security features to protect against forgery.

90-1806 3/11

PEDIATRIC ADVANCED LIFE SUPPORT PEDIATRIC ADVANCED LIFE SUPPORT



American Academy of Pediatrics



PALS Provider

Training Center Name **Sanford Health CLI** TC ID # **SD05550**
 TC Info **PO Box 5039 Sioux Falls, SD 57117-5039 Phone 328-6327**
 Course Location **Elkton**
 Instructor Name **Carmen Slattery** Inst. ID #
 Holder's Signature

PEEL HERE

Beth Daggett
 This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.
 Issue Date **1/21/2015** Recommended Renewal Date **1/21/2017**

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1818

This card contains unique security features to protect against forgery.

CERTIFICATE OF ATTENDANCE

South Dakota Approved EMS Training 12.5 Hour(s)

Course #8263

Participant's Name Elizabeth Daggett SD EMT Number 18129

Preparatory: PEPP ALS Hybrid – Online

Airway (2 hours)

Patient Assessment (2 hours)

Medical/ Behavioral Emergencies (2 hours)

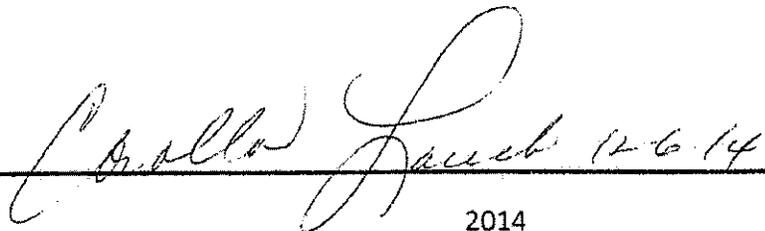
Trauma (2 hours)

Obstetrics (1 hour)

Pediatrics (2 hours)

Cardiac Emergencies/AED (1.5 hours)

Electives

 Carollo
2014

To receive credit for training, locate the appropriate category then record the date of the training, number of hour(s) completed and the program description under the appropriate columns of your certification booklet. The course number serves as the verification of training and is recorded in the "Signature Verification" column. A copy of this certificate must accompany your recertification materials

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Pediatric Education for Prehospital Professionals

Certificate of Completion

This verifies that

beth daggett

Attended the Advanced Life Support (ALS) Pediatric Education for Prehospital Professionals (PEPP) Course
in accordance with the curriculum developed by the American Academy of Pediatrics.

Course Completion Date 12/6/2014

Recommended Renewal Date 12/6/2016

Course Location Sanford Center for Learning

Course Coordinator Name Corolla Lauck

This certificate does not guarantee any future performance or competence. Skills deteriorate rapidly when not used.
Periodic retraining is strongly recommended. The PEPP Provider verification is valid for 2 years.

✂ Cut along the dotted line at the
bottom of the certificate and along
the dotted lines around the course
completion card. Fold the card in half.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Provider

beth daggett

Has successfully completed the *Pediatric Education for
Prehospital Professionals (PEPP) Course* indicated on the
reverse side in accordance with the curriculum of the American
Academy of Pediatrics PEPP program.

Course Completion Date 12/6/2014 Recommended Renewal Date 12/6/2016

Course Coordinator

Course Coordinator Name: **Corolla Lauck**
Course Location: **Sanford Center for Learning**

PEPP Course Level: ALS BLS

A basic provider (EMR, EMT, etc.) can receive an ALS course completion card
recognizing participation and successful completion of an ALS course. This
card DOES NOT CERTIFY the participant indicated on the front of this card
to practice at the course level indicated.

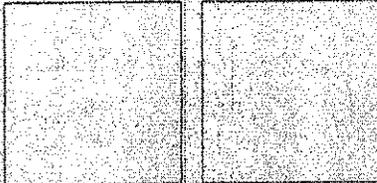
Recognition of course completion is subject to the provisions and
limitations of applicable state statutes and licensing acts.



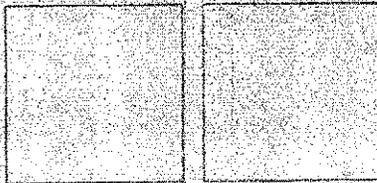
39TH ANNUAL SDEMSA STATE CONFERENCE

FRIDAY, OCTOBER 24, 2014

Opening Ceremonies & Business Meeting
 Grand Ballroom • 8:00-9:15



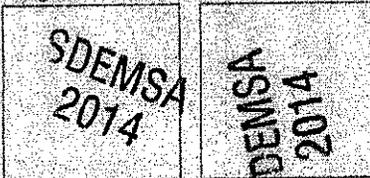
Leadership Tips for the Next Decade
 James Sideras • Preparatory
 Grand Ballroom • 9:45am - 10:45am



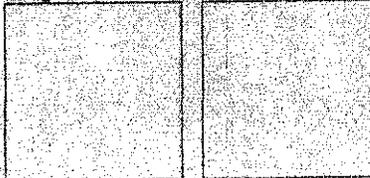
The Sun Shall Rise & Set
 Scotty Bolleter • Pediatrics
 Grand Ballroom • 11:00am - 12:00pm



The Pediatric Airway & Common Respiratory Emergencies
 Benson Hsu, MD • Peds/Airway
 Meeting Rooms 13 & 14 • 1:00pm - 2:00pm



Case Studies in Pre-hospital Care 2013
 Mike Grill • Patient Assessment
 Meeting Rooms 11 & 12 • 1:00pm - 2:00pm

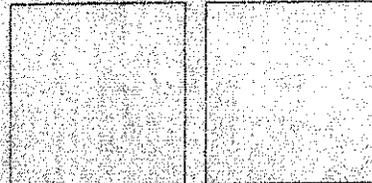


Heart Failure
 Stephanie Preister, CNP • Cardiac
 Meeting Rooms 9 & 10 • 1:00pm - 2:00pm

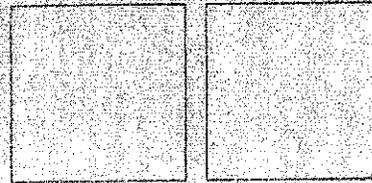


EMS Data - SD

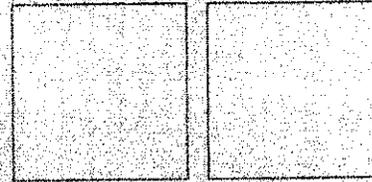
Rob Keys • Preparatory
 Meeting Room 8 • 1:00pm - 2:00pm



A Look into the Past and Future of South Dakota EMS
 Matt McQuisten • Elective
 Meeting Room 7 • 1:00pm - 2:00pm



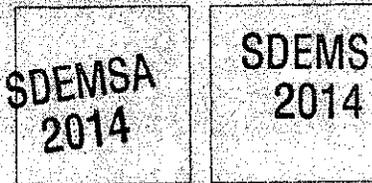
The Pediatric Airway and Common Respiratory Emergencies
 Benson Hsu, MD • Peds/Airway
 Meeting Rooms 13 & 14 • 2:15pm - 3:15pm



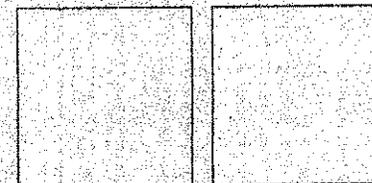
Designer Drugs
 Kelly Black, MD • Medical/Behavioral
 Meeting Rooms 11 & 12 • 2:15pm - 3:15pm



Altered Mental Status
 Linda March, RN • Medical/Behavioral
 Meeting Rooms 9 & 10 • 2:15pm - 3:15pm



Organ Preservation
 Todd Dimond • Patient Assessment
 Meeting Room 8 • 2:15pm - 3:15pm



Elizabeth Daggett
EMT Number 18129

NREMT Update
NREMT Staff • Preparatory
Meeting Room 7 • 2:15pm - 3:15pm

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Make a Difference
Sioux Empire Red Cross • Elective
Meeting Room 6 • 2:15pm - 3:15pm

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Bringing Battlefield Medicine to Our Streets
William Justice • Trauma
Grand Ballroom • 3:45pm - 4:45pm

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SATURDAY, OCTOBER 25, 2014

Too Much of Too Little for Too Long
Mike Grill • Cardiac
Grand Ballroom • 8:00am - 9:00am

--	--

Unsettling Settlement
Scotty Bolleter • Patient Assessment
Grand Ballroom • 9:15am - 10:15am

--	--

Strike a Cord
William Justice • Trauma
Grand Ballroom • 10:45am - 11:45am

SDEMSA 2014	SDEMSA 2014
----------------	----------------

Lucas Update
Ralph Renger, PhD • Preparatory
Meeting Room 6 • 1:30pm - 2:30pm

--	--

Burn Care
Mark Johnston, RN • Medical/Behavioral
Meeting Rooms 13 & 14 • 1:30pm - 2:30pm

--	--

How We Bring New Blood into EMS without "Eating Our Young"

Doug Meyer • Elective
Meeting Room 7 • 1:30pm - 2:30pm

--	--

Tears from Heaven
Scotty Bolleter • Pediatrics
Meeting Rooms 9 & 10 • 1:30pm - 2:30pm

SDEMSA 2014	SDEMSA 2014
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Baby's Free, But There is a Delivery Charge
Eric Van Dusen & Dustin Faber • OB
Meeting Rooms 11 & 12 • 1:30pm - 2:30pm

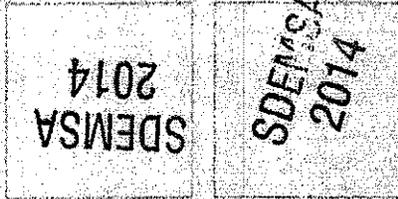
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Finding Balance Amongst Chaos
Michael Wilson • Elective
Meeting Room 6 • 2:45pm - 3:45pm

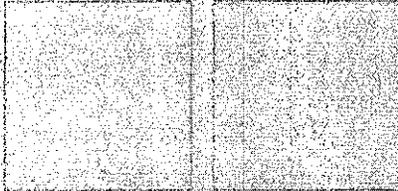
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JAY, OCTOBER 25, 2014 (CONTINUED)

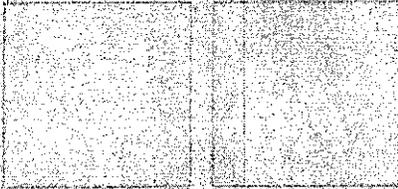
Airway Management - ALS
Travis Spier • Airway
Meeting Room 7 • 2:45pm - 3:45pm



Without Thought
Scotty Bolleter • Medical/Behavioral
Meeting Rooms 9 & 10 • 2:45pm - 3:45pm



ACLS for Basics
William Justice • Cardiac
Meeting Rooms 13 & 14 • 2:45pm - 3:45pm



Baby's Free, But There is a Delivery Charge
Eric Van Dusen & Dustin Faber • OB
Meeting Rooms 11 & 12 • 2:45pm - 3:45pm



Medical Marijuana - Joke or Toke?
Mike Grill • Medical/Behavioral
Grand Ballroom • 4:00pm - 5:00pm

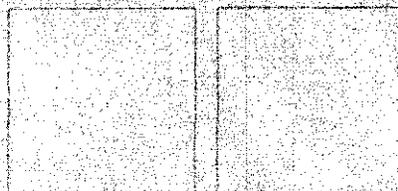


Exhibit 10

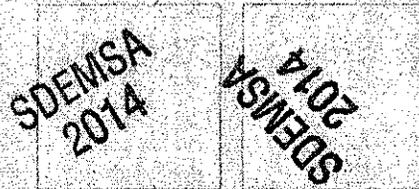
Elizabeth Daggett
EMT Number 18129

SUNDAY, OCTOBER 26, 2014

A Shout Away
William Justice • Patient Assessment
Grand Ballroom • 9:00am - 10:00am



A Way to Get There
William Justice, Scotty Bolleter and Mike Grill
Patient Assessment • Grand Ballroom • 10:15 am - 11:15am



SDEMSA District II & STI
 24 Hour EMT Refresher Course
 January 23, 24, 25, 2015

NAME Elizabeth Orsatti **Exhibit 10**

EMT # 18129



Friday, January 23, 2015 12 Noon-2pm Medical/Behavioral Eugene Taylor, Paramedic Sanford AirMed	JAN 23 2015
Friday, January 23, 2015 2pm-4pm Cardiac Eugene Taylor, Paramedic Sanford AirMed	JAN 23 2015
Friday, January 23, 2015 4pm-5pm Preparatory Chad Skiles, EMT-I/C Lennox Ambulance Service, Canton-Inwood Ambulance Service	JAN 23 2015
Friday, January 23, 2015 5:30pm-8:30pm Patient Assessment Thom Brude, Paramedic Sanford AirMed	JAN 23 2015
Saturday, January 24, 2015 8am-10am Pediatrics Corolla Lauck, Paramedic EMS for Children	JAN 24 2015
Saturday, January 24, 2015 10am-12 Noon Trauma Dustin Faber, Paramedic Sanford EMS Education/SIMSD	JAN 24 2015
Saturday, January 24, 2015 1pm-3pm Cardiac Thom Brude, Paramedic Sanford AirMed	JAN 24 2015
Saturday, January 24, 2015 3pm-5pm Airway Eric VanDusen, Paramedic Sanford EMS Education	JAN 24 2015
Sunday, January 25, 2015 8am-10am Medical/Behavioral Eugene Taylor, Paramedic Sanford AirMed	JAN 25 2015
Sunday, January 25, 2015 10am-12 Noon Trauma Eric VanDusen, Paramedic Sanford EMS Education	JAN 25 2015
Sunday, January 25, 2015 1pm-3pm OB Eric VanDusen, Paramedic Sanford EMS Education	JAN 25 2015
Sunday, January 25, 2015 3pm-5pm Elective Chad Skiles, EMT I/C Lennox Ambulance Service, Canton-Inwood Ambulance Service	JAN 25 2015



THIS IS TO
ACKNOWLEDGE THAT

Elizabeth A Daggett

has successfully completed the

Combined Provider Course

sponsored by the National Association of Emergency
Medical Technicians, in cooperation with the Committee
on Training of the American College of Surgeons and

MARC

This continuing education activity is approved by NAEMT, an organization accredited by the
Continuing Education Coordinating Board for Emergency Medical Services (CECEBEMS).

CECEBEMS No. 07-NAEMT142A-0007 assigned 16 CE Hours Basic or Advanced
State License #18129 NREMT #

Barry Bender
Barry Bender
Clinical Medical Director

John Baker
John Baker
Course Coordinator



Barry Bender
Clinical Medical Director
John Baker
Course Coordinator

PHES Course Representative

971-734-33
National Exam Number

03/02/2016
Exam Date

SOUTH DAKOTA
BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

SDBMOE
101 N MAIN AVE, SUITE 301
SIOUX FALLS, SD 57104
SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



Sent Via Electronic Mail

January 30, 2015

Don Jones
1325 S Cliff Avenue
Sioux Falls, SD 57117

Dear Don,

I have reviewed your syllabus for the EMS refresher training which has been approved by the South Dakota Board of Medical & Osteopathic Examiners. The assigned course number for the refresher is 8855A. Please feel free to contact our office with any questions at 605-367-7781

Sincerely,

Randi Sterling

Randi Sterling
Licensing Specialist

This certifies that

Elizabeth Daggert

Has completed the

**Avera McKennan School of EMS
National EMS Education Standard
Paramedic Refresher Course #8855A**

Formally approved by the

South Dakota Board of Medical and Osteopathic Examiners

At Avera McKennan Hospital and University Health Center
On February 12-13-14, 2015



A handwritten signature in black ink, appearing to read "Don Jones".

Don Jones, BS, NREMT-P
Program Manager

**Affidavit of Non-Supervision
Advanced Life Support Personnel without a Supervising Physician**

I, Elizabeth Daggett, understand that I am being licensed in South Dakota as an Advanced Life Support Provider without a supervising physician and that this Affidavit is being offered in lieu of the required certificate of supervising physician (see ARSD 20:61:01:04 below). I will not use my advanced life support skills without BMOE approved medical oversight.

The applicable South Dakota laws with emphasis supplied are as follows:

SDCL 36-4B-15 states:

Medical supervision of advanced life support personnel. Advanced life support personnel **shall be supervised by a physician** who will observe, direct, review the work records and practice permitted by §§ 36-4B-16 and 36-4B-17, to ensure that the patient is given proper treatment.

SDCL 36-4B-1. Definition of terms. Terms used in this chapter mean:

- (1) "Advanced life support," a level of **prehospital and interhospital emergency care** consisting of basic life support procedures and definitive therapy including the use of invasive procedures and may include the use of drugs and manual defibrillation;
- (6) "Emergency medical services," **health care** provided to the patient **at the scene, during transportation to a medical facility, between medical facilities and upon entry at the medical facility;**

ARSD 20:61:01:04. **Certificate of supervising physician required.**

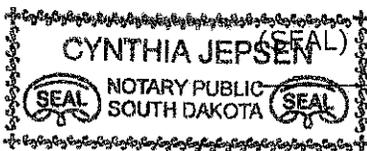
Each applicant shall file with the application a certificate of a physician who will supervise, observe, direct, and review the applicant's work record and practice. The physician shall verify that the physician will, in fact, assume such responsibilities.

Furthermore, I understand if I wish to practice my advanced life support skills, I will first file a certificate to the Board office verifying that I have a supervising physician who will, in fact, assume the responsibility to observe, direct, and review my work records and practice as required by South Dakota law.

Elizabeth Daggett
Print Applicant/Licensee Name

Elizabeth Daggett 4/30/15
Signature of Applicant/Licensee Date

Subscribed and sworn to before me this 30th day of April, 2015



Cynthia Jepsen
Notary Public

My Commission expires: 10/5/18

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE
SOUTH DAKOTA BOARD OF
MEDICAL & OSTEOPATHIC
EXAMINERS APPLICATION

NOTICE OF HEARING

IN CONTESTED CASE

RE: ELIZABETH DAGGETT

Please take notice that a contested case hearing has been scheduled before an Administrative Law Judge of the Office of Hearing Examiners in the above captioned matter. The hearing will take place on Friday, August 21, 2015, in the Board Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD, beginning at 10:00 am.

Dated this 24 day of July, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

THE SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Re: ELIZABETH DAGGETT
PARAMEDIC

TEMPORARY APPROVAL
ORDER

Elizabeth Daggett, Paramedic, failed to renew her South Dakota Paramedic License while it was under investigation. Pursuant to ARSD 20:78:04:06, her license is withdrawn under investigation.

The Board has authorized the executive director to execute this temporary approval order pending consideration by the Board at its next Board Meeting.

For this reason, said document has been temporarily approved pending consideration by the Board.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

By: Margaret B. Hansen Date: 7/16/2014
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
And Osteopathic Examiners

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY }
I hereby certify that the foregoing
instrument is a true and correct copy
of the original as the same appears
on the record in my office.

Executive Secretary
By: MBH by JTP
Date: 7-16-14

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE
SOUTH DAKOTA PARAMEDIC LICENSE OF
ELIZABETH DAGGETT

SOUTH DAKOTA PARAMEDIC LICENSE
WITHDRAWN UNDER INVESTIGATION

Elizabeth Daggett, Paramedic, (Ms. Daggett), was placed under investigation by the South Dakota Board of Medical and Osteopathic Examiners (the Board).

Ms. Daggett failed to renew her South Dakota paramedic license pursuant to SDCL 36-4B-26 and SDCL 36-4B-27.

Pursuant to ARSD 20:78:04:06.Effect of failure to renew during investigation.
The holder of a license, permit, or certificate may choose not to renew the license, permit, or certificate after a complaint investigation has been initiated by the executive secretary. A failure to renew after investigation has been initiated shall be reported as "withdrawn under investigation" in the board's permanent license files and in any national databases to which the board is required to report licensure action.

This is a public action of the Board and the State of South Dakota, and shall be published on the Board's website and reported to the national databanks and all other entities deemed necessary by the Board in compliance with state and federal law.

By: Margaret B. Hansen
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Date: 7/16/2014

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY }
I hereby certify that the foregoing
instrument is a true and correct copy
of the original as the same appears
on the record in my office.

Executive Secretary
By: MBH by JTP
Date: 7-16-14

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE
SOUTH DAKOTA BOARD OF
MEDICAL & OSTEOPATHIC
EXAMINERS

NOTICE OF HEARING

RE: MATTHEW P. Gildeleon

Please take notice that the South Dakota Board of Medical and Osteopathic Examiners will consider the withdrawal of your EMT I/85 license "while under investigation" on Thursday, September 10, 2015, in the Board Conference Room, 101 N. Main Ave., Suite 215, Sioux Falls, SD beginning sometime after 11:00 am (CDT).

Dated this 1 day of Sept, 2015.



William H. Golden, esq.
Assistant Attorney General/Civil Litigation Division
317 N. Main Ave.
Sioux Falls, SD 57104
*Attorney for the South Dakota Board of
Medical and Osteopathic Examiners*
(605) 201-8588

THE SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Re: MATTHEW PIERRE GILDELEON TEMPORARY APPROVAL
ORDER

Matthew Pierre Gildeleon, EMT I/85 Licensee failed to renew his license while it was under investigation. Pursuant to ARSD 20:78:04:06, his license is deemed "withdrawn under investigation".

The Board has authorized the executive director to execute this temporary approval order pending consideration by the Board at its next Board Meeting.

For this reason, said document has been temporarily approved pending consideration by the Board.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

Margaret B. Hansen

By: _____ Date: 9/1/2015

Margaret B. Hansen
Executive Director

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY }
I hereby certify that the foregoing
instrument is a true and correct copy
of the original as the same appears
on the record in my office.

Executive Secretary
By: MBH by JTD
Date: 9-1-15

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE
SOUTH DAKOTA ADVANCED SOUTH DAKOTA LICENSE
LIFE SUPPORT I/85 LICENSE: WITHDRAWN UNDER INVESTIGATION
Re: MATTHEW PIERRE GILDELEON

Matthew Pierre Gildeleon (Mr. Gildeleon) was under placed under investigation by the South Dakota Board of Medical and Osteopathic Examiners (Board) on May 14, 2015, due to his termination by the ambulance service for poor performance of job duties.

Mr. Gildeleon was asked to provide a response but failed to respond to the Board investigator's request. Mr. Gildeleon was asked on three (3) separate occasions to provide his response, and he failed to respond each time.

Mr. Gildeleon then failed to renew his Advance Life Support I/85 license and, on July 15, 2015, while under investigation, his license suspended pursuant to SDCL 36-4B-28.

Pursuant to ARSD 20:78:04:06.Effect of failure to renew during investigation. The holder of a license, permit, or certificate may choose not to renew the license, permit, or certificate after a complaint investigation has been initiated by the executive secretary. A failure to renew after investigation has been initiated shall be reported as "withdrawn under investigation" in the board's permanent license files and in any national databases to which the board is required to report licensure action.

This is a public action of the Board and the state of South Dakota, and shall be published on the Board's website and reported to the national databanks and all other entities deemed necessary by the Board in compliance with state and federal law.

By: Margaret B. Hansen
Margaret B. Hansen
Executive Director
South Dakota Board of Medical
and Osteopathic Examiners

Date: 9/1/2015

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY
I hereby certify that the foregoing
instrument is a true and correct copy
of the original as the same appears
on the record in my office.

Executive Secretary
By: MBH by JTP
Date: 9-1-15



Hill City Ambulance

P.O. Box 671 Hill City, SD Phone: (605) 574-2631 Fax: (605) 574-9068

E-Mail: hcas@hills.net

To: South Dakota Board of Medical & Osteopathic Examiners

RE: Matthew Gildeleon, ALS license 1528, SD EMT 19261

Date: March 4, 2015

Effective at 2100 hrs. on this day, Matt Gildeleon's employment with Hill City Ambulance is terminated due to poor performance of job duties.

Sara Booth & Slade Swedlund
Hill City Ambulance Service Co-Directors

Dr Lisa Brown
Hill City Ambulance Service Medical Director

CC: South Dakota State EMS Office
Hill City Ambulance Service Board of Directors
Employee file

Reply to Subpoena Duces Tecum
In Re: Matthew Gildeleon

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the day below, a true and correct copy of the above referenced document was served in the following manner upon the following person(s), pursuant to the service indicated, postage prepaid as applicable, addressed as follows:

Hon. Margaret B. Hansen
Executive Director
SD Board of Medical & Osteopathic
Examiners
101 N. Main Ave. Ste. 301
Sioux Falls, SD 57104

- U.S. Mail (First Class)
- Hand Delivery
- Facsimile
- Overnight Delivery
- Electronic Case Filing
- E-Mail

Dated this 30 day of April, 2015.

HILL CITY AMBULANCE DISTRICT
dba HILL CITY AMBULANCE SERVICE

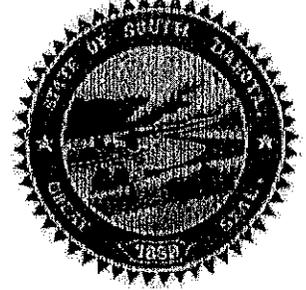
BY: 

Sara Booth
Co-Director
359 E Main St. PO Box 671
Hill City, SD 57745
605-574-2631

SOUTH DAKOTA

**BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS**

SDBMOE
101 N MAIN AVE, SUITE 301
SIOUX FALLS, SD 57104
SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



April 17, 2015

Hill City Ambulance Service
Attention: Sara Booth
359 E Main St
Hill City, SD 57745

Re: In the matter of Matthew Gildeleon

Dear Ms. Booth:

Attached is a Subpoena Duces Tecum which requests information in the matter of Matthew Gildeleon. Please comply with the subpoena by mailing the requested materials to this office as soon as possible.

If you have any questions, please do not hesitate to contact our office and thank you for your cooperation in this regard.

Sincerely,

Misty Rallis

Misty Rallis
Board Investigator

misty.rallis@state.sd.us

Enclosure

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

STATE OF SOUTH DAKOTA)

SUBPOENA

: SS

COUNTY OF MINNEHAHA)

DUCES TECUM

TO: Hill City Ambulance Service
Attn: Sara Booth
359 E Main St
Hill City, SD 57745

In the matter of: In Re: Matthew Gildeleon

GREETINGS

YOU ARE HEREBY COMMANDED to be and appear at the office of the South Dakota Board of Medical and Osteopathic Examiners, 101 N. Main Ave., Suite 301, Sioux Falls, SD, 57104, at 10:00am on May 1, 2015, then and there to give testimony on the part of the South Dakota Board of Medical and Osteopathic Examiners, in the matter noted above which is an administrative proceeding pending before the South Dakota Board of Medical and Osteopathic Examiners.

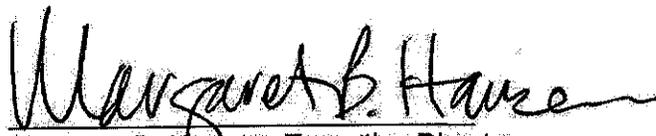
You are further commanded to produce for examination at the time, date and place stated above, the following:

Any and all documents relating to the termination of Matthew Gildeleon
from Hill City Ambulance Service

In lieu of your appearance as above stated, you may, on or before 10:00am on May 1, 2015, mail or otherwise deliver to the undersigned legible copies of the documents and items you are commanded to produce in response to this subpoena. If such documents and items are produced in advance of the date and time set for your appearance, your appearance will not be required.

WITNESS, the Hand and Seal of the South Dakota Board of Medical and Osteopathic Examiners on April 17, 2015.

SEAL



Margaret B. Hansen, Executive Director
South Dakota Board of Medical & Osteopathic Examiners

Hill City Ambulance Service Employee Annual Evaluation

Name: Matt G.	Date: 8 Nov 2013	Hire Date: 3/29/2010
EMT#: 19261	Certification Level: EMT-I (uncertified Paramedic)	

Remarks: **current wage 11.29 hour
Scheduled 40 hrs/week** **11.79**

Performance Elements (please rate yourself)	Overall Ranking				
	Exceeds		Satisfactory		unsatisfactory
Patient Care	5	(4)	3	2	1
Strengths					
Weaknesses	nervous				
Compliance with Protocols	(5)	4	3	2	1
Strengths					
Weaknesses					
Communication (written & verbal)	5	4	(3)	2	1
Strengths					
Weaknesses	doesn't seem to "like" to communicate				
Scene Management	5	4	(3)	2	1
Strengths					
Weaknesses	over bearing / lack of teamwork				
Driving Skills	(5)	4	3	2	1
Strengths					
Weaknesses					
Patient Confidentiality	(5)	4	3	2	1
Interaction with Staff/Supervisor (decision-making, cooperativeness, involvement)	5	4	3	(2)	1
Strengths					
Weaknesses	Confrontational doesn't communicate				
Involvement (meetings, extra-curricular, social)	5	4	3	(2)	1
Strengths					
Weaknesses	doesn't				
Dependability (attendance, punctuality, attentiveness)	5	4	(3)	2	1
Strengths					
Weaknesses					
Knowledge (Treatments, Protocols, Scope of Practice)	5	(4)	3	2	1
Strengths					
Weaknesses					
Skills (IV, AED, 12-lead, Combitube, nebulizer, etc)	5	(4)	3	2	1
Strengths					
Weaknesses	lack of confidence?				
Abilities (lifting & carrying, scene management, stress management)	5	(4)	3	2	1
Strengths					
Weaknesses					
Attitude (motivation, cooperativeness, personal appearance/hygiene)	5	4	3	(2)	1
Strengths					
Weaknesses	unshaven unshowered, unprof. appearance				

Where do you see yourself in a year? **often irritated**

What are your goals? (career development/satisfaction, personal development, etc)

46

Sara Booth, Hill City Ambulance Co-Director Notes:

20 August 2014

1015 hrs

Had to tell Matt to report to the station. Told him staff is expected to keep "office Hours" at the station.

3 Sept 2014

1000 hrs

Had to ask matt to report to work again

Oct 15 2013

Matt agreed to work 0001-1600 for Sara (8 hrs tradeback, 8 hours OT). Allison reports that she was awake all night because she was concerned that he did not come in at midnight, she wasn't sure she even had a partner. When he finally came in about 8:00 am or so he was evasive and defensive saying he "was around".

When Sara came in around 9:30 for office business, she directly asked him if he'd forgotten that he had agreed to work for her at midnight, he denied forgetting. When Sara asked him where he was rather than at the station, he said he was "at a buddy's house".

December 18, 2014

Very upset with Matt after outburst at Christmas party Dec 13 where he got on stage and "thanked" Brandon for being the only Paramedic in Hill City for two years.

Sara & Slade met with Monte and Kay at 4:30 pm on Dec 16 to discuss firing Matt. Not so much for their approval but to bounce strategy off them. Was decided that it was poor timing (week before Christmas) and that we really didn't have a proper "paper trail" of attempts to correct his behavior.

Sara & Slade met with Matt at about 4:30 on Dec 17 to discuss with him the following:

- Bad attitude
- Relations with staff
- Driving
- Outburst at Christmas party
- His general stress level
- Lack of participation in AEMT class
- Dropping out of AEMT class

Sara Booth, Hill City Ambulance Co-Director Notes:

Shaking
Drinking

We told him that it seemed as though he was miserable here. He frequently complained about other staff and there was a long list of staff that he had said he was not willing to work with. Many staff had said they didn't want to work with him.

We put him on performance probation and will reevaluate in January.
Life's too short to be miserable.

Matt expressed surprise that staff was not happy with him. He said that after a couple years of significant stress in his personal life (EMT-P school & ride-along, test, not passing test, separation & divorce) things were looking up for him (first vacation next week with new girlfriend) he thought things were definitely improving and having a better relationship with staff and better attitude would be no problem.

January 6, 2015

Matt asked me to find staff to work for him so he could be gone to celebrate Christmas. He wanted to trade time so that he could preserve his paycheck – he had no vacation or sick time left.

I worked two shifts for him and arranged "payback" dates with him before his trip.

On Thursday Jan 1 I called matt to double check that he remembered he was working for me "payback" 0001-0800 on Friday Jan 2 and also reminded him that the other "payback" shift he owed me was 0001-0800 Monday Jan 5. He verbally confirmed all of this.

Monday afternoon, Jan 5 matt called me to confess that he had completely forgotten he was suppose to work for me 0001-0800 hrs that day and was, in fact, not in Hill City during that time. He offered to work for me to fulfill the payback on 0001-0800 Jan 6. He said he specifically want to tell me of his mistake in person and apologized a couple times over the course of the conversation. I agreed to let him work for me on Jan 6.

27 Jan 2015

Texted Allison to ask about PCR 1418501 – it is still not completed despite date of service being 12/15/2014. The report is now 6 weeks old.

She said: "I was going to do it last week and refused to breathe any more of the toxic air around Matt in the meeting room. He reeks."

Sara Booth, Hill City Ambulance Co-Director Notes:

I was briefly in training room with matt Jan 21 or 22 and it was apparent that Matt had not showered recently. The odor in the room was very strong.

Feb 4, 2015

Went down to the station about 10 am to show Matt the new responding software. He was asleep in the chair in training room. Had to ask him at least 3 times to wake up – made some argumentative comments (“but I’m sleeping” “why do I have to wake up?” “you want to talk about Insurance?”)

Feb 5, 2015

Got to the station around 8 am for my shift and immediately began truck checks. Matt came out after a little while obviously having just woke up. Commented that he’d done truck checks the day before just didn’t write them down. I commented that there was no way for me to know what had been done if it wasn’t written down. After I was done with H2 (primary ambulance and the time) I asked him to do checks on H1 – there was nothing written down for many days previous. He made a snarky comment about “I bet I go back there (the back of the ambulance) and the paper (daily test strip) is gone from the Lifepak” this is his “proof” that someone did truck checks. I replied that I could tear a paper off and do nothing else too. He didn’t seem pleased at all that I was asking him to do his chores.

From: SS [emtfyr@gmail.com]
Sent: Monday, December 15, 2014 12:05 PM
To: Hill City Ambulance Service
Subject: just my thoughts

It's been obvious that you're not happy with the service for a long time.

We have had board members tell us that you have complained about us on more than one occasion.

When we spoke to you about it, you had your facts wrong. Example (No raises due to auto accident and financial issues. Not because we just didn't want to).

Nearly every EMT on the service has complained to us about your performance.

Examples:

Driving – Some have said they are very concerned for their own safety. That you drive erratically and way to fast.

Patient skills – many have told us that they are concerned about your patient skills, time management on calls, decision making, and IV skills.

Intoxication – we have had complaints that you have come into the fire hall while very intoxicated. And that there are times you have been somewhat aggressive with some of the on duty staff.

Several staff have commented on you shaking to the point where you have struggled to give IV's.

We had a patient also comment on you shaking and making them nervous.

You admitted that the shaking was due to over drinking when off duty.

Misrepresentation – Last christmas party you announced to the staff and the ambulance board that you are a paramedic

This past Saturday night you made it very apparent how unhappy you are with the service and our leadership.

We had a Board member suggested we let you go several months ago. We decided to try to continue to work with you.

We have personally witnessed most of these issues ourselves and we have spoken to you about these problems on many occasions.

Slade Swedlund, Co-Director Hill City Ambulance, Note:

On December 31st 2014 I received a text from Clayton stating the following.

Clayton = "Hey sorry to bother you on a holiday but I think Matt is not thinking clearly. He has been acting strange all morning and I don't know how to proceed."

I asked Clayton what Matt was specifically doing that was strange.

Clayton = "Kinda slurring his speech and talking about things no one else was talking about. Just out of the blue"

I called and spoke to Matt on the phone. I asked him how things were going and if he had a good Christmas. On the phone it sounded to me that Matt was alert and oriented, however he did slur his speech a couple times.

I drove to Hill City and he spoke with Matt in person. Matt's hands were shaking somewhat dramatically, his eyes were blood shot, and he seemed to have some trouble articulating a few of his words. For example: when Matt was trying to describe a Scale he said "the thing that measures weight". Matt was alert and oriented to person, place, time, and event. When Matt walked into the other room his walk seemed normal.

On Friday January 2nd Matt no longer appeared to be shaking. He seemed more calm, and his eyes were no longer blood shot. I asked Matt about his shaking and he said he did go to the doctor last Tuesday. Matt said the doctor switched up his medications and he thought it would help. Matt also mentioned he has a lot of anxiety and he gets a little nervous when he is around me.

EMERIS

DURING LATE ~~FALL~~^{FALL}, EARLY WINTER
I RESPONDED TO A CHOKING CALL TO SLATE
CREEK GRILL WITH EMT MASK AND LEMTS
BONDE AND GILDELEON. MATT DROVE WHILE
BONDE AND MYSELF SAT IN THE BACK.
RATHER THAN TAKING THE DIRECT ROUTE
DOWN MAIN ST, MATT TOOK THE BACK
ROAD OFF MAJOR LAKE DR. UPON ADDITIONAL
INFORMATION FROM DISPATCH, THE PATIENT
WAS NO LONGER CHOKING AND WAS ALERT
JUST WANTED VITALS TAKEN. MATT DID NOT
SLOW DOWN AND CONTINUED HOT. WHEN
WE CAME TO THE BRIDGE, HE DID NOT
SLOW DOWN AND HIT THE SPEED BUMP SO
HARD THAT BONDE AND MYSELF WE TOSSED AROUND
THE BACK AND HAD TO HOLD ON AS TO NOT BE
THROWN AROUND. UPON ARRIVAL MATT DID NOT
DO ANY PATIENT CARE, EMT MASK TOOK LEAD
WHILE MYSELF AND BONDE TOOK ALL VITALS.



JESSE MCHARGUE - EMT

6 MAR 15

LATE LAST SUMMER I RAN A CALL WITH EMT CLAYTON RASK AND IEMT MATT GILDELEON. THE CALL WAS AN EIGHT YEAR OLD GIRL IN SEVERE RESPIRATORY DISTRESS. THE LOCATION OF THE CALL WAS THE HILL CITY CLINIC. UPON ARRIVAL, AUDIBLE WHEEZES WERE HEARD. BASED ON THE GENERAL IMPRESSION OF THE GIRL, IT WAS IMMEDIATELY DETERMINED THAT RAPID TRANSPORT WAS NEEDED. HIGH FLOW O₂ WAS ADMINISTERED VIA NON REBREATHING MASK AND SHE WAS PLACED ON THE STRETCHER. WE INFORMED HER GRANDMOTHER THAT WE WERE TRANSPORTING HER TO RAPID. EMT RASK DROVE WHILE MYSELF AND IEMT GILDELEON TOOK PATIENT CARE. WE REQUESTED THAT A MEDIC INTERCEPT WITH US. AFTER OBTAINING VITALS, AND DETERMINING O₂ WAS NOT HELPING, GILDELEON SAID "SHE NEEDS A NEBULIZER TREATMENT" I TOLD HIM TO DO IT AND HE REFUSED. HE TOLD ME TO ~~DO~~^{DO} IT, I INFORMED HIM THAT IT WAS OUT OF MY SCOPE

OF PRACTICE. HE AGAIN TOLD ME TO DO IT BECAUSE "HE WASN'T GOING TO" I GOT THE NEB TREATMENT FROM THE CABINET AND AS I DID I ASKED GILDELEW TO ESTABLISH AN IV ACCESS. HE REFUSED SAYING, "I DON'T WANT TO SCARE HER ANYMORE THAN SHE IS." MATT SAT IN THE CAPTAIN'S CHAIR FACING THE WALL REFUSING TO ASSESS THE PATIENT. I ASKED MATT TO ASSEMBLE THE NEBULIZER TREATMENT FOR ME AND HAD TO EXPLAIN EACH STEP TO HIM. HIS HANDS WERE SO SHAKY THAT I TOOK THE ALBUTEROL FROM HIM AND ROUTED IT MYSELF OUT OF FEAR HE WOULD SPILL IT. UPON MEDIC INTERCEPT, I GAVE A FULL VERBAL REPORT ON MY PATIENT. IN MY OPINION, I SHOULD NOT HAVE TAKEN LEAD ON THAT CALL NOR SHOULD HAVE BEEN THE ONE TO ADMINISTER ALBUTEROL.


JESSE MCHARGUE - EMT

Cesar Meza, EMT with Hill City Ambulance, stated the following about Matt.

"Matt has random outbursts"

"I've witnessed Matt struggling with doing IV's due to his shaking dramatically"

"There are times when Matt is not in the right frame of mind"

"Matt left his on duty partner (Noble) to respond to a motorcycle accident"

At the motorcycle accident mentioned above (patient had a seizure, then wrecked the motorcycle), "Matt was Extremely hyped up", causing people at the scene to become nervous and hyped up themselves.

On March 4, 2015 around 08:10 while doing trucks with my partner Matt Gildeleon I approached close to him and detected what I thought to be a strong smell of alcohol. He immediately moved away and tried to remain at a distance for the rest of the morning.

At approximately 11:10 we had a walk in patient who asked me to check them out. I proceeded to do so as Matt was at breakfast. After I checked vitals and gave the patient a brief assessment I told them we should take them to the emergency room. The patient denied and attempted to call their spouse. I managed to get the patient to wait with me while they tried to contact their spouse.

At this time Matt returned and I apprised him of the situation. He got in the back of the ambulance with the patient and I went to use the restroom. Upon arriving back at the ambulance I opened the door to go in and a very strong smell was immediately apparent. It smelled like alcohol and body odor. I entered the ambulance and Matt was telling the patient there was no need for us to take them to the ER if their spouse was coming as we could not fix anything that may have been wrong with their condition based on their symptoms and diagnostic equipment.

At this time I asked Matt if we should have the patient sign a refusal. He replied no and then offhandedly stated we could if we wanted to do the paperwork.

Numerous times I have smelled what I thought to be the smell of alcohol coming from Matt. It seems that Wednesday mornings when he comes in the smell is more of alcohol and he does not shake. He also tries to keep his distance from people. As the day progresses the smell starts to be more like body odor. It is at this time that he begins to shake.

I regret that I have begun to dread getting a call on Wednesday mornings. Most of the Wednesdays I am torn between letting him drive or have patient care. I do not feel safe letting him do either if he smells like alcohol as he so often does.

Sincerely



Clayton Rask

March 4, 2015 18:16

To: Hill City Ambulance Attn: Slade Exhibit 2

On 3-4-15 while responding to a call for a structure fire, I encountered Matt Gildeman on scene. While talking with Matt in the structure, I smelled alcohol on his breath. Matt was on duty with 2911.

Jason Peters



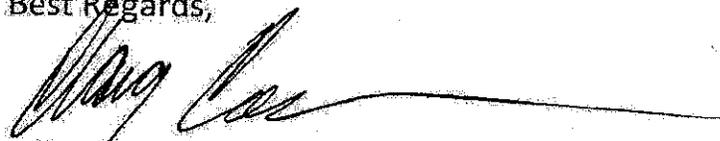
Hill City Fire & Emergency Services

PO Box 308 Hill City, South Dakota. 57745

To whom it may concern;

Hill City VFD responded to a possible structure fire on Watson Parker Road on March 4th at 12:31. Hill City Ambulance Service provided stand-by for the event. When I entered the dwelling I noticed the smell of alcohol. This odor was present while Matt Gildeleon was in the building. It went away when Matt left the building. One of my Fire Officers mentioned the smell to me as well. I had a conversation with our Pennington County Deputy and he advised me he had smelled alcohol at the incident. I can not personally state that the odor was from Matt. I can state I had contact directly with all of my firemen on scene and did not notice it on them and that the odor was absent when Matt left the building.

Best Regards,



Hill City Chief

From: Allison Bonde [complete00no7@yahoo.com]
Sent: Thursday, March 05, 2015 11:33 AM
To: Hill City Ambulance Service; Sara Booth; Slade Swedlund
Subject: Incidents regarding Matt Gildeleon
Attachments: bathroom after Matt 08-06-2014.jpg; matt mess in chair.jpg; matt chew in chair.jpg; IMG_0314.MOV (1).mov; 08-18-2014 Matt Chute Rooster.m4a; 08-18-2014 Matt Ride To Slade's.m4a; 08-20-14 Matt Complaining Of Checking In.m4a

To the Hill City Ambulance Service:

I have been keeping a record of a few of my encounters with Matt Gildeleon. I am now going to share them with you. Included are descriptions, dates, pictures, and even recordings. I have always tried to help Matt, but became increasingly uncomfortable around and with him, so decided so take some precautions.

Incidents regarding Matt Gildeleon:

I have found that working with EMT-I Matt Gildeleon is very stressful for many reasons.

The first thing that strikes you is the smell. Every Wednesday morning when he comes to work, he reeks of ETOH or ETOH and body odor. Even if he *has* showered recently, he cannot control the smell of his breath. The alcohol smell takes over the entire meeting room (if he stays in there and doesn't just avoid you for hours in the bay), and this is a large room with an automatic air freshener. It eventually drives you to seek out another place to be.

At least now he *does* show up on Wednesday mornings. For an extended period of time, it wasn't unusual to go awhile without even seeing him. I always stayed as a volunteer after my shift until he did arrive. Both Clayton and I were afraid there would be a call and Clayton wouldn't have a partner.

On 08-20-2014, he still hadn't arrived by 10 AM for his 8 AM shift. Clayton became worried and texted this information to Slade. Clayton finally called Sara to share his concerns. Matt showed up around 10:30 (after receiving a call from Sara, who had his number) and Matt was on the fight. He was complaining to me from the other end of the fire hall (as I was at the refrigerator). I decided that would be a good time to record the conversation and did so. It is attached. He blamed me, even though I had nothing to do with it and had stayed to ensure coverage on my own time. Still he staunchly blamed me and kept muttering nasty things about me. I told him to say it to my face. He also complained that he was the only one who had to "check in". (Standard procedure is that the EMTs working the 8 AM to 4 PM weekday shift do so from the fire hall. Everyone else complies.)

Then there is the shaking. During AEMT class, Clayton and I would practice placing IVs on each other. Since Matt is an Intermediate, he could sign off as a witness. Even then, signing was almost more than he could do. His hands shook so badly that he could barely initial the paperwork.

Since Matt was also in the class and needed 25 successful IVs to pass, Clayton and I would offer to let him practice on us. Being an Intermediate, I could also sign as a witness, just not to my own placements. Matt always refused. In fact, he never completed a single IV, thus contributing to his inability to pass the class.

In August, Matt showed up with at least twenty little cuts to his face (blood clots and scabs were present everywhere). He asked if he could borrow some lotion from me as he had a "rash". I provided some. Clayton and I both suspected that he had cut himself shaving since he shakes so badly. The next week he confirmed that he thought he did it shaving, also recorded.

Then there is the mess in the bathroom. Clayton has to deal with it all of the time. I only have to when he uses the women's restroom. On 08-06-2014, he used the bathroom shortly after I had. It was fine when I used it. I went back in for a Q-tip and saw the reflection of drops on the stool. He had peed all over the stool and some on the floor and I had to clean it up.

Picture is attached. I can only assume it was because his hands shake so violently. Clayton shares this suspicion and has to endure the filth and clean up after him.

Please ask Clayton about the shaking on duty, especially when working with a patient (including the patient asking Clayton if Matt was all right). It would also be in the best interest of the Service to interview Noble LaCroix on this subject for the same reasons, as well as Jesse McHargue, Cesareo Meza, and former employee Melissa Swedlund. These people have all shared their concerns with me.

These things pale in comparison to the incompetence and downright dangerous decision making displayed by EMT-I Gildeleon. I will expand.

Clayton and I volunteered over each other's shifts last summer in an effort to have three people on an ambulance and get him experience in the back of the rig with the patient and not just as a driver. I was therefore present on many calls with Clayton and Matt.

By far the most fear inducing was the call for a woman choking at the Slate Creek at the end of last summer. Matt was first to the truck and got in the driver's seat. Clayton was on duty and in the passenger seat. Both of them were wearing seatbelts. Jesse McHargue was present at the station and both he and I got in the back of the ambulance – me in the captain's chair facing forward and Jesse on the long bench.

Traffic was heavy. While we were still on the apron in front of the fire hall, Dispatch came back on the radio to inform us that the woman was now fine, but still wanted to be checked out, just to be safe. Matt was shaking uncontrollably. After the information was acknowledged, he turned on the lights, gunned the engine, and LURCHED headlong into traffic without checking, both throwing me backward off my feet from a complete stop and causing vehicles to slam on their brakes. He inexplicably turned right instead of left, coming to a stop in the middle turn lane just before Deegan Street. He said he was going to come from the back to avoid traffic. I reminded him that he HAD to use his sirens in town, and he was shaking so badly that he was having trouble centering in on the switch and turning it on. Upon finally succeeding, he once again shot forward in front of oncoming traffic and turned left and left again onto Museum Road. At this point he again floored the ambulance accelerator. I knew the road and the upcoming dip on the bridge. I loudly said "Matt there's a bump!" but he didn't slow. I stated

again in a louder voice "Matt, there's a huge bump!" No change. Not wanting to be knocked on the floor, I quickly sat back into the captain's chair. He saw the vicious hump at the last second and braked, but it was too late. I went flying upward in my seat, completely leaving it and then coming back down half on it. The equipment in the cabinets smacked down hard. Jesse and I just looked at each other in amazement.

Remember, this was all to get to a person who was now fine and only wanted to be checked out. There was no reason to run hot at all. There was no conceivable justification for endangering everyone on board, as well as all of the civilians in surrounding vehicles. Please, please, please talk to Clayton and Jesse as I'm sure they remember this incident. Clayton can tell you of other poor driving choices, as well.

Even doing his job seems to be more than he is willing. As I stated, when Clayton first started, I ran as a third so he could get experience with the patient and another EMT. Clayton and I initially shared 16 hours of my shift, so I couldn't help him there, but could when he was on with Matt. Slade asked that I let Matt and Clayton take patient care so as to avoid any appearance of favoritism and to broaden Clayton's experience. I readily agreed. The very next night we were paged to an elderly man having severe difficulty breathing. Matt drove, Clayton was in front, and I was in back and didn't see the driveway during arrival as I was preparing equipment. Once there, Clayton and I carried the jump bag and portable oxygen inside. The man was in dire need of assistance. We took vital signs and started him on oxygen and were ready to load and go. Matt still had not come inside.

I hated to leave Clayton alone, but had promised to let the two of them take patient care. I took the minute to check on Matt. He was outside standing by the ambulance. He told me he figured we could handle it and was getting the cot ready. The cot was still in the truck and hadn't been touched. I helped him unload and prepare it and take it to the bottom of the outside stairs. He still wouldn't go in. I asked him to take patient care with Clayton and he didn't want to. I then told him what Slade had said and he reluctantly went inside. I accompanied and we then brought out the patient and loaded him into the ambulance.

As driver, I now needed to back out of a long driveway in the dark that I hadn't seen. I did know it dropped off on the left. Matt had driven in and offered to spot me. It was then that I discovered he didn't know the basics of spotting. Not only did he constantly disappear behind the rig (if you can't see me in the mirror, I can't see you), but he almost ran me into a rock wall on the right. I saw it at the last minute. It was then I decided to ignore his instructions and do it myself. I do have a lot of practice. I went slowly so that he had plenty of time to get out of the way when I couldn't see him. He then got back in the ambulance and I drove to Rapid City.

On 12-18-2014, when Matt and I were on shift, we were called to the Hill City Clinic for a young man who had passed out after receiving a shot. Matt beat me to the driver's seat, so I rode in the passenger seat. We parked behind the clinic and firefighter Vic Alexander was already there. Matt came around the rig and passed me and went to the clinic door thirty feet away. I asked him to help me take in our equipment. He said no, we would just use theirs. I strongly disagreed with this decision and got the equipment. Matt was already inside, but Vic waited for me and held the door while I carried the jump bag and portable oxygen in myself.

Once inside, we found a young man lying on the floor with a blood pressure cuff on his arm.

Matt had already taken lead and was talking to the patient. No other diagnostic equipment was present. I took the supporting role and obtained vital signs. Matt was in a hurry to get back out of there. He didn't interview the patient long enough and the patient was no better when Matt wanted to leave. He had been assisted to a sitting position in a chair, which almost made him pass out. Yet Matt was going to leave because the man refused and he was in a clinical setting. I was not only uncomfortable with this decision; I was also not going to go along with it. I took over the interview and subsequently found out that the young man was training for an iron man marathon and hadn't eaten or been drinking fluids since the previous day. It was his birthday and he and his mother were going to The Alpine for lunch, so he was building up his appetite. She was also present and helpful with more information. Upon further questioning it was discovered that his father had passed out similarly (but at The Alpine) a few months previously and the ambulance had been called. More importantly, he had affective schizoid disorder, depression, took multiple medications, and it was finally revealed that he had a cardiac history. Jesse McHargue had arrived on foot by this time and witnessed much of this. I asked him to get the LifePak from the truck and obtained several ECG readings both to monitor the patient's health and to save us and the Service from claims of neglectful care later. During this whole time I had the patient drinking fluids and the nurse gave him chocolates. His blood sugar was fine, but he hadn't eaten. His mother then ordered take out from The Alpine and we didn't leave until he was eating and starting to feel stronger. I made him promise not to get up or walk without someone beside him for awhile. We were there close to an hour, but only because I wouldn't leave.

This was a call that could have easily gone terribly wrong. Yet Matt merely thanked the young man for not calling the ambulance until his movie was over, because people usually paged him out when he had ten or fifteen minutes left to go and he hated that. I cringed inside.

By the way, not bringing in equipment is also a common complaint among Matt's partners.

Now I come to 12-31-14. Matt arrived on time for his 8 AM Wednesday shift. Clayton and I were shortly thereafter convinced that Matt was altered in some way. He was slouched down in his recliner chewing on the ends of the cords of his hoodie, which was pulled half over his eyes. He kept making random outbursts and statements that had nothing to do with any conversation in progress or the programming on the TV. And, of course, there was the smell. Cesareo Meza arrived during this time and noticed the odd behavior, as well. Both Clayton and I texted Directors about Matt being "off" and stated he should be checked.

I would be remiss if I didn't mention the swearing. While I pepper my conversation occasionally, Matt usually has pretty strong words to use in his descriptions. Mostly the "F" word.

On 08-17-2014, Matt got kicked out of the Chute Rooster and walked to the fire hall. He slept it off in a recliner and made a mess. Picture attached. The next morning he made conversation when he awoke and then was going to walk to Slade's, where he was apparently staying. He then walked back into the hall and asked me for a ride, which I gave him. I recorded both conversations. I'm afraid I didn't know what to expect and wanted to be on the safe side. They are attached. Please notice the language. This is mostly standard for him.

Even his mother worries about him. She once called the station looking for him because he

hadn't arrived on a flight to California as scheduled. He was considered missing for awhile.

There are more incidents for which I have neither a recording, picture, or date. However, it is always something. Matt has problems, even including poor EMT skills, as demonstrated in class. Interviews with any of his partners will yield similar concerns, whether it be the proper air flow for a nebulizer treatment (with which he disagrees and doesn't use), IVs attempted while shaking uncontrollably, substandard driving, or simply poor decisions regarding patient care/refusals, etc. I urge you to canvass the other employees.

Thank you for your time.

Allison Bonde

From: [SDBMOE](#)
To: "gildeleonsd@msn.com"
Subject: South Dakota Board of Medical and Osteopathic Examiners
Date: Thursday, May 14, 2015 12:28:00 PM
Attachments: [5-14-15 Letter to Matthew Gildeleon.pdf](#)

Mr. Gildeleon,
Please find attached a letter that was also sent by US mail.

Sincerely,
Misty Rallis
Board Investigator
SD Board of Medical & Osteopathic Examiners
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104
www.sdbmoe.gov

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

SDBMOE
101 N MAIN AVE, SUITE 301
SIOUX FALLS, SD 57104
SDBMOE@STATE.SD.US
P 605-367-7781 F 605-367-7786
HTTP://WWW.SDBMOE.GOV



May 14, 2015

Matthew Gildeleon
PO Box 310
Hill City, SD 57745

Dear Mr. Gildeleon:

According to the South Dakota administrative rules for complaints¹ and investigations², you are receiving this letter to notify you of a complaint, that a file is being opened in this matter, and that a response from you is required. The complaint is regarding your termination from the Hill City Ambulance Service and we would appreciate receiving your response no later than May 28, 2014. Your response is your initial opportunity to be heard and this response and all data collected during this inquiry are deemed confidential by the Board in accordance with SDCL 1-27-1.5(5) and SDCL 36-4-31.5.

Ex parte communication is prohibited pursuant to SDCL 1-26-26. This means that neither you, nor any attorney(s) on your behalf, nor any other third party is to contact any Board members by phone, letter, facsimile, email, in person, or by any other method. You are entitled to due process rights during the complaint process as well as once a recommendation is made.

Thank you for your cooperation, and we anticipate your prompt response. Should you need additional time to respond, please notify this office in writing by US mail or by email to Misty.Rallis@state.sd.us to make other arrangements.

Sincerely,

Misty Rallis
Board Investigator

¹ **SDCL 20:78:04:02. Complaints.** The executive secretary may initiate an investigation based on a written complaint. Any person filing a complaint shall submit the complaint in writing to the executive secretary. A complaint is not a public record. The executive secretary shall dismiss any complaint that concerns matters over which the board does not have jurisdiction, and shall notify the complainant of that action. The executive secretary may also initiate an investigation upon reasonable suspicion that a licensee is in violation of any applicable standard for professional conduct.

² **SDCL 20:78:04:03. Investigations.** The executive secretary shall initiate investigation of a complaint by notifying the license, permit, or certificate holder of the complaint and obtaining a response to the complaint. If the executive secretary determines that the complaint concerns compliance with licensing standards and requirements, the executive shall investigate the complaint. The notice shall be in writing and shall include a statement that the licensure or licensee is entitled to due process rights, including the right to notice and an opportunity to be heard and to be represented by counsel. The executive secretary may appoint a board member to assist in the investigation.

From: Rallis, Misty
To: ["gildeleonsd@msn.com"](mailto:gildeleonsd@msn.com)
Subject: South Dakota Board of Medical and Osteopathic Examiners
Date: Thursday, June 04, 2015 8:33:00 AM
Attachments: [6-4-15 Letter to Matthew Gildeleon.pdf](#)
[5-14-15 Letter to Matthew Gildeleon.pdf](#)

Mr. Gildeleon,
Please find attached two letters that were also sent by US mail today.

Sincerely,
Misty Rallis
Board Investigator
SD Board of Medical & Osteopathic Examiners
101 N. Main Ave., Suite 301
Sioux Falls, SD 57104
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June 4, 2015

Via email and US Mail

Matthew Gildeleon
PO Box 310
Hill City, SD 57745

Dear Mr. Gildeleon:

On May 14, 2015, I sent a letter requesting that you provide a response to a complaint submitted to the Board by May 28, 2015. Attached please find a copy of that letter.

We would appreciate receiving your response no later than June 19, 2015. Thank you for your cooperation and we anticipate your prompt response. Should you need additional time to respond, please notify this office in writing by US mail or by email to SDBMOE@state.sd.us to make other arrangements.

Sincerely,

Misty Rallis
Board Investigator

From: [SDBMOE](#)
To: "gildeleonsd@msn.com"
Subject: South Dakota Board of Medical and Osteopathic Examiners
Date: Wednesday, July 01, 2015 10:28:00 AM
Attachments: [7-1-15 Letter to Matthew Gildeleon.pdf](#)
[6-4-15 Letter to Matthew Gildeleon.pdf](#)
[5-14-15 Letter to Matthew Gildeleon.pdf](#)

Mr. Gildeleon,
Please find attached letters that were also sent by US mail today.

Sincerely,
Misty Rallis
Board Investigator
SD Board of Medical & Osteopathic Examiners
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Sioux Falls, SD 57104
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July 1, 2015

Via email and US Mail

Matthew Gildeleon
PO Box 310
Hills City, SD 57745
gildeleonsd@msn.com

Dear Mr. Gildeleon:

On May 14 and June 4, 2015, I sent letters requesting that you provide a response to a complaint submitted to the Board. At this time, we have not received your response. Please find copies of those letters attached.

Your license is due to expire on July 15, 2015. If your license expires on this date it is reportable¹ to any national database as "withdrawn while under investigation." This is according to SDCL 20:78:04:06.

Thank you for your attention to this matter and we anticipate your prompt response. If you have questions, please notify this office in writing by email to SDBMOE@state.sd.us or US mail.

Sincerely,

Misty Rallis
Board Investigator

1 SDCL 20:78:04:06. Effect of failure to renew during investigation. The holder of a license, permit, or certificate may choose not to renew the license, permit, or certificate after a complaint investigation has been initiated by the executive secretary. A failure to renew after investigation has been initiated shall be reported as "withdrawn under investigation" in the board's permanent license files and in any national databases to which the board is required to report licensure action.